



*Tawanda Matutu*

## 8 COVID-19 AND THE ETHICS OF CARE: REVISITING UBUNTU PHILOSOPHY

### *Abstract*

The effects and management of the COVID-19 pandemic have brought Care ethics and Ubuntu philosophy into academic speculation. With the absence of cure for the pandemic, the World Health Organisation (WHO) promulgated a number of mitigation and containment measures such as social and physical distancing, washing of hands and wearing of masks. At the same time, the devastating effects of this invisible enemy called for the ethics of care. Care ethics is defined by character traits that include care, sympathy, compassion, trust, fidelity, love, and friendliness. These traits resonate well with the philosophy of Ubuntu which is anchored on the maxim '*umuntu ngumuntu ngabanye*'. The maxim emphasizes the pre-eminence of collectivism over individualism. It is this collectivism that defines humanness. However, the COVID-19 containment measures such as social and physical distancing, seem to be in apparent conflict with the main tenets of Care Ethics and the philosophy of Ubuntu. The measures do not seem to promote friendliness and collectivism. This paper, therefore, aims to explore the ways of harmonizing the philosophy of Ubuntu and care ethics with the protocols in the management of COVID-19. Data for the paper were gathered mainly through document analysis, that is, published books and newspaper articles as well as interviews, mostly, with people who have been affected, directly or otherwise, by the pandemic with respect to Ubuntu and care ethics. The paper also made use of relevant literature such as newspaper articles.

**Keywords:** care ethics, COVID-19, management, philosophy, Ubuntu

### **Introduction**

Issues surrounding the COVID-19 pandemic have ignited the need to revisit the philosophy of Ubuntu. This need emanated from the seeming conflict that exist between COVID-19 control measures and the traits of Ubuntu. Ubuntu is largely a communitarian philosophy, which thrives on human relations. The measures, which include physical distancing, that

is the minimization of social gatherings, essentially meant the closure of the space to practice Ubuntu. In African societies, people regard issues of sickness and death as communal rather than individual affairs. As such, it is outside the realm of Africanness to fail to care for the sick for whatever reason. The restrictions placed around access to COVID-19 patients have rendered the philosophy of Ubuntu almost null and void since the care rendered to patients is perceived as vehicles in the spreading of the virus. However, at the same time, the patients required great care since the severity of the disease could sometimes be so dire that maximum care would be necessary if the patients were to have any chances of survival. Ubuntu care extends beyond just visiting the sick and calls for care, interdependence, reciprocation and communality. However, with the advent of COVID-19, all these values were perceived to be contributory factors to the spread of the disease. This chapter examines the concept of Ubuntu in general before unpacking the inherent nexus of Ubuntu and care. This is followed by an analysis of the opportunities and challenges presented by Ubuntu and care ethics in the face of COVID-19. Finally, the chapter proceeds to show the need to re-visit Ubuntu. The chapter attempts to answer the following questions: What is the link between Ubuntu Philosophy and Care ethics? What are the challenges and opportunities raised by the ethics of care in the face of COVID-19? How can the various aspects of Ubuntu be re-visited to align the philosophy with the COVID-19 induced new normal? The research employed the qualitative research methodology. Data for the paper were gathered mainly through document analysis, that is, published books and newspaper articles as well as interviews. Ten people were selected for interviews. Of these ten, five are from Harare and five were from the rural area, Ward 2, Mwenezi district. The Interviewees were coded as Interviewee A-Interviewee J for the sake of identity protection in line with research ethics. Interviewee A-E are from Mwenezi while F-J are from Harare.

## **The Concept of Ubuntu**

It is imperative that an analysis of the concept of Ubuntu be considered first and foremost in this chapter. This helps to clear the ground for the whole discussion. Ubuntu is a term derived from the Bantu-Nguni languages of Zulu, Xhosa, Swati, and Ndebele (Samkange, 1980). The term is the equivalent of the Shona *hunhu* and can be described as a social philosophy (Samkange, 1980). It embraces a spirit of caring and community,

harmony and hospitality, respect and responsiveness (Mangaliso, 2001). It can further be described as the capacity for compassion, reciprocity and dignity. The hallmarks of Ubuntu are harmony and continuity. It is about understanding what it means to be connected to one another. The concept expresses an African view of the world which is anchored in its own culture and society and this notion is unique and thus difficult to define in a Western context. At the heart of Ubuntu is the relationship with others. Ubuntu encourages humanness and recognises the sanctity of human life. No individual is more sacred than another. The respect of another's basic humanity is absolute.

The African community has been traditionally built on strong relationships, participation, social responsibility and interdependence. Ubuntu inspires individuals to expose themselves to others and to encounter the difference of their humanness to inform and enrich their own. The typifying phrase is '*umuntu ngumuntu ngabanye*' or '*Umuntu ngumuntu ngabantu*'. Literally translated, this means "A person is a person through other persons" (Mulaudzi & Peu, 2014; Mulaudzi, Libster & Phiri, 2009). Another catchy phrase is "I am, because we are" (Metz, 2019) which Van der Merwe (1996) has translated as "To be is to affirm one's humanity by recognising the humanity of others in its infinite variety of content and form."

Ubuntu respects the particularities of the beliefs and practices of others. This is well illustrated by another common expression, *ungumuntu*. It is translated as "he or she is a person," implying that the person has humanness. This illustrates that the collective is more important than the individual. For postcolonial southern Africans of all ethnicities and cultures, Ubuntu recognises the genuine otherness of all people (Louw, 2001). In other words, the diversity of people, languages, histories, and cultures must be recognised and acknowledged. Another critical aspect of Ubuntu as a social philosophy is its emphasis on the importance of agreement or consensus.

Ubuntu captures the Africans' shared vision. The interdependence of human beings on each other conceptualises Ubuntu as a communal enterprise. This points to Ubuntu as similar to an unbroken circle where everything is connected in harmony and in the 'interpersonal network of life' (Shutte, 2001; Sindima, 1995). Sindima (1995) conceptualises Ubuntu as a web that 'provides a basic framework of the interpretation of the world'. In the 'web of life, there is interdependence and interconnection of ethical relations. The quest for a holistic well-being is a common thread

that neatly weaves through the existence of humanity. The theory of Ubuntu emphasises the humanity of other African persons as ends in themselves, which then extends also to other people of other races.

## **The Nexus between Ubuntu and Care**

An elaboration of the connection between Ubuntu and care ethics is prudent as it helps to clarify why the difficulty to implement care ethics in COVID-19 context should result in the re-visiting of Ubuntu philosophy. As already alluded to in the preceding discussion, the connection between Ubuntu and care is more than a necessary one. In fact, there can be no Ubuntu without care and the reverse is true as well. All the tenets of Ubuntu which include participation, interdependence, compassion, hospitality, reciprocity, harmony, respect, communality, consensus and relationships cannot exist without care. Held (2005) defines care as a practice and a value that is extended by considerate persons who are not only motivated to care and participate in effective practices of care but are compelled by moral salience of attending to and meeting the needs of the particular others for whom they take responsibility. This aspect of striving to meet the needs of others is a salient feature of Ubuntu. Therefore, care ethics is ingrained in Ubuntu. The two can safely be conflated.

Care ethics refers to the practice of caring for the other. This practice requires the very forms of Ubuntu- hospitality, compassion, communality etcetera. These aspects are crucial in taking care of the sick and the need. Ubuntu's emphasis on relationships may usefully be applied to the care for the sick. Like in extended families, it may be more appropriate to create an environment where people feel close and able to interfere in other people's lives if they feel that would benefit that person (Maruyama, 2004).

The interdependence and interconnection fostered by Ubuntu entail that communities embrace the values of the African worldview of humanness, caring, sharing, respect, compassion and associated values (Broodryk, 2002). In the context of Ubuntu, care is more of an action, where people practically and physically interdepend on each other. In cases of illness or death, community members are required to actively take part and their participation is expected to be reciprocated. This is well conceptualised by one of Lartey's three basic principles of interculturality authentic participation that is undertaken 'upon mutual concern for the integrity of the other' (Lartey 2003). According to Berinyuu (1988) in Africa life is a liturgy of celebration for the victims and sacrifices of others. The ontological and

epistemological foundations of caring and well-being are very critical to Ubuntu. Cornell and Van Marle (2015) are of the view that the ontological understanding of Ubuntu describes how human beings are intertwined. Epistemologically, Cornell and Van Marle (2015) opine that the being of the human also constitutes how we see the world; for this intertwining is inherently ethical. When we see the world, we epistemologically understand it through an inherent ethicality that is in our human being with inescapable obligations.

Ubuntu embraces welcoming travelers, strangers and any visitors. This is depicted and influenced by particular sayings such as the Shona saying; *mwana wehama haanzi wavingei* [The presence of your relative in your home should not be questioned] and *mweni haapedzi dura* [a visitor does not deplete the granary] and the Nguni saying *isisu somhambi asingani singangenso yenyoni* [a traveler's stomach is as small as a bird's kidney]. As such, among most African ethnic groups, travelers are welcomed and given the cooling drink usually water or mahewu and a place to rest until they were ready to continue with their journey.

Ubuntu focuses on a set of character traits that people greatly value in close personal relationships. These character traits include care, sympathy, compassion, trust, fidelity, love, and friendliness (Beauchamp and Norman, 1993). Ethics of care is a relatively new body of normative ethical theories that is closely related to virtue ethics. It is a disposition-based ethical theory – it develops some of the themes in virtue ethics about the importance of character. However, the ethics of care focuses on a list of character traits that people greatly value in close personal relationships. The distinctive features of this theory are a concern with relationships as opposed to individuals; responsiveness to the particular needs of others; and a commitment to their well-being (Beauchamp and Norman, 1993).

The ethics of care offers a fundamental re-thinking of the moral universe. The terms of social cooperation, especially in families and in communal decision-making, are unchosen, intimate and among unequals. This is in contrast with the contractarian models like the Kantian and utilitarian ethics which fail to appreciate, for instance, that parents, relatives and health professionals, do not see their responsibilities to their children and patients in terms of contracts or universal rules, but rather in terms of care, needs, sustenance, and loving attachment. Human warmth, friendliness, and trust in responding to others cannot be brought under rules of behaviour (Beauchamp and Norman, 1993). Philosophical account of an ethics of care “does not recommend that we discard categories

of obligation, but that we make room for an ethic of love and trust including an account of human bonding and friendship” (Beauchamp and Childress, 2001). These accounts criticise the traditional liberal theory and its emphasis on impartiality and universality by claiming that, the impartiality and the ‘standpoint of detached fairness’ advocated by liberal theories of justice, overlook, for example, the moral role of attachment to those close to us. Speaking from the perspective of medical ethics, “the care perspective is especially meaningful for roles such as parent, friend, physician, and nurse, in which contextual response, attentiveness to subtle clues, and the deepening of special relationships are likely to be more momentous morally than impartial treatment” (Beauchamp and Childress, 2001).

Ubuntu stresses that we should care, that caring is a moral quality and that we should encourage conditions which create care. Unlike consequentialist and deontological ethical theories which emphasise universal standards and impartiality, Ubuntu emphasise the importance of relationships. In fact, Ubuntu emphasises the argument that caring should be a foundation for ethical decision-making. The argument starts from the position that care is basic in human life; that all people want to be cared for. Thus, natural caring is a moral attitude, a longing for goodness that arises out of the experience or memory of being cared for (Flinders, 2001). On this basis, Noddings (2002) explores the notion of ethical caring as a state of being in relation, characterised by receptivity, relatedness and engrossment. The key to understanding the concept of caring is to appreciate the notion of caring for and caring about, as well as natural and ethical caring.

## **Ubuntu and Care in the Face of COVID-19: Challenges and Opportunities**

The advent of COVID-19 has had both challenges and opportunities. The challenges experienced include the diminishment of the ethical ideal as manifested through the difficulty to practice beneficence and non-maleficence, handling of funeral processes and the requirement of physical distancing. However, the dire situation was not without its own opportunities. The opportunities have come in the form of innovations which could be designed as a coping mechanism. These include the use of technology, especially Information Communication Technology (ICT) as a means of closing the gap that had been created by COVID-19 control measures. The adoption of moderate communitarianism can also go a long way in minimizing the risks that Ubuntu poses in the face of the COVID-19 pandemic.

## The Diminishment of the Ethical Ideal

COVID-19 led to what has been described as “a diminishment of the ethical ideal”. A person’s ethical ideal is diminished when he or she either chooses or is forced to act in a way that rejects his or her internal call to care Noddings (1984). According to Noddings (1984), people can deliberately or carelessly contribute to the diminishment of others’ ethical ideals. They may do this by teaching people not to care, or by placing them in conditions that prevent them from being able to care. Noddings (1984) roots care ethics in the “attitude which expresses our earliest memories of being cared for and our growing store of memories of both caring and being cared for. She argues that all people have experiences of being cared for, and most have experiences of caring for others, that they intuitively recognize as good. Everyone, thus, implicitly acknowledges the morality of caring relations even if only among family or friends. Interviewees C and F concurred that COVID-19 restrictions inhibited their natural disposition to care for others. They viewed the restrictions as against human nature. Both the fear to contract the virus and the imposed restrictions acted as an impediment to the practice of care, thereby resulting in the diminishment of the ethical ideal. Therefore, to reject care is to reject the basic conditions of human development and sociability (Noddings, 1984).

### ***COVID-19, Engrossment and the Particularity of Care***

Noddings (1984) defines the term engrossment as thinking about someone in order to gain a greater understanding of him or her. Engrossment is, therefore, a necessity in the ethics of care. Noddings (1984) argues that the carer (one caring) must exhibit engrossment and motivational displacement, and the person who is cared for must respond in some way to the caring. Engrossment is necessary for caring because an individual’s personal and physical situation must be understood before the one caring can determine the appropriateness of any action (Noddings, 1984). Noddings (1984) believes that caring requires some form of recognition from the cared-for that the one caring is, in fact, caring. When there is recognition of and response to the caring by the person cared for, then caring is completed in the other (Noddings, 1984). However, all this would be difficult in COVID-19 situations where the patient needed to be quarantined and physical access to the patient was restricted. Moreover, caring involves connection between the caregiver and the cared for and a degree of reciprocity meaning that both gain from the encounter in different ways, a

scenario very difficult to obtain in COVID-19 situations. In cases of COVID-19, engrossment becomes very risky to the caregiver. Engrossment is closely linked to the particularity of care in that both concepts require the caregiver to be physically close to the patient.

The particularity of care demonstrates the inevitability of human physical contact in care. Care ethics takes the concrete needs of particular individuals in specific circumstances as the starting point for what must be done. Noddings (1984) identifies care ethics as a superior moral orientation to impersonal theories of justice based upon principles and rules because it involves attending to the particular needs of concrete others. Caring involves stepping out of one's own personal frame of reference into others. When we care, we consider the other's point of view, his or her objective needs, and what he or she expects of us. Our attention, our mental engrossment is on the cared-for, not on ourselves. Our reasons for acting, then, have to do both with the other's wants and desires and with the objective elements of his problematic situation (Noddings, 1984). Such requirements have inevitably proved to be untenable in the face of COVID-19. Since most of the common practices of care such as hospital visits were suspended during the peak of COVID-19 infections, it was not possible to have human physical contact as the particularity of care supposes. The concrete needs of a patient could not be established whereas this is the starting point in care ethics. Care ethics places the particular needs of individuals at the foreground of moral action so that attention to their immediate human concerns take priority over abstract principles and programmes. Therefore, caring per se requires personal contact and varies according to individuals and situations. What is good for one individual may not be good for another. As such, caring cannot be taken as a model for general moral relations. It rather occurs in circles of intimates and friends who are engrossed in one another.

A person can, therefore, only care for so many particular others since each of these must be treated particularly without general rules or principles (Noddings, 1984). In articulating the importance of the particularity of care and challenging "universal principles," Beauchamp and Childress (2001) write:

"We can produce rough generalizations about how caring physicians and nurses respond to patients, for example, but these generalisations will not be subtle enough to give helpful guidance for the next patient; each situation calls for a set of responses outside any generalization"



This would be a very accurate assessment of the COVID-19 situation whereby all patients would be placed in the same hospital ward no matter the severity of their symptoms and the particularity of their needs. For example, there are certain concrete needs that patients may require such as oxygen supplies and other medical supplements. This is a clear indication that COVID-19 made the practice of Care ethics almost impossible.

Both engrossment and the particularity of care endangers the caregiver in cases of COVID-19. This, therefore, suggests that vulnerable individuals such as those with underlying conditions should be exempted from participating in such processes. Society needs to respect the individual rights of such persons as they are at risk. The idea of reciprocity needs to be limited. It is normally expected that if others have assisted you to take care of the sick then you would also assist them in such circumstances. However, in the event that one is suffering from COVID-19 then there is need to limit the number of caregivers as a measure to minimize the spread of the disease. It should be understood that it would still be within the dictates of Ubuntu for someone to provide other forms of care which do not require physical presence.

### ***Benevolence and Non-maleficence***

The ethics of care have a strong emphasis on benevolence and non-maleficence. Benevolence premises on caregivers and the general public doing good to others, their patients, while non-maleficence concerns the avoidance or prevention of harm. In the case of the COVID-19 pandemic, caregivers are expected to treat and care for their patients and promote benevolence and non-maleficence. Meanwhile, in the case of health workers, their employers are expected to provide a safe environment through the provision of Personal Protective Equipment (PPE). In cases where the employer does not provide PPE as legally required by COVID-19 prescripts, both the health workers and patients' lives would be in danger. Such a situation renders health workers' benevolence difficult because the decision to "do good" entails the treatment and care to clients while endangering one's life and the lives of patients, colleagues, own family and even those mingled with in public spaces.

Although the core values embedded in Ubuntu, such as mutual respect, humanness, trust, honesty, cohesiveness, and solidarity, are commensurate with ethical principles that guide the nursing practice (Mulaudzi et al., 2018), the nature of the coronavirus makes it difficult for

these values to come into play. Interviewee J argued that although health workers were willing to attend to COVID-19 patients in line with the Hippocratic Oath, lack of essential provisions was their greatest hurdle. Interviewee C was also in agreement with J as she also noted that there is no way the health workers would risk their lives by attending to patients without the necessary protective clothing equipment.

Ubuntu provides a perspective to analyze the right to strike action regarding personal and community right-doing (Mangena, 2016). Ubuntu offers a starting point for negotiating the common good and social aspects of doing good. Ubuntu philosophy essentializes the virtues of respect because a person can only see the other through the value they allocate to respect. In the COVID-19 context, nurses as caregivers need to demonstrate their respect by wearing PPE to protect themselves and their patients to avoid further spread of the infection. Similarly, the State is obliged to reciprocate the respect shown by nurses and the value they bring to both the healthcare system and the nursing profession. As reflected in this scenario, solidarity and cohesion are two critical Ubuntu principles with a significant bearing on nursing ethics.

It is equally important to note that conversely, the decision by nurses not to protest also affects the extent of solidarity and patient advocacy in respect of providing and receiving essential treatment and care services in a safe environment (Desai et al., 2020). Due to the public's view of the rationality and justification of the non-strike actions by nurses during the COVID-19 pandemic, they subsequently generated and received overwhelming public support and solidarity (Tuohey, 2007). This public response is based on the value of respect for the common good and cohesive unity of purpose between the public and the nurses. Such a state of affairs epitomizes the value and respect that members of the same group(s) allocate to dialogue as a pivotal aspect of decision-making by consensus for the common good (Tuohey, 2007). Hence, while beneficence and non-maleficence are expected from caregivers, the nature of COVID-19 proved to be inhibitive to the practice of the same. It requires a revised notion of Ubuntu to understand and empathize with caregivers who almost always found themselves between a rock and a hard surface. A revised notion of Ubuntu needs to be able to consider the rights of the caregivers first before generalizing the situation.

### **Physical Distancing, Travel restrictions and their Effects on Communitarian Hospitality**

Physical distancing proved to be one of the most effective measures of controlling the spread of an infectious disease. Given this fact, most countries-including Zimbabwe- instituted lockdowns and curfews meant to restrict human movement and interaction. Those who needed to travel for a distance of more than 20 km had to be in possession of a letter of exemption. Most of these letters were only given to those who worked in essential service provision, meaning that there was very little room for one to be able to visit a sick relative, yet Ubuntu calls upon all family members including members of the extended family to take care of the sick. On the other hand, travellers from other places especially from urban to rural communities were not very welcome. Most myths and conspiracy theories tended to associate COVID-19 with urban dwellers. This, therefore, means that even if someone could manage to travel to the rural areas to visit a sick relative, such a person would not be very welcome owing to the suspicion that he or she could be carrying the virus. Inversely, the other scenario would be that the very sick person could be the one suffering from COVID-19 and, hence, posing a health risk to potential caregivers. In this case, care giving would be extremely difficult since chances of getting infected would be very high. Moreover, Interviewee H said due to COVID-19 control measures hospital visits to COVID-19 wards were outlawed and this left COVID-19 patients in the care of health workers who would sometimes threaten to abandon the patients due to poor working conditions such as lack of Personal Protective Equipment.

In addition to physical distancing, COVID-19 restrictions also included the banning of travelling beyond a 20km radius. This meant that a combination of physical distancing and travel restrictions, coupled with the general dreading of the disease curtailed the practice of one of the pillars of Ubuntu that is hospitality. Hospitality is founded on the African notion of interdependence. African hospitality is grounded on the fact that no one is an island. Rather, each and every one is part of the whole community. African hospitality expresses the African sense of communality. That is, instead of, “I think, therefore, I exist” (*cogito ergo sum*) of the French Philosopher Rene Descartes, the African asserts “I am because we are,” or “I am related, therefore, I am” (*cognatus ergo sum*) (Gathogo, 2008). This compares with Mbiti’s summary of the philosophy underlying the African way of life, thus: “I am, because we are; and since we are, therefore

I am (Mbiti, 1967). African hospitality, therefore, places more emphasis on interdependence. As earlier indicated, many African proverbs express this communalistic approach to life. Essentially, as an individual one cannot do anything substantial. In fact, one needs others for advice, teaching, rebuke, correcting and training. One needs others, for example, to do business.

Interviewee D explained that the requirement for physical distancing, which outlawed social gatherings and compelled people to stay at home made it very difficult for some people to welcome visitors and strangers into their homes. He added that this entailed that hungry strangers could not be cared for since this would be somehow in contravention of laid down COVID-19 control measures. This again ruled out the communal sharing of food and in a way promoting the ‘vice’ of individualism. Similar sentiments were shared by Interviewee A who said in some communal areas in Zimbabwe, the traditional leadership would not allow visitors in their areas of jurisdiction, especially those from urban areas which were considered as hotspots. In most societies, the rearing and socialisation of children is not only a responsibility that is assumed by the children’s biological parents, but it also involves other extended adult kin. These kin relationships have always been comprised of mothers, fathers, grandparents, siblings, and other extended kin such as aunts and uncles (Gayapersad A. et al., 2019). It should be noted that although Ubuntu thrives on human interactions, welcoming strangers and travelers in times of pandemics should either be avoided and done under very strict conditions to minimize contact with such people. It has always been emphasised that the COVID-19 requirement of physical distancing does not mean social distancing. As such, it is possible for people to be distanced physically but remaining socially connected. Interviewee A was of the view that there are various ways of being socially connected in the COVID-19 era. The use of social media platforms such as WhatsApp, Twitter and Facebook are one of the most common ways through which people have remained socially connected during lockdown.

### **COVID-19, Ubuntu and Funeral Processes**

In African culture, especially Shona culture, whenever there is a death in the community people are required to pay condolences. Paying condolences literally means to hold hands [*kubata maoko*]. In most Zimbabwean cultures, as soon as death is announced friends and relatives pour into the

bereaved family's home. A typical funeral can attract as many as 500 people and can stretch for several days. There is a lot of singing and dancing in memory of the dead with mourners staying at the homestead until after the burial. COVID-19 control measures initially limited funeral attendees to 30, but in most remote areas the regulations were seldom adhered to. At most funerals people were not observing regulations to stop the spread of COVID-19 such as wearing of face masks, social distancing and washing of hands. There were even reports of shocking incidents where people coming from other areas to bury their relatives, who died of COVID-19, would demand to see their bodies contrary to advice by health authorities. There are cases where people were even arrested for opening coffins of their relatives who would have died of COVID-19 as they could not come to terms with the prohibition of body viewing.

Traditionally, Africans greet each other by shaking hands -- a practice that is more pronounced during funerals when mourners console each other. In the event of death in the community due to COVID-19 this practice has been severely challenged. Although most people have resorted to using clenched fists to greet each other, some still find it odd to do so and end up shaking hands. It is also a strong African practice that funeral attendees feed especially after the burial process. Failure to do so is socially frowned upon as it is perceived as an act of pride, egotism and superiority. Urging people to refrain from eating food at funeral gatherings is obviously something which Zimbabweans also find hard to do for fear that the same act may be reciprocated in the event of deaths at their own homes. In rural areas, people slaughter cattle and goats at funerals, which are at times prepared under poor hygienic conditions, exposing mourners to diseases during times of outbreaks. According to interviewee A, it is very difficult to shun food at funerals especially in rural areas where people slaughter cattle and goats at funerals since such relish is a rare delicacy. However, the interviewee noted that at times the food is prepared and served under very poor hygienic conditions, posing a great health risk to mourners during times of outbreaks. It is also interesting to note that in Africa, a funeral is more than mourning and burying the deceased. It is also an opportunity for relatives to meet their loved ones whom they would have for long separated with. It also functions as a platform to know each other as a funeral draws together people from various geographical and social locations. Attendees, therefore, take their time mixing and mingling. The implementation of COVID-19 control measures in such a situation may prove to be a mammoth task. However, it has to be understood

that paying condolences may not necessarily entail being physically present at the funeral wake. With the advancement in information communication technology, physical gatherings can be avoided as others may watch the process through live streaming. Such people may also make their contributions in the form of electronic money transfers. Those who might want to know each other may do so by way of exchanging electronic contact details. It should be noted that food consumption at funerals may be avoided without infringing any cultural norms and that should not be reciprocated where a funeral is not in any way linked to COVID-19 or any other infectious disease. Paying condolences should not be in the form of shaking hands. Interviewee B confided in this researcher that among the Ndebele people paying condolences is not about shaking hands with members of the deceased's family. The shaking of hands at funerals is restricted to very close members of that family. Even if fewer people would attend the funeral, other people could still go and pay their condolences later and this can be done on a staggered basis. Moreover, through the use of modern communication technologies, some people may view the funeral proceedings via social media platforms such as Facebook.

### ***Washing and Sanitizing of Hands***

As a prevention measure people are required to regularly wash their hands with soap and water or to use hand sanitizers. This would mean that if a visitor comes to one's house, they would need to make them wash their hands. Such a requirement may not sound well with Ubuntu philosophy because it is tantamount to accusing someone of uncleanness, and therefore, unwelcome in the home. Ubuntu requires that any visitor be received into the home as they are. Interviewees E, G and H all opined that if a potentially infectious individual visits, the African understanding is that the ancestors and God would have allowed that to happen and therefore, they will either find a way to protect you or they will let you get infected for a valid reason. This is depicted in the proverb *Mudzimu wakupa chironda wati nhunzi dzikudye* (The ancestor who has given you a wound wants flies to eat you) meaning that if the ancestors allow a calamity to befall you, they want you to suffer. Thus, one challenge with care ethics is that it accords little importance to caring for oneself, except perhaps as a means to provide further care for others. Gilligan (1982) argues that there is something deficient in a wholly other regarding caring morality since a mature moral perspective involves concern for oneself and one's own well-being within relations of care. As such, the philosophy of

Ubuntu puts the health of an individual at risk just for the purposes of reinforcing traditional stereotypes of a good person. Getting in contact with a patient suffering from a highly infectious disease as a way of being indiscriminate may have adverse effects to the caregiver. Moreover, the enforcement of hand sanitizing to visitors should not be in any way seen as snobbery but rather as act of care. This shows that the philosophy of Ubuntu needs repackaging. In this instance, the society has to understand that disregarding COVID-19 control measures for communitarian experience has more harm than good.

### ***Moderate Communitarianism as a Pandemic-sensed Re-alignment of Ubuntu Philosophy***

The challenges that have been presented in this chapter have made it inevitable for the suggestion that Ubuntu has to be re-packaged. It has always been noted that one of the shortfalls of Ubuntu has been its indiscriminate emphasis on communal interests at the expense of individual rights. As a result of that, it has been somehow difficult to control the spread of COVID-19. In fact, in a bid to practice Ubuntu, some people have ended up being exposed to this invisible enemy. The exposure has come through most of the traits of Ubuntu such as communality, hospitality, responsiveness, compassion and reciprocity.

The suggested adjustments to Ubuntu have essentially resulted in what the philosopher Kwame Gyekye (2002) termed *Moderate Communitarianism*. For a better understanding of Moderate Communitarianism there is need to first briefly unpack Communitarianism. Communitarianism is a theory that emphasizes the moral supremacy of the common good - the good of the community as a whole. According to Robert Longely (2020) the basic theory of communitarianism is revealed largely through its supporters' scholarly criticism of liberalism as expressed by American political philosopher John Rawls in his 1971 work, "A Theory of Justice." In this seminal liberal essay, Rawls contends that justice in the context of any community is based exclusively on the inviolable natural rights of each individual, stating that "each person possesses an inviolability founded on justice that even the welfare of society as a whole cannot override." In other words, according to Rawlsian theory, a truly just society cannot exist when the well-being of the community comes at the cost of individual rights. A communitarian, thus, is someone who considers the

community to be of central importance. The rationale for this is that the individual is a social being and can only flourish in the community.

Communitarian scholars who only emphasize the supremacy of the community without recourse to the individual's individuality and the rights that come with it are categorized as radical communitarians. This includes scholars such as John Mbiti and Ifeanyi Menkiti. Radical communitarianism is, therefore, interpreted as a theory that upholds the irrelevance of individual rights within the structure of an intimate and harmonious interaction among community members (Bond, 1996). This version of communitarianism denies liberalism. Proponents of the theory contend that liberal rights are superfluous in a community characterized by shared values, where every member is already constituted by the community itself. No individual is created to be able to provide for himself or herself, all his or her needs. Therefore, the natural inability of the individual to personally meet all his or her economic needs, without external support, compels him or her to seek the fellowship of others. This position has led to this state of tension between the individual and the community and this tension escalates in times of pandemics such as COVID-19. This tension can only be resolved by taking into account that the human person is first an individual and then a communal being. The tension between the individual and the community can be resolved to a reasonable extent by moderate or restricted communitarianism, that is, a communitarianism that gives consideration to communal values as well as to the values of individuality, to social commitments, as well as to duties of self-attention. Thus, in times of pandemics such as COVID-19, an individual whose safety and health maybe under threat due to the need to fulfill some values of Ubuntu should be excused without any fears of being labelled a deviant.

Guided by assumptions about the dual features of the self with its implied dual responsibility, moderate communitarianism should be possible to deflate any serious tension between the self and its community in the era of COVID-19. Thus, Gyekye's idea seems promising enough since it takes into account the 'self-asserting I' as well as the 'all-embracing we' (2002). In that sense, moderate communitarianism ensures that even though the communal values continue to receive primacy, the individual is allowed to assert his rights to a reasonable extent. This means that issues such as group solidarity, communality, compassion and participation could be done moderately, that is, without compelling individual members to conform to certain requirements that may put them at risk of being infected with COVID-19.



## Conclusion

This chapter examined the challenges that the philosophy of *Ubuntu* is facing in this era of the COVID-19 pandemic. An analysis of *Ubuntu* revealed some key features such as compassion, hospitality, communality and interdependence. These qualities were shown to be synonymous with the ethics of care. At face value, these features of *Ubuntu* appear to be indispensable in care in general and in caring for the sick in particular. However, the nature and devastating effects of COVID-19 has led to the introduction of the disease management and containment measures which resultantly rendered *Ubuntu* almost defunct. The measures curtailed most of the very salient values of *Ubuntu* including communality and interdependence. As such, this chapter argued for the need to make an adjustment to the scope of *Ubuntu* in order to balance between the need to practice care and the requirement to protect both caregivers and care receivers. The chapter viewed Gyekye's (2002) moderate or restricted communitarianism as a possible remedy to this quagmire.

## References

- Beauchamp, L.T. and Norman, E.B. (eds.) 1993. *Ethical Theory and Business*. 4<sup>th</sup> ed. New Jersey: Englewood.
- Beauchamp, T.L. and Childress, J.F. 2001. *Principles of Biomedical Ethics*. 5<sup>th</sup> ed. Oxford University Press.
- Desai, A., Lankford, C. & Schwartz, J. 2020. With crisis comes opportunity: Building ethical competencies in light of COVID-19. *Ethics & Behavior*, 30(6):401-413. <https://doi.org/10.1080/10508422.2020.1762603>
- Elder, J.P. et al. 2014. Caregiver behavior change for child survival and development in low-and middle-income countries: an examination of the evidence. *J Health Commun*, 19(supp 1):25-66.
- Flinders, D.J. 2001. 'Nel Noddings'. In Joy A. Palmer (ed.). *Fifty Modern Thinkers on Education. From Piaget to the Present*. London: Routledge.
- Gathogo, J.M. 2008. Some Expressions of African Hospitality Today. *Scriptura*, 99:275-287.
- Gayapersad, A. et al. 2019. The Production and Reproduction of Kinship in Charitable Children's Institutions in Uasin Gishu County, Kenya. *Child & Youth Care Forum*, 48(6):797-828.
- Gilligan, C. 1982. *In a Different Voice: Psychological Theory and women's Development*. Cambridge: Harvard University Press.

- Gyekye, K. 2002. Person and Community in African Thought. In P.H. Cotzee & A.P. Roux (eds.). *The African Philosophy Reader*, 317-337. New York: Routledge.
- Held, V. 2005. *The Ethics of Care: Personal, Political, and Global*. New York: Oxford University Press.
- Mangaliso, M.P. 2001. Building a competitive advantage from ubuntu: management lessons from South Africa. *The Academy of Management Executive*, Randburg.
- Mangena, F. 2016. African ethics through Ubuntu: A postmodern exposition. *Journal of Pan African Studies*, 9(2):66-80.
- Mulaudzi, F.M., Libster, M.M. & Phiri, S. 2009. Suggestions for creating a welcoming nursing community: Ubuntu, cultural diplomacy, and mentoring. *International Journal of Human Caring*, 13(2):45-51. <https://doi.org/10.20467/1091-5710.13.2.45>
- Mulaudzi, F.M. & Peu, M.D. 2014. Communal child-rearing: The role of nurses in school health. *Curationis*, 37(1). Doi.10.4102/curationis.v37i1.1158.
- Noddings, N. 1984. *Caring a Feminine Approach to Ethics and Moral Education*. Berkeley: University of California Press.
- Noddings, N. 2002. *Starting at Home: Caring and Social Policy*. Berkeley: University of California Press.
- Robert, L. 2020. What Is Communitarianism? Definition and Main Theorists. At <https://www.thoughtco.com/communitarianism-definition-and-theories-5070063> [Accessed 5 September 2022].
- Ramose, M.B. 1999. *African Philosophy through Ubuntu*. Harare: Mond Books.
- Samkange, S. and Samkange, T. 1980. *Hunhuism or Ubuntuism: A Zimbabwe Indigenous Political Philosophy*. Harare: Graham Publishing.
- Shutte, A. 2001. *Ubuntu*. Pietermaritzburg: Cluster Publications.
- Sindima, H.J. 1995. *Africa's agenda: The legacy of liberalism and colonialism in the crisis of African values*. London: Greenwood Press.
- Tuohey, J.F. 2007. A matrix for ethical decision making in a pandemic. The Oregon tool for emergency preparedness. *Health Progress*, 88(6):20-25.