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7 COVID-19 in Zimbabwe: An Analysis of its Intersection With HIV, Gender And Ethics

Abstract

COVID-19 is a global pandemic that has send out shivers and quivers to all countries of the world, including the so-called First World Economies. Everyone is affected by COVID-19, but the impact is direct and indirect to public health emergencies and disproportionally on the most vulnerable. However, beyond health outcomes the wider impacts of the pandemic, including increased burdens of care giving, disrupted livelihoods, increased malnutrition and an increase in violence, have significantly and disproportionately affect women and girls in Zimbabwe. This chapter's objectives are to discuss key considerations on the public health response to the pandemic and its intersection with ethics in Zimbabwe. This chapter uses the qualitative research methodology of reviewing existing data through a desk research analysis method. The findings are that COVID-19 has severely affected women than men and has attracted dilemmas in the context of ethics in Zimbabwe.

Keywords: AIDS, COVID-19, HIV, Women, Girls, Zimbabwe, Ethics, Dilemmas Public Health

Introduction

On January 30, 2020, the Director General of the World Health Organization declared the outbreak of the corona-virus pandemic (COVID-19) as a Public Health Emergency of International Concern. With its alleged genesis in December 2019 in the 11 million populated Wuhan City of China, the historic COVID-19, unlike other pandemics of the past such as Ebola (of 1976 and 2014) and Spanish Flu (of 1918), has had its epicenters in the East, before shifting to Europe, the United States of America and last but least Africa. This was very unusual, as historically Africa has been scornfully known as the genesis and epicenter of diseases, among other horrors. Globally, hundreds of thousands of people have been infected and

thousands lost their lives (WHO, 2020). In Zimbabwe, the first case was recorded on March 20, 2020. Since then, the number of cases has been rising steadily but these days they are too low. Though the outbreak was still evolving in Zimbabwe, the potential impact of intense community transmission remains high. "The pandemic is the highest health crisis facing the world today and its social and economic impact are threatening to undermine development gains and progress towards the Sustainable Development Goals (SDGs)" (WHO, 2020). In Africa, the COVID-19 pandemic is evolving against the backdrop of a difficult macro-economic environment, climate shocks efforts to save lives, protect people, and rebuild better, alongside the health response and humanitarian response.

The number of confirmed COVID-19 cases in Africa was relatively low until mid-April 2020, but it should be noted that levels of testing to date have been very limited in Africa. However, South Africa is the highest in COVID-19 cases compared to other countries in the continent. CARE International says that in response, African governments imposed lockdowns and curfews requiring self-quarantine and restricting gatherings and movement of people. Although critical in slowing the spread of the pandemic, these measures can themselves impose significant social and economic costs, especially for millions of people in Africa living in urban slums, informal settlements or overcrowded refugee camps, often with poor access to health care, clean water and sanitation (CARE International, 2020).

Furthermore, the African continent includes remote and rural areas where both access to health services and basic information about the disease and means of prevention is limited. While preparedness and response to previous epidemics such as Ebola provides a strong foundation for some countries such as the Democratic Republic of Congo, to tackle the spread of COVID-19, most countries in Africa have little or no prior experience in response to such a pandemic (WHO Africa, 2022). WHO Africa notes that, beyond health outcomes, the wider impacts of the pandemic, including increased burdens of care giving, disrupted livelihoods, increased malnutrition and an increase in violence, will significantly and disproportionately affect women and girls (WHO Africa, 2022).

Methodology

The chapter used a qualitative research methodology of reviewing existing data through a desk research analysis method. According to Creswell

(2009) a desk study is collecting data without fieldwork. It can further be defined as secondary analysis which means "an analysis of an existing data which presents interpretations, conclusions or knowledge additional to, or different from, those presented in the first report on the inquiry as a whole and its main result" (Hakim, 1982:1).

Contextually this chapter used the term 'desk research' in a wider spectrum to embrace all information gathered without the involvement of a field survey. The use of this method employs gathering data from libraries and the internet. Additionally, desk study analysis is examination of information that was assembled by somebody else intended for a different main purpose (Masvotore & Tsara, 2019). The use of existing information presents a feasible alternative for the researcher who could have inadequate resources and time for fieldwork. Desk study analysis is a pragmatic method that utilizes similar fundamental research ideology as studies using primary data and has rules to be pursued just as any research method. In as much as secondary data scrutiny is further defined as a logical research method, however, not many frameworks are obtainable to direct researchers as they carry out desk research data analysis (Andrews et al., 2012; Smith et al., 2011).

In this chapter, the researcher conducted the research through accessing sources from the internet, news articles, published books, articles and journals based on the lockdown as indicated elsewhere. In a bid to fill in these gaps, the study made use of published materials from World Health Organisation (WHO) on COVID-19 and information from published sources, for a cautious deep in thought assessment and decisive appraisal of the data as a mitigating measure to avoid most limitations of desk research methodology (Boslaugh, 2007; Dale et al., 1988; Kiecolt & Nathan, 1985).

COVID-19, HIV and African Ethical Dilemmas

African ethics signifies a set of values, which a person, rooted in Africa, ought to maintain for making correct judgments and for interpreting life experiences. There are a number of moral and ethical problems in the African context. These include COVID-19, HIV and AIDS, corruption, the individual and the community, female genital mutilation, rape, abortion, widow inheritance, homosexuality, and land issues. In this section, we focus on two selected moral and ethical issues around HIV and AIDS as well as the COVID-19 pandemic. COVID-19 coupled with HIV and AIDS have become two of the most debilitating ailments affecting every sector

of life in many countries in Africa in the 21st century. In addition to their taking many lives and causing much suffering, they have impacted negatively on socio-economic development in many countries by undermining many efforts towards economic growth, poverty alleviation, and better quality of life. Their effects in the region cannot be underestimated. For instance, they can cause a reduction in production due to reduction in human resources, can lead to an increased cost of health care, and leave behind many orphans. In dealing with these challenges, one cannot avoid making some ethical decisions. Southern Africa is the region most affected by COVID-19 and HIV worldwide with HIV prevalence rates peaking between 10 and 40% of the adult population (WHO, 2021). According to WHO, as of 7 July 2021, there have been 493 131 cases of COVID-19 and 11 643 deaths reported from the African continent – a 25% increase in cases and 18% increase in deaths. WHO worked closely with Ministries of Health and other partners in the African region to support the strengthening of essential health services in managing the COVID-19 pandemic. WHO continued to advise and support countries to strengthen both emergency and routine health services and to maintain influenza surveillance and other disease control strategies (WHO, 2021). As countries began to reopen borders and resume air travel, including commercial flights, WHO urged governments to take effective measures, including entry and exit screenings and the practising of hand hygiene, cough etiquette and physical distancing measures, to mitigate the risk of a surge in COVID-19 transmission due to the resumption of commercial flights and airport operations (WHO, 2021).

According to UNAIDS Report on the global HIV and AIDS epidemic (2004), the approximate percentages of HIV prevalence rates for adult population (15-49) in some African countries are: Botswana 37.3%, Zimbabwe 24.6%, South Africa 21.5%, Zambia 16.5%, Malawi 14.2%, and Mozambique 12.2%. These figures show that HIV and AIDS is a significant problem in the region despite declining trends in some countries like Zimbabwe. In Zimbabwe, for example, HIV prevalence rate peaked around 1997 at 26.5 % in the adult population and declined to 14.3 % in 2009 (MoHCC, 2010). This decline has been attributed to changes in sexual behaviour since 1999 in which fewer young people have casual or multiple sex partners and many young people use condoms with non-regular partners.

There are some specific practices in Africa that facilitate the spread of the COVID-19 as well as HIV and AIDS pandemic and give rise to several

ethical dilemmas when one attempts to overcome them. These practices, either directly facilitate the spread of COVID-19 as well as HIV and AIDS infections, or indirectly frustrate the efforts to control the spread of infections and caring for the infected and affected people. The subsequent issues bring to light some of these practices, and show how ethical knowledge is relevant in addressing the moral issues involved.

Stigmatisation

The first problematic practice is discrimination against COVID-19 as well as HIV and AIDS victims (women and men) by some members of the family and the public, which lead to a serious stigmatisation on the side of the victims. Stigmatisation undermines the dignity of the victims. Most people who are infected by both aforesaid ailments experience a lot of segregation in various ways. Some victims have lost their jobs; some cannot be hired to work in some businesses based on their COVID-19 positive status, while others have been deserted by their close relatives and friends. Lack of understanding of the way COVID-19 as well as HIV and AIDS is caused and spreads, scares people and makes them too naïve to believe that if they share things like kitchen utensils, catering utensils and toiletries with the victims in the case of HIV and AIDS, they will contract the disease. Other people hold a rather more naïve belief that even shaking hands may transmit HIV infections. Additionally, is a mistaken notion that COVID-19 as well as HIV and AIDS are punishment from God due to humans' evilness in the context of COVID-19 and promiscuity and or consumption of illegal drugs in the context of HIV, respectively. Absorbed in this false view, some people feel justified in segregating against COVID-19 and AIDS patients arguing that they ought to carry responsibility of their reckless habits without bothering others. This harsh treatment exemplify stigma among COVID-19 as well as HIV and AIDS victims. Stigma causes severe psychological and physical suffering on patients and hastens the deterioration rate of their health (Bilton et al., 2002).

Stigmatisation raises a big moral dilemma as it frustrates the whole understanding of human dignity. It raises the question, whether, the dignity of a person varnishes when she or he falls sick or not. The basic question is whether relatives and close friends, have no moral obligation to take care of HIV and AIDS victims irrespective of the way one may have contracted the disease. Likewise, stigmatisation evokes another question of whether it is morally right for an employer to retrench her or his employee once she or he happens to contract COVID-19 and HIV infections

even when the employee is still capable of carrying his or her contractual obligations after being negative in case of COVID-19. On one hand, reasons like efficiency, effectiveness of employees, and the returns on the employer's costs of hiring and training his/her employees, provides ground for why employers should terminate contracts of employees who contract COVID-19 and HIV infections. On the other hand, there are reasons for maintaining employees with HIV and AIDS positive status (Bilton et al., (2002) for such victims need love and care, and as sick persons, it is their right to be cared for first by those whom they are working and living with.

This dilemma leads to the conflict of rights and responsibility. For example, do relatives, employers, and friends have a moral 'obligation' to care for their COVID-19 and HIV victims? That is, do the victims have a 'right' to be cared for by those who are well, irrespective of how they contracted the disease? A reconciliation of such clashing views underscores an application of ethical norms since it is inevitable to make informed and balanced decisions on how to take care of COVID-19 as well as HIV and AIDS victims without application of ethical knowledge. It is important to appreciate that God has control over human life; God grants the sanctity of life; one cannot determine the beginning of life neither can one determine its end. Therefore, life should be nurtured and protected to its natural end. While suffering is not a value in itself, it does not diminish human dignity for human value comes not from what a person has, but from what a person is (Filibeck, 1993).

False Confidentiality

Second, an attempt to avoid stigmatisation in many parts of Africa, somewhat yields to a sense of false confidentiality and exacerbates the COVID-19 as well as HIV and AIDS problems. When a person dies of COVID-19 or HIV, for instance, it is very common for the relatives to give a false explanation for the cause of the death. For example, while fully aware that their relative died of COVID-19 or AIDS, they can say that he or she died of typhoid. The reason behind is that they are trying to avoid stigma, a negative feeling that their relative died of a shameful disease. The ethical problem here is that hiding the truth about COVID-19 or HIV and AIDS under the pretext of confidentiality causes more harm because some people will keep thinking that COVID-19 or HIV and AIDS is a predicament for 'others' and they are exempt. Furthermore, if the relative died from COVID-19 it means all her/his contacts should be stigmatized

and eventually quarantined, hence, most relatives would prefer to lie (if the person is buried without being tested by health workers or physicians through the Ministry of Health and Child Care). This is false confidentiality that attracts African ethical dilemma.

Hiding the truth that COVID-19 or HIV and AIDS kills indiscriminately, is unethical because that does not raise people's awareness to change their life style, especially their sexual habits in the context of HIV. The moral dilemma is whether the relatives and physicians should maintain the confidentiality on information about COVID-19 or AIDS victims, and risk more lives, or breach confidentiality for the sake of inherent value of life. Such dilemmas are also found on similar issues like whether it is ethical to perform mandatory COVID-19 or HIV test on patients, and whether in the event of positive findings, their contacts or partners ought to be informed irrespective of the patient's consent. Although ethical knowledge may not provide us with precise ways of dealing with such dilemmas, still it is a means of making informed and balanced decisions.

Most Africans may appeal to forces such as witchcraft and superstition when they contract COVID-19 or HIV or when their relatives or friends are infected. The practice of blaming witchcraft for the cause of illness, for example, is common in some African cultures; yet there is no causal link between witchcraft, COVID-19 and HIV. Such attitude and false belief concerning illness of individuals may cause others not to change their behaviour making them more vulnerable to COVID-19 or HIV. Thus, there is a need to constantly prick the conscience of the population in order to honestly raise the level of COVID-19 as well as HIV and AIDS awareness among the people of Africa. This may lead to changes in attitude and behaviour in an effort to combat the spread and effects of the pandemics.

Cultural Practices

Third, some cultural practices in African tradition such as widow inheritance, polygamy, and male supremacy create dilemmas in HIV and AIDS pandemics. An example is the practice of widow inheritance and the polygamous behaviour among some African ethnic groups. Some cultural groups hold a belief that in the event of death of a husband, a relative of the deceased must inherit the widow. In this case, what if either COVID-19 or HIV is still dormant inside the widow? In many cases, no clinical examination is carried out to ascertain if the death was not due to

COVID-19 or HIV infections, especially in deep rural areas, and if the widow's COVID-19 or HIV status allows her for re-marry. As a result, if the husband died of COVID-19 or HIV infections, and he had infected the widow, then the infections are easily carried across not only to the inheritor but also to the inheritor's formal wife. Therefore, even if they have to re-marry, it is crucial that they undergo COVID-19 and HIV test in order to make informed decisions. Akin to the practice of widow inheritance, is the fact that some African cultures are still at home with polygamy and cohabitation behaviour. Polygamy and cohabitation practices are condemned because they promote reckless sexual behavior as well as compromise social distance, and hasten the transmission of COVID-19 or HIV infection. There are other practices and behaviours within African cultures like traditional circumcision, female genital mutilation, and vigil traditional dances that expose people to some possibilities of contracting HIV infection.

An attempt to limit both polygamy and widow inheritance practices in order to curb the spread of COVID-19 as well as HIV infections touches a controversial issue of freedom and human rights, making the whole attempt ethically alarming. According to Tauer (1988), the international declaration of human rights shows that any individual is entitled to: (**i**) the right of personal privacy and confidentiality regarding medical and sexual information; (**ii**) the right to free movement within one's country and to associate where and how one chooses; and (**iii**) the right to pursue one's economic good, without limitation based on irrelevant grounds for example, sex and sexual preference. The real ethical dilemma here is whether COVID-19 or HIV and AIDS control programmes in Africa should observe these rights and risks losing more lives or rather trespass them and defend life. This dilemma again presents us with rights and duties at odds. An ideal decision in this matter presupposes an application of ethical norms (Tauer, 1988). Thus, there is a need to try to reconcile rights and duties.

Another ethical dilemma is the question of male supremacy. Among some African ethnic groups, women are expected to express a high sense of submission to men. As a result, most married women have no active voice before their husbands. They are not free to protest effectively against various forms of oppression exercised by their husbands. They have to carry out and fulfill the wishes of their husbands irrespective of their own wish. In such cultures, women who try to criticize their husbands are taken to be disobedient, and they risk divorce and humiliation. This kind

of male supremacy, which finds grips on culture, has negative implications on the fight against the spread of COVID-19 or HIV and AIDS infections. It reinforces 'blind female docility', and hence, puts off any effort to challenge those husbands who engage in extra marital affairs. Although this practice exposes even faithful wives to HIV infection, still some African cultures ignore this problem by affirming male supremacy while undermining women's right to protection of life. Moreover, in the event of unfaithfulness in marriage in the context of HIV, as we have just seen, the ethical dilemma is whether such a wife still has the moral duty to honour her wedding promises, remains married and jeopardize her life owing to the reckless behaviour of her husband, or to be morally free to break away. In contrast, does the husband have a right to claim compensation in case of divorce? This complicates the situation even further.

Funerals

African ethics is embedded with communalism. If everything that exists is in an organic relation to everything else that exists, then the same applies to how human beings interact. People are not individuals, living in a state of independence, but part of a community, living in relationships and interdependence. In contrast to the Western approach, one does not claim personal rights and freedoms but rather fulfills one's communal obligations and duties. Van der Walt (1991) lists some forty characteristics of African communalism that contrast with Western individualism. These characteristics can be summarized in terms of communal self-respect, interdependence, survival of the community, group assurance, cooperation and harmony, affiliation and shared duties. This concept of community is not restricted to the community of human beings alone, but embraces a communal attitude to the world of the spirits and ancestors as well as to the world of nature.

Furthermore, African ethics embraces communalism in relation to fellow human beings. A traditional African community consisted of clans with different histories, emblems and taboos and also their sub-clans and kindred (lineage system). Villages were occupied by fairly well localized kindred, although some might include people who did not belong to the principal group in the village. At the next level of organization was the household, which consisted of a small social group of parents and children.

This system of relationships has been seriously disrupted by the sudden appearance of COVID-19, compounded by HIV and AIDS. There is

African ethical dilemma when it comes to attending a funeral in a village or community or location. African traditional societies and communities as well as villages were used to attend funerals in their numbers and could easily comfort the deceased's family members without distancing themselves from each other. This communalism was disrupted in March 2020 when most African governments announced lockdowns and implementing all rules and regulations set by the World Health Organizations (WHO). Funerals are sacred in Africa and everyone in the community or village must attend to show solidarity and grieving together with the deceased's family and relatives. The African ethical dilemma came when attending a funeral since it allowed a few selected numbers of people from family, relatives and friends, when mourners were not allowed to stay overnight outside their home, when there were requirements to wear face coverings in indoor places of worship and burial grounds, when there was need for physical distance of at least two meters apart from each person and when there are requirements to self-isolate for 14 days for those with symptoms of COVID-19. Furthermore, the COVID-19 pandemic disrupted many aspects of daily lives, such as general movement to shops and towns as well as visiting friends and relatives, but its impacts are especially acute for working people who lost their jobs, to this end they are struggling to feed their families. Although, these restrictions were to save life, the new normal brought by COVID-19 jeopardized African ethics that is embedded within Ubuntu and communalism.

Another barrier involves adopting recommended public health strategies, such as social distancing and washing hands. Hence, frequent handwashing is not always feasible for people with certain types of physical disabilities. The last issue is equitable access to health care for people with disability, since it is a long-standing barrier worsened by COVID-19. This ranges from getting a coronavirus test to being prioritized in access to health services.

Gender Roles and Responsibilities in the Context of COVID-19

The majority of health workers are women and that put them at the highest risk. Most of them are also parents and care givers to family members. They continued to carry the burden of care, which is already disproportionally high in normal times. In fact, this put women under considerable stress. According to (UNFPA, 2020: n.d),

> in Africa, women carry out at least 3.4 times more unpaid care work than men. The prevalence of these harmful social and gender inequalities mean that the COVID-19 crisis increased women's unpaid care and domestic work. The most Profile of unpaid care work in Africa is that of a woman between 15-54 years old with few economic resources, several children, a low level of education, and often, health problems or disabilities who simultaneously works for pay or profit in the informal economic and receive little or no formal care support.

It is important to note that, women are also responsible for caring for the sick, the elderly and the orphaned. COVID-19 and HIV prevalence, especially in East and Southern Africa, has resulted in orphaned children mostly cared for by grandmothers. In addition, most of the African countries announced country-wide temporary closure of schools. According to African Development Bank Group (2015) increased child care is expected to further stretch women's existing household and community burdens. It further notes the way Africa displays how the COVID-19 outbreak places a three-fold care giver burden on women and girls. For example, they are responsible for household-level disease prevention and response effort, at greater risk of infection, and subject to emotional, physical, and socio-economic harm. This being the case, women and girls are always at the receiving end of negative effects in any society throughout the continent of African and beyond.

COVID-19 and Women's Economic Empowerment

The COVID-19 pandemic and measures taken by governments to suppress it is likely to have a significant and sustained negative impact on the economics of the countries in Africa. Even in a best-case scenario growth domestic product (GDP) growth is expected to be reduced by half, pushing close to 27 million people into extreme poverty (UNSTATS, 2020). This impact will fall disproportionally on women and girls. Across Africa, women are less likely to have access to and control over productive costs and resources such as land. In CARE's rapid gender analysis following Cyclone Idai in Mozambique and Zimbabwe in 2019, all women respondents stated that they did not own the land they worked on (CARE International, 2020). More so, if their husbands died, women told CARE that the land would pass to his family and may face eviction resulting in disempowerment (CARE International, 2020). Women face widespread discrimination in the distribution of other services and opportunities, such

as credit, training, employment opportunities, mobility, climate and market information services, inputs and technologies. The roles and rules in producing, processing (including cooking) and marketing food is often divided along gender lines and continued imbalance in gender relations perpetuate cycles of poverty for women and girls. Furthermore, the impact of COVID-19 on education is the most severe in countries that already have poor learning outcomes, high dropout rates and low resilience to shock, further widening the gender gap. Dropouts' rates are higher among girls than boys due to pregnancy and child marriages, a situation likely to worsen due to school closures. Closure of schools in Africa, for example in some areas in Zimbabwe, has not only affected children's access to education, but also to food.

Recommendations

The study recommends the following:

- Women and girls in Africa have limited access to information and low literacy rates and should, therefore be consulted in the design of awareness materials, methods of communication and imagery should be gender sensitive.
- Public health actors and governments should ensure systematic, meaningful engagement of women, adolescent girls and people with disabilities in all COVID-19 as well as HIV and AIDS decision-making on preparedness and response at the national, provincial and community levels, including within their own structures, to ensure efforts and responses are not further discriminating and excluding those most at risk.
- Governments and local authorities should ensure that policy decisions related to COVID-19, in particular those on restricted movement, are gender sensitive and do not disproportionately compromise women's access to health, water, sanitation and hygiene (WASH) as well as sexual and reproductive health and rights (SRHR) services or compromise their food security and nutrition in the case of HIV and AIDS.

Conclusion

COVID-19, HIV and AIDS in Africa in general and Zimbabwe in particular, is a public health crisis, but one compounded with complex socio-economic and political challenges and inequalities, particularly around gender. Lack of resources, limited health services, large vulnerable populations and low economic capacity means the impact will be profound. The outbreaks affect women and girls in Africa in significant ways, education, food security and nutrition, livelihoods and safety and protection. Women are the primary care givers in the family and are also the key frontline responders in the health care system, placing them at increased risk of exposure to infection. The outbreak of COVID-19 also burdens women by adding their existing gendered household and community roles.

It is evident from the discussion above that COVID-19, HIV and AIDS pandemics have brought more African ethical dilemmas in relation to gender. Providing essential maternal, sexual and reproductive health services during the emergency and strengthening protection is crucial. Interventions must seek to identify the needs of the most vulnerable, that is, women and girls and ensure their representation and participation in the response process. Engaging men and boys during the COVID-19 response is crucial to mitigate unhealthy masculine behavior and support positive male and female roles in the crisis.

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