


# Stories of pastoral engagement with women's vulnerable sexuality during COVID-19

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**Dates:**

Received: 28 May 2023

Accepted: 16 Oct. 2023

Published: 09 Apr. 2024

**How to cite this article:**

Landman, C., 2024, 'Stories of pastoral engagement with women's vulnerable sexuality during COVID-19', *HTS Theologies Studies/Theological Studies* 80(1), a9060. <https://doi.org/10.4102/hts.v80i1.9060>

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The author is a pastor in the Reformed tradition, ministering in several peri-urban congregations in the northern provinces of South Africa. During coronavirus disease 2019 (COVID-19), she had to pastorally engage in several cases where women's sexuality was severely compromised. These comprise cases of women seeking abortions, needing medical help when giving birth or experiencing miscarriage, sexual demands, violence, abuse, and many more. These stories are told here in a way that calls for two methodological remarks. Firstly, the stories will be told unmediated, that is, without them being mediated through interpretation. These uninterpreted stories, then, will be told to speak for themselves through themes extracted from the stories. Secondly, changes have been made to guard individuals from being recognised in the stories. The stories show the increased vulnerability of women during COVID-19 who are already vulnerable because of poverty, limited access to medical and other supportive resources, and abuse.

**Contribution:** This article intends to make a unique contribution to the field of study by telling the stories of the increased vulnerability of women's sexuality during COVID-19 in an academic context. It aims to highlight women's plight and to what they were exposed to during COVID-19, and brings it to the attention of academic readers and others concerned.

**Keywords:** religion and COVID-19; pastoral responses to COVID-19; women's sexuality during COVID-19; women's vulnerability during COVID-19; oral history; northern provinces of South Africa.

## Introduction

### Background

The author is ministering and pastoring in peri-urban congregations in the northern provinces of South Africa. She is an ordained minister of the Word in a reformed church consisting of coloured (an ethnic group in South Africa) and black members. Ministering and pastoring were extremely difficult during the coronavirus disease 2019 (COVID-19) lockdown that started in South Africa on 26 March 2020. Pastors were not regarded as essential workers, no church services were allowed at first, and funerals were restricted. Movement across provinces was totally prohibited during the initial stages of the pandemic. Pastors were not allowed in hospitals to visit congregants with COVID-19 or at their deathbeds until recently.

During this time, women's sexuality was under attack because they had very limited access to not only pastoral and mental care but especially medical care. When COVID-19 restrictions became less strict, the pastor (author) started ministering in these peri-urban congregations again and pastorally engaged in a variety of situations where the sexuality of women congregants was severely compromised.

### Aim

The aim of this article is to tell stories of how women's bodies became vulnerable during COVID-19 from a pastor's perspective. This vulnerability was exacerbated by the pandemic, when women in peri-urban areas, previously known as *townships*, where medical facilities were already severely compromised, were exposed to the restricted care of social and medical institutions. This article also highlights how the closed down systems keep women from making choices about their sexuality.

## Research population and methodology

The research population is the pastor's engagements and observations of women's sexuality during COVID-19 in peri-urban areas in the northern provinces of South Africa.

Because the author of this article is also the pastor whose stories are told here, the oral history methodology used here centres around self-interviewing. The retelling of stories by the author is reflective of her own observations and experiences during the pandemic. It allows the pastor as researcher a retrospective reflection on remembering the experience, the process, and the reactions of the participants (Allett, Keightley & Pickering 2011:4). Participants' consent is therefore not required.

Self-interviewing has at least two methodological peculiarities. Firstly, the author and pastor does not offer any further interpretation of a story other than what she has observed. There is no second-level interpretation in terms of the hidden agendas of those with whom the author and pastor has engaged. The author tells the stories without mediating it through interpretation. Secondly, the author and pastor changes the vital statistics of the agents of her story in order to protect them from being detected.

Self-interviewing in recent scholarship, 'Computer-assisted self-interviewing in sexual health clinics: Sexually transmitted diseases' (Fairley et al. 2010:665–668), refers to computer-assisted self-interviewing (CASI) which is used especially in health sciences to survey sensitive information on sexual health. For instance, this method of letting interviewees interview themselves electronically has been praised and criticised by a variety of scientists because of its confidentiality and credibility. Criticism of CASI and audio computer-assisted self-interviewing (ACASI) focusses on the fact that interviewees more easily skip questions and that not all participants are equally competent in this method of interviewing as stated by Van De Wijgert et al. (2000:885–890). It is, however, the framing by Allett et al. (2011:1) that supports the method applied in this study whereby self-interviewing is regarded as an important approach in 'conducting memory research' because memories often require a sensitive recall of memories, and also give the reflexive nature of this process.

Self-interviewing in this article as narrative, is a method applied within oral historiography. Although this method is not well developed in the oral history method, it acknowledges that oral history is not about doing a survey, but rather telling the stories of interviewees on their behalf. This method is also appropriate for retrieving the required information regarding personal and social memory as a cultural process, oral representations, and practices (Allett et al. 2011:3).

As mentioned, the author interviewed herself reflecting on her experiences as a pastor, leading to the telling of the stories

of women whose sexuality has been compromised during COVID-19. Applying this method proved most appropriate and contributed to voicing the realities of women's vulnerability during this time and the pastor, being directly involved in their lives, served as a second voice highlighting their plight.

## Literary review and unique contribution

Several academic articles have been published on women's sexuality during COVID-19. These studies focus mainly on women's sexual drive during COVID-19. Well-known is the article by Panzeri, Ferrucci and Cozza (2020:1–29), published early in the pandemic. It concentrates on the psychological reasons for changes in a couple's sexual drive, giving due consideration to that of women.

These interesting studies focus on a specific area or country, such as that of Karagöz et al. (2021:815–823) in which impotence among 148 men and 97 women in Turkey was studied.

More clandestine studies were also published such as that of Eleuteri and Terzitta (2021:55–60) who researched the role of the Internet in maintaining active sexual activity between people separated by the COVID-19 through sexting, webcam, and virtual calls. This study deals adequately with women's sexuality.

However, in this article, women's sexuality will refer to the sexual body of a woman in a wider sense than only her longing for intercourse. It will refer to her need to abort, to give birth, and other needs typical to female bodies. Often women seek an abortion because they see no financial or familial future for her child or children. The church prohibits sexual intimacy for unmarried women and abortions. This is, however, the reality of the work of the pastor, even though the church places restrictions on the assistance provided. Of interest to this study are publications such as that of Bahn, Cohen and Van Der Meulen Rodgers (2020:695–699). It points to the increased vulnerability during COVID-19 of women in lower-income groups, who live in gender-oppressive societies and have restricted access to mental and medical health systems.

Of importance to this study is a book published in 2021 by the South African Chapter of the Circle of Concerned African Women Theologians, entitled *A Time Like No Other: COVID-19 in Women's Voices*, compiled and edited by Hadebe et al. (2021). It contains more than 40 reflections, poems, letters, among others, by women on the COVID-19 pandemic, each comprising three or four pages. Among the seven parts, there is a part on 'Ministry challenges' which contains the stories of women pastors and their experiences during COVID-19.

It was a three-pager by Reverend Ngcobo of the Anglican Church, 'A story of a woman's lockdown: Personal reflections' (Hadebe et al. 2021:99–100) that inspired the author of this

article, as pastor, to write down her recollection of women's stories of vulnerability during the pandemic. Ngcobo (2021) does not tell women's stories in this short contribution but leaves the author identifying with her statement that:

I am grateful that in a time such as this, a time of being enclosed, that I could open up and reach out and touch lives of women through technology. I am thankful that in fulfilling my vocation, women can experience the safety to open up and get in touch with other women, in a time when touch and physical closeness are restricted. (p. 100)

The author has previously published an article 'The church emerging from the COVID-19 pandemic: A Theology of lament' (Landman 2021:16–35) guiding herself and the church towards remembering the pain of the pandemic with hope. Here she intends to make a unique contribution to the field of study by telling the stories of the increased vulnerability of women's sexuality during COVID-19 in an academic context.

## Stories of women's sexuality during COVID-19 told from the perspective of a woman pastor

### 1. The pastor was approached to assist with the abortion

During COVID-19, the state hospital's abortion clinic was closed. Quite a few young girls approached the pastor individually to assist them in getting an abortion. Two of them were still attending school and could not afford to have a child. Another was a young single parent who already had two children. Some could not face their parents with a pregnancy. One was in her thirties and had been facing a divorce since she got pregnant. Many lost their relationship with the father of the child between getting pregnant and seeking an abortion.

The only way for a girl or a woman to get an abortion during the COVID-19 lockdown was: (1) to go to a private abortion clinic which was very expensive, and outside their financial ability, (2) to buy an abortion pill at the pharmacy which they could only get with a prescription which the doctor would not give because the doctor could not foresee the consequences and take responsibility for the abortion, or (3) to buy an abortion pill from an unknown person on a street corner for R1000.00 (one thousand ZAR). A thousand rand is about 50 US dollars, but is an enormous amount for somebody with a low or no income. If she could raise this money – usually asking the pastor first – the girl or women would go home, and when the abortion pill started working pretend to have a miscarriage. An ambulance would then be called, she would be taken to the hospital, and 'cleaned up'.

The girl or women, out of necessity, followed the last route. This posed enormous challenges to the pastor. Her church is anti-abortion, or pro-life, and she could lose her licence helping the girls or women. The pastor would also have to keep this secret from their parents, husbands, and boyfriends. She furthermore did not have the personal funds to assist the girls or women.

### 2. The pastor found her own sexuality under suspicion

When the author was ordained as a pastor, she knew that it was difficult for a woman to take up a leadership role in the church, and much more if she was unmarried. In one congregation in which she served, the women organised a prayer group who prayed weekly that the woman pastor would find the right husband.

Men visiting the pastor for counselling were always looked upon with suspicion; but during COVID-19 their visits were more obvious, and suspicion about the pastor's sexual affiliation to these counselees grew.

One day, a young man came to the parsonage for counselling. During that stage of COVID-19 restrictions, the pastor was not allowed to visit houses where there were numerous inhabitants. The young man got shot in the back in a hijacking and was restricted to a wheelchair. Being in a wheelchair was too much for him. He considered suicide. The pastor talked with him the whole day and well into the night until curfew time.

Congregants saw his car standing in front of the parsonage till late. It came to the pastor's attention that they were threatening to lodge a formal complaint against her to the church council and even to start a petition not to have a woman pastor then or ever again, at least not an unmarried one, because her sexuality could not be controlled.

### 3. The pastor wanted to do the motherly thing

During COVID-19, a young woman took her baby to hospital. The overworked and most probably fatigued doctor – often reported because of the pressures caused by the pandemic – told her that the baby was just flatulent. When the woman got home, the baby died. The young mother, a single parent, approached the pastor to baptise the baby before the funeral. The pastor had never baptised a deceased baby before and was not sure what to do. The Church Order does not address this situation. However, the young woman pleaded with her. She said that she only had the courage to approach the pastor because the pastor herself was a woman. She also said that the previous pastor did not baptise deceased babies because he was a man and did not understand how a mother feels. The pastor baptised the baby because she wanted to lessen the massive sadness of the mother. During this time in lockdown, 50 people were allowed at funerals. More than a 100 people attended this specific funeral, and because of the sympathetic relationship between the pastor and the mother (based on gender), the pastor was not able to address this situation.

### 4. The pastor dealing with desperately poor women

A woman came to see the pastor. She told the pastor that her sister had died. The pastor gave her condolences and asked what the cause of death was. The woman told the pastor that her sister died while she was stealing electricity. She was shocked to death. But, the woman said, it was because she was pregnant. Her sister would never have done that otherwise. She knew her sister to have been a law-abiding and very moral person. It is difficult to be without electricity, especially during COVID-19 times with a baby coming, the woman told the pastor. The actual reason for her approaching the pastor, the woman said, was because her sister was a member of the pastor's church, although she did not attend church often. The woman asked the pastor to bury her sister, albeit from another congregation of this church. The pastor approached the church council of this congregation, but they refused to put their buildings at the disposal of the burial. They said that they did not bury criminals and that the deceased did not pay her monthly contributions to the church for a long time.

Although it was rather far away, the pastor then got permission from her congregation's church council to use their church building to bury the woman.

### 5. The pastor dealing with substance abuse

One evening, the pastor received an urgent call from a single mother who was a regular churchgoer in pre-COVID-19 times.

The pastor was told that the mother was held captive in her small house with an axe by their son. He wanted money for drugs. The price of drugs rose excessively during COVID-19.

Children attacking their parents for drug money has been a long-standing problem with which the pastor had to deal with even in 'normal' times. The child, usually a boy, would demand money from a parent, usually a single mother, but couples are not excluded. When she refuses to give him money, he starts selling things from the house for drug money. When she locks up everything, he threatens to harm her. The pastor has a special place in her heart for single mothers who are subject to the abuse of their children.

On that night, therefore, the pastor rushed to the house to help the mother, as she had done many times before for this and other single mothers. The pastor was injured by the boy, and the police were called. However, because it was during the stricter COVID-19 lockdown time, the pastor, while still in hospital, was charged with leaving her house after curfew hours.

#### 6. The pastor dealing with 'closed' hospitals

One morning, the woman pastor received a call from a young woman who was to give birth, asking the pastor to urgently take her to hospital. When they reached the hospital, the pastor was not allowed inside. This was part of the COVID-19 lockdown regulations: religious workers could not get access to hospitals and other medical facilities.

The pastor later heard from the woman how she experienced giving birth at this hospital. The women who were about to give birth sat on the ground in a long line. There were two beds for the women whose turn it was to give birth. There were a few chairs for those to sit on for a while after having given birth. When it was a woman's turn to give birth, she had to do so even when she was not ready at that very moment. Later the pastor was phoned by hospital personnel to deliver food and water at the hospital entrance because there was nothing in the hospital.

The pastor could, of course, not verify the stories of the neglect and harsh treatment suffered by pregnant women simply because she was not allowed inside. However, she was disheartened, firstly, by stories of the undignified ways in which women were to give birth at the hospital. Secondly, the pastor was angry because pastors did not stand up and have their voices heard about the prohibitions which kept them from entering the hospital. Many of the pastor's congregants were dying of COVID-19 in hospitals, but she was not able to visit them which contributed to the trauma experienced by the deceased's family.

#### 7. The pastor dealing with the death of a baby because of public facilities not being available

The pastor rushed to the hospital with a woman who was 6 months pregnant and bleeding. The doctor said there were no beds because of COVID-19 and that the woman only had an infection. She was sent back home. On the way back, the woman gave birth prematurely and the baby lived for 3 h.

The funeral, like all COVID-19 funerals, robbed the family of mourning their deceased in a proper way. Usually, there is a ceremony at the house of the deceased to take leave and look at the deceased for the last time, lying in a coffin with the upper part open. This was prohibited under COVID-19 rules. The coffin was wrapped in plastic and was carried by personnel of the funeral company in all-covering overalls. Only 50 people could attend, and the body was taken directly from the church to the

graveyard where the grave was covered, not by family and friends as usual, but by funeral workers.

#### 8. The pastor dealing with a woman's request to get married to the deceased

During the height of the COVID-19 lockdown, only eight people were allowed at a wedding, including the bride and bridegroom, and the pastor. The couple was preparing to get married on Saturday, and the pastor was booked for this, albeit a small occasion. However, on the Wednesday morning before the wedding, the bridegroom was found dead in his bed. He died of COVID-19.

The funeral took place on the Saturday morning of what was to be their wedding day. While discussing the funeral arrangements with the pastor, the bride expressed her wishes for the wedding ceremony to go ahead as planned on the Saturday afternoon after the funeral. The pastor respected that this was the way in which the bride was dealing with her enormous loss. She therefore agreed to lead the ceremony. There was, of course, no legal documentation involved. The pastor preached from the Book of Ruth on the three women Ruth, Orpah, and Naomi who all dealt differently with the loss of their husbands. Orpah went back to Moab, Naomi remained in mourning, and Ruth moved forward. The pastor invited the bride to choose one of these ways. The few guests present gave honour to the deceased and gave well-wishes to the bride who was consoled with the 'ceremony'.

#### 9. The pastor 'misled'

A congregant came to the parsonage to borrow money from the pastor. The woman said that she had no money for electricity and that she had three teenagers at home who were hungry. The pastor gave her R100, knowing that she would not receive the money back, but also wanting to help a mother whom she knew was in need. The congregant, it turns out, was under pressure from her eldest daughter to give her the R100 for a Saturday night out to celebrate the lifting of the harsh COVID-19 restrictions related to small social gatherings.

The next morning the girl was found dead in her room. The congregant told the pastor confidentially that she believed her daughter has bought drugs with the R100 and that she died because of an overdose. However, she did not want the people to know that the daughter overdosed, and that people should rather believe that she committed suicide.

The problem at that stage was that the church council did not permit a person who had committed suicide to be buried in the church. He or she may only be buried in the house by the elder, not the pastor.

The pastor felt misled by the congregant on what the R100 she wanted to borrow was for. She solved this by creating accounts on her phone to prepay the electricity for those in need, rather than to give them cash. The pastor furthermore convinced the church council to bury the young woman from the church, with the pastor conducting the funeral.

While the funeral was being conducted, a gang killed a young man from another gang by burning him with a tyre. The other gang retaliated by cleaving the private parts of a member of the opposing gang with a knife, leaving him to bleed to death. The funeral procession found mothers in front of their houses screaming to their children to come back home and not to be on the streets.



## 10. The pastor and domestic abuse and excessive sexual demands

When the COVID-19 restrictions were partly lifted to allow for small meetings, the pastor had to chair a church council meeting at a neighbouring congregation. During this meeting, one of the female church council members received a WhatsApp and then a call. Although church council members do not take calls during meetings, one could see that this one was urgent. The woman answered it with fear on her face. She then said to the church council, 'I have to go home!' and ran out of the meeting.

Other church council members discussed this situation (because it was not good church orderly practice to leave a meeting like this) and asked the pastor to visit her and her husband because he was beating her and demanding unreasonable sex. He was unreasonably jealous of her, even when she attended a Church Council meeting.

The pastor later visited her with one of the church elders and provided opportunities for her to talk about any form of domestic violence she might be encountering. The woman refused to make use of this opportunity.

The next day the woman's husband phoned the pastor. He was furious and screamed at the pastor not to interfere in his affairs. The pastor invited him and his wife for a conversation, but the husband screamed at the pastor that his wife was going to resign from the church council and that the pastor was to be blamed for that.

The point here is not whether the church council has accepted her oral resignation or whether they reacted to a story the woman spread around that the church council has not visited her and invited her back into the meeting. Neither is the point of how they dealt with her accusation that they did not care for the members of the church.

This is one of many examples of the increased prevalence of domestic violence, including excessive sex demanded from a woman during the COVID-19 lockdown. It is also one example representing hundreds of cases where the pastor was made aware of some form of domestic violence to which women in the congregation were exposed, but where the pastor was not allowed by the involved woman herself to interfere. It is also an example typical of many other cases where the woman shifted the blame for the abuse against her to a third party, the intervening pastor.

## 11. The pastor and beating wives

When (albeit restricted) church services were allowed, an elder came to church one Sunday morning with his face badly beaten and blood all over his church clothes. He asked to be excused from the Lord's Supper because of his appearance. The pastor encouraged him to wash off most of the blood on his face and clothes in the parsonage but to indeed attend the Lord's Supper as an elder. After the service, the pastor went to visit the elder's wife. The wife is Muslim. The pastor had previously experienced her to be a nice woman, but on that day she was not in a good mood. She obviously had pain of her own. Her husband, the elder, has lost his job because of COVID-19. She screamed at the pastor that the children were hungry and that she could not live with a man who did not have a job, and that if the pastor cared so much for him, why did the pastor not marry him and keep him there in the parsonage? She chased the pastor away with the suggestion that the pastor's Christ should show some 'balls' and get her husband a job.

The pastor was left helpless to deal with the woman's pain and aggression.

## 12. The pastor and psychosis

A woman was found by her husband lying on the ground next to her bed. He thought she was drunk again and let her lie there. He thought she was hopeless anyway, having lost her job during COVID-19 and was unable to care for the family. Later he discovered that her face was paralysed and that she could not speak. When he helped her up, she could not stand or walk. He called the ambulance which took her to the hospital. The hospital conducted tests and found that it was not a stroke. The doctor said that there was nothing physically wrong with her and that her inability to speak and to walk was psychological. Both she and her husband lost their jobs because of COVID-19. The children mocked them when they walked in the street because of their poor and unkempt appearance. Psychiatric help at the hospital was restricted and the woman did not have medical aid to pay for private mental health. The hospital prescribed anti-psychotic medicine and sent her home where the close family did not know how to deal with her.

The pastor had some therapeutic skills and was invited by the family to assist. Also, the community excelled in visiting her and in caring for her and her family with food and spiritual support. Fortunately, she recovered soon.

## Themes emerging from the vulnerability of women during COVID-19

From the above stories, the vulnerability of both the female pastor and female congregants and of their compromised sexuality emerged, with the following as identified themes:

- Theme 1: Girls or women with low or no income were unable to obtain legal abortions during COVID-19, and because of church policy the pastor might or might not have been able to assist them.
- Theme 2: The sexuality of the woman pastor herself was compromised during COVID-19 because of pastoral meetings with male counselees that tested curfew times.
- Theme 3: The bond between the woman pastor and female congregants brought both parties into grey areas in terms of ecclesiastical and civil legality during the COVID-19 lockdown.
- Theme 4: The woman pastor chose to uphold the human dignity of pregnant women during COVID-19 restrictions, even when these women, out of poverty, reverted to criminality.
- Theme 5: Single mothers were particularly vulnerable to the abuse of their children for drug money during the COVID-19 lockdown, and the pastor could not assist in trying to protect them after curfew hours because pastors were not classified as essential workers.
- Theme 6: Pregnant women had to give birth under undignified and dangerous circumstances in a (state) hospital. Religious workers were not allowed inside hospitals even to support congregants who were dying of COVID-19.
- Theme 7: A lack of beds in the hospital because of COVID-19 led to miscarriages, premature births, and the unnecessary deaths of babies.

- Theme 8: Women dealt differently with the loss of their loved ones because of COVID-19, and the pastor assisted them with a variety of ceremonies.
- Theme 9: Mothers were not able to keep their children from obtaining drugs during the COVID-19 lockdown and they would use any means to obtain money to buy drugs.
- Theme 10: Domestic violence occurred frequently during COVID-19 but left the pastor helpless to intervene because of the women protecting the family honour.
- Theme 11: Women whose husbands as breadwinners lost their jobs because of COVID-19 displayed pain and aggression, but usually did not accept help from the pastor.
- Theme 12: Women who lost their jobs during COVID-19 often displayed severe psychological symptoms with no professional help available. When they opened up to the pastor and the community for help, they experienced some recovery.

## Conclusion

In this article, the stories of women and their vulnerability during and because of COVID-19 were told as recollected by a woman pastor. From these stories, 12 themes were identified explaining and highlighting this vulnerability, giving face to women's plight during COVID-19. In terms of sexual health, women experienced an inability to obtain legal abortions, a lack of dignity when giving birth, and even the loss of their babies because of insufficient health care facilities. Mental health assistance too was all but unavailable, especially to poor women. The women were exposed to household abuse from children seeking drug money and from husbands seeking excessive sex and looking for a place to transfer their frustrations. There was no mercy for them when they lost their jobs and were not able to care financially for the family.

The stories were the product of the author interviewing herself as a pastor. This also exposed the fact that the pastor who was not classified as an essential worker was often unable to assist and to support women in their vulnerability. There were also cases when the pastor herself was under attack for challenging COVID-19 rules in order to assist.

The vital statistics of individuals in these stories were changed so that their stories became examples of many more stories with the same themes and faces.

The consequences of COVID-19 will remain with societies, especially poor societies, and particularly women, for many more years to come. The aim of this article was to bring the plight of women and what they were exposed to during COVID-19 to the attention of academic readers and others who can deal with these challenges.

## Acknowledgements

### Competing interests

The author declares that they have no financial or personal relationship(s) that may have inappropriately influenced them in writing this article.

### Author's contributions

C.L. declares that they are the sole author of this article.

### Ethical considerations

The author applied self-interviewing as methodology, as recollection and reflection to retell stories of personal experiences.

### Funding information

The author has declared that they have no financial or personal relationships that may have inappropriately influenced them in writing this article.

### Data availability

Data sharing is not applicable to this article, as no new data were created or analysed in this study.

### Disclaimer

The views and opinions expressed in this article are those of the author and do not necessarily reflect the official policy or position of any affiliated agency of the author, and the publisher.

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