

Traditional beliefs and practices versus public health approach to COVID-19: Perspectives of social work academics in Zimbabwe

J Makhubele¹, V Mabvurira² F Matlakala² and P Mafa¹

ABSTRACT

The COVID-19 pandemic has become a thorn in the flesh for many governments across the globe. This virus which has indiscriminately affected people of all walks of life has almost brought the entire world to a halt. The novel virus has been surrounded by misconceptions, fears, myths and confusion and even the world's best health care systems and health practitioners have grappled to arrest it. Several misconceptions have occupied the minds of many in Africa. These misconceptions have been exacerbated by the fact that most recommendations by health experts are against African values and ways of life. This study, informed by the health belief model, sought to explore the perspectives of social work academics in Zimbabwe about the misconceptions around COVID-19 as well as the interface between African traditional beliefs, practices and preventions measures promulgated to curb the virus. The study adopted a qualitative approach and purposive-convenience sampling techniques were used to select participants among social work academics in Zimbabwe. Data was collected through telephonic interviews. The study established that public health approach to COVID-19 interferes with certain traditional African beliefs and practices amongst black African people. Examples are social distancing, steps taken in burial of Covid-19 victims, isolation of COVID-19 patients among other things. Social workers therefore have a role to play in creating awareness about the virus through the use of all platforms available to people, monitoring traditional events to ensure that people do not continue to be exposed to the virus, engaging traditional leaders and sensitise them on the dangers of not following COVID-19 regulations among their community members.

Key words: social work, Covid-19, myths, academics, Ubuntu, public health approach

¹JC Makhubele, Department of Social Work, University of Limpopo, Private Bag X 1106, Sovenga, 0722, South Africa, *Telephone:* +27 (0)15 268 2237, *E-mail:* Jabulani.Makhubele@ul.ac.za

²Department of Social Work/ Life Style Diseases Research Entity, North West University (Mahikeng Campus), South Africa

Introduction

The emergence of Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV-2) also known as Covid-19 has brought life to a complete standstill. It has been reported by Wang, Horby, Hayden and Gao (2020) that in 2019 December, a novel coronavirus outbreak of pneumonia emerged in Wuhan, Hubei Province, China. This outbreak consequently has already drowned attention globally. No single country predicted the bewildering and catastrophic impact of COVID-19 in the lives of people, socially and economically. On daily basis, reports about how the impact on various countries' economies, politics, health care systems, social welfare, socio-cultural systems are being impacted adversely, are being made. Regrettably, people are losing their lives at a faster rate considering the lethality and pathophysiology of COVID-19. Quickly, some researchers have observed the physical, psychological and social impact of the virus on humans lives (Pan, 2020; Roth *et al*, 2020) and the scale at which the virus is spreading is reported by governments on a daily basis (WHO, 2020). Considering the abrupt discovery and emergence of the disease, without prior knowledge, there are a myriad of misconceptions and myths regarding the COVID-19 and the impact on the physical, psychosocial and socio-cultural realms for the infected and affected. Though COVID-19 is just a medical pandemic; its impact reverberates beyond medical settings to impact on the social, psychological, economic and cultural spheres of human lives and has disrupted social order. The study sought to explore the perspectives of social work academics in universities in Zimbabwe about the interface between traditional African beliefs, practices and public health measures to curb COVID-19.

Background information and problem statement

Zimbabwe has not been spared from the jaws of the novel coronavirus. The first case of COVID-19 was detected in Zimbabwe on the 21st of March 2020 and on the 30th of March 2020, a 21 day national lockdown was declared. The government of Zimbabwe implemented a number of measures to curb COVID-19 and these are based on the principles of: limiting human-to-human

transmission, including to health personnel; early identification, isolation and care for patients; risk communication and community engagement; narrowing knowledge gaps in disease transmission, prevention and treatment; and minimizing social and economic impact (UNDP, 2020). These measures included ban of all public gatherings, closure of schools and colleges, social distancing, massive testing, contact tracing, border control, ban on entertainment and recreational activities, restricted hospital visits, wearing of face masks, among other things. The COVID-19 hit the poor country when its health care system was characterized by a plethora of challenges including lack of resources, poor governance and demoralized personnel. Another challenge is that the disease being a novel one, there are certain epidemiological features that remain unclear.

Africans are known for their religious notoriety, communalism and *ubuntu* philosophy. When faced with adversity, Africans are quick to turn to religion for solutions. A notable case in point was the Tanzanian President who preached God's protection on the onset of the pandemic and was reluctant to put strict measures. Some religious leaders have cursed COVID-19 as an evil spirit. For example, Njuri Njeke elders in Kenya held cleansing ceremonies in a sacred forest to ward off the spread of the virus in their areas. This becomes an unnerving problem in the COVID-19 era as religion is the right opposite of science which demands empirical evidence.

Rambaree and Nässén (2020: 234) aver that globally, healthcare workers are exposed to enormous pressure to care for COVID-19 patients. However, medical experts and health care workers' efforts have been halted by the misconception of community members as Rambaree and Nässén (2020:234) opined that a country's strengths is drawn from the citizens' determination to take both collective and individual responsibilities. Currently, there is no vaccine or cure for the virus, but World Health Organisation (WHO) (2020) have reiterated that preventative

measures for the global pandemic includes social distancing, wearing a face mask, avoiding large gathering, sanitising and continuously disinfecting the environment. Most of these measures interfere with traditional African cultural practices. Be that as it may, Ibrahim and Ekundayo (2020) found that people believe that certain substances and traditional concoctions can cure and prevent the pandemic. This shows that as much as medical experts work tirelessly in finding the cure, community members sometimes hold different views regarding the virus.

The World Health Organization (2020) enunciated that the virus does not affect people equally. For instance, people with underlying chronic diseases are likely to experience severe respiratory illnesses as compared to those without underlying diseases who are likely to experience mild symptoms. That has led to the upsurge of misconceptions in Africa. For instance, Ibrahim and Ekundayo (2020) underscored that people in Africa, particularly Nigeria, hold the misconception that the virus affects only the rich and people who travel abroad and/or outside their country. Whilst others hold the belief that the virus does not survive in hot conditions and can be killed by warm water. However, those misconceptions were proved to be fallacious as Africa Center for Strategic Studies (2020) avowed that there has been an increase of coronavirus cases in countries which have a temperature of above 40 degrees Celsius. Again, others believed that the pandemic only affects and kills the elderly as well as those who are sick. However, that is not the case as the virus does affect everyone regardless of age and race. For example, Africa Center for Strategic Studies (2020) reported that a 30-year-old TV personality and 28-year-old journalist became casualties of COVID-19 in Zimbabwe and Kenya respectively.

It is quite difficult to enforce behavioural change, particularly during this COVID-19 pandemic. Baranowski *et al* (2003) reported that in order to enforce behavioural change, an individual has to have a realistic perception of diseases. In this case, there

have been strict regulations that governments have put in place in order to enforce behavioural change of community members. In South Africa, for example, the government has adopted strict measures such as the ban of public gathering, the closure of basic and higher education institutions and interprovincial travel restriction in an attempt to contain the spread of the virus (UNESCO, 2020). Moreover, most governments have emphasised on the concept of social distancing to contain the spread of the virus. Inadvertently, Vieira *et al* (2020) have found that the most relative term “social distance” has the potential of leading to depression and intimate partner violence. This has been exuberated by the restriction of movement for the elderly as they were told not to visit their families, friends and other elderly indoors in efforts to save them as they are the vulnerable population to this pandemic (Rambaree & Nässén 2020). Due to recommendation made that elderly should remain indoors to avoid contacting the virus as they are vulnerable, the elderly often feel lonely. Some elderly who do not understand the virology of the disease may think that their children or relatives are neglecting them.

Many of the restrictions in an attempt to contain the global pandemic have been accompanied by several social ills. Accordingly, UNESCO (2020) opined that restriction of movement has brought women and children to be faced with violence in the families. Though social distancing has proved to be effective in reducing transmission, many Africans have found it difficult to adhere to due to cultural practices as it is against the spirit of Ubuntu which encapsulate togetherness and we-feeling. Jaja, Anyanwu and Jaja (2020) for example reported that social distancing is not observed in many parts of South Africa and this can be attributed to how people have been socialised and how societal values and norms enjoin them to be closer to each other. Infections from funerals and church events have been reported. Jaja *et al* (2020) reported that some people disobeyed the 50

attendees per funeral regulation. They also reported that people shared food, water and other pleasantries against avoidance of close contact and to worsen the situation, they continued with their practice of washing hands in one basin after burial. Africans sing and sometimes dance at funerals and the wearing of face masks makes singing difficult. All these point to how people have internalised African values, norms and practices which epitomised the spirit of Ubuntu, which in the current situation, is incompatible with the ideals of curbing the surge of COVID-19. Moreover, human rights of those living with disabilities have been brought to jeopardy as they required constant assistance from significant others, contrary to COVID-19 regulations. COVID-19 has caused enormous stresses in families and as a result, O'Sullivan, Rahamathulla and Pawar (2020) reported that there has been a spike or outpouring reported cases of domestic violence as those who are used to spent most of their time at work, happen to be locked at home, which people are not used to. All these social ills come as a result of imposition of social distancing and restriction of traveling. Abel and Macqueen (2020:231) came with a recommendation that in approaching the threat posed by COVID-19, the public health should promote 'spatial distance together with social closeness'.

During this uncertain period of COVID-19 pandemic, Dominelli (2020) calls for the involvement of social workers to provide what she termed social care support to families and communities. In essence, social workers ought to bring families together, mobilise the community around social issues, safeguards the wellbeing of children and the elderly against any form of abuse during these tough times. However, the involvement of social workers in Zimbabwe has been silent when harsh lockdowns were introduced as police officers, health practitioners and soldiers were categorised as essential workers. Evidently, this was also recorded by Rasool (2020) who noted with keen interest that social workers are untapped resources.

Blendon *et al* (2006) and Pellecchia (2017) have reported that negative perceptions are influenced by the cultural context and the enforcement of regulations. In terms of this pandemic, Amin (2020) stated that the contagion of this pandemic has led communities to become traditional and not tolerate the eccentricity. For example people in some parts of South Africa believe in a traditional herb known as “*Lengana*” as a remedy for COVID-19. However, with the imposition of social distancing, local communities cannot practice their traditional and customary norms. To Lekganyane (2019) Ubuntu is a humanness that obliges one to be humane, respectful, and polite towards others. In other words, in terms of this concept, Africans are humane towards their brothers and sisters by providing a helping hand to those in need even during the occurrence of natural disasters. Be that as it is, with this virus, the eccentric outweighs the spirit of togetherness as local communities are advised to maintain social distancing.

Theoretical framework

The study was informed by the Health Belief Model. The model is used to explain or assist in understanding factors that influence people's non-usage of preventive services offered by health departments. This model according to Glanz and Bishop (2010) posits that people's beliefs about whether or not they are at risk for a disease or health problem, and their perceptions of the benefits of taking action to avoid it, influence their readiness to take action. The model was chosen as people's beliefs are long-lasting characteristics that help shape an individual's behaviour. The use of this model can help identify those beliefs and intervene appropriately by modifying them. These are the core constructs of the model as outlined by Champion and Skinner (2008) which include perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action and self-efficacy.

Perceived Susceptibility. This refers to the person's belief about

the probability of them contracting a disease. For instance, for a person to undergo a COVID-19 screening or test, they must first believe that there is a likelihood that they could contract the illness.

Perceived Severity. An evaluation of the consequences (social and health/medical) of leaving a disease untreated. Such an evaluation informs how a person feels about the disease. Social consequences relate to the interpersonal relationships the person has - at home or work. Medical consequences include the discomfort that accompanies the decision of leaving the disease untreated such as death or pain. The combination of susceptibility and severity is referred to as perceived threat.

Perceived Benefits. The person's ultimate decision to change behaviour is influenced by their beliefs about the perceived benefits that will be brought by the actions they need to take in order to reduce the perceived health threat. This means that people will only take actions that they perceive will be beneficial to them.

Perceived Barriers. Prior to them making a decision, a person makes an evaluation of such some action- its positive and negative aspects. If the negative aspects outweigh the positive, that individual may opt not to take further action as perceived barriers such the cost of medicine may be an impediment. Other perceived barriers could include stigma attached to the disease.

Cues to Action. These are events that prompt one to change their health behaviour. These include anything from having symptoms, a loved one contracting a disease, reading a brochure with information about the disease, mass media campaigns, advice from others, etc.

Self-Efficacy. This is one's belief that they are capable of successfully executing the required behaviour that will produce

the desired outcomes.

In addition, individual demographic factors as well as structural variables play a significant role in a person's health-related behaviour. Individual factors that influence a person's view about an illness include their cultural orientation, level of education, socioeconomic status. Champion and Skinner (2008) state that perceived susceptibility is a stronger determinant of health-related behaviour than other predictors. It is worth noting that although the health belief model helps explains why people may not take preventive measures to avoid certain illnesses, it is mostly used to explain individual factors such as their knowledge and skills. For effective intervention, the health belief model can be used in conjunction with the ecological model as people's actions may be influenced by various factors in their environment. To help change the behaviour, certain elements in people's social environments have to be changed. It is thus important to also help modify certain cultural beliefs in order to mitigate the impact/spread of both communicable and non-communicable diseases.

Methodology

The study used a qualitative research approach. According to *Leach et al* (2020), qualitative methods are positioned to explore the plurality of expertise and diversity of perspectives necessary to understand fully the COVID-19 pandemic as it unfolds. This was corroborated by Teti, Schatz and Liebenberg (2020) who note that qualitative inquiries are the best method for capturing social responses to this pandemic. An exploratory case study research design was used to assess the perspectives of Zimbabwean social work academics on the nexus between traditional beliefs and practices and public health approach to COVID-19 pandemic. For the purpose of this study, a social work academic was defined as a person who held a social work qualification and either taught or does social work research in any social work training institution. The study used a purposive convenience sampling whereby the

researchers choose the targeted sample which bears the same characteristics that is of interest to the researcher (Brink *et al*, 2012). A sample of 11 social work academics purposefully selected agreed to participate in the study. Data was collected through telephonic interviews. The qualitative data was analysed using thematic content analysis.

Findings and Discussions

The study sought to examine the nexus between African traditional beliefs and practices and public health (scientific) approaches to the prevention and treatment of COVID-19. It was established that most social work academics in Zimbabwe subscribed to the medical view which recognizes COVID-19 as a viral disease caused by some coronaviruses. However the participants concurred that promulgated COVID-19 prevention measures strongly interfered with several beliefs and practices among Africans. According to Manuell and Cukor (2011), some known factors influencing individual-level compliance include understanding of the health threat, trust in leaders, personal risk assessment, social and cultural norms, social and familial obligations, life circumstances, and work and financial concerns. The social work academics believed that people held traditional beliefs which were against the public health approach with special reference to COVID-19 pandemic. Some of the subthemes that emerged include prohibition of public gatherings, travel restrictions, sharing of objects, traditional medicine, caring of the sick, funeral ceremonies and burial of COVID-19 victims and sharing of deceased person's clothes.

Prohibition of gatherings

The World Health Organisation recommended prohibition of public gatherings as one way of preventing the spread of COVID-19. This is mainly because COVID-19 is a contagious disease with a very high transmission competence. In this regard, most governments across the globe, Zimbabwe included have prohibited social, religious and any other mass gatherings. These

gatherings include weddings, funerals, parties etc. Where such gatherings are permitted, they should not exceed 50 people. Some academics believed that this measure antagonized African way of life which is characterized by gregariousness and communalism. This was reported by participants who said;

“As Africans we don't live for ourselves, we are social beings who enjoy the company of others in joy and in sorrow. We gather with relatives, friends and community members during rituals and ceremonies”.

“Africans attend funerals of distant relatives and other community members. Prohibition of gatherings might mean a total change of mindset as people are only allowed to attend funerals of a very close relative”.

It can therefore be concluded that prohibition of public gatherings is the total opposite of traditional African life. Trying to enforce this regulation might mean fighting with some people who may be strongly attached to their tradition than the fear of the new coronavirus. Coupled with several misconceptions around perceived susceptibility could have been low among certain quotas. Cases of people who continued with public gatherings of more than 50 people have been reported (Gwasira, 2020). The situation may even be worse in rural areas where community ties are still strong compared to urban areas. However even in urban areas religious ties bring large groups of people together. Social workers practicing in rural areas should train community cadres who may move from door to door educating community members on the dangers of attending large gatherings. Platforms used to relay information may not reach very remote areas.

Travel restrictions

Travel restrictions imposed by most governments as a way to curb the spread of COVID-19 were reported to be against some traditional African practices. In Zimbabwe specifically, people are not allowed to travel for more than 5 kilometres from their homes

without a valid reason or travel permit. Further to that, most countries locked their borders to stop the importation of the coronavirus. This means that Zimbabweans outside the country may find it hard to travel back and if they do so, they may not be able to return to other countries where they stay and work. This was noted in a statement by one female lecturer who said;

“I know of several Zimbabweans who failed to attend funerals of very close relatives because the borders are closed. One lady failed to attend her own mother's funeral and this is something totally against our culture”.

In another statement, a participant said;

“As Africans, we have to learn the new normal, life will never be the same after this pandemic. We have to balance between tradition and prevention of the disease. As you know this is a public health concern. The entire country cannot be put at stake by one person in the name of tradition. If travelling increases the spread of the virus, then it should stop. We can appease our ancestors after the pandemic”.

Another lecturer had to say;

“Most people have their elderly relatives staying in rural areas and they quite often travel to see them. With these travel restrictions this might not happen and I hope that the elderly themselves will understand it otherwise some will feel neglected”.

Prior to the invasion of our social life by COVID-19, people would travel long distances to visit relatives, attend funerals and do many other things. Now people are restricted to freely move as has been the case. As noted above, some people may find it very difficult to attend even the funerals of very close relatives. It is unacceptable for a person to fail to attend his/her parent's funeral

in the Shona culture but this is now happening due to COVID-19 as many Zimbabweans in the diaspora are facing travel restrictions. There has always been a strong link between the urban and rural community in Zimbabwe with people visiting each other or sending remittances and this is now a hurdle due to COVID-19. The situation has been worsened by the ban of all public transport in Zimbabwe except the Zimbabwe United.

Passengers Company (ZUPCO) which is a parastatal. There are many routes that this bus company is not servicing. In this regard, social workers may educate citizens on other strategies of sending remittances to relatives such as mobile money platforms as a way of limiting travelling.

Sharing of objects

Sharing and caring is part of African life in line with the Ubuntu philosophy. Due to the communal nature of African life, they borrow each other tools, drink beer from the same container and some families even share utensils when renting at the same apartment. The academics were asked about their observations concerning the spirit of sharing in the COVID-19 era and the following came out:

“After the closure of some legal beer selling outlets, people have resorted to shabeens in the suburbs. There nothing has changed, people share beers, cigarettes, chairs and other utensils”.

“It is very possible for siblings to share the same face mask at home without disinfecting it. Sharing is in us as Africans”.

“A close friend came to borrow a wheel spanner this other day, it was difficult for me to turn him away. We have been friends since our days in college and we always help each other”.

It can be seen from the responses by the participants that sharing objects may be a strong avenue for community transmission of the coronavirus. On the early stages of the virus in most countries, most of the cases were imported from urban areas but community transmission started to rise as people moved from urban to rural areas. Some people without any travel history abroad contracted the virus and they could not even explain how they got into contact with an infected person. Manuell, and Cukor (2011) opined that perceived risk will be largely influenced by how a disease is interpreted, local case numbers and public health communication strategies and messaging. Social and cultural norms and values also play a role in individual compliance and should be taken into consideration. Societies differ greatly in terms of their ideals regarding collectivism versus individualism, and effective public health messaging should take this into account.

Use of traditional medicine and practices

In Africa, traditional medicine has always been used in the treatment of diseases over the years. Although the WHO claimed that there was no approved cure or vaccine for COVID-19, the participants reported that they have heard several traditional methods of curing COVID-19. Some of the responses were;

“Some people are claiming that inhaling hot steam is effective in treating Covid-19”.

“There are some homemade concoctions making rounds on social media, some of the ingredients are garlic, lemon and hot water, guava leaves and eucalyptus products”.

“People are claiming that Zumbani can do the tricks”

“People who are treating themselves at home are reported to be doing better than those who go to hospital”.

“I heard someone saying that when you go to hospital, they put you on machines and chances of making it are slim”.

As seen above, there are claims that COVID-19 can be cured through traditional means against WHO's claims that there is no approved cure for the disease. Most of these unapproved treatment methods are doing rounds on social media. Use of traditional medicine is exacerbated by the fact that there is no scientifically proven treatment method and people are left with no option except to resort to their traditional medicine to cure themselves from COVID-19. Inhaling hot steam from hot concoctions (kumatira) has always been used to treat respiratory diseases like flu among Africans. However as seen from one of the responses, a problem comes when people think that going to a hospital may endanger them. Though the efficacy of traditional medicine in treating certain ailments is well reported (Shoko, 2018; Maroyi, 2013), the questions of quantity and medicinal proportions remain unanswered. The Herald Newspaper of 10 August 2020 carried a story in which some traditional healers claimed that they can cure COVID-19. The same newspaper alleges that high medical costs in hospitals were forcing people to resort to traditional medicine. Some of the traditional medicine is prepared by people who do not believe in the use of personal protective equipment like face masks and sanitising. Social workers may engage traditional healers and advise them on ways of preventing the spread of COVID-19 such as ensuring that their clients maintain social distancing, sanitising their premises and wearing protective clothing.

Caring for the sick

In traditional African life, sickness is a time when relatives and⁴ friends gather to show emotional support to their sick loved ones and those very immediate to them. Even when a sick person is under home personal care, neighbours, community members and relatives are expected to pay him/her a visit. Contrary to that

African belief and practice, during this COVID-19, in most cases, hospital visits are not even allowed when a patient is diagnosed with disease. As a result of COVID-19 regulations which prohibit hospital visitation and just family visitation, failure to do might be a sign of jealous or hatred for the person and wishing him/her the worst. African beliefs and practices of caring for the sick have been disrupted by the advent of COVID-19. Responses regarding this were as follows;

“It's pathetic that people cannot be with their sick relatives, sometimes they die alone”

“Hospital visits have been limited and sometimes are totally discouraged”

“This thing of isolation is so unAfrican”

The Shona people believe in caring for a sick relative till they recover or die. Neglecting a sick parent is believed to attract misfortunes (Mabvurira, 2016) and this neglecting includes not visiting them while they are in hospital. Care is one of the principles of Ubuntu philosophy which guides the lives of many black Africans. Those people who failed to care for their sick relatives due to COVID-19 may therefore have emotional disturbances. Isolation which is encouraged when a person is suspecting to have contact with a positive person triggers psychosocial problems on the person in isolation. This is supported by Tabish (2020) who notes that coronavirus does not only affect the physical health but it also has an impact on mental health. Sometimes it may be important for social workers to provide counselling to people who are failing to visit their hospitalised relatives due to COVID-19 restrictions.

Funeral ceremonies and burial of COVID-19 victims

Victims of COVID-19 are usually buried under strict supervision of health personnel or in some cases the burial is done by health

authorities with the presence of police officials. Relatives and friends may not have the opportunity to do body viewing and bid their last farewell to their dead loved one. In most cases burial is done the earliest, sometimes on the very day a person would have died. Such practices are done in the interest of public health and go against some traditional practices in Zimbabwe where people will spend a night with the mortal remains of their relative and bury them in their areas of choice even travelling long distances to their rural homes for burial purposes. With COVID-19, burial is usually done in the nearest cemetery. The participants concurred that some people did not fathom the way COVID-19 victims were buried. They believed that if proper rituals are not followed the dead person may later avenge through causing misfortunes among relatives. The following was said;

“This is a very difficult moment in the history of our people. There are rituals that are traditionally followed when burying an adult but now they can't be followed due to Covid-19”.

“Some people perform rituals when lowering a casket into the grave and now it cannot happen”.

“Some cannot travel long distances to witness the burials of their very close relatives”.

“An adult person cannot be buried the same day they die but due to Covid-19 it's happening”.

“In our culture a dead person should at least spend a night lying in prostate in his or her house and I don't know how our people are taking these hastened burials due to Covid-19”

Death is an important event for most black Africans. It represents transformation from one ontology to the other. As a consequence, Africans perform a number of rituals when one dies but due to COVID-19 these cannot be performed. Some practices like

chisahwira (practice in which a friend entertains mourners at a funeral), were meant to comfort the deceased family during the bereavement process are forbidden. This is even worsened by travel restrictions and the stay at home mantra which prohibits people from seeking bereavement counselling from social workers, professional counsellors or pastoral counsellors. Social workers may where possible provide telephone counselling to members of bereaved families.

Sharing of deceased person's clothes

It is part of most Shona people in Zimbabwe that the clothes of a deceased person are distributed among close relatives and it is believed to be unacceptable for a person to deny whatever is given to them. Distribution of these clothes is usually done immediately after burial or within a period of not more than three months. This traditional practice may be difficult where a person has died of COVID-19. Though some of the participants raised this subject, they were not sure how families with relatives who succumbed to COVID-19 were doing it. One of the participants said;

“Surely I don't know what is happening with the clothes of those people dying of COVID-19, distributing such clothes immediately after burial endangers other people and burning them seems to go against our culture”.

Another participant said;

“It's a practice not many have interrogated but I believe whatever is done is in line with Covid-19 regulations”.

Wang, Horby, Hayden and Gao (2020) postulated that every effort should be given to understand and control the disease, and the time to act is now. It is very important for public health professionals in Zimbabwe to be culturally competent and at the same time discouraging those traditional practices that may fuel the spread of the virus.

Conclusions and social work practice and research

There are several traditional beliefs and practices found in Zimbabwe that interfere with the public health approach to COVID-19. These include burial processes, spirit of care, sharing objects, use of traditional medicine among other things. Several misconceptions also militate against efforts to curb the spread of COVID-19. Social workers and public health professionals therefore remain with a big role to play in disseminating information and educating community about the danger presented by COVID-19 and the collective effort required to reduce its spread. It may be difficult for people to abruptly get rid of certain cultural practices but efforts should be put to ensure that whatever they do is in public interests. Social workers may encourage community members to delay certain rituals to most preferably a time when a cure for COVID-19 has been secured. Social workers should work closely with traditional leaders and influential people like traditional healers in an effort to fight the spread of COVID-19. There is need for more qualitative studies around COVID-19. Traditionally epidemiological studies are quantitative in nature but qualitative studies would help in understanding the why and how part of human behaviour in this pandemic. For example, instead of continuing to criticize the use of unproven traditional medicine to treat COVID-19, it may be prudent to dig into the real reason why people continue using the medicine. This can only be done through qualitative research.

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