

COVID-19 crisis in relation to religion, health and poverty in Zimbabwe: A case study of the Harare urban communities



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The COVID-19 pandemic which started in China in 2019, was originally described as a public health emergency of intercontinental concern by the World Health Organization (WHO) in January 2020. Due to its speedy rate of spread, the WHO then declared it a pandemic after 6 weeks. The global spread of COVID-19 has been attributed to the high mobility between and within countries. Having noted the wide spread of the COVID-19 pandemic, almost every country affected, developed strict and restrictive public health measures to control the spread of the virus. Such measures included restrictions on country borders and social gatherings. Hence, the main purpose of the paper was to explore the impact of the COVID-19 crisis in relation to religion, health and poverty in Harare urban communities as well as determining solutions to the impact of the COVID-19 pandemic on those sectors. The research methodology was qualitative in nature. Primary data were collected through in-depth telephone interviews and online open-ended questionnaires. Purposive sampling was used to select the study participants. The findings showed that the COVID-19 pandemic triggered and exposed the inequalities in health. The pandemic also had a strong impact on religious activities and it exacerbated poverty levels as well. Those who had all the access to medication, food and vaccinations during the height of COVID-19 may not fully appreciate the impact that poverty coupled with pandemics left on their communities both religiously and socially. Malnutrition, hunger and sickness were the order of the day among the poor.

Contribution: The conclusion was that COVID-19 negatively impacted on the health, religious and social sectors. Therefore, it is critical to maintain preventive and curative services, especially for the most vulnerable populations such as children, older persons, and people with disabilities.

Keywords: COVID-19 crisis; health; poverty; relationship; Zimbabwean communities; religion.

Introduction

It has been 3 years now, grappling and fighting the COVID-19 across the globe. The COVID-19 pandemic started in China in 2019 according to Khan (2020). A lot of reports have tried to pinpoint its origins with differing views. Some researchers state that it originated from the laboratories in Wuhan, China. Others tried to connect it to some birds and animals. Either way, Wong, Barnes and Kanno-Youngs (2020) posited that all reports confirm that it originated from Wuhan, China. In January 2020, barely 4 months after its dawn, it was immediately described as a public health emergency of intercontinental concern by the World Health Organization (WHO). Zhu, Wei and Niu (2020) noted that shortly after a space of less than 6 weeks, the WHO quickly declared it a pandemic due to its speedy rate of spread. The global spread of COVID-19 has been attributed to the high mobility between and within countries. Having noted the wide spread of the COVID-19 pandemic, almost every country affected developed strict and restrictive public health measures to control the virus. Such measures included restrictions on country borders. Hence, the main purpose of the paper was to explore the impact of the COVID-19 crisis in relation to religion, health and poverty in Harare urban communities as well as determining solutions to the impact of COVID-19 pandemic on those sectors. This helps to examine some of the issues regarding the handling of the COVID-19 crisis in relation to religion, health and poverty in those Harare urban communities.

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Background to the study

The COVID-19 pandemic drastically affected the health and socio-religious landscape of Zimbabwe as many predispositions and disadvantaged communities could not handle the gravity and intensity of its effects. It is important to note that according to the World Bank's (2021) latest economic analysis for Zimbabwe, the number of extremely poor citizens rose from 6.6 to 7.9 million in 2020 due to the COVID-19 pandemic and its impact.

In 2019 as well as the small part of the early 2020 (roughly up to the month of March), most of the Zimbabwean church(es) thought COVID-19 was a hoax as it was still away from the mainland. Declarations and prophecies as to how to stop and combat this virus before it could disrupt worship were pretty rampant. It was as if there was going to be a barrier on COVID-19 entering the country at large. Unfortunately, by March 2020, the first COVID-19 case was recorded in Zimbabwe, immediately triggering the first major lockdown of the entire country.

In Zimbabwe, the government mandated a national lockdown that closed non-essential business and stated that all citizens should remain in their homes for 21 days began on 30 March 2020, 48 hours after the statute was announced. (Mackworth-Young et al. 2021:85)

Church gatherings were instantly put on hold and a redefining of fellowships followed. Thus, in trying to curb and control the spread of the virus, the Government of Zimbabwe instituted very restrictive measures in terms of travelling, working and social relationships by introducing and implementing the lockdown and curfew measures.

The foregoing views are supported by Dzawanda et al. (2021), who attested:

More recently and during the lockdown period, the Government of Zimbabwe, in a bid to curb the spread of the coronavirus, introduced policies that indirectly promoted informal activities that increased the risk of people in this sector being exposed to the virus, as they desperately tried to provide food for their families. The government also made use of the lockdowns as an opportunity to push through policies aimed at eradicating the informal sector being markets, which resulted in the demolition of numerous informal trader stalls without notice or consultation. (p. 7)

Legally, the rest of the workers and traders were not allowed to trade. Only essential service persons were allowed to work and move around at the height of COVID-19 in Zimbabwe. The rest had to stay indoors for months. This meant that there was no production, no businesses and no income to the majority of the Zimbabweans. Dzawanda et al. (2021) further noted, 'Their (informal trader's) dire financial situation worsened with the escalation in the prices of the basic commodities, leaving them hard pressed to meet their rental and service payment commitments'. Dziwanda and his associates' observation was correct in that due to no income, no access to healthy foods and no access to medication during

this period, loads of health issues arose. Children had malnutrition, kwashiorkor became rampant, non-COVID related sicknesses grew, and poverty levels blossomed. Although the government allowed movement in cases of health and deaths, some people could not manage to access medications due to the lack of money. Hospitals and clinics put up stricter measures to their to-be patients: no one could be allowed into the clinics, hospitals, admitted or seen by nurses and doctors before they showed that they had been tested for COVID-19. This was a huge struggle for many as private clinics, surgeries and hospitals demanded tests that were expensive. Home nurse aides demanded an arm and a leg for their services; this was very prohibitive to the majority's access to health.

Additionally, as noted by the World Bank (2021):

In addition, the report says supply-side challenges facing the health system following a prolonged period of doctor strikes, reduced working hours for nurses, and limited and slow access to personal protective equipment initially contributed to a decline in the coverage and quality of essential health services. The number of institutional maternal deaths increased by 29% in 2020 compared to 2018, while deliveries at home increased by 30%. (n.p)

This was indeed crippling to both the economic growth and development of the nation. Socially and health wise, it further exacerbated the health problems that were being faced in Harare and nationwide.

Those who are religious and spiritual who wanted to reach out to their places of worship and their clergy persons could not because they were closed during this time. To visit one's clergy, you needed travel clearance which was not easily accessible as you had to go to the nearest police station or rely on the community leaders such as chiefs. The permission was at their discretion as religious activities were not deemed essential. In the meantime, COVID-19 was really on the rise and causing much havoc on the human life. Most people therefore ended up dying from mental health issues, stress, hunger, malnutrition and COVID-19 itself.

Methodology

The research methodology was qualitative in nature. According to Cohen, Manon and Morrison (2000), a qualitative approach refers to the use of data that encompasses citations, explanations, discussions and connotations and involves the use of interviews, open-ended questionnaires and observations that are useful in establishing the feelings of people towards the issue being investigated and enables the respondents to express their beliefs on the subject matter. Kaplan (2012) adds that a qualitative approach addresses information that is difficult to quantify and information to do with respondents' judgment, opinions and life experiences.

The researchers employed a qualitative approach because the study is focusing on a qualitative trend to do with human behaviour that is not quantifiable. A qualitative approach

was used to answer questions about experiences, meanings and views of the participants and measuring a wide variety of unobservable data, such as people's self-esteem traits, attitudes, beliefs, opinions, personal behaviours, or factual personal information; therefore, the researchers found the approach suitable for this particular research.

The approach was intrinsic in nature. The researchers did not select a particular case to offer illumination on the problem but made use of a holistic approach to the phenomenon under study. This approach was preferred because it allows room for generalisation of findings to a bigger population.

In this study, the researchers used the case study research design. Roque (2009) defines a case study survey as an empirical enquiry that investigates a contemporary phenomenon in depth and within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident. In this method, the examination of the data is often conducted within the context of its use, and it allows the exploration and understanding of complex issues.

The researchers chose the case study method because of its numerous advantages. Bromley (1990) asserts that case studies can be considered a robust research method particularly when a holistic, in-depth investigation is required. This is supported by Johnson (2006), who propounds that a case study works well in sociology and community-based problems such as poverty, unemployment, drug addiction, illiteracy, alcoholism, prostitution, and the like.

The researchers were concerned about the limitations of quantitative methods in providing holistic and in-depth explanations of the social and behavioural problems in question; therefore, they found the method suitable for this research. Tellis (1997) asserts that through the case study method, the researcher is able to go beyond the quantitative statistical results and understand the behavioural conditions. Stake (1995) alludes that, by including both quantitative and qualitative data, a case study avoids the error of obscuring some of the important data that need to be uncovered through qualitative data rather than limiting to only quantitative data.

According to Tellis (1997), case studies produce detailed qualitative accounts that help to explore or describe the data in real-life environments, and they provide better insights into the detailed behaviours of the subjects of interest. They also help to explain the complexities of real-life situations which may not be captured through experimental or survey research. In this case, useful insights into issues to do with sensitive delinquencies were obtained.

The case study method was useful in this research as it enabled the researchers to examine data at a micro level. It became a practical solution for the researchers in that a big sample population was difficult to obtain due to limitations

of time and lockdown movement restrictions. Despite its numerous advantages, case studies are often accused of a lack of rigour.

According to Leedy (1997), the case study investigations are sloppy and give room for equivocal evidence or biased views to influence the direction of the findings and conclusions. He adds that case studies provide very little basis for scientific generalisation because they use a small number of subjects, some conducted with only one subject.

Despite these criticisms, the researchers deployed the case study method in this research because the research is based on real-life situations and the advantages of using the method outweigh its disadvantages.

Purposive sampling was used to choose the participants in the leadership positions while random sampling was used to select those who did not have leadership posts. At this juncture, we would like to point out that although Zimbabwe has a number of ethnic tribes like the Shona, Ndebele, Kalanga, Venda, Sotho, Tonga and many others. We have selected only the Shona people. We have chosen only the Shona people because the Harare area is predominantly composed of Shona people. The method was useful in making sure that we included people who fit the requirements of the study. In Harare urban communities a sample of 30 participants were chosen. These participants were made up of 10 church leaders, 10 health officials' leaders and 10 other participants who were not in any leadership position.

According to Onwuegbuzie and Leech (2005), research instruments are tools or devices that are used to collect data. Primary data were collected through in-depth telephone interviews and online open-ended questionnaires.

Online open-ended questionnaires were sent to the selected 30 participants. Using such an instrument increased the response rate. In actual fact, the low cost and overall convenience of online surveys resulted in a high response. The respondents were also able to answer questions on their own schedule at a pace they chose.

On the other hand, telephone and face-to-face interviews were used to interview 10 participants. Johnson (2006) defined an interview as a purposeful discussion between two or more people. Interviews can be face-to-face that is direct interviews or indirect, that is through telephone. Interviews help to get valid and reliable data that is relevant to research questions and objectives. Pre-formatted questions were used to guide the interviews so that there was uniformity in the questions asked to different respondents. The researchers opted for one-on-one interviews with key informants so as to gather as much data as possible. Telephone interviews were opted for because they are flexible as they allow room for follow-up questions, explanation and clarification where necessary. This enabled

the researchers to take note of non-verbal gestures and to take notes and probe more on the research topic. Having outlined the research methodology, the next section of the chapter examines the discussion on the impact of COVID-19 in Harare urban communities of Zimbabwe on religion, health and poverty.

Discussion on the impact of COVID-19 in Harare urban communities on religion, health and poverty

This section of the paper showcases the effects of the COVID-19 pandemic on religion, health and poverty. It shall be shown that the running of religion, health and poverty sections have been heavily affected negatively and positively by the COVID-19 pandemic.

COVID-19 crisis in relation to poverty

From the telephone interview and online open-ended questionnaires we noted that due to the COVID-19 pandemic, a number of Zimbabweans were hard hit by poverty. In actual fact, due to COVID-19 lockdown restrictions, businesses suffered nationwide, and Zimbabweans suffered extreme job losses. This was evident in Harare urban communities. A number of people lost their formal jobs. What happened in Harare urban communities concurs with what has been noted in the World Bank report 2021, which says:

The Zimbabwe Economic Update, Overcoming Economic Challenges, Natural Disasters, and the Pandemic: Social and Economic Impacts cites surveys conducted in 2020 show that nearly 500 000 Zimbabwean households have at least one member who lost his or her job, causing many households to fall into poverty, and worsening the plight of the existing poor. (n.p)

Therefore, from the above responses, the researchers noted that loss of jobs in Harare urban communities left every section of the city affected economically.

The results we received are also in line with what was found by United Nations International Children Emergency Fund Zimbabwe (UNICEF 2021). Based on the finding from the 2020 Rapid Poverty Income Consumption and Expenditure Survey (PICES) Telephonic Survey conducted by the Zimbabwe National Statistics Agency (ZIMSTAT) in partnership with the World Bank and UNICEF recorded, that almost half the population in Zimbabwe was in extreme poverty in 2020 due to the amalgamated effects of rise in the price of basic necessities, economic contraction caused by the COVID-19 pandemic and poor harvests. Therefore, from the above-mentioned views, we noted that the pandemic and its effects continue to exert suffering on the local communities. In actual fact, for the majority of Harare urban community members from poor backgrounds, mostly those living below the

poverty datum line and those slightly above the threshold, life has not been the same.

COVID-19 crisis in relation to religion

From interviews and questionnaire responses the researchers noted that the COVID-19 pandemic had negative and positive impact on religion. We noted that the Christian religious rituals like regular worship, meditation, preaching, prayers, pilgrimages, sacrifices, initiation into religious communities, regular gatherings, rites of passage, sacramental rites, healing as well as patterns of behaviour were affected by the COVID-19 pandemic said:

'In the pre-COVID-19 pandemic era, as Christians we used to have regular church gatherings, church liturgy, regular worship, the Eucharist, word of God, the preaching, sacrifices, music and meditations. However, due to the COVID-19 pandemic restrictions, we cannot conduct them. In 2020 and 2021, we failed to conduct Easter celebrations because of the COVID-19 pandemic restrictions. To make matters worse, in those years, no single baptism was conducted in our church because church gatherings had been banned. The conducting of rites of passage, and the initiation into Christian religious communities were affected as well. Although our Bishops, Pastors, elders and deacons, had pointed that we will have online services, all this did not happen. Why? Some of the congregants had challenges since they did not have money to buy internet bundles to attend online services through WhatsApp, Zoom or Facebook. So, this is a mammoth task.' Interviewee E, from Marlborough (Interviewed 10 June 2022)

Therefore, the running of church institutions in Harare urban communities was adversely affected, because the COVID-19 pandemic culminated in the restrictions of church services gatherings, ceremonies and festivals. All this resulted in some Christians resorting to the use of online services although some could not afford to have them because of financial constraints. We concluded that the ritual and practical dimensions of the congregants were heavily affected by the COVID-19 pandemic.

The above view is also in line with this respondent:

'The COVID 19 pandemic restrictions have not spared the Harare urban churches like the Evangelical Lutheran Church in Zimbabwe, the Apostolic Faith Mission in Zimbabwe, the National Baptist Convention of Zimbabwe, the Dutch Reformed Church and many more. It has also created a lot of panic, anger and bitterness. Some of the congregants were even affected doctrinally, emotionally, psychologically and spiritually to the extent that some lost faith in God. However, some were drawn close to God. Some congregants even resorted to the use of African Indigenous medicine like Zumbani as well as African Indigenous healing methods like steaming (kufukira).' Interviewee A from Kuwadzana (Interviewed 15 May 2022)

Therefore, the doctrinal and philosophical beliefs of the Christians in Harare urban communities were severely affected. Some members even ended up questioning the existence of their Christian God and some even ended up resorting to the use of African traditional medicines and methods on top of western medicines, to try to manage the COVID-19 pandemic. However, others remained committed

to their Christian God because they regarded him to be their final hope in times of trouble.

In addition to that, the above view was supported by respondent:

'Due to strict COVID-19 pandemic restrictions, as church congregants at one time we thought that the Zimbabwean government is fighting the church and yet there are many other institutions that have also been affected by these COVID-19 restriction measures. Moreover, some of the church congregants have interpreted these bans as a fight or an attack on the Church and have rebelled and already contravened the law of the land. This has seen some Pastors and church members getting arrested in Zimbabwe.' Interviewee B from Masasa (Interviewed 20 May 2022)

Therefore, from the above responses, we noted that COVID-19 negatively impacted on the Harare church congregants because it created much panic, anger and bitterness. Some Harare-based congregants even regarded the imposed restrictions as a deliberate move by the Zimbabwean government to attack church congregants in the country.

However, it is important to note that some responses showed that some interview and questionnaire respondents did not concur with what was raised above. For instance respondent posited:

'It is unfortunate that most people are interpreting these arrests as arrests made because of the preaching of the Gospel. Which is not the case. The pastors are being arrested for breaking the law of the land instead. An attack on the church and abuse, terrorizing and harassing the church is when the governments of the land are deliberately taking away the constitutional rights of the Pastors or denying the Church members their freedom to preach freely. In these cases, where church people are being arrested, there are constitutional rights being violated.' Interviewee C from Budiriro 4 (Interviewed 30 May 2022)

Hence, from the above views, we noted that some of the respondents had a different perception on how the COVID-19 pandemic impacted on religion.

From the above interview and questionnaire responses, the researchers noted that the COVID-19 restrictions have some positive and negative impacts on the Harare urban communities. All this is in line with what was put forward by some scholars. For example, Chen, Chen and Dean (2022) stated that while these procedures have created challenges for religious individuals and communities to continue their traditional ritual practices, they have produced notable transformations and innovative adaptations. On that aspect, Bentzen (2021) attested that in times of crisis, humans have a propensity to turn to religion for comfort and explanation. In that regard, the COVID-19 pandemic is no exception. Therefore, COVID-19 pandemic lockdowns had an impact on the Harare urban communities.

COVID-19 crisis in relation to health

From the responses, we noted that the health situation in Harare urban communities was also heavily affected

by the COVID-19 pandemic. For instance respondent asserted:

'Due to the COVID-19 pandemic, services were overstretched before the COVID-19 epidemic, but this has now worsened dramatically as health-care workers are concerned about their risk, many have been infected, and there is no clear pathway for how to manage those who are infected.' Interviewee F from Parerenyatwa Group of Hospitals (Interviewed 01 June 2022)

What we got from the above respondent is in agreement with what was raised by Makoni (2020). The scholar noted:

The negative impact of the COVID 19 pandemic is worsened by the fact that the availability of personal protective equipment (PPE) is insufficient, and most community health workers are not aware of the correct infection prevention and control measure. The Zimbabwe Association of Doctors for Human Rights said on July 28 that 200 health workers in Zimbabwe had so far tested positive for COVID-19. (p. 457)

Therefore, from all this we noted that the COVID-19 pandemic negatively impacted on the Harare urban communities in the area of health.

Strategies to overcome the impact of the COVID-19 pandemic

From what we got from the participants, we noted that during COVID-19 lockdowns and bans on religious gatherings, religion still played a great role in helping to curb the spread of the disease. Kowalczyk et al. (2020:2671) write, 'Religion has always played a role of the balm for the soul, and the regular religious participation is associated with better emotional health outcomes'.

Furthermore, the responses from telephone interviews and online questionnaires from Harare urban communities also showed that the Christian churches and sects in Zimbabwe created a platform to bring about interventions at policy and operational levels. The main cause being to marshal resources and mitigating the disruptive effects of the COVID-19 pandemic among resource-strained communities.

It is important to note that some respondents were of the idea that when solving the COVID-19 pandemic, religion can be viewed as a problem in itself. For instance, Chen et al. (2022) positioned that:

The COVID-19 pandemic has brought about massive changes in religious landscapes across the world. Recent research has focused on whether religions create problems or are sources of solution or support in these extraordinary times. Although some studies document religious leaders' and institutions' innovative responses to preserve ritual practices and foster members' sense of belonging, they failed to highlight lay practitioners' bottom-up religious transformations. (p. 301)

However, some respondents were of the view that religion played a paramount role in overcoming the negative impact of the COVID-19 pandemic in the Harare urban communities. For instance, Modell and Kardia (2020) in their paper view

religion as an important source of hope, health, psychological and emotional support, charitable service and welfare. With the dawn of COVID-19 and the many restrictions used to curb the spread of COVID-19 in Zimbabwe, many religious organisations stood with the government and implemented the regulations set in place by the government among their members. Some religious groups strictly adhered to the lockdown measures and closed their places of worship.

From the findings, it was revealed that the COVID-19 pandemic triggered and exposed the inequalities in health. Those who had all the access to medication, food and vaccinations during the height of COVID-19 may not fully appreciate the impact that poverty, coupled with pandemics left on their communities both religiously and socially. Malnutrition, hunger and sickness were the order of the day among the poor in Harare.

From the forgoing discussions, the researchers then recommended the following aspects. Firstly, because Zimbabwe has challenges with acquiring enough resources to combat COVID-19, the generosity of other countries will help Harare urban communities to regain stability.

Secondly, although the recovery of Zimbabwe's economy and job market will take time, recovery progress will accelerate if the global community is able to reach out with a helping hand and share resources.

Thirdly, the impact of COVID-19 on poverty in Harare urban communities has left its mark on the country. The rising level of unemployed Zimbabweans has caused a spike in extreme poverty. Hence, in line with what was suggested by the president of the Employers' Confederation of Zimbabwe (EMCOZ), Israel Murefu; an adaptation of the production process to the new normal requires a huge capital outlay and he added that the country should avoid another lockdown.

Above all, Christian churches should accept the new normal, including virtual church activities and use of information communication technology. In that regard, there should be more broadcasts of online church sermons and religious services through social media platforms.

Conclusion

All in all, the article has explored the COVID-19 crisis in relation to religion, health and poverty: A case of the Harare urban communities. The pandemic strongly impacted on religious activities and exacerbated the poverty levels. Its effects were both religious and social. Malnutrition, hunger and sickness were the order of the day among the poor. It was of note that COVID-19 negatively impacted on the health, religious and social sectors. However, several strategies can be taken to manage the impact of COVID-19 in Zimbabwe. Therefore, it is critical to maintain preventive and curative services, especially for the most vulnerable populations

such as children, older persons, women and people living with disabilities.

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Competing interests

The authors have declared that no competing interest exists.

Authors' contributions

J.M. and S.S. researched and collaborated in the writing of this research article.

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