RESILIENCE STRATEGIES IN RESPONSE TO THE IMPACT OF COVID-19 PANDEMIC: THE CASE OF SELECTED FAMILIES IN POLOKWANE, SOUTH AFRICA

By

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DECLARATION

I, the undersigned, hereby declare that the work contained in this thesis titled, *"Resilience strategies in response to the impact of COVID-19 pandemic: The case of selected families in Polokwane, South Africa"* is my original work, and that I have not previously submitted it at any university for a degree. All the sources used or quoted have been indicated and acknowledged by means of complete references.

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Ramoshaba DJ

15 JANUARY 2024

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Date

DEDICATION

This study is dedicated to all the people who lost their lives to the coronavirus (COVID-19).

ACKNOWLEDGEMENTS

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1. COVID-19	CORONAVIRUS DISEASE 2019
2. SARS	SEVERE ACUTE RESPIRATORY SYNDROME
3. WHO	WORLD HEALTH ORGANISATION
4. UNECA	UNITED NATIONS ECONOMIC COMMISSION FOR AFRICA
5. SA	SOUTH AFRICA
6. UNISDR	UNITED NATIONS OFFICE FOR DISASTER RISK REDUCTION
7. UNDP	UNITED NATIONS DEVELOPMENT PROGRAMME
8. NASW	NATIONAL ASSOCIATION OF SOCIAL WORKERS
9. UNFPA	UNITED NATIONS FUND FOR POPULATION ACTIVITIES
10. UNW	UNITED NATIONS WOMEN
11. NHA	NATIONAL HEALTH ACT
12. DMA	DISASTER MANAGEMENT ACT
13. NDMPF	NATIONAL DISASTER MANAGEMENT POLICY FRAMEWORK
14. ISDR	INTERNATIONAL DISASTER RISK REDUCTION
15. HFA	HYOGO FRAMEWORK FOR ACTION

ABSTRACT

The Coronavirus Disease of 2019 (COVID-19) pandemic came as another challenge in South Africa's history, resulting in the disorientation of some families. Several studies show that the pandemic negatively affected the lives of many individuals wherein some lost their jobs whilst others experienced mental health issues which affected their family functioning. It is from this background that this study sought to explore the resilience strategies that were employed in response to the impact of the COVID-19 pandemic by the selected families in Polokwane. Eight (8) COVID-19-affected families in Polokwane were used as a case study wherein convenient and snowball sampling techniques were triangulated to select the respondents in the study. Twenty four (24) respondents (12 Males and 12 Females) participated in this study. Data in this study were collected through semi-structured interviews and analysed thematically with the help of Nvivo software for thematic formulation. A triangulation of theories was used in this study wherein the Vulnerability theory was used to analyse how individuals and families became vulnerable to the COVID-19 pandemic. In addition, the Coping theory was used to explore the coping strategies of families, and lastly, the Resilience theory was adopted interpret how families bounced back from the hardships that they faced as a result of the emergence of the COVID-19 pandemic in Polokwane. The findings reveal that families in Polokwane experienced changes in their family relationships such as loss of family bonds as a result of the COVID-19 lockdown. Domestic violence, which was also instigated by home confinement and alcohol consumption was revealed as one of the factors which contributed to family disorientation. Besides, job loss was also revealed as one of the factors that caused disorientation in some families in Polokwane. The findings of the study further revealed that some individuals within some families experienced mental health issues which were instigated by emotional and behavioural changes, fear and being in quarantine and isolation. Additionally, the findings revealed smoking, alcohol consumption, prayer, family and peer support and government services such as social grants and food parcels as resilience strategies that the families in Polokwane employed in their response to the impact of the COVID-19 pandemic. In light of the above findings, in this study, a family support framework amid natural disasters in South Africa is

suggested. Recommendations based on the findings and conclusions of the study are also provided.

CHAPTER 1

GENERAL ORIENTATION TO THE STUDY

1.1 BACKGROUND AND MOTIVATION

In the past years before the emergence of the COVID-19 virus, many other viruses came and disturbed human life activities. This is in line with Qiu, Chu, Mao and Wu (2018), who postulate that the world has experienced several coronavirus epidemics that negatively affected the lives of many people. This began with the Severe Acute Respiratory Syndrome (SARS) outbreak in November 2002, which was the first coronavirus epidemic to have a high mortality rate and to provoke widespread alarm in China and across the globe. In 2019, a new coronavirus (COVID-19) emerged in China. The Chinese government reported numerous cases of the virus (COVID-19), which resulted in the World Health Organisation [WHO] declaring that the virus is an urgent public health concern for the whole world (World Health Organisation, 2020). WHO (2021) stated that by the middle of March 2021, more than 123 million illnesses and more than 2.7 million deaths worldwide had been attributed to the illness. WHO (2023) reported In South Africa, from 3 January 2020 to 18 October 2023, there have been 4,072,533 confirmed cases of COVID-19 with 102,595 deaths. It should be mentioned that the widespread fake news and misinformation about the COVID-19 pandemic contributed to raised concerns worldwide, including in South Africa during the COVID-19 outbreak. This is supported by Milo and Thiel (2020), who state that the spread of fake news about COVID-19 forced several governments across various countries, such as Germany, South Africa and India, to enforce regulations that assisted in curbing the spread of false reporting and misinformation on social media platforms. The advent of COVID-19 sparked many challenges that affected many individuals within various families and communities in South Africa.

During the COVID-19 pandemic, it was inevitable for the South African government to impose lockdowns in the country. However, it must be noted that such lockdowns also affected people's livelihoods negatively. This is supported by the United Nations Economic Commission for Africa [UNECA] (2020), which found that economic challenges such as increased poverty and unemployment levels surfaced during the COVID-19

pandemic. In addition, Austrian and Abuya (2020) pointed out the severe and direct economic impacts such as income loss brought by lockdowns on public life. It was necessary and unavoidable to impose lockdowns to help suppress the transmission of COVID-19. However, this resulted in extensive and unparalleled social disruption such as increased cases of family violence. This is in line with the United Nations Women [UNW] (2020), which reported that as countries were enforcing social isolation strategies, cases of family violence increased globally. Marazziti and Stahl (2020) postulate that, from a long-term perspective, it appears inevitable to expect negative impacts of the pandemic on individuals and families such as post-traumatic stress disorder, as well as economic challenges. It was against the above background that the COVID-19 resilience strategies of selected families in Polokwane Municipality, Capricorn District, Limpopo Province of South Africa, were explored and described scientifically.

1.2 OPERATIONAL DEFINITIONS OF KEY CONCEPTS

Defining key concepts within the context of the study is crucial as it permits readers to be able to follow and understand the study. It assists in eliminating misconceptions and confusion and allows readers to understand key concepts within the context of the study. The study defined and operationalised the following key concepts below.

1.2.1 COVID-19 pandemic

Al-Qahtani (2020) states that COVID-19 is a respiratory illness brought on by the pandemic respiratory syndrome coronavirus 2 (SARS-CoV-2) which emerged in China and became a pandemic by spreading across the globe. In this study, COVID-19 referred to the respiratory disease that is caused by respiratory syndrome coronavirus 2 which emerged in China and became a pandemic by spreading across the globe and affecting the lives of different individuals, families and communities.

1.2.2 Family

Hanson (2001) and Archard (2010) postulate that two or more people who are dependent on one another for emotional, physical and financial assistance make up a family. In this study, family referred to two or more individuals who live as a unit within Polokwane and depend on one another for any kind of support.

1.2.3 Lockdown

Haider, Osman, Gadzekpo, Akipede, Asogun, Ansumana, Lessells, Khan, Hamid, Yeboah-Manu and Mboera (2020) assert that lockdown is a preventative strategy that is imposed on the general population indiscriminately to provide restrictions on social and economic life. In this study, lockdown referred to the preventative strategy that was imposed by the government of the Republic of South Africa on the general population to indiscriminately provide restrictions on social and economic life to manage and stop the spread of COVID-19.

1.2.4 Resilience

Resilience is a dynamic process centred on adapting to a situation after experiencing hardships (Van Breda, 2018; Luthar, Cicchetti & Becker, 2000). In this study, resilience refers to a family's capacity to react to and recover from the COVID-19 pandemic's effects. The word resilience is used interchangeably with coping.

1.3 PROBLEM STATEMENT

COVID-19, which was discovered in the city of Wuhan in China in 2019, has been a scourge in South Africa, resulting in many negative impacts such as loss of lives. The pandemic pushed the South African government to mitigate these impacts by imposing a national lockdown. Many individuals, families and communities were affected. According to several studies, pandemics such as COVID-19 instigate more problems such as domestic violence which negatively affect the functioning of families (Rubenstein, Lu, MacFarlane & Stark, 2020; Seddighi, Salmani, Javadi & Seddighi, 2019). In the same breath, Morganstein, Fullerton, Ursano, Donato and Holloway (2017) posit that during natural disasters such as the COVID-19 pandemic, people's lives, their families and communities are negatively affected. Pandemics such as COVID-19 cause mental health issues in different individuals within different families. This is supported by Wallace, Wladkowski, Gibson and White (2020), who postulate that the loss of lives and social exclusions that were brought about by COVID-19 left many individuals battling with psychological distress due to people's concerns over their family stability and job security. In addition, Enarson (2001) and the World Health Organisation [WHO] (2012) share that violence at home substantially increases post-disasters. Pandemics leave families and

communities battling with challenges such as poverty, economic hardships and mental health disorders (Cerna-Turoff, Fischer, Mayhew & Devries, 2019). In Limpopo, particularly in Polokwane municipality, arguably, fewer studies focus on the resilience strategies of families, predominantly their response to the COVID-19 pandemic's impact. It is for this reason that this study explored the COVID-19 resilience strategies of selected families in Polokwane municipality in Capricorn District of Limpopo Province in South Africa.

1.4 AIM AND OBJECTIVES

1.4.1 Purpose of the study

According to Thomas and Hodges (2010), every study that is undertaken in any discipline should have a purpose because it reveals the main reason for conducting the study. In the same breath, Doody and Bailey (2016) argue that the success of a study is based on the purpose as the purpose gives it direction. This study sought to explore the resilience strategies that were employed in response to the impact of the COVID-19 pandemic by individuals within the selected families in Polokwane Municipality in South Africa.

1.4.2 Objectives of the study

Research objectives are the steps that a researcher must take to achieve the main purpose of the study, as stated by Fouché and De Vos (2011). In addition, research objectives are important as they guide the achievement of the main goal of a study, as stated by Thomas and Hodges (2010). In achieving the purpose of the study, the following research objectives were adopted:

- To determine how COVID-19 disoriented families in Polokwane
- To assess mental health issues caused by COVID-19 within families in Polokwane
- To describe resilience strategies that families in Polokwane resorted to in response to the impact of COVID-19.
- To propose a framework for families affected by the COVID-19 pandemic.

1.5 RESEARCH METHODOLOGY

Research methodology is one integral part of a research study. For the success of a research project, correct usage of research methodology is required. Research methodology provides credibility to the study and yields reliable scientific conclusions. It also assists researchers in developing a detailed plan and helping them to keep track and make the research process smooth, effective and manageable. With the correct usage of research methodology, researchers can provide organised, accurate and desirable outcomes of the study. According to Goundar (2012), research methodology refers to the procedures, strategies and techniques that guide the researcher to collect data on a specific topic and analyse it with ease. A qualitative approach was adopted in the study, wherein a case study design was used to explore and describe the resilience strategies that were employed in response to the impact of the COVID-19 pandemic by the selected families in Polokwane. Semi-structured interviews were instrumental in the collection of data, and the Nvivo software made the formulation of themes and analysis of data easy. The study involved individuals within selected families that were affected by COVID-19 in Polokwane Municipality. The snowball sampling technique was used because the researcher knew a few COVID-19-affected families which identified more respondents. A convenient or availability sampling technique was also used in the study. The researcher sampled eight (8) COVID-19-affected families to participate in this study. Quality criteria and ethical issues were considered in this study. Chapter Six (6) of this study discusses in detail the methodology that was employed to achieve the purpose and objectives of this study.

1.6 MOTIVATION OF THE STUDY

In South Africa, COVID-19 came as a huge challenge. This was due to the disturbance that the pandemic caused to human life. It destabilised social, political and economic activities worldwide. This is supported by Zhao, Yu, Zha, Wang, Pang, Li and Li (2020), who postulate that the high infection rate of COVID-19 across the globe surfaced more problems such as putting pressure on the healthcare system and causing economic and social challenges. According to Ozer (2020), the COVID-19 pandemic has not only affected the economy but also the lives of individuals by disrupting student educational processes, leaving billions of students and millions of educators negatively affected by

school closures and government restrictions. The researcher developed a hunch to conduct this study after observing the impact of the COVID-19 pandemic on families. The researcher observed that some individuals from various families lost their jobs and lives which created challenges such as loss of income and mental health issues for some families. The lives of many individuals and families were negatively affected by the COVID-19 pandemic in South Africa where this study was conducted which is why the researcher felt that there was more to the impact than what was already known. Thus, this study explored and described the resilience strategies that were employed by the selected families in response to the impact of the COVID-19 pandemic in Polokwane Municipality.

1.7 SIGNIFICANCE OF THE STUDY

Research assists to inform the intervention action and have an impact in the scientific body of knowledge and the distict disciplines. This is in line with Goundar (2012) who posits that in considering the significance of the study, researchers must reflect on the significant contribution that the study is going to make in the field of research and also the body of knowledge. The COVID-19 pandemic is a global and recent subject matter affecting various disciplines including social work. This study will make a significant contribution not only in social work but other disciplines that are dealing with intervention strategies to mitigate natural disasters such as the COVID-19 pandemic and others. The study will also make a significant contribution to the discipline of social work in the sense that the training institutions will have proper guidelines to make visible and include natural disaters in their curriculum and for also social workers in the field to assist families that are affected by such disasters with proper guidelines. This study will also make a contribution to the body of knowledge because thus far, there is no study that has been conducted on the COVID-19 resilience strategies of families in Polokwane Municipality in Limpopo Province of South Africa. This study, would therefore close this gap and also assist future researchers on natural disasters by providing baseline information to guide them in tackling this field of study. The study will also provide a framework for policymakers when designing programmes for families that are affected by pandemics such as COVID-19 and others. Furthermore, a framework was suggested in this study to

serve as a guiding tool for the support of families affected by natural disasters such as COVID-19.

1.8 STRUCTURE OF THE CHAPTERS

Chapter One: General Orientation to the Study

This chapter orientates the reader to the study's aim and objectives as outlined. The research problem and motivation for conducting the study, as well as the significance of the study, are also addressed in this chapter.

Chapter Two: Legislative Frameworks

This chapter reflects on the legislative frameworks that guide the intervention and practice of practitioners such as social workers during natural disasters such as the COVID-19 pandemic.

Chapter Three: An Overview of the COVID-19 pandemic in South Africa

The discussion in this chapter was on the overview of the COVID-19 pandemic in South Africa, as this study explored and described the resilience strategies of selected families in Polokwane in Limpopo province in South Africa. The following themes emerged; the impact of COVID-19 on families, COVID-19 and loss of lives, domestic violence during the COVID-19 lockdown in South Africa, gender roles in families during the COVID-19 pandemic in South Africa, COVID-19 and the South African health system, COVID-19 and disability in South Africa, The implementation of COVID-19 policies in South Africa and South African's response to the COVID-19 pandemic.

Chapter Four: The Role of Social Work during the COVID-19 pandemic

The role of social work during the COVID-19 pandemic was discussed in this chapter wherein several themes were developed. The roles such, as a broker, advocate and case manager employed by social workers amid the COVID-19 pandemic were also discussed in this chapter.

Chapter Five: Theoretical Frameworks of the Study

This chapter discusses the theoretical frameworks that guided the study. The researcher triangulates the following three theories: vulnerability theory, coping theory and resilience theory in line with Ndenje-Sichalwe (2010), who elucidates triangulation of theories as the use of more than one theoretical framework to interpret data.

Chapter Six: Research Methodology

The research methodology that was adopted, guided and directed this study was discussed in detail in this chapter. The discussion was on research techniques and methods, such as the research design and data collection methods that were adopted and followed to achieve the purpose and objectives of the study. Quality criteria and ethical issues are also discussed in this chapter.

Chapter Seven: Qualitative Data Presentation, Analysis and Interpretation

This chapter presents, analyses and interprets the empirical findings of this study. Theme 1 of this chapter is on the disorientation of families in Polokwane with the following subthemes, a loss of family bonds and domestic violence during the COVID-19 lockdown and loss of jobs during the COVID-19 lockdown. Under the subtheme for domestic violence during the COVID-19 lockdown, the following subthemes emerged; the impact of home confinement and domestic violence, alcohol consumption and domestic violence. Theme 2 of this chapter is on the mental health issues caused by COVID-19 in the selected families with the following subthemes; emotional and behavioural changes, quarantine, isolation and mental health as well as fear and mental health. Theme 3 of this chapter is on the resilience strategies for mitigating the impact of the COVID-19 pandemic with the following subtemes; the use of substances as a coping strategy, exploring and using religious services, family and per support as well as the use of government services.

Chapter Eight: Family Support Framework amid Natural Disasters

This chapter focused on the suggestion of a family support framework that can be used to provide support to families during natural disasters. This chapter fulfils objective number four of the study.

Chapter Nine: Summary of the Findings, Conclusions and Recommendations

This chapter summarised the findings of this study wherein conclusions and recommendations were drawn.

1.10 CONCLUSION

It is always imperative to introduce a study and provide a background. This chapter has done this by providing an overview of the study, outlining the problem statement and the identified gaps. For an understanding of the used concepts, it was necessary to define and operationalise key concepts for readers to follow and understand the study. The researcher stated the purpose and objectives of the study, along with the significance of this study in this chapter. This provided an understanding of this study. Thus, the importance of the orientation of the study can be noted in this chapter. The next chapter reflects on legislative frameworks for natural disaster management in South Africa.

CHAPTER 2

LEGISLATIVE FRAMEWORKS ON NATURAL DISASTER MANAGEMENT IN SOUTH AFRICA

2.1 INTRODUCTION

This chapter reflects on legislative frameworks on natural disaster management in South Africa. Natural disasters are increasingly creating policy concerns globally and locally requiring effective legal frameworks to deal with. Between 1961 and 2010, natural disasters such as floods led to a loss of more than 99, 000 lives and affected over 129.6 million people on an annual basis globally (Guha-Sapir & Hoyois, 2013). In late December 2019, a coronavirus disease (COVID-19) emerged from the city of Wuhan in China and spread around the world, including in South Africa wherein it negatively affected the lives of many individuals (Wu, Chen & Chan, 2020). In South Africa, legislations were used by the government to inform and guide their response to the COVID-19 pandemic (Ramoshaba, 2023b). It is against this background that this chapter considered the legal frameworks that guide practitioners across various disciplines, such as social work, on how to practise and respond to natural disasters that disturb the lives and functioning of many individuals and families. The Constitution of the Republic of South Africa Act no 108 of 1996, Disaster Management (DMA) Act no. 57 of 2002, the National Disaster Management Policy Framework (NDMF), National Health Act no. 61 of 2003, the White Paper on Disaster Management, the White Paper for Social Welfare, the Yokohama Action Plan and Strategy for a disaster-free world, the Hyogo Framework for Action 2005-2015, the Sendai Framework for Disaster Risk Reduction 2015-2030 and the International Strategy for Disaster Reduction (ISDR) are discussed to pursue the purpose of this chapter.

2.2 THE CONSTITUTION OF THE REPUBLIC OF SOUTH AFRICA, ACT 108 OF 1996

The Constitution of the Republic of South Africa is the supreme law of the country. This supreme law mandates the South African government to protect and promote the health and safety of citizens during disasters such as the COVID-19 pandemic in the country.

The obligation to ensure the safety and health of citizens is outlined in Section 41(1) (b) of the said Constitution, wherein the security of every citizen and resident's well-being is protected by all levels of government. In South Africa, the COVID-19 outbreak necessitated the application of this section by the government. In addition to this, there was an obligation for the local governments of South Africa during the COVID-19 pandemic to comply with Section 152(1) (d) of the Constitution, which mandates local governments to ensure a healthy and safe environment in the communities. Compliance with this section was observed wherein the local governments played a crucial role in ensuring compliance with the COVID-19 lockdown regulations such as social distancing and wearing of masks in public spaces for safety purposes. Kotzé (2020) states that the implementation of laws and policies was inevitable for the management of the COVID-19 pandemic. In the same breath, du Plessis, van Niekerk, Rosenkranz and Preiser (2022) posit that in curbing the spread of the virus, the South African government had to implement the state of natural disaster as per the Constitution of the country and the DMA. This emphasises the crucial role of the Constitution of the Republic of South Africa and the DMA in safeguarding the well-being of individuals and families during natural disasters, such as the COVID-19 pandemic in South Africa.

According to Wallace, Wladkowski, Gibson and White (2020), COVID-19 brought negative impacts on the lives of individuals such as loss of lives and social exclusions which required the spheres of government to respond in accordance with the legislative frameworks. For instance, Schedules 4 and 5 of the Constitution of the Republic of South Africa specify the legislative powers of provincial and local government spheres in partaking in the management of natural disasters such as the COVID-19 Pandemic (The Constitution of the Republic of South Africa, 1996). Thus, the importance of legislative frameworks in the spheres of government can be noted in the management of natural disasters. On the other hand, Van Niekerk (2014) argues that there is a gap in the allocation of responsibilities of spheres of government on disaster management in that local government is not allocated competencies for dealing with disasters as opposed to provincial and government spheres. However, it cannot be concluded that local governments do not have a role to play during the management of natural disasters such as the COVID-19 pandemic.

It must be noted that the pieces of legislation that protect individuals and families during natural disasters are not supposed to go against the constitution of the country. This is in line with Van Niekerk (2014) who avows that any piece of legislation is supposed to relate and support the Constitution and its core principles. In other words, the pieces of legislation are meant to supplement or support the Constitution in safeguarding the lives of individuals and families. Part A of Schedule 4 of the Constitution of the Republic of South Africa specifies the powers and functional areas of the provincial and national governments on the management of natural disasters and protection of the environment (The Constitution of the Republic of South Africa, 1996). In other words, provincial and national governments should ensure that natural disasters, such as the COVID-19 pandemic are managed effectively in South Africa.

The Constitution of the Republic of South Africa serves as a guide to government departments and other relevant stakeholders, such as municipalities on how to respond to natural disasters. Section 24 of the Bill of Rights, as outlined in the Constitution of the Republic of South Africa, further supports this by mandating relevant stakeholders, such as municipalities, to address environmental concerns so that each citizen may exercise his or her right to a safe environment. In the same breath, during the period of COVID-19, families in South Africa had the right to be protected from the scourge of the COVID-19 pandemic. It can thus, be noted that the protection of citizens by the constitution of the country considers the safety and well-being of both the current and future generations in South Africa.

The COVID-19 pandemic has resulted in some individuals within various families requiring medical treatment, which they have the right to, as per the Constitution. This is supported by Section 27(3) of the same Constitution which states that citizens of the country have the right to emergency medical treatment. Several studies show that the government plays a crucial role in implementing the Constitution, delivering services and ensuring the safety of individuals, families and communities (Engle & Lemos, 2010; Agarwal, Perrin, Chhatre, Benson & Kononen, 2012; Tselios & Tompkins, 2017). In addition, Kruks-Wisner (2015) posits that some authorities of the government are easily accessible within the communities that they serve, which allows individuals and families

to receive services and have their needs met as per the Constitution. In other words, the close authorities of government help individuals, families and communities to receive services with ease by offering access even during difficult situations such as natural disasters.

According to Dutta and Fischer (2021), the South African government ensured that they implemented policies that protect the citizens of the country during the COVID-19 pandemic. This highlights the importance of the South African government in assisting individuals and families to cope with the effects that were brought by COVID-19. The Constitution of the Republic of South Africa is supported by legislation which assists in the provision of services to individuals, families and communities during natural disasters (van Wyk, 2012). The Disaster Management Act No. 57 of 2002 makes it feasible to execute disaster management in South Africa. The following discussion is on the Disaster Management Act No. 57 of 2002.

2.3 THE DISASTER MANAGEMENT ACT 57 OF 2002 (DISASTER MANAGEMENT AMENDMENT ACT 16 OF 2015)

Several studies show that South Africa is among the first countries within Africa that were at the forefront of drafting legislation for natural disaster risk management (Vermaak & van Niekerk, 2004; Pelling & Holloway, 2006). Thus, it can be noted that the Disaster Management Act of South Africa was available for use by the South African government when responding to the COVID-19 pandemic. The Disaster Management Act No. 57 of 2002 was promulgated into law on the 15th of January 2003. The emergence of the COVID-19 pandemic in South Africa pushed the government of the Republic of South Africa to create guidelines and protocols that are aimed at managing the COVID-19 disaster, as per the goal and objectives of the Disaster Management Act no 57 of 2002 (McKinney, Swartz & McKinney, 2020). It can be inferred that the DMA of South Africa is important in the management of natural disasters such as the COVID-19 pandemic, as it guides the response of the government. The disaster management act facilitates policies that focus on reducing the risks of natural disasters and bringing about recovery in the lives of different individuals (Disaster Management Act of South Africa, 2002). In other words, the Disaster Management Act protects individuals and families from natural

disasters such as COVID-19 by calling for policies that reduce disasters and foster recovery in cases of misfortunes. However, some respondents indicated that they suffered as a result of regulations such as lockdown which was implemented in relation to the DMA.

The DMA seeks to put in place appropriate arrangements for the management of natural disasters. However, Van Niekerk (2006) argues that the purpose of the Act cannot be achieved without structures such as the intergovernmental committee on disaster management for the support of its implementation. In times of natural disasters, such as the COVID-19 pandemic which negatively affects the lives of numerous individuals and various families, the DMAS provide a guide on how to respond effectively to the impact, which, will in return, help mitigate the impact that individuals and families experience. The Act is implemented in accordance with the National Disaster Management Policy Framework (NDMPF), which aims to show how the objectives of the Act can be reached (Van Niekerk, 2014). Pelling and Holloway (2006) and Wisner, Gaillard and Kelman (2011) argue that from a global perspective, the DMA's contents are relevant and key for the management of natural disaster risk reduction.

Natural disasters such as COVID-19 require sound legislation to reduce the risks that come with the disasters. It is also imperative that various stakeholders be involved when responding to natural disasters to effectively manage the disaster and reduce risks that may negatively affect the lives of individuals, families and communities (Van Riet & Diedericks, 2010; Botha, Van Niekerk, Wentink, Coetzee, Forbes, Maartens, Annandale, Tshona & Raju, 2011). In other words, the implementation of the DMA for effective management of natural disasters can only be achieved when there is a collaboration between different stakeholders. This is in line with several studies which indicate that the failure of DMA in addressing disaster risk management at the local municipal level is more likely to hinder the implementation of the legislation and result in the government failing to effectively manage disasters (Van Niekerk & Visser, 2009; van Riet & Diedericks, 2010; Botha et al., 2011). The implementation of the Act is crucial in the management of disasters such as the COVID-19 pandemic. The required collaboration by various stakeholders such as the local government can be compromised by issues such as

finances. This is in line with Visser and van Niekerk (2009) who posit that there is insufficient funding for the management of natural disasters at the local level of governance.

2.4 THE NATIONAL DISASTER MANAGEMENT FRAMEWORK

The National Disaster Management Framework (NDMF) was published in May 2004 for public feedback and was subsequently adopted in June 2005. The framework indicates that South Africa as a whole is more vulnerable to disasters. In South Africa, for instance, several weather hazards such as powerful storms, droughts and cyclones, can cause significant suffering and devastation in the lives of many individuals and families (NDMF, 2005). The researcher concurs with these views, as this was witnessed with the emergence of the COVID-19 pandemic in the Republic of South Africa. The framework mandates the creation and implementation of provincial and municipal disaster management frameworks and plans as instruments for directing action in all areas of government (NDMF, 2005). In response to the management of the COVID-19 pandemic and the saving of lives of individuals within various families, this requirement was key as the South African government responded in accordance with this framework. This is supported by Kunguma, Mokhele and Coetzee (2021) who state that the South African disaster response activities during the COVID-19 pandemic were carried out in accordance with the DMA 57 of 2002 and the NDMF of 2005.

Section 7(1) of the DMA identifies the NDMF as the primary law that regulates uniformity among all parties involved in disaster management, including municipal, provincial and national governments (NDMF, 2005). It can be noted that this framework ensures accountability and efficient response to natural disasters such as the COVID-19 epidemic. The National Disaster Management Framework is divided into two main sections: key performance areas and enablers wherein the enablers serve as key points for the successful implementation of the key performance areas (NDMF, 2005). The DMA and NDMF encouraged a change in how people traditionally respond to natural disasters such as floods and the COVID-19 pandemic, for instance, changes in the strategies of reducing risk, preventing and mitigating natural disasters (van Niekerk, 2006; Reid and van Niekerk, 2008). This was also the case with the COVID-19 pandemic, as Schotte and

Zizzamia (2022) assert that stringent policies were implemented by the South African government to reduce risks, curb the spread of the virus and protect individuals, families and communities. The NDMF has four key performance Areas (KPA) which are discussed below.

- KPA 1

This KPA focuses on the establishment of crucial institutions that will assist in managing the risks of natural disasters across the different levels of government (national, provincial and municipal). This KPA emphasises urging different stakeholders to work in collaboration for the successful reduction and management of disasters. In the context of this study, this key performance area emphasises the importance of the collaboration of social workers, health professionals and the government in reducing the toll that COVID-19 has taken on individuals and families.

- KPA 2

This KPA focuses on risk assessment, reduction and monitoring of the effectiveness of the efforts employed to reduce and respond to the impact of natural disasters. It directs the government to implement disaster risk assessment in all spheres of government. This KPA in this study guided an understanding of how the government implemented COVID-19 risk assessment from the national, provincial to the municipal levels.

- KPA 3

 This KPA emphasises planning and implementation. The researcher is of the view that this was fulfilled when the government of South Africa planned and implemented policies and legislations in their response, as alluded by Schotte and Zizzamia (2023) who confirm that the South African government implemented stringent policies to protect individuals from the Scourge of the COVID-19 pandemic.

- KPA 4

According to this KPA disaster response, recovery and rehabilitation should be prioritised when dealing with natural disasters. This KPA holds that during and after natural disasters, such as COVID-19, community members need counselling to deal with the

impact of the natural disasters. It can be deduced from this KPA that different professionals, such as social workers, had a huge role to play due to the impact of the COVID-19 pandemic on individuals, families and communities.

2.5 THE NATIONAL HEALTH ACT 61 OF 2003 (NATIONAL HEALTH AMENDMENT ACT 12 OF 2013)

The National Health Act 61 of 2003 (NHA), which was passed by the South African parliament, is unquestionably one of the most significant pieces of legislation that guarantees everyone's access to healthcare, as stated by Govender (2015). In the event of the COVID-19 pandemic, some individuals within various families needed access to healthcare services which was within their rights, as stated in Section 27 of the Constitution of the Republic of South Africa, which protects citizens' right to healthcare services in South Africa (Hassim, Heywood & Honermann, 2008). In addition, the NHA is the result of significant health system policies that date back to 1994 which lay the groundwork for the healthcare system and are consistent with other pieces of legislation that are aimed at the growth of an effective healthcare system (Rasanathan, Posayanonda, Birmingham & Tangcharoensathien, 2012).

The NHA is intended to be one of the progressive legislative frameworks that protect people's right to healthcare. The guidelines for healthcare planning and delivery are established by Section 27 of this Act and other constitutional clauses. It should be highlighted that the NHA derives its power and core principles from the Constitution. Thus, the study needed to reflect on this Act, as COVID-19 resulted in some individuals needing healthcare services (Reitzle, Schmidt, Färber, Huebl, Wieler, Ziese & Heidemann, 2021). The Act reflects on the issue of getting access to free healthcare services, emergency treatment and consent to medical treatment and reflects on human resources. This is discussed further below.

2.5.1 Getting Access to free health care services.

Section 4 of the NHA gives ways in which people can gain access to healthcare services (NHA, 2003). According to the Act, the powers to implement access to free healthcare services lie with the Minister of Health in South Africa. The former Minister of Health in South Africa (Zweli Mkhize, 2020) informed people about medical treatments available during the COVID-19 pandemic to protect and save the lives of many individuals and families (Wadvalla, 2020). It became apparent that the effects of the COVID-19 pandemic on individuals' functioning and health led to some of them requiring access to healthcare services (Jensen & McKerrow, 2021). This emphasises the importance of access to healthcare services during natural disasters for successful mitigation. In other words, access to healthcare services amid natural disasters is important for individuals.

2.5.2 Emergency treatment

Section 5 of the National Health Act of no. 61 of 2003, in line with section 27(3) of the Constitution of the Republic of South Africa, act no. 108 of 1996, states that health workers and facilities do not have the right to refuse access to emergency medical treatment to anyone who seeks for it (NHA, 2003). This protects individuals and enables them to have emergency medical treatment in times of need. The Health Act further states that Individuals who need emergency medical treatment even during natural disasters, such as COVID-19, have the right to go to any hospital and get treatment (NHA, 2003). The researcher observed people from different families needing emergency treatment after being infected by the coronavirus in South Africa and therefore views the emphasis of this Act on access to emergency treatment as imperative for the well-being of individuals during natural disasters such as the COVID-19 pandemic.

2.5.3 Consent to medical treatment

Although individuals within different families have the right to healthcare services and treatment, it must be noted that consent for medical treatment is required from such individuals. For example, individuals have the right to be given all the necessary information such as the benefits or risks of any offered treatment, as outlined in Section

6 of the National Health Act. In addition, Section 7 and 8 of the same Act further emphasises allowing individuals to make decisions for the treatment that they must receive in times of need. The researcher views this as imperative, as it allows patients such as those who got infected by COVID-19 to be informed about the treatment and side effects, if there are any, of the treatment that is being offered.

2.5.4 Human Resources

The Minister of Health is required by Chapter 7 of the National Health Act, in particular, Sections 48 and 52, to develop strategies for human resource distribution and training across the nation (NHA, 2003). For example, it mandates the minister to make available human resources for the reduction and management of disasters such as COVID-19. Marivate and Combrink (2020) assert that some of the contributions of the Minister of Health in South Africa were to make announcements to the public about the confirmed COVID-19 cases in the country. In addition, McKinney et al. (2020) posit that the then Minister of Health in South Africa, Dr Zweli Mkhize, responded to the pandemic by ensuring policy implementation within the healthcare sector wherein professionals within various settings, such as the hospital, were tasked with the implementation of such policies.

Nurses and doctors were amongst the human resources that the minister relied on for the protection of individuals, families and communities against the COVID-19 pandemic. It should be mentioned that the South African government made an effort to provide human resources for the protection of people from the COVID-19 pandemic's health effects on individuals, families and communities. In terms of Sections 25 (3) and 33, the South African government is required to have human resource plans at the provincial and district levels (NHA, 2003). The government of South Africa ensured a coordinated response amongst the different spheres of government wherein issues, such as finances and human force, were availed for the protection of individuals, families and communities against the pandemic (Khambule & Mdlalose, 2022). In other words, on the availability of human resources, the National Health Act requires the government at provincial and district levels to avail plans from the provincial department of health or the local district

health level for the protection of individuals, families and communities against the health impact of natural disasters such as the COVID-19 pandemic.

2.6 THE WHITE PAPER ON DISASTER MANAGEMENT OF 1999

According to the White Paper on Disaster Management of 1999, several factors, including infrastructure provision and emergency readiness and response, affect South Africa's ability to manage natural disasters such as the COVID-19 pandemic. It also sets out disaster management policy for South Africa. The environment must be preserved by incorporating risk reduction strategy into current and future policies, plans and projects of many domains of government (White Paper on Disaster Management, 1999). In other words, when using the white paper to protect individuals, families and communities against natural disasters such as the COVID-19 pandemic, other policies such as the DMA need to be considered. The COVID-19 pandemic caused some families to be vulnerable to its impact, which required the use of policies and pieces of legislation such as the white paper to deal with, as the policies are aimed at protecting vulnerable groups during natural disasters. This is in line with the White Paper on disaster management (1999) which calls for an approach that focuses on protecting vulnerable groups and reducing the risks of losing lives from natural disasters. The objectives of the White paper on disaster management (1999) are as follows:

- Create a conducive setting for disaster management.

The COVID-19 pandemic prompted the South African government to play a significant role in establishing a setting that is virus-free. This objective is imperative for informing the government about its role in protecting individuals, families and communities against the COVID-19 pandemic.

- Promote proactive disaster management through risk reduction programmes.

The South African government was required to run programmes that will assist in reducing and managing the COVID-19 pandemic. Thus, this objective was imperative in guiding the response of the government.

- Enhance South Africa's capacity to respond to crises, disasters or their effects in a coordinated, effective and efficient way.

The existence of the COVID-19 pandemic required the government of South Africa to protect individuals, families and communities by improving its ability to manage the pandemic in a coordinated, efficient and effective manner. Thus, the importance of the White Paper in the management of natural disasters can be noted from this objective.

- Encourage collaborative relationships between all levels of government and partnerships between various stakeholders to advance integrated and coordinated disaster management.

This objective was also important in informing the response of the South African government, as it was necessary to make use of integrated and coordinated partnerships when responding to the COVID-19 pandemic.

- Ascertain if there are sufficient financial mechanisms in place.

Tito Mboweni, who served as South Africa's finance minister at the time, declared that the nation had access to R35 billion from the National Treasury Fund for emergency relief during the COVID-19 pandemic (Phetha & Ojo, 2022). In other words, the availability of adequate financial resources is important in the response to natural disasters such as the COVID-19 pandemic.

- Promote disaster management training and community awareness.

The South African government needed to provide training for professionals and create awareness for communities about what is COVID-19, what causes it and how to respond to it. According to Vera, Kattan, Cerda, Niklitshek, Montaña, Varas and Corvetto (2021), implementing remote model training was one of the COVID-19 pandemic responses. Thus, the relevance of this objective can be noted in the management of disasters such as the COVID-19 pandemic.

It can be deduced from the discussion above that the White Paper on disaster management can be used to guide the development of new policies and guidelines that save lives, property and the economy against disasters, such as the COVID-19 pandemic. In other words, it lays the foundation for proper responses and strategies in mitigating

and managing disasters. It can also be noted that different policies are important in the management of natural disasters, such as the COVID-19 pandemic.

2.7 WHITE PAPER FOR SOCIAL WELFARE 1997

The White Paper for Social Welfare (1997) advocates for an integrated, accessible and people-centred social welfare system that will enable the country to become self-sufficient in collaboration with key stakeholders (White Paper for Social Welfare, 1997). Individuals within various families needed access to social services to respond to the aftermath of the COVID-19 pandemic. This was within their right, as outlined in Chapter One of the White Paper on Social Welfare which calls for access to social services, whether in the form of remedial, rehabilitative or restorative services to individuals and families (White Paper for Social Welfare, 1997). This means that citizens must not be deprived of services that they are entitled to as per the requirement of this paper. It can be noted that the COVID-19 pandemic affected individuals, families and communities differently. However, access to social welfare services was needed by all the affected individuals, families and communities, as outlined in the White Paper for Social Welfare.

Professionals are required to deliver enduring improvements for the well-being of people families and communities during natural disasters, such as the COVID-19 pandemic, as stipulated in Section 3 of the white paper on social welfare. This was evident during the response to the COVID-19 pandemic in South Africa wherein social workers, nurses and other professionals had to be at the frontline of providing services (Osingada & Porta, 2020). The existence of the COVID-19 pandemic sparked many other challenges, such as increasing unemployment rates, poverty and mental health issues, which necessitated effective responses that are guided by the law to save lives and manage the COVID-19 pandemic. This is in line with the United Nations Economic Commission for Africa [UNECA] (2020), which reported that COVID-19 brought more challenges such as economic challenges, increased poverty and unemployment levels. It can be deduced that the White Paper on Social Welfare is important in the management and response to natural disasters, such as COVID-19, as it calls for professionals like social workers to

bring enduring enhancements to the well-being of individuals and families amid natural disasters (White Paper for Social Welfare, 1997).

2.8 THE YOKOHAMA STRATEGY AND ACTION PLAN FOR A SAFER WORLD 1994

The Yokohama Strategy and action plan for a safer World is the output of the World Conference on Natural Disaster Reduction, held in Yokohama, Japan, from 23 May to 27 May 1994. According to the United Nations Development Programme [UNDP] (2000), the Yokohama Strategy and Plan for a Safer World is a more relevant framework for the reduction of risks caused by natural disasters in the 21st century, as it serves as the foundation for many of the 21st century risk mitigation tactics. According to the Yokohama Strategy and Plan for a Safer World, every country has the duty and sovereign right to protect its citizens from natural disasters, such as the COVID-19 pandemic, and it further states that more attention needs to be paid to developing nations, such as the Republic of South Africa and the least developed ones. This Yokohama strategy is based on the idea that natural disasters have detrimental economic repercussions. In South Africa and the rest of the world, the COVID-19 pandemic resulted in challenges, such as the closure of businesses and the loss of jobs for some individuals, which also negatively affected their families (Odeku, 2021; Ray & Rojas, 2020). This is in line with the UNECA (2020) which averred that COVID-19 surfaced with other challenges such as negative economic effects.

According to FitzGerald, Aitken, Arbon, Archer, Cooper, Leggat, Myers, Robertson, Tarrant and Davis (2009), communities must establish effective strategies for anticipating and coping with the hazards of natural catastrophes, In other words, localities must create efficient plans for dealing with natural calamities like the COVID-19 pandemic. According to Wannous and Velasquez (2017), to save lives and improve the well-being of individuals and families, the international conference on disaster risk reduction laid the foundation for the creation of the international plan for disaster risk reduction.

2.9 THE HYOGO FRAMEWORK FOR ACTION 2005-2015

One of the frameworks that played a significant role in the reduction of disasters includes the Hyogo Framework for Action (HFA) 2005-2015. This framework sought to bring together many entities, such as international organisations, governments, disaster management experts and others, into a coordinated structure for handling natural catastrophes (Mohanty, Gupta & Mohapatra, 2017). It can be noted that collaboration is key in the management of natural disasters such as the COVID-19 pandemic. In the same breath, Power (2018) asserts that emergencies such as natural disasters are complex and require intrateams and interteams to respond to effectively. The HFA calls for governments and relevant stakeholders to improve and strengthen their support and response to natural disasters. According to Van Niekerk (2014), HFA requests that while responding to natural disasters like the COVID-19 pandemic, governments strengthen and support disaster risk assessment and related systems.

Members of the United Nations countries in 2005 approved a set of guidelines for reducing vulnerabilities that are triggered by natural disasters such as the COVID-19 pandemic. The HFA is important for the building of resilience of communities in response to natural disasters such as COVID-19, as it provides strategies that can be employed to reduce the vulnerability and risks of such natural disasters across different communities (Wannous & Velasquez, 2017). The outbreak of the COVID-19 pandemic in South Africa required the use of frameworks for guiding interventions such as raising awareness of the virus and knowing which stakeholders to involve in the protection of individuals, families and communities. In the same breath, the HFA is the right framework for the COVID-19 pandemic response, since it has played a significant role in boosting political commitment, raising public and institutional awareness and focusing and driving efforts by a range of stakeholders at all levels (Kourou, Ioakeimidou, Bafa, Fassoulas & Panoutsopoulou, 2016).

Studies show that in achieving sustainable developments, HFA offers five action areas, guidelines and useful tools to help vulnerable communities be more resilient to natural disasters (Jones, Oven, Manyena & Aryal, 2014; Hasan, Nasreen & Chowdhury, 2019). To limit disaster losses by the end of 2015 and build resilience to natural disasters, HFA prioritised five (5) important activities that gave direction and a realistic path towards improving disaster defence (Mohanty, Gupta & Mohapatra, 2017). The five important activities of HFA are discussed below:

- First Action Priority

This priority was about confirming that the reduction of natural disaster risk is an institutionally supported local and national objective that needs to be strongly addressed. Thus, it can be noted that various stakeholders are key in prioritising the reduction of disaster-risk in their response and management of natural disasters. The researcher is of the view that the prioritisation of reducing disaster-risk must be coupled with collaboration, as emphasised by Power (2018) who asserts that collaboration is important during emergencies such as natural disasters.

- Second Action Priority

The second Action Priority focuses on tracking, evaluating and estimating disaster risks in order to enhance early warning signs. The researcher is of the view that the COVID-19 outbreak required the South African government to monitor and assess the situation in the country and that the monitoring and assessment of the situation was key for improvement and informed responses to the pandemic. This is supported by Zhang, Zhou, Xu and Watanabe (2002) who posit that the monitoring and evaluation of natural disasters has played an important role in the mitigation of such disasters.

- Third Action Priority

The third priority is about creating a safe culture of making use of education and knowledge to achieve high levels of resilience. According to Ranscombe (2020), the importance of education during natural disasters was seen during the Ebola crisis. Therefore, the value of education cannot be overlooked in the effective management of natural disasters such as the COVID-19 pandemic.

- Fourth Action Priority

The fourth Priority was about limiting the factors of underlying risks. The COVID-19 pandemic required the South African government to carry out this priority as a response to the pandemic wherein they protected citizens and minimised risks by limiting the number of people in gatherings, as this minimised the risks and spread of the virus. In the same breath, Amoah and Simpeh (2021) posit that the South African government had to impose COVID-19 safety regulations such as limiting the number of people in gatherings and requiring temperature checks when entering places such as clinics and shops.

- Fifth Action Priority

The fifth priority was about strengthening natural disaster readiness for efficient responses at all levels. This action priority is key in protecting individuals, families and communities against natural disasters, as alluded by Griffin, Alsafi, Nicola, Kerwan, Mathew and Agha (2021) who asserted that each government had to decide on their own COVID-19 response strategy, such as the maintenance of social distancing to prevent ongoing community transmission which requires preparations. In contrast to other countries, the South African government, according to De Villiers, Cerbone and Van Zijl (2020), was swift to respond to the scourge of the COVID-19 pandemic. Thus, it can be noted that preparations are helpful in the response to natural disasters such as the COVID-19 pandemic.

2.10 SENDAI FRAMEWORK FOR DISASTER RISK REDUCTION 2015 - 2030

The Sendai Framework for Disaster Risk Reduction 2015-2030 was adopted at the third UN World Conference in Sendai, Japan, on March 18, 2015. The Sendai Framework is the successor instrument to the (HFA) 2005-2015. The Sendai Framework for Disaster Risk Reduction is centred on building the resilience of Nations and Communities to Disasters (Aitsi-Selmi & Murray, 2015). There are four areas of priority for the Sendai Framework for Disaster Risk Reduction.

Priority 1: Understanding disaster risk.

This priority emphasises the view that disaster management policies and practices must be understood from what exposes individuals to disasters and the risks that cause vulnerability, the importance of the environment that people live in, to the solution that is needed to mitigate natural disasters. Weichselgartner and Pigeon (2015) state that information is necessary for coordinated action and educated decision-making in disaster risk reduction policy and practice. The COVID-19 pandemic forced the South African government and its inhabitants to comprehend the pandemic before responding to it, demonstrating the significance of this priority.

Priority 2: Strengthening disaster risk governance to manage disaster risk.

The focus of this priority is on the view that spheres of government are important in the effective and efficient management of natural disasters such as the COVID-19 pandemic. The researcher believes that to effectively manage natural disasters such as the COVID-19 pandemic, there is a need for proper plans and collaboration between stakeholders. This is in line with Oliver-Smith (2016) who posits that the understanding of disaster risk from an integrated perspective is important for the framing of effective responses that will protect individuals, families and communities.

Priority 3: Investing in disaster risk reduction for resilience.

The priority posits that investments in the resources and the environment for successful risk-reduction are necessary for people to successfully increase their economic, social, health and cultural resilience. The COVID-19 pandemic required allocated resources for minimising the burdens of the pandemic on individuals, families and communities (Khoo & Lantos, 2020). Thus, it can be noted that it is important to invest in resources that will help in the response and the reduction of risks of natural disasters.

Priority 4: The improvement of efficient reaction and preparations for natural disasters through recovery, restoration and rebuilding for "building back better".

This priority places a strong emphasis on the gradual increase in disaster risk, which includes the increased exposure of people and property, as well as the lessons learnt from previous disasters, which highlights the need to further improve disaster preparedness for an efficient response to and recovery from natural disasters. People can learn and prepare for effective responses from past pandemics, as alluded by Taha, Matheson, Cronin and Anisman (2014) who averred that the previous H1N1 pandemic provided knowledge for the impact of natural disasters on individuals, families and communities wherein the society was found to be intolerant to the pandemic. Thus, the relevance and importance of this priority in the response and management of natural disasters such as the COVID-19 pandemic can be noted.

2.11 THE INTERNATIONAL STRATEGY FOR DISASTER REDUCTION 2002

The International Strategy for Disaster Reduction (ISDR) prioritised protection from both natural and man-made threats, as well as reducing community susceptibility by boosting coping mechanisms (United Nations International Strategy for Disaster Reduction [UNISDR], 2002). In other words, the strategy focuses on protecting individuals, families and communities against natural disasters such as the COVID-19 pandemic by ensuring that they improve their coping capacities. The multidisciplinary approach to fostering the reduction of natural disasters within the context of greater sustainable advancement was the most significant advancement that the ISDR attempted to achieve (Burkle, 2014). In other words, the reduction of disaster-risks should be done in a way that protects individuals and communities and allows for sustainable development.

The implementation of strategies such as the ISDR requires effective man force. In the same breath, Alger (2002) posits that the UN Assembly Secretariat are at the focal point of the assembly which helps in the reduction of disaster-risk. The ISDR seeks to make it easier to combine disaster mitigation efforts with humanitarian and socioeconomic endeavours (UNISDR, 2002). Thus, the importance of this strategy in the protection of

individuals during natural disasters can be noted. It can also be stated that the Reduction of risks during natural disasters requires effort.

2.12 CONCLUSION

The researcher needed to reflect on the legislative frameworks that were relevant to this study, as legislative frameworks are known for their significant role in allowing researchers to reflect on laws and policies that governments established for the protection of their citizens. This was inevitable in this study, as the study was on the COVID-19 pandemic which also required pieces of legislation to deal with. The next chapter is an overview of COVID-19 in South Africa.

CHAPTER 3

AN OVERVIEW OF COVID-19 IN SOUTH AFRICA

3.1 INTRODUCTION AND BACKGROUND

A new coronavirus (COVID-19) was discovered in Wuhan in December 2019, in the Hubei Province, which spread quickly across the globe, including in South Africa (WHO, 2020). According to Rapholo (2020), the discovery of the COVID-19 pandemic in a developed country (Wuhan in China) resulted in a belief that the virus spread rapidly in developed countries. However, this was proven otherwise, as it also resulted in a high death toll in developing countries. The World Health Organisation (WHO) referred to the coronavirus disease 2019 (SARS-CoV-2) as a global health concern on January 30, 2020. The WHO further stated that the outbreak posed a biological threat to society in the 21st century. Over 5.4 million deaths from COVID-19 have been reported as of 2022, with over 296 million confirmed cases reported globally (WHO, 2022). Over 3.5 million confirmed COVID-19 cases have been reported in South Africa as of the 9th of January 2022, and 93 551 fatalities have been documented in the country (WHO, 2022).

The COVID-19 pandemic presented South Africa with a new issue; as a result, the South African government took prompt action to prevent infection in millions of South Africans. This is in line with Masipa, Ramoshaba, Mabasa, Maponyane, Monnye, Mampa, Chuene, Kgarose and Motloutse's (2022) assertion that a national lockdown was declared by the President of South Africa (Cyril Ramaphosa) on the 23rd of March 2020 and implemented from the 27th of March 2023 as a response mechanism for the emergence of COVID-19 in the country. In the same breath, Loo, Law, Tan and Letchumanan (2022) state that lockdowns and COVID-19 tests were widely used by the South African authorities to identify illnesses sooner and enable quarantine, isolation and medical care for those who were affected.

De Villiers, Cerbone and Van Zijl (2020) argue that even though the government of South Africa tried to contain the spread of COVID-19 by enforcing lockdowns, at some point, the infection rate continued to rise, necessitating more restrictions. A possible reason for the increment could be that some regulations could not stop the spread completely. For example, it was impossible to restrict the movement of all citizens which resulted in some individuals running the risk of exposure in public spaces. In South Africa, the scourge of COVID-19 affected people, their families and communities differently, as stated by Loo et al. (2022) who argue that the COVID-19 pandemic's breakout left the South African healthcare system with a shortage of crucial resources and financial constraints.

It must be noted that before the emergence of the COVID-19 pandemic in South Africa, the country was already battling with other infectious diseases and challenges, such as the Human Immunodeficiency Virus (HIV) and malaria, which then accelerated among some individuals during the lockdown with an example of psychological problems being more frequently reported during the lockdowns of the COVID-19 pandemic (Hatefi, Smith, Abou-El-Hossein & Alizargar, 2020). It is, therefore, against this background that this chapter seeks to reflect on the overview of the COVID-19 pandemic in South Africa.

3.2 THE IMPACT OF COVID-19 ON FAMILIES

The instability of society was impacted by the COVID-19 pandemic's detrimental effects on families. According to Botha and Booysen (2014), families contribute to the promotion of solidary and the building of good societies. According to the Department of Social Development in South Africa, the variety of family structures has a considerable impact on the functioning of families (Department of Social Development, 2021). In other words, a child-headed family cannot function the same way as a single-parent family. The Department of Social Development further stated that a healthy family can facilitate and support positive family outcomes and well-being by giving its members possibilities like a foundation for social identity and financial support. However, it must also be noted that the well-being and functioning of families that do not have a good supportive structure can be negatively affected (Walsh, 2015). The COVID-19 pandemic disrupted the lives of many people in that lives were lost and changes to everyday life were experienced by various individuals and families as a result of the lockdown regulations and guidelines

(Fisher, Languilaire, Lawthom, Nieuwenhuis, Petts, Runswick Cole & Yerkes, 2020). The impact of the COVID-19 pandemic on families is discussed through the following subthemes:

3.2.1 COVID-19 pandemic and Family Functioning.

According to Gambin, Woźniak-Prus, Sekowski, Cudo, Pisula, Kiepura, Boruszak-Kiziukiewicz and Kmita (2020), some of the changes that were experienced by families include communication changes wherein some families had the opportunity to express and discuss their feelings during the South African lockdown. However, it cannot be concluded that all the South African families had a chance to bond. This is supported by Roos, Salisbury, Penner-Goeke, Cameron, Protudjer, Giuliano, Afifi and Reynolds (2021) who posit that the South African lockdown offered some families an experience of feuds and conflicts. On the same wavelength, the lockdown and its social distancing regulations prohibited families from visiting their extended family members, friends and neighbours (Ammar, Chtourou, Boukhris, Trabelsi, Masmoudi, Brach, Bouaziz, Bentlage, How, Ahmed & Mueller, 2020). In other words, the social lives of different individuals from different families were negatively affected by the COVID-19 regulations, such as the social distancing and isolation regulations, which denied some families social and emotional support, which can result in psychological impacts. Family members who do not get support from others as part of their coping mechanisms in times of distress experience feelings of distress and loneliness (Luchetti, Lee, Aschwanden, Sesker, Strickhouser, Terracciano & Sutin, 2020). In other words, individuals who could not get support from their family and friends during the COVID-19 pandemic were negatively affected.

As a result of the COVID-19 impact and regulations, some Individuals from various families had the mammoth task of balancing their lives and maintaining their relationships with their close ones such as family and friends. This is supported by Waite and Creswell (2020) who postulate that some individual members of families experienced challenges such as having to deal with pressure from their workplace whilst trying to maintain their well-being and relationships with their families and friends during the COVID-19 period.

Waite and Creswell (2020) further aver that some parents in their families experienced stress that was instigated by their inability to balance their work and personal lives. Lockdowns have forced individuals to rely on digital technology for communication, according to a South African study that explored the perceptions and use of mobile technology and communication changes during the COVID-19 lockdowns (Fischer, Van Tonder, Gumede & Lalla-Edward, 2021). In other words, the COVID-19 epidemic had an impact on how South African families interacted with one another. Similarly, Moore and March (2022) found that social media platforms helped people interact with their loved ones and feel less alone amid the COVID-19 epidemic. Additionally, Kgatle (2020) suggests that some religious families were able to access religious services because some religious centres such as churches switched to religious live streaming on social media sites during the COVID-19 lockdown. This implies that those who did not have access to technological resources did not get the opportunity to use social media for building relations which might have made them more socially disconnected. David and Roberts (2021) argue that the more people socially distance themselves as a result of safety regulations, the more socially disconnected they may feel. Thus, the impact of the COVID-19 regulations on the lives of individuals can be noted.

3.2.2 Job loss and economic impact of the COVID-19 pandemic on families

Zizek (2020) posits that many individuals and sectors such as the economy were negatively impacted during the COVID-19 period across the globe. According to Adebiyi, Roman, Chinyakata and Balogun (2021), although many South African families are living in poverty, the majority of the South African families were also negatively affected by job loss which affected their family functioning. In addition, Pather and Booi (2020) state that some of the people who lost their jobs during the COVID-19 lockdown experienced financial constraints such as not having the required resources and finances to enable their children to school online when schooling was moved online. In other words, the loss of jobs due to the COVID-19 pandemic resulted in disruptions in family functioning of several families in South Africa.

In South Africa, several socioeconomic concerns connected to the COVID-19 epidemic affected families' financial situations, limiting parents' abilities to provide for and encourage caregiving, health and well-being (Nicola, Alsafi, Sohrabi, Kerwan, Al-Jabir, Losifidis, Agha & Agha, 2020). The researcher believed that the loss of jobs during the COVID-19 pandemic made some families more vulnerable to the situation as they could not fulfil some of their needs. This is supported by Prime, Wade and Browne (2020) who posit that many families were vulnerable as a result of a lack of financial resources during the COVID-19 period. In addition, Odeku (2021) states that the social and economic lives of many individuals from different families were negatively impacted by the COVID-19 pandemic. Odeku further avers that most Black majority-owned businesses received the hardest hit, whilst unemployment took a hike, which, in turn, resulted in some families being unable to provide for themselves.

Ray and Rojas (2020) contend that measures that were taken by the South African government such as implementing a national lockdown mandating quarantine and isolation for those in contact and infected, as well as enforcing social distances, were necessary but brought some negative impacts on vulnerable and poor people in different communities. The researcher maintained that this socio-economic impact of the pandemic on the lives of individuals brought more problems such as increased poverty. In the same breath, Ray and Rojas (2020) reveal that the safety measures and restrictions that were implemented to manage the COVID-19 pandemic resulted in decreased business, unemployment, increased poverty and inequalities which affected the functioning of families. On the other hand, Odeku (2021) points out that the pandemic increased some of the existing social problems such as unemployment. Thus, the instigation of more problems, such as unemployment as a result of the pandemic, can be noted. In the same breath, Van Barneveld, Quinlan, Kriesler, Junor, Baum, Chowdhury, Junankar, Clibborn, Flanagan, Wright and Friel (2020) found that the implementation of the national lockdown resulted in the closure of some businesses which brought a loss of jobs to those who were employed before the COVID-19 pandemic.

The researcher is of the view that such changes can result in income loss which will ultimately affect the functioning of any concerned family. For instance, the closure of businesses and an increased unemployment rate caused many individuals from different families to experience a loss of income and struggle to meet some of their needs (Nicola, Alsafi, Sohrabi, Kerwan, Al-Jabir, Iosifidis & Agha, 2020). In addition, income loss during the COVID-19 period resulted in some individuals being unable to meet their household demands such as providing food for their children and families (Casale & Posel, 2020). The impact of COVID-19 can also be noted in instances where employees of public and private sectors had to reduce their working days, which resulted in the reduction of remuneration for some (McKibbin & Fernando, 2020).

It should be noted that reduced salaries can affect the functioning of families in that some needs might not be met anymore. In South Africa, many sectors such as the business sector were negatively hit by COVID-19 (Folinas & Metaxas, 2020). In addition, all tourists who were coming from other countries were prevented from visiting South Africa during the COVID-19 lockdown because the South African government believed that such visits could increase the spread of the virus and risk the health of citizens, as stated by Swinnen and McDermott (2020) who also stated that such prohibitions resulted in job and income loss for some individuals and families. On the same wavelength, Bhorat, Köhler, Oosthuizen, Stanwix, Steenkamp and Thornton (2020) averred that the COVID-19 preventative and response measures, such as lockdown, resulted in many commercial activities such as small businesses and big enterprises facing challenges like inability to generate profit which forced them to retrench some of their staff members. Many businesses, such as restaurants and hotels, suffered profit losses, as they were mandated to close by the government of South Africa due to the national lockdown guidelines and regulations (Fernandes, 2020). Thus, it must be mentioned that job loss and company closures impacted the functioning of many families during the COVID-19 period.

3.3 COVID-19 AND LOSS OF LIVES

WHO (2021) reported that over 2.7 million deaths were experienced globally by mid-March 2021, as a result of the COVID-19 pandemic. In South Africa, as of 9 January 2022, over 93 551 deaths have been recorded (WHO, 2022). Thus, it is evident that the COVID-19 pandemic has negatively affected the functioning of many families by claiming the lives of individuals in South Africa and globally. Some families lost their family members to the COVID-19 pandemic, wherein some individuals within those families experienced psychological distress, which affected the functioning of the entire family. This is in line with Wallace, Wladkowski, Gibson and White's (2020) postulation that many families lost their family members as a result of the COVID-19 pandemic which resulted in psychological distress for some members of such families.

The pandemic negatively affected the functioning of some families in that some of the individuals who succumbed to the virus were breadwinners for their respective families. In the same breath, Das, Singh, Varma and Arya (2021) aver that many people, such as healthcare professionals who were breadwinners for their families, lost their lives to COVID-19. Malkinson (2007) and Das et al. (2021) posit that the loss of family members and close individuals caused physical and mental problems that were difficult to deal with for some families because the coping mechanisms of individuals depend on a variety of factors, including affiliation with the deceased and the cause of death. Thus, it can be noted that the loss of family members by some families during the COVID-19 pandemic has caused more problems such as experiencing mental health issues. Different individuals from different families were differently impacted by COVID-19 (Vanderhout, Birken, Wong, Kelleher, Weir & Maguire, 2020). In other words, it must be noted that the COVID-19 impact on families differed from one family to the other in that some families lost their members whilst some did not. Therefore, it cannot be concluded that the effects of COVID-19 on individuals, their families and communities were similar across the country.

3.4 COVID-19 AND MENTAL HEALTH IN SOUTH AFRICA

When the COVID-19 pandemic first began, Naidu (2020) predicted that the COVID-19 pandemic may cause mental health issues that may negatively affect the behaviour of many individuals. This was the case as the COVID-19 pandemic had a significant impact on the mental health of individuals and families across the globe, as averred by Pillay and Barnes (2020). Another study conducted in a similar location found that adults with traumatic childhood histories experienced stress and showed depressive symptoms because of fear of COVID-19 infection (Kim, Nyengerai & Mendenhall, 2022). It can be noted that the COVID-19 pandemic affected the mental health of many individuals in South Africa. Additionally, Ansari and Yousefabad (2020) assert that the COVID-19 pandemic's effects on families, such as disruptions to routines and activities, increased worry and stress due to the extended quarantine of infected family members, which worsened the family's mental health.

The South African government-imposed restrictions and regulations which affected both the mental health and family functioning of some families. Studies show that the lockdown regulations and guidelines which restricted some business activities, and movement nationally and internationally, as well as the prohibition of events and gatherings, affected the mental health of some individuals and their families in South Africa (Pillai, Motloba, Motaung, Ozougwu, Ikalafeng, Marinda, Lukhele & Basu, 2020; Adebiyi, Roman, Chinyakata & Balogun, 2021). Pillay and Barnes (2020) state that it was challenging to get access to mental health services during the pandemic due to limitations and fear of contact consultations. This is affirmed by Govender (2020) who avows that some NGOs in Tshwane of South Africa which provide health support and services could not have visitations from clients due to the national lockdown restrictions. Thus, it can be noted that the lockdown restrictions led to some individuals being vulnerable to mental health issues during the COVID-19 pandemic due to restricted access to mental healthcare services.

In South Africa, during the COVID-19 period, mental health issues required resources and support for mental healthcare workers to deal with. This is supported by Heale and Wray (2020) who state that resources and support were needed for mental healthcare workers to effectively service their clients during the COVID-19 period. Studies also reported that mental health issues increased due to the trauma that individuals and some families experienced because of the COVID-19 pandemic (Banerjee, 2020; Torales, O'Higgins, Castaldelli-Maia & Ventriglio, 2020). In other words, the COVID-19 pandemic increased the mental health issues of many individuals, which also affected their family functioning. According to McGinty, Presskreischer, Han and Barry (2020) and Ramoshaba (2023a) , the emergence of COVID-19 sparked a rise in psychological distress in the general population, families and communities.

Studies show that the negative mental health impact of the COVID-19 pandemic has the potential to last longer in the lives of many individuals and families (Tandon, 2020; Galea, Merchant & Lurie, 2020). This is supported by Brooks, Webster, Smith, Woodland, Wessely, Greenberg and Rubin (2020) who contend that people who have experienced mental health issues are likely to experience psychological distress for months or years, especially those who have been quarantined. Thus, it can be noted that some of the mental health issues that are caused by the COVID-19 pandemic are having long-term effects on individuals. According to Galea et al. (2020), precautionary measures such as social distancing aimed at stopping the rapid spread of COVID-19 created anxiety, depression and increased domestic violence cases, which subsequently created mental health challenges. In other words, some of the mental health issues that were experienced by some individuals are a result of regulations and restrictions passed on by the government.

Some frontline healthcare professionals experienced mental health issues which are likely to persist for several years because of COVID-19 (Que, Shi, Deng, Liu, Zhang, Wu, Gong, Huang, Yuan, Yan & Sun, 2020). Thus, it must be noted that mental health issues were not only experienced by general members of families but even those who were meant to care for the health and well-being of such individuals were affected. On the same wavelength, according to Chen, Liang, Li, Guo, Fei, Wang, He, Sheng, Cai, Li,

Wang and Zhang (2020), frontline workers such as police and healthcare staff are among the vulnerable groups of people who suffered the mental health issues which were instigated by COVID-19. The notion that mental health issues are likely to persist for years even post-COVID-19 era is supported by McAlonan, Lee, Cheung, Cheung, Tsang, Sham, Chua and Wong (2007) who discovered that during the SARS outbreak in 2003, some individuals experienced symptoms of psychological discomforts such as anxiety and post-traumatic stress even a year later. In addition, Preti, Di Mattei, Perego, Ferrari, Mazzetti, Taranto, Di Pierro, Madeddu and Calati (2020) posit that post-traumatic stress symptoms are reported both during and after epidemic or pandemic outbreaks.

Several studies show that during pandemics, people develop depression, anxiety and posttraumatic stress disorders (Hall, Hobfoll, Palmieri, Canetti-Nisim, Shapira, Johnson & Galea, 2008; Sim, Chan, Chong, Chua & Soon, 2010; Müller, 2014). Thus, it can be noted that mental health issues were not experienced for the first time during the pandemic, as it is usual for individuals to experience mental health issues during natural disasters, as stated by Maunder, Leszcz, Savage, Adam, Peladeau, Romano, Rose and Schulman (2008) and Baxter, Scott, Ferrari, Norman, Vos and Whiteford (2014) who posit that data from previous pandemics and endemics show that psychological distress and mental health issues rise during and after pandemics. Furthermore, it is averred that the pandemic's impacts on mental health may persist longer than the physical health effects (Gunnell, Appleby, Arensman, Hawton, John, Kapur, Khan, O'Connor & Pirkis, 2020).

Holmes, O'Connor, Perry, Tracey, Wessely, Arseneault, Ballard, Christensen, Silver, Everall and Ford (2020) suggest that COVID-19 has widespread psychological and social impacts in that any individual from any family who was affected by the pandemic may be a victim. Different mental health issues were experienced by various individuals globally during the COVID-19 period, as elucidated by Pierce, Hope, Ford, Hatch, Hotopf, John, Kontopantelis, Webb, Wessely, McManus and Abel (2020). Pandemics such as the COVID-19 outbreak cause many disruptions such as increased unemployment rate and loss of lives which can foster mental health issues in the lives of many individuals and at the same time, affect their family functioning. In support, several studies show job loss, poor mental health and vulnerability as some of the challenges associated with natural

disasters (Price, Choi & Vinokur, 2002; Minelli, Pigini, Chiavarini & Bartolucci, 2014; Drydakis, 2015).

Sirviö, Ek, Jokelainen, Koiranen, Järvikoski and Taanila (2012) found that high job insecurity leads to adverse mental health outcomes during pandemics and endemics. Thus, during the COVID-19 period, job loss can be noted as one of the factors that caused mental health issues for some individuals in South Africa. It was discovered that the prevalence of psychological distress was higher during the COVID-19 pandemic than before (Vindegaard & Benros 2020). In other words, COVID-19 increased the existing mental health issues in some individuals. According to Nguse and Wassenaar (2021), COVID-19 brought about constraints on mental healthcare services and widened the already established mental health gap in South Africa and the world at large. This could be a result of insufficient attention or negligence regarding the seriousness of mental health issues. This is supported by Pillay (2019) who avers that the existing gaps and challenges of mental health issues are caused by undermining mental health within the health sector. However, a conclusion cannot be made that the mental health issues are a result of limited efforts on mental health issues, as there are existing legislative frameworks, such as the Mental Health Care Act of 2002, which are aimed at responding to the challenges of mental health, as elucidated by Nguse and Wassenaar (2021). This highlights the efforts of the government of the Republic of South Africa in responding to mental health issues.

3.5 DOMESTIC VIOLENCE DURING THE COVID-19 LOCKDOWN IN SOUTH AFRICA

According to Joska, Andersen, Rabie, Marais, Ndwandwa, Wilson and Sikkema (2020), some organisations, individuals and families were afraid of increased domestic violence cases after the announcement of the national lockdown in South Africa. It was unfortunate that the feared increment of domestic violence surfaced in some families in South Africa where this study was conducted. Several studies show that the national lockdown resulted in increased cases of domestic violence wherein an increased number of people called some organisations requesting for protection and help for domestic violence as compared to the previous years for similar periods (Beggin, 2020; Graham-Harrison,

Giuffrida, Smith & Ford, 2020; Taub, 2020). Thus, it can be noted that COVID-19 increased cases of domestic violence in some South African families.

According to Kamenetz, Treviño and Bakeman (2020), the national lockdown increased cases of rape and other forms of abuse by 22%, which were also reported to be perpetuated by perpetrators who were family members or lived with the victims. In other words, when the government-imposed lockdown in South Africa, some perpetrators got the opportunity of spending more time abusing their victims. Additionally, it was discovered that during the time of the nationwide lockdown, which kept individuals inside their houses, there was a link between the rise in domestic violence and a rise in mental health and suicide cases (Jackson, 2020). According to Roesch, Amin, Gupta and García-Moreno (2020), pandemics and endemics such as COVID-19 which confine people to their homes increase cases of domestic violence. Unfortunately, this was also the situation during the COVID-19 period in South Africa.

During the South African lockdown, domestic violence cases expanded as a result of several reasons, such as stay-at-home regulations, which made victims remain in their homes with abusers such as their partners. This is corroborated by Mittal and Singh (2020) who discovered that during the South African lockdown, a surge in domestic violence cases was caused by many factors such as the lockdown restrictions and alcohol consumption. In the same breath, Roesch et al. (2020) established that domestic violence during the COVID-19 pandemic exposed some children to violent activities. Additionally, Leslie and Wilson (2020) established that domestic violence instances increased by 10% during the national lockdowns as a result of restrictions such as stay-home. This demonstrates how severely the pandemic damaged the stability and efficiency of families. It also demonstrates how COVID-19 and the national lockdown had a detrimental effect on the lives of numerous men, women and children.

Domestic violence is one of the challenges that South Africa has been battling with for some time, however, it must be indicated that cases of domestic violence increased during the COVID-19 lockdown. In the same breath, studies by Mohler, Bertozzi, Carter, Short, Sledge, Tita, Uchida and Brantingham (2020) and Piquero, Jennings, Jemison, Kaukinen and Knaul (2021) found that the national lockdown led to an increase in the

cases of domestic violence. However, it should be emphasised that, according to the WHO (2020), the intention behind the countrywide lockdown imposed by the government of the Republic of South Africa was to stop the virus's spread and save lives. The enactment of the South African lockdown also had a bad impact on certain people's lives because of lockdown restrictions, such as staying at home, which led some people to experience abuse from close individuals such as their abusive partners. This is consistent with research that revealed that many people faced domestic violence in their families due to the COVID-19 lockdown and its restrictions (Tisane, 2020; Rahman & Matin, 2020; Sumner, Hoy & Ortiz-Juarez, 2020).

Mental health cases increased as a result of the rise in domestic violence cases which were increased by home confinement and the national lockdown (Fetzer, Witte, Hensel, Jachimowicz, Haushofer, Ivchenko & Yoeli, 2020). In other words, it must be noted that some individuals suffered from mental health issues that were instigated by violence that they experienced in their homes. In the same breath, Settersten, Bernardi, Härkönen, Antonucci, Dykstra, Heckhausen, Kuh, Mayer, Moen, Mortimer and Mulder (2020) posit that COVID-19 has negatively affected the health and functioning of many individuals and the effects might be long term. Thus, the impact of COVID-19 on the functioning of individuals must be recognised beyond the pandemic. The following factors led to an increase in cases of domestic violence during the COVID-19 period.

3.5.1 The impact of home confinement on domestic violence during COVID-19 lockdown

In a study by Roesch, Amin, Gupta and García-Moreno (2020), it was found that many individuals within some families during the COVID-19 period experienced domestic violence which was instigated by their partners. In addition, Tisane (2020) avers that some people were forced to live with their abusive spouses as a result of the stay-at-home guidelines. In other words, the South African government imposed safety regulations and restrictions such as the COVID-19 lockdown to manage the virus without being aware of the potential increase of domestic violence as a result of such restrictions and regulations. This is corroborated by studies by Mohler, Bertozzi, Carter, Short, Sledge, Tita, Uchida and Brantingham (2020) and Piquero, Jennings, Jemison, Kaukinen and Knaul (2021),

which found that although the national lockdown in South Africa was aimed at curbing the spread of the virus, unfortunately, it also forced some people to stay in their respective homes with their abusive family members who took advantage of the situation.

The researcher is also aware that there may be other issues that increased domestic violence incidents in South Africa, such as the stress associated with dealing with job loss and confinement at home with abusive relatives and partners. This is consistent with studies which revealed that the loss of employment and income due to the national lockdown led to more difficulties such as domestic violence and mental health problems (Tisane, 2020; Rahman & Matin, 2020; Sumner, Hoy & Ortiz-Juarez, 2020). It should be highlighted that the COVID-19 lockdown's increase in domestic violence instances led to other concerns, such as mental health problems. The spike in domestic violence cases during the lockdown, according to Fetzer, Witte, Hensel, Jachimowicz, Haushofer, Ivchenko and Yoeli (2020), has also been linked to an increase in mental health cases.

3.5.2 The impact of alcohol use on domestic violence during COVID-19 lockdown

Mittal and Singh (2020) found that some individuals consumed alcohol during the South African lockdown and ended up abusing those with whom they lived with. Additionally, studies indicate that excessive alcohol use is strongly linked to the rise in domestic violence instances (Mpani, 2015; Mpani & Nsibande, 2015). Thus, it is evident that some individuals within some families experienced domestic violence as a result of the consumption of alcohol by their perpetrators. Alcohol availability and sales are some of the major instigators of domestic violence in South Africa, which also makes the country amongst the nations with the highest alcohol intake rates globally (Nduna & Tshona, 2021).

The availability and sales of alcohol could be a possible reason for the increase in domestic violence cases in South Africa, as stated by Mpani (2015) who posited that there is a relationship between violence and alcohol intake. In the Republic of South Africa during the COVID-19 lockdown, it was widely known and enforced that alcohol sales were outlawed; however, some people nevertheless managed to sell and buy alcohol. In the same breath, Tisane (2020) asserts that because many South African houses and places

of business could not be checked during the lockdown, some individuals continued to consume alcohol despite the prohibition on alcohol sales. It must also be noted that the South African government has relaxed some of the regulations that resulted in the sale of alcohol at predetermined hours at certain places during the lockdown (Matzopoulos, Walls, Cook & London, 2020). This could also be a possible reason for the increment in cases of domestic violence in South Africa during the COVID-19 lockdown.

3.6 GENDER ROLES IN FAMILIES DURING THE COVID-19 PANDEMIC IN SOUTH AFRICA

Lavalette and Ioakimidis (2020) state that the inequality rate in South Africa was high before the COVID-19 pandemic and did not get any better during the pandemic. Health and economic crises affect men and women differently, as they have different gender roles in their respective homes and workplaces. In other words, COVID-19 affected men and women according to their gender roles. In the same breath, Wenham, Smith, and Morgan (2020) posit that in past pandemics and endemics, men have suffered greater challenges such as job loss than women. However, with COVID-19, Alon, Doepke, Olmstead-Rumsey and Tertilt (2020) posit that women are extremely impacted in both the workplace and at home. The possible reason for this could be the fact that women are dominating the non-essential retail and services such as restaurants, personal care and domestic work sectors, which could not operate as usual during the COVID-19 period in South Africa as elucidated by Hupkau and Petrongolo (2020).

The researcher believes that women are disproportionately affected more than men because they have greater responsibilities such as providing childcare for their children than men. This is in line with Hatch and Posel (2018) who state that children are more likely to be under the care of their mother than their father in South Africa and that in cases where they do not live with their mother, they are often staying with their grandmother. Another possible reason could be that when the South African government-imposed lockdown, it resulted in the closure of care facilities and schools, as well as a dramatic increase in care work and additional burden for women within households (Andrew, Cattan, Costa-Dias, Farquharson, Kraftman, Krutikova, Phimister & Sevilla, 2020).

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It can be noted that the closure of care facilities and schools resulted in more responsibilities and work for women as opposed to men (Sevilla & Smith, 2020). In addition, Rubiano-Matulevich and Viollaz (2019) state that where men are staying with their children, you may find that women are spending more time (over three hours a day) on unpaid work than men. Understanding the gendered consequences of COVID-19 is crucial since women are already overrepresented in unpaid care work and underrepresented in the labour market in South Africa and other areas of the world which affects their family functioning (Posel & Casale, 2019). Thus, it can be noted that COVID-19 affected the gender roles of men and women in their respective families.

3.7 COVID-19 AND THE SOUTH AFRICAN HEALTH SYSTEM

According to the World Health Organisation (2013), there is a shortage of healthcare practitioners worldwide, with developing countries being at the centre of this challenge. In other words, South Africa as a developing country was affected by the shortage of healthcare practitioners before and during the COVID-19 pandemic. It should be noted that the shortage is caused by several factors such as a lack of healthcare training and educational facilities (Chen, 2010). Despite the estimation made by the World Health Organisation on the deficit of skilled healthcare professionals as a result of population growth, countries such as South Africa still battle with this challenge (Mbunge, 2020). The researchers view the shortage of healthcare practitioners as presenting more challenges for individuals during the COVID-19 pandemic in that some individuals could not get services when they needed them. This is in line with Malakoane, Heunis, Chikobvu, Kigozi and Kruger (2020) who state that some South Africans were unable to access services because the COVID-19 pandemic negatively affected the country's healthcare system by compounding already difficult problems in the provision of healthcare services.

The overburden of the South African healthcare system can be a result of many factors such as lack of funds and other resources. In the same sense, Mbunge (2020) asserts that a lack of funding resulted in a shortage of resources such as face shields and sanitisers which raised the risk of infection for healthcare workers such as nurses and social workers, patients and suspects placed in quarantine facilities during the COVID-19 period in South Africa (Mbunge, 2020). In South Africa, the overburdening of the

healthcare system could be a reason for the high mortality rate that was experienced during the COVID-19 period. The country recorded over 13,226 deaths from March 2020 and a national case fatality rate of 2, 2% based on deaths from August 2020 which reflected an increase in new deaths due to limited access to medical care (Palmer, Monaco, Kivipelto, Onder, Maggi, Michel, Prieto, Sykara & Donde, 2020). Singh and Misra (2020) avow that the challenges that are faced in the healthcare system serve as a wakeup call for the government to improve their response to natural disasters and the healthcare system. It can thus be deduced that COVID-19 increased the burden on the South African health system which requires attention for effective response to possible future pandemics.

3.8 COVID-19 AND DISABILITY IN SOUTH AFRICA

At times, people who are living with disabilities in South Africa face challenges such as discrimination as a result of factors such as discriminatory laws and stigmas in many spheres of life such as in the employment sector and healthcare sector which intensified during the COVID-19 period (Armitage & Nellums, 2020). In the same breath, Ned, McKinney, McKinney and Swartz (2020) reported that people who are living with disabilities were disproportionately impacted by the COVID-19 outbreak. Ned et al. (2020) further reported that when countries such as South Africa respond to the COVID-19 pandemic, they need to accommodate people who are living with disabilities, as they are at times excluded and stigmatised. The COVID-19 lockdown regulations denied people who are living with disability assistance such as frequent physical contact, support and help from individuals who normally help them with carrying and lifting objects (McKinney, McKinney & Swartz, 2020).

In South Africa, during the initial stages of the strict lockdown, the government did not accommodate important health disability services for people who are living with disabilities which placed disabled people at higher risk (Mulibana, 2020). For instance, services such as sign language interpretation for hearing-impaired individuals, assistive devices and technology services were not viewed as important in health settings (McKinney, McKinney & Swartz, 2020). In other words, in South Africa, some of the disabled people were heavily impacted by the insensitivity of their special needs by the

government. In addition, (Huisman, 2020) posits that people who are living with disabilities at times experience challenges in hospitals when services that are required to meet their needs are not offered, for example, patients who are deaf may not find an interpreter due to costs. The South African government closed some care homes and institutions for people living with disabilities, which resulted in them being sent home to their families, whom some do not have the skills and knowledge of caring for them (Mulibana, 2020). The World Health Organisation made recommendations for countries to use measures such as online shopping for food and medicines (WHO, 2020). However, this suggestion was unsuitable for some people in South Africa, as many people are living within the poverty line and do not have resources such as electronic gadgets and finances (McKinney et al., 2020).

3.9 THE IMPLEMENTATION OF COVID-19 POLICIES IN SOUTH AFRICA

According to Schotte and Zizzamia (2022), the emergence of COVID-19 necessitated a balance between protecting the public and the economy in South Africa. This was influenced by the existing large caseloads which the South African government quickly responded to by using a stricter policy response than most countries worldwide (Schotte & Zizzamia, 2022). Some of the policies and guidelines which were implemented by the government such as the stringent distancing policy had a huge negative impact on the economy, as it triggered job losses for some individuals and business closures for others (Casale & Shepherd, 2020). Stringent policies such as early confinement policies were implemented by the South African government; however, this did not stop the COVID-19 cases from rising in South Africa, especially during the first wave (Schotte & Zizzamia, 2022).

It must be noted that the South African government placed stringent policies and guidelines as a response action for protecting individuals against the COVID-19 pandemic which did not only bear positive results but also negative results. On the same wavelength, the negative impact of the pandemic also resulted from guidelines that regulated Level 5 of the COVID-19 pandemic in South Africa which called for a stop to all commercial activities and strict stay-at-home orders which were enforced by the South African Defence Force (Aigbavboa, Aghimien, Thwala & Ngozwana, 2022). It must be

noted that policies also played a huge role in saving lives and the economy in South Africa. In the same breath, Ranchhod and Daniels (2020) state that during alert Levels three and four of the South African COVID-19 lockdown, guidelines and policies were used to allow some commercial activities which fostered partial recovery of the economy. In addition, Bassier, Budlender, Zizzamia, Leibbrandt and Ranchhod (2021) posit that in South Africa, approximately half of the loss in active employment that occurred during the COVID-19 lockdown was recovered as a result of the relaxation of some restrictions and regulations. According to Madhi, Kwatra, Myers, Jassat, Dhar, Mukendi, Nana, Blumberg, Welch, Ngorima-Mabhena and Mutevedzi (2022), the South African population reached a state of immunity which then suggested a policy shift towards the acceptance of reaching an endemic state of the COVID-19 pandemic. This could be the possible reason for the relaxation of the COVID-19 restrictions and regulations in South Africa.

3.10 SOUTH AFRICA'S RESPONSE TO THE COVID-19 PANDEMIC

The outbreak of the COVID-19 pandemic in South Africa was unexpected and required an effective response by the government. According to Mcconnell (2003), responding to crises can be complex. Even though responding to crises can be complex, it was inevitable for the South African government to react to the COVID-19 pandemic. De Villiers, Cerbone and Van Zijl (2020) argued that the South African government quickly reacted to the COVID-19 pandemic as compared to many other countries. De Villiers et al. (2020) stated that the South African government had to enforce a national lockdown twenty-three days after the first infection which was sooner than in some countries such as Italy and the United States of America. In a statement by the President of the Republic of South Africa, extraordinary responses to the pandemic were called with priority placed on the health of South Africans (Ramaphosa, 2020a). The national lockdown guidelines and regulations such as keeping a stipulated distance and wearing face masks in public spaces are some of the quick responses that were enforced by the South African government during the COVID-19 pandemic (Feinberg, Mogle, Lee, Tornello, Hostetler, Cifelli, Bai & Hotez, 2022).

According to Maja (2020), the South African Government went as far as announcing and implementing plans through the health department to respond to the COVID-19 crisis.

The implementation of strategies such as disbursing information, screening entry ports and arranging response teams and healthcare workers proved to help mitigate the impact of the COVID-19 pandemic on individuals, families and communities in South Africa as stated by the South African Department of Health (2020). In addition, De Villiers, Cerbone and Van Zijl (2020) assert that in South Africa, measures such as primary detection and lockdown are some of the strategies that the government employed to manage the COVID-19 pandemic and protect the lives of individuals. It should be mentioned that one of the key resources that was needed for the effective response to COVID-19 was finances as testing sites required money.

According to The Presidency (2020) and Mboweni (2020), the South African government allocated R500 billion for social and economic relief to intensify the strategies of responding and managing the COVID-19 pandemic by boosting social grants by R41 billion, providing grant top-ups for six months to protect the most vulnerable members of society from the consequences of COVID-19 and establishing a new Social Relief of Distress grant of R350 that helped eight million beneficiaries. This is in line with the Department of Health (2020b), De Villers et al. (2020), Ramaphosa (2020a) and Mafuma (2020) who posit that funding was necessary to equip several sectors, including the business sector, in order to build 180 testing locations, and 320 testing units and deploy 28,000 community healthcare professionals around the nation. It was inevitable to permit economic activities to protect individuals against challenges that might emanate from the closure of economic activities which is why the South African government had to revise the lockdown regulations to permit some informal traders to continue offering services (Cooperative Governance and Traditional Affairs, 2020).

Some of the responses of the South African government were the fulfilment of legislations such as protecting the right to shelter as per the Constitution of the Republic of South Africa Act 108 of 1996, which was adhered to by the government of South Africa wherein it mandated municipalities throughout the country to have emergency and temporary shelters for the homeless during the COVID-19 pandemic (The Presidency, 2020). The researcher is of the view that the South African government's response to the COVID-19 pandemic was quick and effective. This is in line with De Villers et al. (2020) who state

that the South African government's responses received acknowledgement and recognition globally, with the World Health Organisation declaring that many countries can learn from the South African government. In addition, the South African Government must be acknowledged for its quick response to the COVID-19 pandemic because many other countries such as the United States of America were slow in responding to the COVID-19 pandemic (Ryan, 2020).

South African citizens during the COVID-19 pandemic tried to respond to the pandemic situation by adhering to lockdown rules, however, challenges such as fear and feeling helpless were still encountered (Venkatesh & Edirappuli, 2020). According to Tomita, Ramlall, Naidu, Mthembu, Padayatchi and Burns (2019), the COVID-19 pandemic brought challenges such as feelings of helplessness and worry to individuals about their lives and security which increased mental health issues and also affected their family functioning. It must be noted that some individuals supported the government by adhering to restrictions and regulations whilst others did the opposite and went as far as using the situation to their benefit by defrauding people and robbing homes and businesses (Ahmad, Mueller & Tsamakis, 2020). It must also be noted that these negative responses by some individuals were fostered by several factors such as poverty, violence and substance abuse (Ahmad et al., 2020).

Citizens of South Africa gained hope from the early responses of their government which gave them strength to mitigate the catastrophic effects of the COVID-19 pandemic (Jung & Jun, 2020). The researcher concurs with Jung and Jun (2020) in that some people's personality traits such as hopefulness allow them to deal with difficult situations (Mcconnell, 2003). The South African Government tried to capacitate citizens to respond to the pandemic without panic by making announcements such as the plans that the government had for the management of COVID-19 (De Villiers et al., 2020). The announced plans were seen in various departments such as the health department wherein regulations such as screening the entry ports and disseminating information to all healthcare professionals, patients and citizens were implemented (Department of Health, 2020). These efforts by the South African department led to the South African government receiving legitimacy and being applauded by organisations such as the World

Health Organisation (Ryan, 2020). Ryan further posits that the recognition and acknowledgement fostered belief in the government's capability to address the problems. In addition, De Villiers et al. (2020) avow that some of the responses such as implementing safety measures early demonstrated the willingness of the South African government in responding to the COVID-19 pandemic. Thus, it can be noted that efforts to deal with COVID-19 were made by the government of South Africa.

There are very limited studies on natural disasters (COVID-19) and how they affect social work practice. This hampers the delivery of social work services as there are no guidelines for social work intervention during natural disasters. The available literature on the COVID-19 pandemic shows that such affected the mental wellbeing of individuals but it does not clearly indicate how such affected families. This study therefore explored how mental health issues affected the well-being of individuals and their families.

3.11 CONCLUSION

It was important to reflect on the overview of the COVID-19 pandemic in South Africa, as the study was conducted in Polokwane, which is in Limpopo province of South Africa. The overview of this chapter reflected on the impact of the COVID-19 pandemic on families, where it was revealed that some families benefited from the restrictions such as staying at home, whilst some individuals in other families, the stay-at-home resolutions increased their changes of being victims of violence. The chapter reflected on mental health, disability, inequalities in gender roles, the socioeconomic impact of the pandemic, the South African healthcare system and the use of policies in responding to the pandemic, which showed the prevalence of negative impacts of the pandemic on individuals, families and communities. Primary detection and national lockdown are some of the strategies that were used to respond to the pandemic which emphasised the importance of early response to natural disasters. The next chapter focuses on the role of social work during the COVID-19 pandemic.

CHAPTER 4

THE ROLE OF SOCIAL WORK DURING THE COVID-19 PANDEMIC

4.1 INTRODUCTION

Social work has been playing a crucial role during the outbreaks of pandemics and endemics. However, the COVID-19 pandemic was a fresh experience for social work organisations and practitioners (Harrikari, Romakkaniemi, Tiitinen & Ovaskainen, 2021). The outbreak of coronavirus disease came unexpectedly and shocked many professionals, including social workers. Social workers across the globe did not have sufficient COVID-19 skills and knowledge to use during their intervention with the affected and infected individuals and families. A possible reason for this was mainly because empirical research and knowledge production related to the COVID-19 pandemic in South Africa was just beginning after the arrival of the 2019 coronavirus (Finn Diderichsen, Giraldo da Silva & Perez, 2019). It must be noted that in the social work practice, professionals have dealt with other natural disasters, human emergencies and pandemics. However, the COVID-19 pandemic was a new and unique virus which made it very difficult for professionals such as social workers to address it. In the same breath, Dominelli, Harrikari, Mooney, Leskosek and Tsunoda (2020) assert that because of the newness of the COVID-19 pandemic, the status of the social work profession in responding to emergencies varied in countries, starting with the first wave of the pandemic.

It was inevitable for various countries to implement preventative measures such as lockdowns. On the other side, these actions sparked worries in social work, including an increase in homelessness and loneliness among those who suffer from mental health issues (Harrikari, Romakkaniemi, Tiitinen & Ovaskainen, 2021). This highlights the impact of the COVID-19 pandemic on social work practice. In ensuring that individuals, families and communities are capacitated to respond to the impact of the COVID-19 pandemic, the services of social workers were required for effective intervention. This is consistent with Cooper and Briggs's (2014) and Ramoshaba (2023d) argument that social workers are crucial for the response, recovery, preparation and future event planning of natural disasters. The researcher is of the view that amid pandemics such as COVID-19, social

work services are essential and mandatory to mitigate and respond to the social, emotional and mental impact of the pandemics on individuals, families and communities. On the same wavelength, Brinkerhoff (2014) asserts that professional social work services must be available and sufficient when outbreaks or pandemics occur because the services are mandatory for the well-being of individuals and their families. Given the background above, this chapter sought to reflect on the role of social work during the COVID-19 pandemic.

4.2 THE ROLES OF SOCIAL WORKERS DURING THE COVID-19 PANDEMIC

4.2.1 Educator

It was not an easy task for social workers to respond to the COVID-19 pandemic, particularly in South Africa as social work training in most institutions in the country does not have an intense curriculum to prepare social workers to deal with all types of pandemics (Cooper & Briggs,2014), except that social workers apply the generic skills to mitigate such problems. The COVID-19 pandemic affected many individuals and families in many ways such as creating stigma and discrimination against the infected and survivors of the pandemic which required social workers to play an extraordinary role in removing such stigmas and discrimination through education (Amadasun, 2020). Thus, the role of social workers as educators was key in the protection of individuals and families during the COVID-19 pandemic.

According to Amadasun (2020), social work as a practice-based profession had important roles to play during the COVID-19 pandemic such as promoting change and development, as well as restoring social functioning in families and communities. During the COVID-19 pandemic, social workers were among the important societal educators who dealt with the distribution of factual information to dispel myths and fears about the pandemic (Brown, 2020). Brown (2020) further states that social workers reached out to organisations to help with preparations for effective response by ensuring that everyone is included in the planning processes and urged governments to provide more support for individuals, families and communities. On the other hand, some individuals became prone to wrong information about the COVID-19 pandemic which was clarified by professionals such as social workers (Tabong & Segtub, 2021).

4.2.2 Counsellor

The emergence of the COVID-19 pandemic in South Africa made it unavoidable for social workers to play the role of protecting individuals, families and communities by offering social services such as counselling and emotional support. Likewise, Rosoff (2008) posits that in the event of pandemics and disasters, social workers are bound to adequately plan and provide the best and most compassionate care. This was evident when social workers contributed to the response to the COVID-19 pandemic by offering counselling, yielding great coping results for some individuals, families and communities (Dominelli, 2020). The COVID-19 pandemic affected the mental health of many individuals in society requiring the services of social workers to respond. According to Wang, Pan, Wan, Tan, Xu, McIntyre, Choo, Tran, Ho, Sharma and Ho (2020) and Xiang, Yang, Li, Zhang, Zhang, Cheung and Ng (2020), social workers had to provide mental health support strategies that are required during the COVID-19 pandemic to assist individuals to change lifestyles and re-adapt to conditions.

Some individuals who were in isolation and quarantine facilities were provided with social work services, such as counselling to mitigate their mental health issues (Brown, 2020). The researcher regards counselling as an important process, as it offers support and empowerment. Similarly, Hough (2010) argues that counselling plays an important role in ensuring that individuals have good relationships that embrace supporting and empowering one another. Likewise, Dako-Gyeke, Boateng and Mills (2018) posit that individuals during the pandemic experience social effects that require social workers to deal with as they have been skilled and trained to assist in such situations by providing counselling services. Thus, it can be noted that it is important for social workers to be present and provide counselling amid natural disasters such as the COVID-19 pandemic.

4.2.3 Broker

Individuals, families and communities benefitted from the key brokering role played by social workers of monitoring policies such as mental health policies which are centred on the methods used to care for and treat patients in mental health facilities (Usher, Durkin & Bhullar, 2020). Social work practice is applauded around the globe for its vital role in protecting vulnerable groups in society. During the COVID-19 pandemic, some individuals, families and communities became vulnerable to the pandemic wherein their urgent needs were covered by social workers (Redondo-Sama, Matulic, Munté-Pascual & de Vicente, 2020). Social workers ensured that individuals and families got services by collaborating with relevant stakeholders, and collaboration among the stakeholders was key to the resilience of individuals and families (World Health Organisation, 2020).

Social workers were also instrumental in swiftly identifying and coordinating the community-based resources to advance related social interventions during the COVID-19 pandemic and ensuring the development and organisation of communities. It can be noted that social work practice is important during pandemics such as the COVID-19 pandemic. In the same breath, Walter-McCabe (2020) posit that social work contribution was important in responding to the COVID-19 pandemic by supporting individuals and communities. Policies were crucial in the response and management of the COVID-19 pandemic, which is why social workers were involved in the policy decisions which informed their intervention when saving the lives of individuals during the COVID-19 pandemic (Miller & Lee, 2020; Truell, 2020).

Fronek, Common, Rotabi and Statham (2019) avow that social services are provided by many sectors such as Non-Governmental Organisations (NGOs) before and post-pandemics. Social workers played the role of ensuring the reach to services by clients during the pandemic. Sunil (2022) believes that social workers are competent enough to provide social services during pandemics due to the nature of the education they receive. In other words, social workers were and are still key in the provision of social welfare services due to their competence in delivery services and helping vulnerable groups during disasters. According to Gillespie and Danso (2010), social workers during disasters such as floods and COVID-19 play a crucial role in coordinating the provision

of social welfare services for the mitigation of the negative effects of natural disasters on vulnerable people. Zakour (2000) claims that roles such as brokering and mediating by social workers to the government are important in offering social services during pandemics. Due to the increased pressure that was brought by the COVID-19 pandemic on healthcare facilities, social workers played a crucial role in referring clients to other relevant stakeholders such as psychologists and nurses for further care, especially those that required the services that do not fall within the scope of social work (Abor & Abor, 2020).

4.2.4 Case Manager

Green (2017) argues that during pandemics, social workers play a crucial role in assessing the needs of individuals and providing efficient case management by integrating social support and healthcare services for the promotion of clients' health and well-being. Lancet (2020) reports that during and post pandemics such as COVID-19, individuals and families are left battling with physical and health problems which require social workers to deal with. This shows the importance of social workers in the restoration of hope in individuals and families during pandemics.

Social workers restored the functioning of families and empowered individuals to respond to issues such as mental health during the COVID-19 pandemic (Dutton, Grissom & Herbstreit, 2020). According to Kropf and Jones (2014), social workers during pandemics help determine the course of action of communities and help to predict the consequences of various situations. Dauti, Dhëmbo, Bejko and Allmuça (2020) state that social workers during the COVID-19 pandemic were expected to be involved in the promotion of social support, community participation and engaging in the spaces where decisions are made regarding social policies and programmes. In the same breath, Ersing (2020) states that social workers during the COVID-19 pandemic were seen organising and distributing resources such as food and clothes to vulnerable individuals and families.

Social workers during natural disasters such as COVID-19 have a huge responsibility of capacitating individuals, families and communities with health and safety knowledge and coping skills (National Association of Social Workers, 2020). This was also key during the COVID-19 pandemic. According to Bern-Klug and Beaulieu (2020), social workers were

able to use their skills and competencies to offer services to individuals, families and communities during the COVID-19 pandemic. It must be noted that social workers complemented the support that was provided by doctors and nurses by being at the forefront of monitoring and providing evidence-based strategies to people with COVID-19 and their families to mitigate adverse outcomes (Reigada, Romao, Coelho, Lourenco, Pires, Alves & Ramos, 2020). In addition, studies show that social workers during the COVID-19 pandemic were skilled and competent in planning for care and management of cases, as well as contributing to policy development (Bern-Klug & Beaulieu, 2020; Walter-McCabe, 2020).

Shevellar and Westoby (2014) argue that social workers during disaster situations are expected to alleviate the effects of community crises and organise communities for post-disaster recovery. According to Brinkerhoff (2014), natural disasters such as the COVID-19 pandemic highlight the importance of social workers as effective and efficient social welfare services are needed during such outbreaks. The COVID-19 pandemic has made it more important than ever for social workers to respond to their clients' social and health needs, which they did during the COVID-19 pandemic (Agwua & Okoye, 2021). Resources and support are needed for the provision of social welfare services that respond to the needs of clients during natural disasters such as the COVID-19 pandemic. This is supported by Bern-Klug and Beaulieu (2020) who assert that it is important for social workers to get resources and support for them to address the difficult situations of clients during natural disasters.

According to Truell (2020) and Miller and Lee (2020), during the COVID-19 pandemic, social workers offered services from the different (micro, meso and macro) levels of practice. Some age groups such as the elderly were adversely affected in their respective families by the COVID-19 pandemic wherein the services of social workers were needed to help mitigate the impact and restore their strength and improve their coping capacity (Cudjoe & Abdullah, 2020). Thus, it can be noted that the role of social workers as case managers was important during the scourge of the COVID-19 pandemic.

4.2.5 Advocate

According to Bedford, Enria, Giesecke, Heymann, Ihekweazu, Kobinger, Lane, Memish, Oh, Schuchat and Ungchusak (2020), during the COVID-19 pandemic, social workers served as a voice for vulnerable groups such as those who were trapped under unpleasant circumstances when their jobs and homes were threatened by the COVID-19 pandemic. Additionally, Cooper and Briggs (2014) assert that social workers' critical role in leading disaster response and management is beyond dispute. One of the popular roles of social work is to promote human rights (Boetto, 2018). Social workers continued to promote the rights of individuals and empower women during the COVID-19 pandemic in South Africa (Nyahunda, 2021).

The profession of social work compels social workers to promote the well-being of individuals, help them meet their needs and assist people who are vulnerable to challenges such as disasters and poverty. In the same breath, Bess and Collins (2014) posit that social workers play a huge role in the care, support and empowerment of vulnerable individuals. Social workers play an important role during pandemics in liberating people through social change development and social justice (Amadasun, 2020). Thus, with such a role, social workers during the COVID-19 pandemic were better positioned to undertake frontline roles to empower individuals, families and communities affected by COVID-19. Social workers during the COVID-19 pandemic responded to the impact of the pandemic from various settings such as the healthcare setting wherein, they offered optimal healthcare and linked individuals with services and resources in healthcare facilities (Kodom, 2022).

Nouman (2021) argues that social workers provide culturally sensitive social services to individuals and families and promote social justice and equality of diverse populations during disasters. According to Shdaimah and Strier (2020), social workers were needed for the provision of social services for the inequalities and forms of oppression that resulted from the COVID-19 pandemic. The provision of social services at the Community level also required social workers to advocate for improved delivery of services (Santiago & Smith, 2020). In various communities, social workers during pandemics such as the COVID-19 pandemic play a crucial role in developing programmes such as those that

provide shelter and counselling to members of the community (Gutiérrez & Gant, 2018). Bolin and Kurtz (2018) argue that for social workers to efficiently provide social services to clients, advocating for intervention in government policies is important to improve service delivery and lessen disaster inequality during natural disasters.

4.3 CHALLENGES FACED IN SOCIAL WORK PRACTICE DURING THE COVID-19 PANDEMIC

4.3.1 Managing private and work lives

Social workers found themselves experiencing challenges in managing their private and work lives during the COVID-19 pandemic (Hopkins & Pedwell, 2021; Ramoshaba, 2023c). According to Williamson, Walker, Bhaskaran, Bacon, Bates, Morton, Curtis, Mehrkar, Evans, Inglesby and Cockburn (2020), front-line workers had to risk their well-being to address increasingly complex clients' needs during the pandemic with some neglecting their family responsibilities. It was challenging for social workers to manage their work and private lives during the COVID-19 pandemic, as some clients skipped boundaries in an attempt to get assistance by contacting social workers outside working hours (Mishna, Sanders, Sewell & Milne, 2021). It can be noted that such acts by clients contributed to the functioning of the social workers' families. According to Ross, Schneider, Muneton-Castano, Al Caldas and Boskey (2021), social workers were pressured by the COVID-19 pandemic to balance their personal and work lives by meeting emergent and acute clients' needs and the needs of their families.

4.3.2 Psychological difficulties, anxiety, and trauma-related issues

Redondo-Sama, Matulic, Munté-Pascual and de Vicente (2020) argue that the existence of the COVID-19 pandemic increased the number of people who need social services and restricted access for some. This is supported by several studies which show that preventative measures such as isolation and the increased risk of depression and anxiety caused by the COVID-19 pandemic impacted on access to social services (Dominelli, 2021; Banerjee, 2020; Farkas & Romaniuk 2020). According to Banks, Cai, De Jonge, Shears, Shum, Sobočan, Strom, Truell, Úriz and Weinberg (2020) and Williamson et al. (2020), professionals such as social workers were confronted with the fear of

compromising their health by practising in the hotspots of the COVID-19 pandemic which put them at risk of moral injury.

Past studies revealed that social workers working within the context of unexpected disasters and pandemics often experience psychological difficulties, anxiety and trauma-related issues (Prost, Lemieux & Ai, 2016; Caringi, Hardiman, Weldon, Fletcher, Devlin, & Stanick, 2017; Aafjes-van Doorn, Békés, Prout & Hoffman, 2020). In addition, Tosone, McTighe and Bauwens (2015) revealed that social workers who worked in the event of the Hurricane Katrina disaster experienced traumatic stress. Thus, the impact of pandemics on the well-being of professionals such as social workers can be noted. Greenberg (2020) avows that many professionals such as nurses and social workers who worked in healthcare facilities during the COVID-19 pandemic were at risk of experiencing COVID-19-related mental health issues. Studies show that it was a challenging moment to practise social work during the COVID-19 pandemic (Greenberg, 2020; Williamson et al., 2020).

It must be noted that social workers were expected to be at the forefront of responding to the impact of the COVID-19 pandemic despite not being immune to the coronavirus. This is in line with Collins's (2007) argument that social workers are more likely than other people to be exposed to a range of adverse emotions related to natural disasters because they are expected to control such emotions in such stressful circumstances. According to Tugade and Frederickson (2004), the high psychological resilience of professionals such as social workers will enable them to adapt to situations of intense stress or hardships. According to Leong, Lee, Ng, Lee, Koh, Yap, Guay and Ng (2004), professionals such as social workers and psychologists who care for the mental health of individuals during epidemics and pandemics are also affected mentally by such pandemics. In the same breath, McGarry and Jackson (2020) state that social workers like many other professionals experienced psychological stress because of the new and challenging nature of the COVID-19 workload.

4.3.3 Implementing western knowledge in an African context.

According to the National Association of Social Workers [NASW] (2020), social workers were placed at the forefront of providing social services during the COVID-19 pandemic in South Africa. Likewise, Bright (2020) avows that social workers were expected to be competent and use their skills to respond accordingly to the challenges that emanated from the COVID-19 pandemic despite a possible challenge of a lack of African knowledge and training on the pandemic. According to Mwansa (2011), social work is a result of foreign methodology rather than a gradual societal shift in African nations such as South Africa. The researcher views the dominance of practice methods and approaches that are western, as well as limited knowledge of African Social work practices, as a possible challenge that social workers faced when practising in the African context during the COVID-19 period. In addition, Rwomire (2012) avers that social work education and training have shortfalls, as they do not capacitate social workers to deal with all types of problems in developing countries. Thus, this can be noted as a possible practice challenge that was faced in South Africa when social workers offered services to individuals and families.

4.3.4 Lack of professional recognition of social workers

The researcher observed limited professional recognition of social workers in South Africa which has the potential of tempering with the morale and motivation of social workers in going the extra mile during pandemics such as COVID-19. This is in line with Chitereka (2010) who asserts that many governments across several nations do not value social workers' activities, especially in hospital settings, which could provide difficulties for the successful practice of social work in such contexts. On the same wavelength, there is a challenge of a limited number of social workers in several health facilities, and medical social workers' services are not often acknowledged by other core health professionals in hospital settings, which has an impact on service delivery (Dako-Gyeke et al., 2018). Some of the challenges that are faced in the social work practice are instigated by the notion that social welfare programmes do not directly contribute to the growth of the economy and that they should not be prioritised and adequately funded and supported

(Kreitzer, Abukari, Antonio, Mensah & Kwaku, 2009). Thus, this can also be noted as a possible reason for the lack of professional recognition of social work.

4.3.5 Lack of resources

One issue that hinders the successful practice of social work in African countries such as South Africa is inadequate financial and material support (Umoren, 2016). This cannot be ruled out as the possible challenge that was faced by social workers when they were practising in South Africa which is a developing country in the African region. Umoren (2016) and Dako-Gyeke and Kofie (2017) aver that social workers face a huge challenge of a lack of resources when fulfilling the needs and promoting and protecting the well-being of individuals, families and communities amid natural disasters. According to Banks et al. (2020), social workers struggle to manage daily work routines and address the clients' needs due to inadequate resources. Professionals such as social workers are always facing the risk of burnout when providing services to individuals and families during natural disasters such as COVID-19 due to factors such as increased client needs and changes in the practices (Bohman, Dyrbye, Sinsky, Linzer, Olson, Babbott, Murphy, deVries, Hamidi & Trockel, 2017).

Delatorre (2019) avers that in the event of disasters and pandemics, social workers find themselves struggling to conduct accurate assessments due to a lack of resources. According to Shanafelt, Ripp and Trockel (2020), healthcare workers such as social workers who worked in hospitals during the COVID-19 pandemic practised without adequate Personal Protective Equipment, which made them develop anxiety and fear of contracting COVID-19 and infecting their family members. Banks et al. (2020) posit that social workers during the COVID-19 pandemic faced a variety of dilemmas such as placing clients who need hospital beds in a lower level of care due to hospital overcrowding. This was a challenge as clients were not given the needed services due to the pressure and a lack of resources.

Horesh and Brown (2020) aver that some practice measures of dealing with trauma do not capture the nuances of COVID-19-related issues which created challenges for social work practice during the COVID-19 pandemic. According to Abrams and Dettlaff (2020), when the COVID-19 pandemic presented challenges, social workers had to be prepared

for the challenges and responded to the national outcry for social services. According to Maglajlic (2019), when practising amid pandemics, disasters and crises, it is common for resources to suddenly be unavailable and concomitant ethical challenges to emerge. This points out that social workers face challenges when practising during disasters and pandemics.

4.4. HYBRID SOCIAL WORK PRACTICE DURING THE COVID-19 PANDEMIC

The services of social workers are mostly free in many parts of the world, which makes it easier for individuals who are living within the poverty line. Social work services were accessible to many individuals and families who were living in poverty and who could not pay medical bills when hospitalised during the COVID-19 pandemic (Chitereka, 2010). During the COVID-19 pandemic, new work procedures were instituted in some instances to ensure that social welfare services were provided effectively (Dominelli, 2021). For instance, Walter-McCabe (2020) postulates that during the COVID-19 pandemic, alternative mechanisms such as online communications with clients were used to ensure access to social services for all disadvantaged groups in society. However, Abor and Abor (2020) argue that some individuals and families could not easily access the services of social workers due to some restrictions and other barriers such as a lack of technological devices for some of the services that were offered online.

The previous SARs epidemics experience in social work revealed that SARs epidemics interrupt the social work practice and require new ways of practicing Social Work (Gearing, Saini & McNeill, 2007). According to Taylor (2020) and Cooner, Beddoe, Ferguson and Joy (2020), there have been engagements on the impact of digitalisation of society and social media platforms in the social work practice. Thus, some social workers were forced to explore digital social work, which was relatively new to them during the COVID-19 pandemic (Megele & Buzzi, 2020). Boyd and Folke (2012) further state that in the event of pandemics such as the COVID-19 pandemic, professionals such as social workers are forced to adopt new ways of responding to the challenges that emanate from the pandemics. This was a similar case to the COVID-19 pandemic wherein some social work services moved online (Harrikari et al., 2021). In addition, social work professionals were forced to make new arrangements and innovative ways of providing

care to those who were in need (Dominelli et al., 2020). Like many other professionals, social workers were also expected to offer services during the difficult times of the novel coronavirus, which posed a risk to their well-being and health. Thus, the workload of social workers, well-being and resilience should be a primary concern during pandemics **(**McFadden, Campbell &Taylor, 2015; Rapeli, Cuadra, Dahlberg, Eydal, Hvinden, Ómarsdóttir & Salonen, 2018).

Some individuals and families developed their resilience through the social work services that were offered online during the strict COVID-19 restrictions and regulations period (Ferguson, Kelly & Pink, 2022). Ferguson, Kelly and Pink (2022) further indicate that some social workers used digital methods of visiting clients; others used gardens or remained on the doorsteps of clients to avoid contact. However, it must be noted that at some point, contact methods were used by social workers with strict regulations such as screening of families for face-to-face interviews or sessions being applied (Ferguson, et.al., 2022). On the other hand, the researcher is of the view that online services cannot be as effective as traditional contact services, as supported by several studies which show that offering services online has limitations on the processes of helping clients (Baginsky & Manthorpe, 2020; Ryan, Maclean & Weideman, 2020; Cook & Zschomler, 2020).

Ferguson et al. (2021) reported that some social workers had to improvise by using cellphones for tele therapy where physical sessions or family visitations were not feasible, and this was not as effective as contact sessions. In addition, Cook and Zschomler (2020) avow that some social workers had to adopt virtual home visits during the COVID-19 pandemic which makes concentration difficult during sessions. On the contrary, Racher and Brodie (2020) report positive results of online services wherein some social workers used innovative forms of online working such as using popular social media platforms to protect individuals and families by engaging them online. In the same breath, Pearce and Miller (2020) state that some agencies observed the urgency of utilising online services coupled with the existing processes which assisted some individuals and families.

According to Baginsky and Manthorpe (2020), online methods such as video conferencing brought benefits such as protecting individuals and families during the

COVID-19 pandemic. On the contrary, Truell and Crompton (2020) postulate that online methods that were used to provide social work services presented both opportunities and challenges during the global pandemic. This is in line with several studies which show that online social work practice carries complex ethical concerns such as compromised confidentiality and privacy (Rummell & Joyce, 2010; Kirwan & McGuckin, 2014; Pascoe, 2021). According to Megele and Buzzi (2020), there is a need for proper training in online practice and stress on maintaining professional standards when utilising social media platforms for social work practice.

Madianou and Miller (2011) argue that technological innovations and platforms play a crucial role in the communication of social workers, clients and families as features such as video calls have proven to support social relationships and even those who are overseas. Also, Hjorth, Pink and Horst (2018) posit that smartphones and social media platforms are internationally instrumental in the generation of everyday feelings of 'togetherness' besides being physically apart from each other. Moreover, Megele and Buzzi (2020) found that some individuals and families acknowledge the importance of digital social work because they deem it flexible and crucial in the generation and sustenance of feelings of closeness and caring in cases where contact sessions are impossible.

Literature shows that social workers play a critical role during natural disasters, however, they do so without a clear point of reference on how to intervene during natural disasters such as the COVID-19 pandemic. The literature on the roles of social workers does not clearly offer guidance on how to assist families. Thus, this study explored the resilience strategies of families during the COVID-19 pandemic and further suggested a framework that may help mitigate the impact of natural disasters. This proposed framework will allow social workers to have a clear framework for supporting families during natural disasters such as the COVID-19 pandemic.

4.5 CONCLUSION

The imperative role of social work in the management of natural disasters such as COVID-19 cannot be overlooked. It was revealed in this chapter that social workers played significant roles such as enhancing the well-being of clients and helping them to meet their needs during the COVID-19 pandemic. This chapter also discussed the practice difficulties that social workers encountered during the COVID-19 pandemic. A review of social work practice during the COVID-19 pandemic indicated that some social workers utilised a hybrid approach to connect with clients who could not be reached because of isolation to stop the coronavirus sickness. It can be noted that social work played a huge role and that the COVID-19 pandemic affected and changed social work practice. The following chapter discusses the triangulation of theoretical frameworks that underpinned this study.

CHAPTER 5

THEORETICAL FRAMEWORKS OF THE STUDY

5.1 INTRODUCTION

This chapter seeks to discuss the theoretical frameworks that guided the study. According to De Vos, Delport, Fouche and Strydom (2005), the concept of "theory" assists in explaining a particular phenomenon. In exploring the resilience strategies that were employed by the selected families in Polokwane, the triangulation of the vulnerability theory, coping theory and resilience theory was followed. According to Ndenje-Sichalwe (2010), the triangulation of theories is the use of multiple theoretical frameworks to interpret data. Firstly, the Vulnerability theory by Martha Fineman who founded it in 2008 was used to analyse how individuals and families became vulnerable to the COVID-19 pandemic. Secondly, the Coping theory which was founded by Lazarus and Folkman in 1984 was used to explore and describe the coping strategies of families. Lastly, the Resilience theory which was founded by Norman Garmezy in 1974 was adopted to analyse and interpret how families bounced back from the hardships that they faced due to the emergence of COVID-19 in Polokwane. The discussion below illuminates the theories and their relevance to the study.

5.2 VULNERABILITY THEORY

The Vulnerability theory which was founded in 2008 by Martha Fineman was adopted in this study due to its nature of being strongly rooted in the fields of natural disasters and poverty as stated by Wisner, Blaikie, Cannon and Davis (2014). The theory states that vulnerability represents the physical, economic and social proneness of people, their families and communities to damage when faced with misfortunes (Cardona, 2006; Emrich & Cutter, 2011). The outbreak of COVID-19 globally, including in South Africa, has led most families to become vulnerable to socio-economic conditions, such as job loss, domestic violence and excessive alcohol use to mention a few. In the same breath, Van Barneveld, Quinlan, Kriesler, Junor, Baum, Chowdhury, Junankar, Clibborn, Flanagan, Wright and Friel (2020) found that the majority of people who had jobs prior to the COVID-19 outbreak lost them as a result of business closures and the inability of owners to maintain their operations because of the national lockdown. In addition, Adger

(2006) posits that vulnerability can be fostered by an individual's inability to cope with a difficult situation such as a natural disaster which affects their physical, social and economic aspects.

The effects of the COVID-19 pandemic on individuals and their families differed from one individual to the other. On the same wavelength, Wisner, Blaikie, Canon and Davis (2014) aver that how some individuals, families and communities become prone to natural disasters is not a one-size-fits-all situation as people differ in strength, and communities are influenced by different environmental factors. The impact of the COVID-19 pandemic on families became apparent wherein families, not only in Polokwane but in South Africa as a whole, had to develop resilience strategies. This is supported by Weichselgartner and Bertens (2000) who avow that people who are exposed and vulnerable to dangers are forced to develop coping strategies for such dangers. Thus, it can be deduced that COVID-19 affected families in many ways.

5.2.1 Social vulnerability and natural disasters

Social vulnerability is one of the challenges that can be experienced by families during natural disasters. It must be noted that individual characteristics influence the response of individuals and families to natural disasters (Roncancio & Nardocci, 2016). Thus, socially vulnerable families are less likely to have access to critical resources during disasters such as COVID-19. Understanding vulnerability to see how different people are affected by hazards differently is crucial. This is in line with Morrow (2008) who asserts that understanding social vulnerability helps to explain why different individuals and families can experience the same hazardous event differently. This allowed the researcher in this study to realise that COVID-19 affected different families differently. Several studies show that vulnerability reflects factors, such as poverty, race and ethnicity, gender and age, which need to be considered by governments when responding to natural disasters (Clark, Stump, Ngo, 2001; Fothergill & Peek, 2004; Gall, 2007).

5.2.2 Causes of vulnerability during natural disasters

Several studies show that the physical and social environments in which individuals and families live can contribute to their vulnerability (Birkmann, 2006; McEntire, Gilmore Crocker & Peters, 2010; Cardona, 2011). This highlights the impact of environments on the vulnerability of individuals and their families. According to Boruff, Emrich and Cutter (2005), factors such as choice of location, cultural practices and economic circumstances can put people and families at risk of being prone to natural disasters, such as the COVID-19 pandemic. The causes of vulnerability in individuals and families in natural disasters are discussed as follows:

5.2.2.1 Physical causes of vulnerability

Studies show physical causes, such as the location of an individual, as the major contributing factors to vulnerability during natural disasters (Pelling, 2003; Perrow, 2007; Ebi & Bowen, 2016). This means that families that reside in locations that are surrounded by medical centres are more likely to respond urgently to the impact of natural disasters, such as the COVID-19 pandemic, as opposed to those who are residing in locations that do not have close access to healthcare facilities. In the same breath but in a different scenario, people who live in congested areas are more likely to rapidly transmit the COVID-19 virus than those who stay in isolated areas. Cruz (2007) avers that a lack of resources that are supposed to aid people's capacity to cope can also make individuals and families vulnerable. This helped the researcher to understand how the physical setting of families causes vulnerability to different individuals within various families.

5.2.2.2 Social causes of vulnerability

Social causes of vulnerability include factors such as people's attitudes and behaviours which influence their capacity to cope with natural disasters (McEntire, 2009). Thus, individuals' negative attitudes and behaviours, such as not adhering to maintaining the stipulated distance in public spaces, influenced the ability of individuals in coping with the COVID-19 pandemic. Furthermore, there are some people and families who falsely believe that they can handle any natural disaster, which results in some of them being vulnerable to natural disasters (McEntire, 2012). According to Sohrabizadeh, Tourani,

and Khankeh, (2014), individuals with limited access to resources and information due to social factors, such as inequalities, get affected physically and mentally during and after disasters. These factors such as limited access to resources and existing inequalities can foster vulnerabilities for such individuals. However, social vulnerability is sought to be more prevalent in households that are headed by women, as compared to those that are headed by men (Finch, 2008; Li, Bi, Huang, Qu, Yang & Bu, 2010; Cutter & Lixin, Xi, Lingling & Dong, 2014).

5.2.2.3 Economic conditions

The economic conditions in which individuals and families find themselves can render them vulnerable (Dash & Punia, 2019). For example, rich people often have money and choices of movements such as where to stay and where to go which influences their vulnerability. In contrast, the impoverished might not have many options for how they move. Thus, they may be forced to live in overcrowded areas that are more vulnerable to coronavirus because such locations are cheaper and more accessible to them. In addition to this, individuals and families who do not have medical insurance are likely to be more vulnerable to coronavirus than those who have. This is supported by McEntire (2004) who avers that people who do not have medical insurance are more likely to be vulnerable than those who have.

5.2.3 The impact of natural disasters on livelihood and vulnerability

Individuals from different families had to use their capacity and abilities to sustain their livelihoods and avoid the possible vulnerabilities that manifested with the COVID-19 pandemic. Studies show that factors, such as an individual's capability, assets and activities, are crucial in the maintenance of a person's well-being (Chambers & Conway, 1992; Ellis, 2000; Allison & Ellis, 2001). In other words, the inability of families during the COVID-19 pandemic to sustain their livelihood can be a result of a lack of the above-mentioned factors which can lead to vulnerability. In the same breath, Dercon (2004) that some households are poor as a result of the prevalent vulnerability of individuals and their family members. The researcher believes that negative factors such as job loss due to pandemics can result in vulnerabilities. A study by Reid and Vogel (2006) shows that

multiple stressors make some individuals and families in poor and rural societies of developing countries vulnerable.

5.2.4 Capacity or capability in mitigating vulnerability during natural disasters

Studies show that vulnerability is also about individuals' and families' abilities or capacities (Villagran da Leon, 2005; Adger, 2006; Wisner, 2013). In other words, different families possess different capacities and capabilities in dealing with natural disasters. According to Renaud (2006), the vulnerability of individuals, families and communities to hazards incorporates the amount of exposure they experience and the coping capacities that they possess. In addition, Green (2004) explains it from the view of a family as a system wherein the family system's ability to cope with stress and shock in natural disasters will determine the level of their proneness. The researcher concurs with this view in that different individuals within different families do not possess the same strengths and weaknesses and will not respond to disasters the same way. In the same breath, Bankoff (2007) and Wisner (2012) claim that the coping abilities and capabilities of individuals or families influence how they avoid, cope and deal with natural disasters and their impacts.

According to Flett and Hewitt (2014), less adaptive capabilities of individuals and families can lead individuals and families to be vulnerable to natural disasters. In other words, individuals who do not have the capacity and ability to either protect or respond to the COVID-19 pandemic will be vulnerable. Cardona (2011) views vulnerability as a lack of capacity by individuals to protect themselves in order to survive misfortunes. Laranjeira, Göttsche, Birkmann and Garschagen (2021) view vulnerability from the capacity of groups and individuals in dealing with natural disasters. In other words, people can be vulnerable due to their incapacity or the incapacity of those who must assist them in times of need. It must be noted that vulnerability is all about the inability of individuals in coping with risks, shocks and stress (McEntire, 2012).

5.2.5 Vulnerability and social workers

Social workers come across people who are victims of vulnerability whom they must serve or offer services to. An important role is fulfilled by social work in events where vulnerabilities are experienced as a result of natural disasters or pandemics. Zakour and

Gillespie (2013) revealed that it is imperative to carry out social work research and offer social work teaching and training for effective and efficient practice during natural disasters that will demonstrate an understanding of crucial ways of dealing with natural disasters. Social workers who understand disasters possess knowledge of the intervention methods to employ in order to help vulnerable individuals and their families. However, the researcher is of the view that natural disasters and pandemics can only be dealt with in collaboration with other disciplines or professions, such as psychology, medicine, sociology and geography just to mention a few. Zakour and Gillespie (2013) support this argument in that social workers work collaboratively with other professionals in dealing with natural disasters. This emphasises the need to integration systems or disciplines to address the impact of disasters in society.

5.2.6 The relevance of vulnerability theory to the study

The vulnerability theory was important to this study as it provided lenses to explore how families were vulnerable to the COVID-19 pandemic. Ncube, Mangwaya and Ogundeji (2018) observed that, in some cases, vulnerable people do not receive support or resources to help them cope with stressors such as natural disasters. Khan, Vasilescu and Khan (2008) posit that people and families that cannot minimise and deal with risks that are associated with natural disasters run a risk of being vulnerable. This theory was ideal, as it allowed the researcher to discover how families became prone to the impact of COVID-19. Natural disasters such as the COVID-19 pandemic bring economic challenges such as loss of money, which, in turn, affect the survival, well-being and functioning of people, their families and communities. This is supported by the United Nations Office for Disaster Risk Reduction [UNISDR] (2012), which reported that some countries such as Japan and Thailand lost a lot of money as a result of natural disasters that occurred in their countries and negatively affected individuals and families. Furthermore, Ciurean, Schroter and Glade (2013) reported that natural disasters have direct and indirect impacts such as loss of lives and economic declines in individuals and families. This placed an emphasis on the relevance of this theory to this study, as families experienced direct and indirect impacts of the COVID-19 pandemic.

5.2.7 Limitations of the Vulnerability Theory

Although Vulnerability Theory is strongly rooted in the fields of natural disasters and poverty as stated by Wisner, Blaikie, Cannon and Davis (2014), it must be noted that COVID-19 is a new pandemic with less or limited frame of refeference such as guidelines for intervention by social workers and other proffesionals. Vulneraility theory has been useful in this study, but it has practice-based limitations for professionals such as social workers in that vulnerability of individuals and families differ with natural disasters that they are faced with. Even though social workers might have applied this theory in dealing with numerous natural disasters in South Africa, the uniqueness and newness of the COVID-19 pandemic presented difficulties for social work intervention. This is supported by Harrikari, Romakkaniemi, Tiitinen and Ovaskainen (2021) who state that the COVID-19 pandemic was a fresh experience for social work organisations and practitioners. The application of this theory in the study, would close this gap wherein social workers and other professionals who offer services to families affected by COVID-19 pandemic would intervene to such vulnerable families with a clear theoreritical lens. This study also established a new knowledge in that due to COVID-19 lockdown many families in Polokwane were found vulnerable wherein most were disoriented by job losses and increased reported cases of domestic violence which were perpetuated by home-confinement and alcohol consumption.

5.3 THE COPING THEORY

This theory was founded by Lazarus and Folkman in 1984. The underlying view of this theory is to offer lenses to understand how people cope with stressful situations by analysing the strengths and weaknesses of individuals and families (Biggs, Brough & Drummond, 2017). Biggs, Brough and Drummond (2017) further describe coping as the use of effective mental and behavioural capacities of individuals in managing and dealing with the effects of natural disasters such as the COVID-19 pandemic. Factors such as finances for purchasing medication, for example, have an influence on individuals and their families as they attempt to cope with natural disasters.

According to Lazarus (2020), when an environment requires people to deal with its demands or challenges, such as natural disasters, cognitive and behavioural efforts are

required to respond effectively. In addition to the description of coping, Compas, Connor-Smith, Saltzman, Thomsen and Wadsworth (2001) state that it involves the intentional and conscious responses to stress. In other words, individuals and families that intentionally and consciously respond to COVID-19 are less likely to encounter stress during natural disasters. The researcher is of the view that coping with the COVID-19 pandemic is different from adjusting to it, as someone who adjusts to it may accept to live with the situation, whilst the one who copes with it is employing strategies to deal with their stressful situation. This is in line with studies which show that coping with natural disasters differs from employing other mechanisms such as adjusting to the disasters (Zyga, 2013; Zyga, Mitrousi, Alikari, Sachlas, Stathoulis, Fradelos, Panoutsopoulos & Maria, 2016).

Nolen-Hoeksema (2012) avers that personal and situational factors influence a person's ability to cope in that they can influence an outcome to be either effective or ineffective. In other words, personal and situational factors, such as the family setting and individual strength, influence how people cope with the COVID-19 pandemic. Chen, Peng, Xu and O'Brien (2018) identify two types of coping mechanisms: problem-focused coping, which is used to respond to stressful encounters and emotion-focused coping, which is used to control the unpleasant emotions that develop during the interaction. These two types of coping strategies are discussed in detail in Section 2.3.2 of this chapter.

Guan, Deng and Zhou (2020) posit that the type of coping strategy that one employs, as well as the environment which one finds oneself, has an impact on their coping during natural disasters such as COVID-19. In addition, Timmerman, Ceulemans, Lichtwarck-Aschoff and Vansteelandt (2009) maintain that the process of coping with challenges, such as natural disasters, requires strong abilities. The authors further avow that individuals may be required to employ different coping strategies to different disasters, as what worked before may not necessarily work in a similar situation due to differences in individual capacities and capabilities. Thus, the coping strategies that are effective for one individual in a particular disaster situation might not be effective for another person in the same disaster situation. However, Skinner, Edge, Altman and Sherwood (2003) argue that homogeneous coping strategies should enable the pursuit of the same goals,

meaning that the same strategy that was employed by one person for a similar challenge should work for whoever uses it. The researcher concurs with Timmerman, Ceulemans, Lichtwarck-Aschoff and Vansteelandt (2009) as opposed to Skinner, Edge, Altman and Sherwood in that different individuals possess different strengths and weaknesses, and their coping mechanisms differ as well.

Lazarus (2020) acknowledged that some coping strategies differ with context and individuals in that, some strategies, such as therapy coping, may increase the quality of life of those who are employing it, whilst it may not work for other people. Thus, family members who consider therapy as their coping strategy for mitigating the impact of the COVID-19 pandemic may find such effective for them whilst noting that it may not work for some individuals and their families. People with supportive structures can overcome challenges. This is in line with Aldwin, Lee, Choun and Kang (2018) who postulate that people who cope well with stressful situations have a better quality of life and mental health, as they can deal with illnesses. On the other hand, it must be noted that individuals can overcome stressors and stressful life events, such as natural disasters and illness, through effective coping efforts (Holland & Holahan, 2003). This is inevitable during disasters, such as the COVID-19 pandemic, as individuals and families must cope with the situation by developing effective coping strategies.

Coping strategies refer to the behaviours, cognitions and perceptions that people engage in when faced with life problems (Tokatly-Latzer, Leitner & Karnieli-Miller, 2021). Thus, individuals and families cope with the COVID-19 pandemic by portraying positive behaviours, such as seeking help from professionals and authorities when faced with the COVID-19 pandemic. According to Franks and Roesch (2006), when individuals are confronted with a new or changing environment (such as unemployment), they would first engage in a process, which determines whether the event is harmful or threatening. In other words, when different individuals from different families first heard of COVID-19, they used their primary appraisals such as their loss of loved ones and jobs to assess how the COVID-19 pandemic has affected their lives. According to Masten (2006), individuals at times check factors such as the threat and risks of their situation when coping with threats such as natural disasters. Masten further avows that individuals and

families during natural disasters also determine whether the individual's coping abilities and resources are sufficient to overcome the faced threats. For example, the families in Polokwane engaged in the process of checking whether they had sufficient capacity and resources to respond effectively to the COVID-19 pandemic. Some Individuals cope with stressful life situations such as the COVID-19 pandemic by employing problem coping and emotion coping as discussed below.

5.3.2 Problem-focused Coping and Emotion-focused Coping

Studies show that when individuals within different families face challenges such as natural disasters, they consider solving the problem whilst regulating their emotions (Lazarus & Folkman, 1984; Kwan, Baig & Lo, 2018). Lazarus and Folkman (1984) further state that individuals need to employ either problem-focused coping wherein they decide whether they solve their problem or avoid it, whilst with emotion-focused coping, they decide to regulate their emotions under the stressful situation. Individuals and families during the COVID-19 pandemic had the inevitable task of employing either problem-focused coping or emotion-focused coping or both. This is in line with Gol and Cook (2004) who assert that people during natural disasters, such as floods and the COVID-19 pandemic, cope with the situation by connecting coping and emotion coping strategies. In addition, some studies show that as some individuals respond to the impact of natural disasters, such as COVID-19, their emotions are evoked wherein they portray negative dimensions such as anger, which, ultimately, affect their behaviours; that is where some start to abuse alcohol as a coping strategy and in other families, partner violence and abuse prevail (Watson, Homewood & Haviland, 2012; Nolen-Hoeksema, 2012; Yick & Daines, 2019). Individuals in the Polokwane Municipality were faced with challenges such as job loss and loss of family bonds which made them control their emotions and contain the situation by employing strategies such as prayer.

5.3.3 Other coping resources

5.3.3.1 Personal and family resources

The varied coping techniques used by each person and the family as a whole will play a role in an individual's or family's reaction to stress (Liberty, 2017). In other words, families

had a crucial role in how people dealt with the stress and effects of the COVID-19 pandemic on them. Liberty (2017) further claim that the individuals' resources are crucial for their effectiveness or family's response to natural disasters. For example, individuals and families who believed that they had every capacity to respond to the COVID-19 pandemic did not perceive the COVID-19 pandemic as much of a threat. This is consistent with Ten Brummelhuis and Bakker (2012) who assert that people within families are less likely to see a situation as stressful when they have a sufficient number of personal resources at their disposal. Xanthopoulou, Bakker, Demerouti and Schaufeli (2007) posit that finances, education, health and psychological factors are fundamental to the response to natural disasters in that the educational factors can help individuals to facilitate their ability to solve problems, whilst their psychological and financial factors also come into play by influencing their personality characteristics and self-esteem. In the same breath, Ron and Rovner (2014) state that a person's self-esteem in a particular situation influences their response to the situation. In other words, people who have high self-esteem are likely to respond positively and effectively to the COVID-19 pandemic.

It must be noted that not every strategy that is employed by individuals amid disasters is within their wish and control, such as using substances to cope with a stressful situation. This is supported by Biggs, Brough and Drummond (2017) who state that some individuals and families do not have or have little control over their coping behaviours during difficult situations. According to Ron and Rovner (2014), with interpersonal relationships, some individuals may cope well with the situation by employing the problem-coping rather than emotion coping. It can be deduced that some specific situations, such as the COVID-19 pandemic, may require problem coping than emotion coping. For example, a family structure is a source of strength and support for some individuals to cope with challenges that confront them and their families. This is consistent with Luthans, Luthans and Luthans (2004) who assert that family resources are made up of factors, such as emotional and physical resources, which they apply when faced with stressful events like the COVID-19 pandemic.

According to Biggs, Brough and Drummond (2017), the structure of the family and its resources influence how it will respond to a crisis. For instance, a family raising a school

child during COVID-19 may be confronted with challenges such as not being able to offer funds for online learning resources, which will ultimately have an impact on the response of the child to the stressful situation. In a different scenario, a family that does not lack finances may be able to help their child respond to the demands of online learning. In addition, Duus (2012) posits that family structure and resources influence the responses that individuals employ in mitigating challenges, such as COVID-19, in that single-parent-headed families cannot cope with challenges the same way as child-headed families. It can thus be deduced that supportive family structures are important in the mitigation of natural disasters such as the COVID-19 pandemic. This is in line with a study by Lustig (2002) who asserts that it is important to have a supportive family structure.

Cohesion within families is crucial and beneficial because it fosters shared power and duties and clear and adaptable boundaries between the family members (Walsh, 2012). In addition, family members who work together as a team can support one another and approach matters differently, as compared to those who do not work together (Kirshbaum-Moriah, Harel & Benbenishty, 2018). Walsh (2015) opines that good families see stress as a way to highlight their resources and talents while also growing stronger as a result. People who can talk to and share their feelings with family members are better able to handle difficult situations and are better resourced to respond to natural disasters, as stated by Walsh (2012). Although sharing feelings and communicating them is beneficial to a family's health, it should be highlighted that families that do not have good ways of doing things, such as communicating effectively, can be prone to emotional or physical damages (Walsh, 2015).

5.3.3.2 Culture and spiritual support

According to Almazan, Cruz, Alamri, Albougami, Alotaibi and Santos (2019), culture plays a crucial role in the resilience of individuals during natural disasters. In other words, the cultural norms and practices of a particular tribe may influence their response to the COVID-19 pandemic. In the same breath, different cultures attach different meanings and practices to things wherein the meanings and practices can be an influence or foundation of stress or adaptation to different situations (Gardner, Scherman, Efthimiadis & Schultz, 2004). In other words, the culture that one belongs to can be a source of strength to cope

with COVID-19 or worsen the impact of the pandemic. Religion is one of the best indicators of emotional adjustment (Laubmeier, Zakowski & Bair, 2004). This proves that people's reactions to stressful situations are influenced by their religious beliefs. Spirituality and culture are understood differently by different people because they have different meanings to them (Ashley, 2007).

Crawford, Wright and Masten (2006) assert that many people obtain spiritual support to help them cope with their troubles through books, religious activities, membership in organisations or attendance at religious events. The most often mentioned coping mechanisms for some people and families during and after natural disasters, such as the COVID-19 pandemic, are faith and religious practices (Walsh, 2012). This highlights the importance of the influence of religion on different individuals within different families in coping with the COVID-19 pandemic. According to Walsh (2012), religious people can draw religious guidelines for their living and maintenance of stability when faced with challenges. Some individuals benefit from spirituality in the event of disasters wherein they can effectively respond to stressful situations through their religious power and faith (Koenig, 2005). Koeing further avers that religious people can avoid depression and deal with stressful situations, as opposed to their non-religious counterparts. In the same breath, Abbott, Hall and Meredith (2005) posit that some people can cope with their stressful life situations through their strong religious beliefs.

It must be mentioned that some individuals use their religion and spirituality to cope with their stressful life events whilst others use their stressful life events to improve their religious and spiritual relationships (Drumm, Popescu, Cooper, Trecartin, Seifert, Foster & Kilcher, 2014). On the other hand, the families' ability to cope with their struggles is influenced by the capacity and resources of their family members such as their problem-solving skills and financial status (Bailey & Smith, 2000). It can be deduced that factors such as culture and spirituality influence the resilience strategies of individuals within different families during stressful situations such as having to cope with the COVID-19 pandemic. However, it must also be noted that not all individuals and families are religious.

5.3.3.4 Knowledge

People's knowledge about the COVID-19 pandemic influenced their response. This is in line with Nezu and D'Zurilla (2006) who avow that people's knowledge concerning a particular situation affects their perceptions, which ultimately determines their response or coping strategies. On the other hand, Cecilia (2011) posits that understanding problem-solving techniques is essential for responding to stressful situations, as these techniques include the capacity to understand problems and create responsive plans. In other words, people who know about the COVID-19 pandemic will know how to cope with it as opposed to those who do not know about it. In the same breath, Huang, Li and Hsu (2022) declare that the respondents of their study reported that effective communication with their peers and families, as well as knowledge about the COVID-19 pandemic, helped them to mitigate some of the effects that they faced.

5.3.4 The relevance of the theory to the study

The coping theory was relevant to the study due to its focus on how people cope and respond to stressful situations. The different factors that affect different family members in responding to the COVID-19 pandemic were understood through the guidance and lenses of this theory. Coyne and Racioppo (2000) state that understanding the coping process is necessary for developing effective coping strategies during difficult situations. The study was aimed at exploring and describing the resilience strategies of families in response to the impact of the COVID-19 pandemic, and the Coping theory looks at how people cope with stressful situations such as the COVID-19 pandemic. Thus, it could be deduced that the application of this theory was relevant to achieving the purpose of the study. For example, the theory allowed the researcher to understand how factors such as personal and family resources, culture and spirituality and knowledge informed families' resilience during the COVID-19 pandemic.

5.3.5 Limitations of the Coping theory

Whilst the researcher acknowledges that the coping theory seems to be helpful in assisting service providers such as social workers to mitigate COVID-19 pandemic and how it affected families, there is a gap in the sense that the scourge of COVID-19 in its

sensitivity also has implications to service providers and very little is done to assist them to cope with such cases. When dealing with sensitive cases such as COVID-19, service providers (Social Workers in the context of this study) are more likely to be emotionally triggered. According to Williamson et al. (2020), professionals such as social workers were confronted with the challenge of compromising their health by practising in the hotspots of the COVID-19 pandemic which put them at risk of moral injury as they were no plans for assisting them when their emotions get evoked. Therefore, this study recomends the coping theory as a lens of intervention during natural disasters such as COVID-19 to be broadened to cover the service users and the service providers in coping with the impact of such incidences.

5.4 THE RESILIENCE THEORY

It is very crucial to focus on how people cope with challenges than on the challenges they face only. It is for this reason that this study also used the resilience theory which was founded by one of the pioneers of resilience, Norman Garmezy, in 1974. According to Garmezy (1974), resilience is the ability of individuals to recover and adapt from stressful events. In the same breath, Zeidan-Lukacs (2013) posit that individuals are resilient when they can cope with stressful life events such as the COVID-19 pandemic. The COVID-19 pandemic negatively affected some families wherein they had to employ various resilience strategies which were understood by the researcher through the lenses of this theory. Van Breda (2001) elucidates that due to the interdisciplinary elements of the resilience theory, it has been used by many professionals such as social workers and psychologists for years. This made the theory relevant to this study, as the study was carried out within the discipline of social work. According to Samanta (2017), the resilience theory is relevant for researchers who seek to close research gaps in resilience studies by offering them an understanding of how people cope with challenges. The resilience theory offers an understanding of the different spheres of individuals and families. Walsh (2006) views resilience as the point of facing challenges, overcoming them and becoming stronger. In other words, COVID-19-affected individuals and families are resilient after effectively responding and coping with the effects of the COVID-19 pandemic.

5.4.1 Individual resilience

It was important to understand how individuals cope with the COVID-19 pandemic before understanding how their families coped with COVID-19. In the same breath, Masten (2018) posits that people who positively respond to challenges and adapt to them become resilient. Jackson, Firtko and Edenborough (2007) aver that individual resilience refers to the ability of an individual to maintain health, and psychological and physical welfare after experiencing hardships. Thus, resilient individuals and families are those that have managed to overcome the COVID-19 pandemic. Several authors pointed out that individuals' traits and social support contribute to the ability of the individual to be resilient to change (Cicchetti & Garmezy, 1993; Cowen, Wyman, Work & Iker, 1995; Rahat & İlhan, 2016). This means that the family setting and individual capacity influence people's responses to natural disasters, such as COVID-19, in that what some individuals or families employed as their mitigation strategies might not be similar to what other families employed due to different individual traits and social support.

Theron and Phasha (2015) aver that 'Ubuntu' is an African synonym for the interrelationship which places emphasis on 'being human through other people', which is important in the provision of support and overcoming of challenges such as natural disasters. It can be noted that the principle of Ubuntu influenced on how some individuals and families coped with the COVID-19 pandemic. This means that family members who related well with each other or the people around them stood a great chance of developing effective resilient strategies for the impact of the COVID-19 pandemic. Stephan and Maiano (2007) state that factors such as an individual's self-esteem influence their responses to hardships and stressful situations. Thus, it must be noted that in resilience studies, it is important to note the influence of intrapersonal and environmental factors (Tusaie & Dyer, 2004). This allowed the researcher to understand that there is a relationship between the individual and their environment in that they influence one another. For example, individuals who come from families in Polokwane Municipality might be influenced differently by their environment than those who are coming from Musina. Boon (2014) declares that it is important to identify the factors that influence how

people are affected by challenges and how they overcome them, factors such as family and peer support.

5.4.2 Family resilience

The hardships that families experience from time to time lay their capacity to adapt and overcome those challenges. The researcher believes that family resilience is important, as it allows families to face and adapt to challenges. This is in line with Patterson (2002) who asserts that family resilience is about families being able to become adaptive to disruptions and crises. The COVID-19 pandemic has disrupted the lives of different individuals and families which makes lenses of this theory relevant for this study. Although some families suffered the negative impact of the pandemic, some used the opportunity to strengthen their relationships during the lockdown. This is supported by Donga, Roman, Adebiyi, Omukunyi and Chinyakata (2021) who aver that the South African COVID-19 lockdown offered families opportunities to strengthen their relationships.

Walsh (2003) argues that family challenges are not just damaging but also providing opportunities for fostering healing and growth. During the COVID-19 pandemic, different families used various strategies to cope with the impact of the pandemic. Orthner, Jones-Sanpei and Williamson (2004) state that some families during challenging times use coping strategies such as maintaining courage and hope and remaining optimistic to overcome challenges. It must be noted that family resilience is obtained when families function as a system with connected and supportive elements that are content with each other and that one component affects the other in a particular sphere (Olson, 2000).

5.4.3 Resilience and social work practice

The literature on social work has shown an increasing interest in highlighting people's strengths in recent years (Saleebey, 2008). Van Breda (2016) argues that resilience theory is important for social work researchers as it allows them to bridge the existing gaps in the studies that look at how people overcome challenges. Rogers (2013) maintains that the importance of relationships and emotions in the study of resilience must not be neglected. This was taken into consideration when conducting this study whereby the resilience theory was used to understand how the relationships of family members

within Polokwane influenced the functioning of the family during the COVID-19 pandemic. Social workers' purpose and sense of dedication to their work can help people cope with and lessen the pain that they and their families go through (Bonanno, Galea, Bucciarelli & Vlahov, 2006). Rapholo (2022) conducted a social work study on the shutdown of church services during the COVID-19 lockdown in South Africa, wherein he found that physical church meetings provide spiritual resources which are important for the resilience of individuals and their families. Thus, it can be noted that resilience studies in social work are important, as they highlight the importance of factors such as religion on the coping and resilience of individuals and families.

Redmond, Guerin and Devitt (2008) posit that resilience is a relevant field for social work practice, as it allows people to analyse the development of capacities in different contexts. In the same breath, Saint-Jacques, Turcotte and Pouliot (2009) state that the adoption of resilience studies in social work must be encouraged, as they are important for effective practice. According to several studies (Graham & Shier, 2010; Grant & Kinman, 2014), for social work to be practised and social workers to be trained effectively, the development of personal factors like positive emotions, social skills and resilience must be understood. It can thus be noted that the study of resilience in social work practice is crucial for the effective mitigation of natural disasters such as the COVID-19 pandemic.

5.4.4 The relevancy of the theory to the study

In this study, the resilience strategies that families employed in mitigating the impact of the COVID-19 pandemic were clearly analysed and interpreted through the resilience theory. The resilience theory was relevant to this study, as the study was qualitative. Besides, Van Breda (2018) states that most researchers use the resilience theory in qualitative studies, as it allows them to source and understand the participants' knowledge and views. Resilience in the context of this study is reached when the selected families can deal with the impact of the COVID-19 pandemic. From the perspective of a system, resilience is achieved when a system adapts to threats that disturb its functioning (Masten, 2015). This made the theory to be more relevant, as family members were viewed as participants within a system. The resilience theory is very important, as it focuses on people's ability to overcome problems rather than focusing on the problems.

This is supported by Nyahunda and Tirivangasi (2019) who report that the resilience theory dwells on the strengths over problems and incorporates key contextual factors in its structure. In the study, the theory was important, as it allowed the researcher not to only focus on the impact of the COVID-19 pandemic but also on the abilities of individuals within different families in responding to the pandemic. Nelson, Adger and Brown (2007) note that the Resilience theory is important, as it looks at how those who experienced traumatic events bounce back to reality. The same authors further state that the Resilience theory provides the basis for the analysis of adaptation and response of systems during natural disasters or pandemics. On that note, Christensen (2016) believes that some of the mysterious ways in which people recover from disasters and traumas in their lives are explained by the Resilience theory.

5.4.5 Limitations of the Resilience theory

Although the resilience theory embraces family's strength to overcome their hardships caused by natural disasters such as the COVID-19 pandemic, it does not focus on the afrocentric approaches in mitigating social problems. Thus, the study established that there is a relationship between resilience theory and 'Ubuntu' as an African practice. This study found that during the COVID-19 lockdown, many families relied on one another for their resilience. This is a clear demonstration of the african practice of 'ubuntu' as postulated by Theron and Phasha (2015) that we are human through other people. The findings of this study show that the principle of 'Ubuntu' as an African practice influenced how families coped and supported one another during the COVID-19 pandemic. The researcher strongly recommends that families should build a strong bond with each other as such may be helpful during hardships.

5.5 CONCLUSION

This chapter reflected on three theoretical frameworks that enabled the researcher to explore and describe the resilience strategies that were employed in response to the impact of the COVID-19 pandemic by the selected families in Polokwane. The Vulnerability theory, Coping theory and Resilience theory complement one another in the study, wherein the vulnerability of how people were susceptible to the COVID-19 pandemic, and the coping theory offered lenses for understanding how people cope with

challenges. The Resilience theory offered the researcher a basis for an understanding of how people who have experienced challenges during the COVID-19 pandemic coped with those challenges. The next chapter reflects on the research methodology.

CHAPTER 6

RESEARCH METHODOLOGY

6.1 INTRODUCTION

This chapter discussed the research techniques and methods that the researcher employed when conducting this study. Research methodology is the procedure that must be followed to achieve the objectives of a study, and it includes factors such as social contexts, logical assumptions and moral principles (Neuman, 2006). Research methodology, according to Fouché and Schurink (2011), is the use of various techniques and approaches to advance knowledge. Therefore, a qualitative approach was followed to explore and describe the resilience strategies that were employed in response to the impact of the COVID-19 pandemic by the selected families in Polokwane. Furthermore, the research design and the target population of this study are discussed in detail in this chapter. There was a need to use sampling techniques for the collection of data, therefore, the sampling techniques and data collection methods that were followed were also discussed below. The method of data analysis and the criterion that was used to achieve the purpose of this study and ensure the quality of the findings are also discussed in this chapter. Research ethics requires researchers to handle respondents ethically, which is why ethical issues that guided this study are discussed in detail below. The adopted research methods enabled the researcher to achieve the aim and objectives of this study with ease. The qualitative approach enabled the researcher to get the experiences and resilience strategies of respondents from their point of view.

6.2 RESEARCH APPROACH

Studies have been conducted on resilience of families during natural disasters, however due to the uniqueness and newness of the COVID-19 pandemic there is no study that focused on exploring the resilience strategies of families in response to the impact of the COVID-19 pandemic in Polokwane hence this study sought to close this gap by adopting the qualitative research approach to achieve the study's purpose and objectives. The term "qualitative research approach" describes the kind of enquiry that generates the experiences or impressions of respondents. The aim of qualitative research is always to comprehend social life and the importance that individuals give to everyday life (De Vos,

Strydom, Fouche & Delport, 2011). According to Maree (2015), a qualitative technique enables researchers to gather adequate descriptive data and comprehend the topic they are researching. This method of enquiry enables researchers to gather in-depth data that are essential for deciphering and comprehending social phenomena. Qualitative research allows the researcher to gather data in the form of spoken or written language or in an observational form and can be documented (Blanche, Blanche, Durkheim & Painter, 2006). This material is then analysed by finding and categorising themes. This strategy allowed the researcher to create themes and sub-themes through the aid of the data management and organisation programme, Nvivo. Creswell, Hanson, Clark Plano and Morales (2007) contend that a qualitative research approach is suitable for studies that seek to obtain data in natural settings that concern the sensitivity of the respondents and places. In the same breath, Fouché and Schurink (2011) aver that the qualitative approach offers respondents an opportunity to understand subjects from observations rather than just explaining from a controlled approach. Qualitative data on the resilience strategies for mitigating the impact of the COVID-19 pandemic by the selected families in Polokwane were obtained through this approach. The study adopted the qualitative approach as opposed to the other research approaches such as quantitative approach due to the newness of the phenomenon of COVID-19 in South Africa and that there has never been any study conducted in Polokwane on this natural disaster and how it affected families. Thus, nothing was known in Polokwane regarding the impact of COVID-19 in the families in Polokwane. Therefore the study sought to explore and describe the COVID-19 resilience strategies of the selected families through vebatim in order to gain an understanding from the respondents' point of view rather than controlling and channelling their responses.

6.3 RESEARCH DESIGN

The researcher followed exploratory and descriptive research wherein a case study design was employed to explore and describe the resilience strategies that were employed in response to the impact of the COVID-19 pandemic by the selected families in Polokwane. Case study was used in this study to gain concrete, contextual and in-depth knowledge about the real-world subject of COVID-19. In addition, case studies allowed the researcher to explore the key meanings, and implications of the COVID-19

pandemic. Yin (2009) defines a case study as "an empirical enquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident". The purpose of a case study research design is to explore a single or multiple distinct "occasions" (Yin, 2009). Researchers can understand subject matter and data within a specific context through case study research designs. Subjects can be explored within their contexts using different data sources through the case study design. This ensures that there is no bias as researchers have different viewpoints that provide an understanding of the studied subject or phenomena. Lambert and Lambert (2012) assert that qualitative descriptive studies are about having a broad view of specific events experienced by individuals or groups of individuals; whilst Blaikie (2000) states that exploratory studies allow the researcher to get information that will help to understand situations, phenomenon, communities or individuals.

There are various classifications of case study designs, for instance, there is explanatory research design, exploratory or descriptive research design which researchers can opt for when conducting their studies (Yin, 2003). In achieving the purpose of this study which was to explore and describe the resilience strategies that were employed in response to the impact of the COVID-19 pandemic by the selected families in Polokwane, the researcher applied exploratory and descriptive case study designs. The case study design was relevant to the study because there were families that were affected by the COVID-19 pandemic in Polokwane Municipality. This research design helped the researcher to understand the resilience strategies that were employed by different families in Polokwane Municipality with ease.

6.4 POPULATION AND SAMPLING METHODS

6.4.1. Population of the study

According to Matthews, Hagströmer, Pober and Bowles (2012), the population of a study entails all the individuals that will be used in a study to achieve the main goal of that particular study. In addition, Polit and Hungler (1999) state all the subjects or objects that are used by a researcher in a study make up the population of that particular study. All

the people who are used in a study as respondents make up the population of that particular study. In this study, the population comprised individuals from eight families that were affected by COVID-19 in Polokwane Municipality. According to Neuman (2000), the population of a study consists of people who are making up a study sample. In the same breath, Strydom (2011) refers to the population as people who are suitable and selected for participation in a particular study. The study involved individuals within families that were affected by COVID-19 in Polokwane.

6.4.2 Sampling methods

According to Rahi (2017), sampling is the process of selecting people, subjects or objects that are going to assist the researcher to have study findings or results. Methods of sampling respondents or instruments are normally grouped into either probability or non-probability. The study sought to explore and describe the resilience strategies that were employed in response to the impact of the COVID-19 pandemic by the selected families in Polokwane. The snowball sampling technique was used because the researcher knew a few COVID-19 affected families which identified more respondents. A convenient/availability sampling technique was also used in the study. Snowball sampling in qualitative research is characterised by networking and referrals (Parker, Scott & Geddes, 2019). Convenient or availability sampling assisted the researcher in selecting the relevant, convenient and available respondents for the study. The researcher sampled eight (8) COVID-19-affected families to participate in this study. However, data saturation guided the researcher in that after interviews with 24 individuals from the selected eight families enough data was collected and the interviews were stopped. After the 24th respondent from the 8th family, data saturation was reached and there was no need for the continuation of the interviews as respondents were no longer producing new information. The sample size in this study was informed by the use of the qualitative approach which is not concerned with large sample sizes but focuses on understanding the phenomena in question (COVID-19 in the context of this study).

- **Inclusion criteria**

Eight (8) COVID-19-affected families were included in the study. Only respondents who could provide information on COVID-19 and resilience participated in this study. This was done to avoid deviations from the purpose of the study. Parents and/or guardians and dependents who were between the ages of eighteen and twenty-five were included in the study. Respondents were interviewed individually to allow family members to give their views. Only family members who were available and willing to participate in the study were selected.

- **Exclusion criteria**

Families that were affected by COVID-19 but not residing within Polokwane and those that were unwilling to form part in the study were excluded. In the families, dependents who had less than eighteen years of age and those who were above twenty-five years were excluded.

6.5 DATA COLLECTION METHODS

The researcher had direct contact with the respondents of the study wherein data collection was guided by semi-structured interviews in this study. The semi-structured interviews were adopted to allow for a dialogue between the researcher and respondents, guided by a flexible interview protocol and supplemented by follow-up questions, probes and comments. In addition, this method was used to enable the resesaarcher to ask open-ended questions, to explore participant thoughts, feelings and beliefs about the COVID-19 pandemic as a sensentive subject matter. To uphold the respondents' privacy and confidentiality, the researcher made arrangements for conducive spaces for interviews within the homes of the respondents to allow them to express themselves freely. Family members were interviewed individually to allow family members to give their views freely. According to De Vos et al. (2011), researchers can have a detailed picture of the respondents' beliefs on particular topics through semi-structured interviews. Thus, it can be noted that semi-structured interviews were relevant and important in this study. Open-ended questions were used in these interviews, which ensured that the procedure was flexible and that the respondents could freely provide information without feeling under

pressure. The development of open-ended research questions in the interview guide was guided by the aim and objectives of the study which were fully achieved. Such questions allowed the respondents to present their views without limitations. The researcher made sure that the interviews were steered by an interview guide to ensure that they remained pertinent to the study's goal. An interview guide is a set of questions that researchers prepare before interviews to ask respondents during the interviews (Neuman, 2006). Probing and follow-up questions were important in maintaining the meaning and feeling of respondents during the interviews. Skills such as paraphrasing and observation were used during the interviews by the researcher to get clarity and the original meaning of the information that was provided by respondents. For the data analysis process to be easy, the researcher took notes during the interviews with the respondents of the study. Fouché and De Vos (2011) postulate that researchers during their interview with respondents write down what they hear, see and think, which makes up their notes and is crucial during data analysis. Moreover, Fouché and De Vos (2011) state that notes that are taken during interviews with respondents are very crucial for referral during the data analysis process. The researcher used a tape recorder when conducting the interviews after getting permission and consent from the respondents. According to Ames and Diepstra (2010), the use of a recording tape is important, as it allows researchers not to miss the details of the data that are provided by the respondents. The use of a tape recorder and taking of field notes was helpful, as it allowed the researcher to concentrate during the interview whilst not missing the details of the information that was provided by the respondents. It further allowed the researcher to transcribe data with ease for the process of analysis. The interviews ranged from 45 minutes to more than an hour.

6.6 DATA ANALYSIS

Nvivo software was used in the process of thematic formulation wherein data were arranged thematically and analysed with ease in this study. Data analysis is the process of organising, ordering and interpreting the collected data. Qualitative data analysis allows researchers to make generalisations about the categories of data that they have collected (Marshall & Gretchen, 1999). Bless, Higson and Kagee (2007) state that data must be analysed after it has been collected and checked. In addition, Fouché and De Vos (2011) emphasise that it is important for collected data to be organised and analysed for it to

have meaning. The researcher was able to make meaning of the collected data by organising, managing and transcribing the collected data and analysing it using the NVivo software which assisted with the generation of themes and subthemes. The process of analysing data, according to Nassaji (2015), is all about theorising and interpreting the collected data to make sense of it. Researchers can make generalisations of findings through the process of data analysis. Reflixive Thematic Analysis by Braun and Clarke (2022) was utilized to analyse data as it is quite theoretically flexible and it can be used to address a number of different types of research questions related to people's experiences, or people's views and perceptions. This was done by following the following steps.

Step 1: Familiarising yourself with the dataset: The researcher under this step read and re-read the collected data on the resilience strategies of families in response to the COVID-19 pandemic. This was done to allow the researcher to become immersed and intimately familiar with the content, and making notes on the initial interview transcript and in relation to the entire dataset.

Step 2: Coding: To complete step two, the researcher generated codes that capture and evoke important features of the data that might be relevant to addressing the research question. For example job loss and peer support. The researcher considered data that answered the research questions and the related topics to those questions.

Step 3: Generating initial themes: Under this step, the researcher examined the codes and collected data to develop a potential theme such as the "mental health issues faced by individuals within families". The researcher has done this by collating data relevant to each candidate theme, so he can work with the data and review the viability of each candidate theme.

Step 4: Developing and reviewing themes: The researcher under this phase checked the candidate themes against the coded data and the entire dataset, to determine if the story of data is convincing and addresses the research question. In this phase, some of the themes were further developed, wherein some were split, combined, or discarded.

Step 5: Refining, defining and naming themes: The researcher at this stage developed a detailed analysis of each theme, working out the scope and focus of each theme in order to determine the 'story' of each. The researcher has also decided on an informative name for each theme.

Step 6: Writing up: The researcher under this phase weaved together the analytic narrative and data extracts, and contextualised the analysis in relation to existing literature.

Using this method, the researcher was able to separate and organise data into many themes and subthemes. To make sure that all obtained data were accurately recorded and organised, all transcripts were continuously read. To confirm the accuracy of the data gathered, the researcher asked an outside transcriber to help. A confidentiality agreement was signed by the outside transcriber.

6.7 QUALITY CRITERIA

The collected and analysed data of a study must be evaluated to ensure quality criteria (Bless, Higson & Kagee, 2007). The researcher followed the following criteria to ensure the quality of the research findings of this study.

6.7.1 Credibility

According to Royse (2004), credibility is proving that the research study was carried out in a way that reveals and describes the phenomenon. Long-term engagements, persistent observations and member checks ensure credibility (Bless et al., 2007). Steps were followed to ensure that the findings of the study were credible. The researcher also required clarity and verification from respondents through member checks to ensure that the findings reflect their real feelings and experiences.

6.7.2 Transferability

According to Royse (2004), the findings of a study must assume a form that will allow them to be transferred from different situations and cases. The researcher correlated the findings of the study with literature from various sources to ensure transferability. The

researcher also reviewed literature from various sources on the themes and sub-themes that were related to the study.

6.7.3 Dependability

Researchers must ensure that their studies present logical, well-written and audited findings (Royse, 2004). The researcher achieved dependability in this study by making use of recordings and notes that were taken during the interviews (Bless et al., 2007). Dependability was also ensured by interviews to verify that the relevant and correct respondents answered the semi-structured questions. In addition, dependability was achieved by following the drafted semi-structured interview questions.

6.7.4 Confirmability

The findings of a study must be confirmed by others to ensure quality (Royse, 2004). Conformability was ensured in this study by checking and re-checking data during the collection and analysis process. The researcher also took notes that assisted in noting down the possible assumptions, ideas and feelings that could ruin the study.

6.8 ETHICAL ASPECTS

Researchers who are conducting a study within the social sciences research are supposed to be mindful of the research aspects that must be followed in their studies (Babbie, 2020). According to Gray (2010) and Strydom (2011), research ethics are the principles that inform researchers about their conduct and research expectations when dealing with subjects and respondents. The researcher in this study considered the following research aspects discussed below:

6.8.1 Permission to conduct the study.

The researcher obtained an ethical clearance from the Turfloop Research Ethics Committee (TREC) of the University of Limpopo with the following ethical clearance certificate number: TREC/294/2022: PG. Permission to conduct the study was also obtained from the selected families.

6.8.2 Avoidance of harm and reduced harm

Respondents of a study must be protected from any possible harm or discomforts that may result from their participation in a study (De Vos et al., 2011). Emotional and physical harm was avoided in this study by not asking questions that were too sensitive which might have been upsetting, hurtful or embarrassing. Respondents of this study showed no signs of emotional reaction and were unharmed. However, as a way of reducing and avoiding harm, the researcher made arrangements with social workers and psychologists for cases where respondents might have needed psychological services as a result of participating in the study.

6.8.3 Risk and Benefits

This study concerned a sensitive issue thus respondents such as those who lost their family members due to COVID-19 could be exposed to the risks of emotional harm during the interviews. This did not happen, and if it had happened, the researcher was going to make use of the arranged social workers and psychologists for further intervention. The study will benefit the researcher and other people in that knowledge of resilience strategies with respect to pandemics such as COVID-19 will be added to the body of knowledge. The risks of this study did not supersede the benefits of the study.

6.8.4 Voluntary participation

Respondents should participate voluntarily. Respondents' participation in a study should be voluntary, not by force (Williamson & Prosser, 2002; De Vos, Strydom, Fouche & Delport, 2011). Respondents voluntarily participated in this study. Furthermore, the researcher ensured that all the necessary information such as the respondents' right to withdraw from the study was given to them. Participants were further ensured that they could withdraw from the study without facing any consequences.

6.8.5 Informed consent

The goal of the study, the anticipated length of the respondents' participation, the procedures to be followed and any potential benefits, drawbacks or risks were all explained to the respondents, which was followed by the signing of consent forms indicating their agreement to participate in the study (Royse, 2004).

6.8.6 Violation of confidentiality, privacy and anonymity

This study ensured that the confidentiality, privacy and anonymity of the respondents were protected by avoiding sharing the respondents' information, disclosing their names and wrongfully publishing the information that they provided. Respondents were given pseudonyms. De Vos et al. (2011) avow that it is within the rights of respondents to have their privacy, confidentiality and anonymity protected in a study.

6.8.7 Deception of respondents

Researchers must avoid misleading the participants, either by providing wrongful or censoring information about their study (De Vos et al., 2011). The avoidance of deception of respondents was countered by remaining honest with all the respondents. The researcher was also prepared to inform respondents of any unforeseen developments and changes that could occur.

6.8.8 Restoration of Respondents

If evidence of psychological distress from respondents emanated due to the nature of the study, the necessary intervention in the form of debriefing, for instance, was going to be provided. In cases were services of professionals such as psychologists were needed by some of the respondents, referrals were going to made to the arranged professionals. However, the researcher ensured that psychological harm and discomfort did not result from the study.

6.8.9 Debriefing

Respondents who need assistance such as counselling during and after interviews have the right to be debriefed (Berg & Lune, 2012). If the necessity arose, the researcher was willing to direct the respondents to the arranged social workers and psychologists. However, the researcher did not experience such a necessity during this study. According to King (2010), it is best to prevent causing bodily or emotional injury while conducting research, and if necessary, counselling should be referred.

6.8.10 Release and publication of the findings

The researcher informed respondents that their names would be protected and not shared with anyone. It was also outlined to the respondents that in cases where the findings of the study were published, their names would remain anonymous and confidential as pseudonyms were used. Bless et al. (2007) argue that respondents have the right to know if a researcher will release or publish the findings of the study they participated in. The authors further posit that the release and publication of findings should not break the anonymity and confidentiality principles. The respondents were also informed that should they need a copy of the study after its publication, they would be provided with one. The researcher highlighted to the respondents that the findings would be published in international journals or DHET-accredited journals without revealing their identities.

6.9 CONCLUSION

It was important for the researcher to discuss the research methodology that was adopted in this study. Thus, it could be inferred that the adopted methodology allowed the researcher to explore and describe the resilience strategies that were employed in response to the impact of the COVID-19 pandemic by the selected families in Polokwane. The qualitative research approach and the case study design were important in this study. It could be reasoned that the researcher needed to reflect on the data collection methods, data analysis process, the population of the study and how they were sampled to achieve the purpose of the study. This chapter reflected on quality criteria and ethical aspects because of their importance in conducting a research study. The chapter also described how data were gathered and analysed. Data presentation, analysis and interpretation are discussed in the following chapter.

CHAPTER 7

QUALITATIVE DATA PRESENTATION, ANALYSIS AND INTERPRETATION

7.1 INTRODUCTION

The purpose of this chapter is to present, analyse and interpret the qualitative findings of the study, which was conducted in Polokwane municipality in Capricorn District in Limpopo Province, South Africa. Eight (8) families that were affected by the COVID-19 pandemic were conveniently selected for participation in the study using the snowball sampling technique as the researcher knew a few COVID-19-affected families who have helped in identifying other affected families. Twelve [12] females and twelve [12] males who could speak English participated in this study. The family members were interviewed individually to allow them to be able to speak freely. The study aimed to explore and describe the resilience strategies that were employed in response to the impact of the COVID-19 pandemic by the selected families in Polokwane. These families in Polokwane municipality were used as a case study for this study. Semi-structured one-on-one interviews were used to gather data, which was then thematically arranged with the use of the NVivo programme and analysed following the Reflixive Thematic Analysis by Braun and Clarke (2022). To ensure the creditbility of the findings of the study verified, the researcher has done member checks after data analysis.

7.2 BIOGRAPHICAL PROFILE OF THE RESPONDENTS

The biographical profile of the respondents in this study included gender, age, race and employment status. The biographical data was analysed by Microsoft Excel software.

7.2.1 Gender of the respondents

	Males	Females
Number	12	12
Percentage	50	50
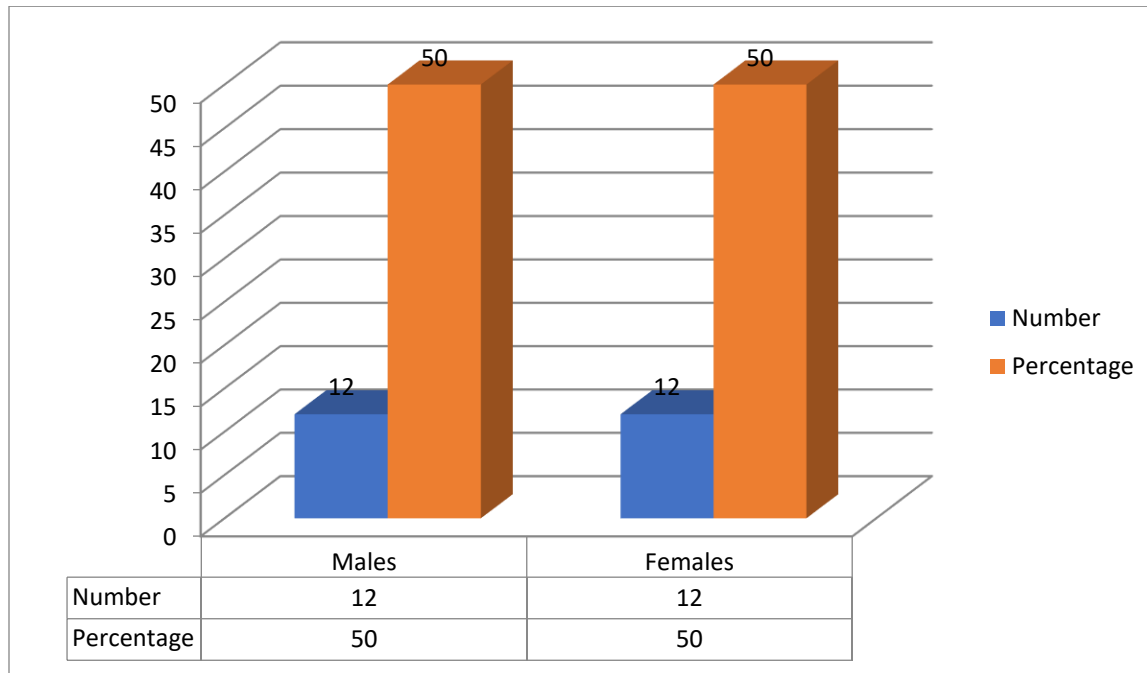
Figure 1: Gender of respondents

Figure 1 above illustrates that twelve (12) respondents were females and twelve (12) were males. Each gender made a sample representation of 50%. Although the sample was fairly represented, it could not be concluded from this study that all families in Polokwane municipality have a balanced gender representation.

7.2.3 Age of the respondents

	18-25 years	25-35 years	35-45 years	45-55 years
Number	8	0	4	12
percentages	33	0	17	50
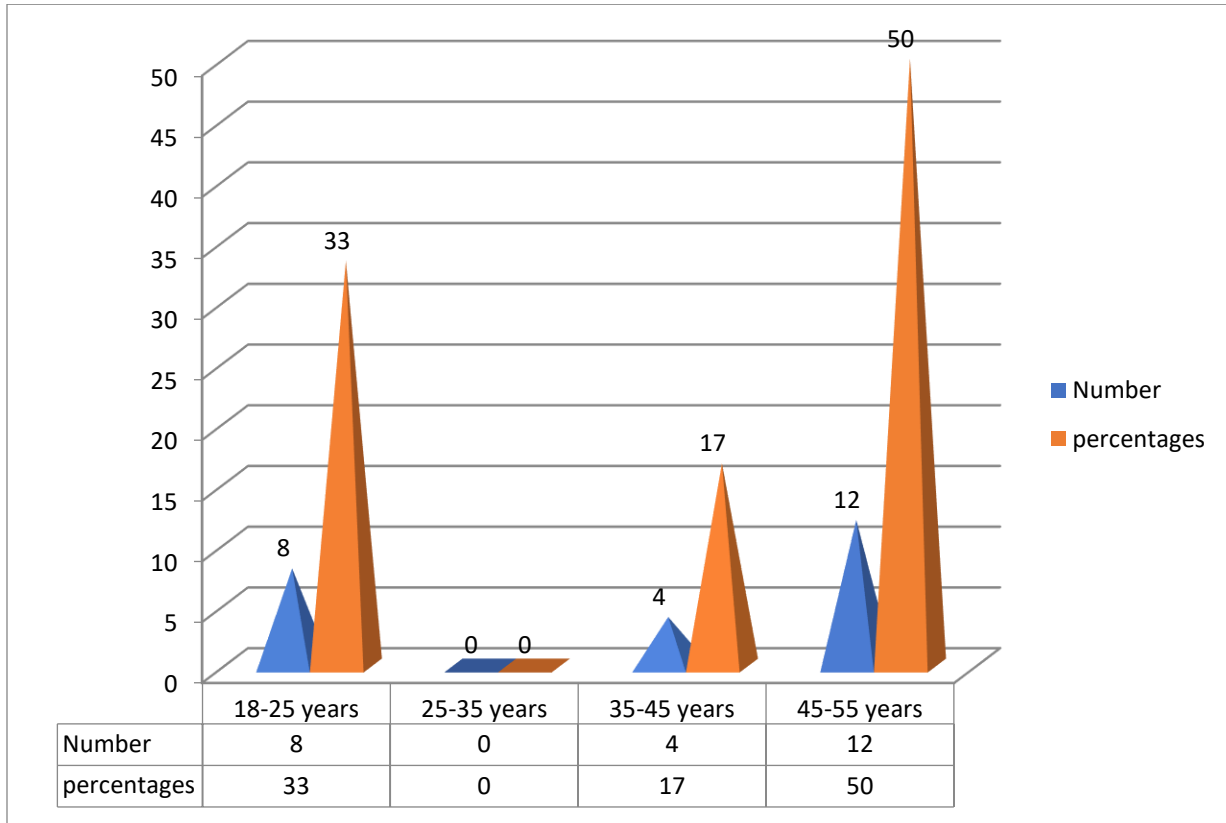
Figure 2: Age of respondents

Figure 2 above shows that most respondents (N=12) ranged between the ages of 45-55 years and made 50% of the sample representation, followed by eight (8) respondents who were aged between 18-25 years and made 33% representation. Four (4) respondents ranged between the ages of 35-45 years and made up 17% of the sample representation.

7.2.4 Role in the family
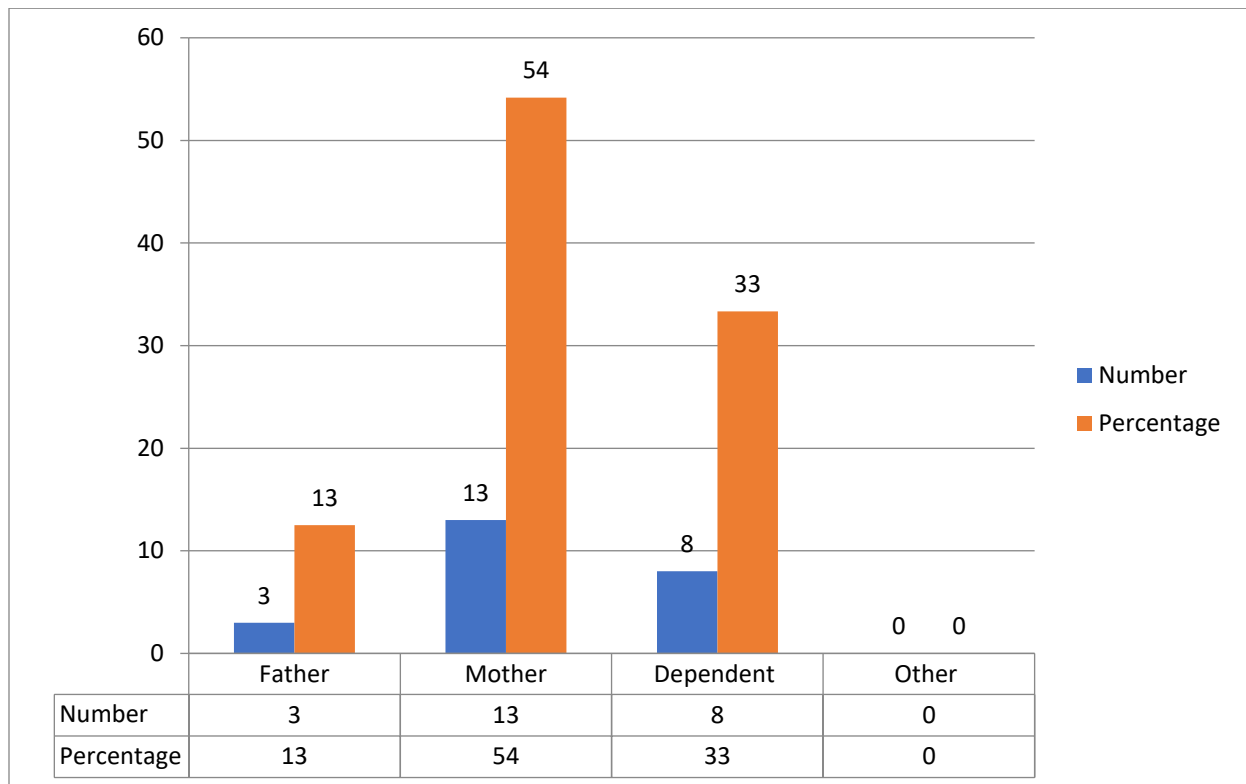
Figure 3: Role in the family

Figure 3 above illustrates that the majority of the respondents (N=13) were mothers in their families and accounted for 54% of the sample representation, followed by eight (8) dependents who accounted for 33% of the sample. Only three (3) respondents were fathers from the affected families. However, it could not be concluded from this study that most families in Polokwane are headed by mothers.

7.2.5 Race of the respondents

	Black African	Others
Number	24	0
percentage	150	0
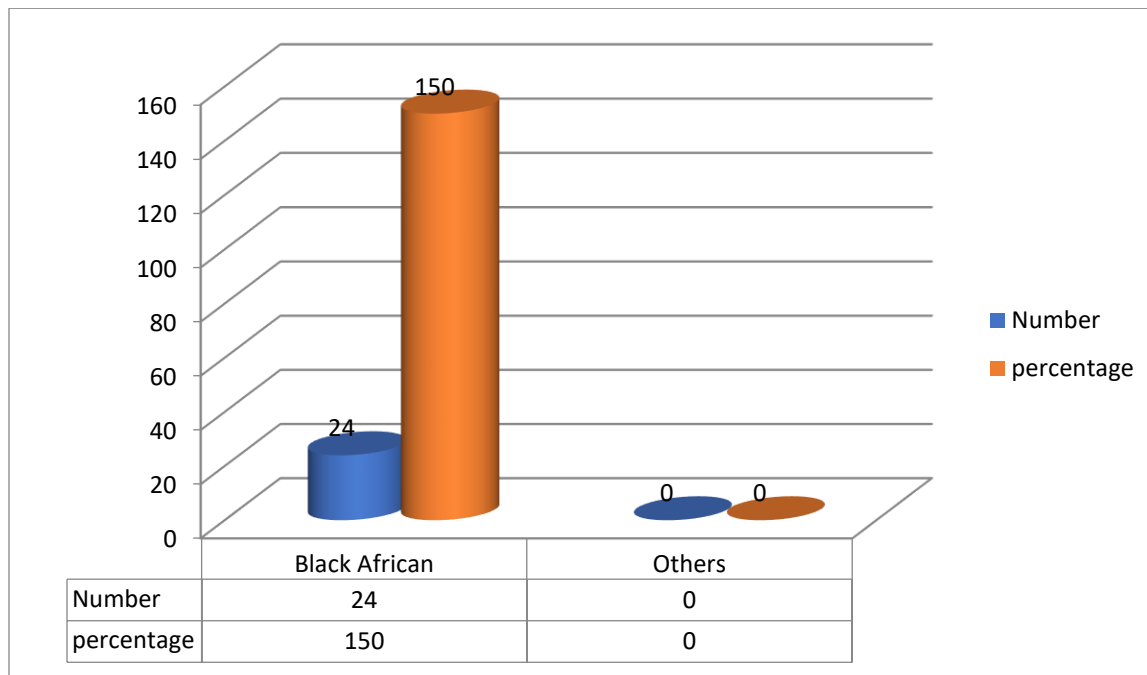
Figure 4: Race of respondents

Figure 4 above reveals that all the respondents (N=24) were Black Africans, as they made up 100% of the sample. A possible reason for the participation of only Black Africans in this study could be that Polokwane municipality is mostly dominated by Black people. However, the researcher does not conclude that only Black African families were affected by COVID-19.

7.2.6 Employment status of the respondents

	employed	unemployed	Self-employed
Number	7	13	4
Percentage	29	54	17
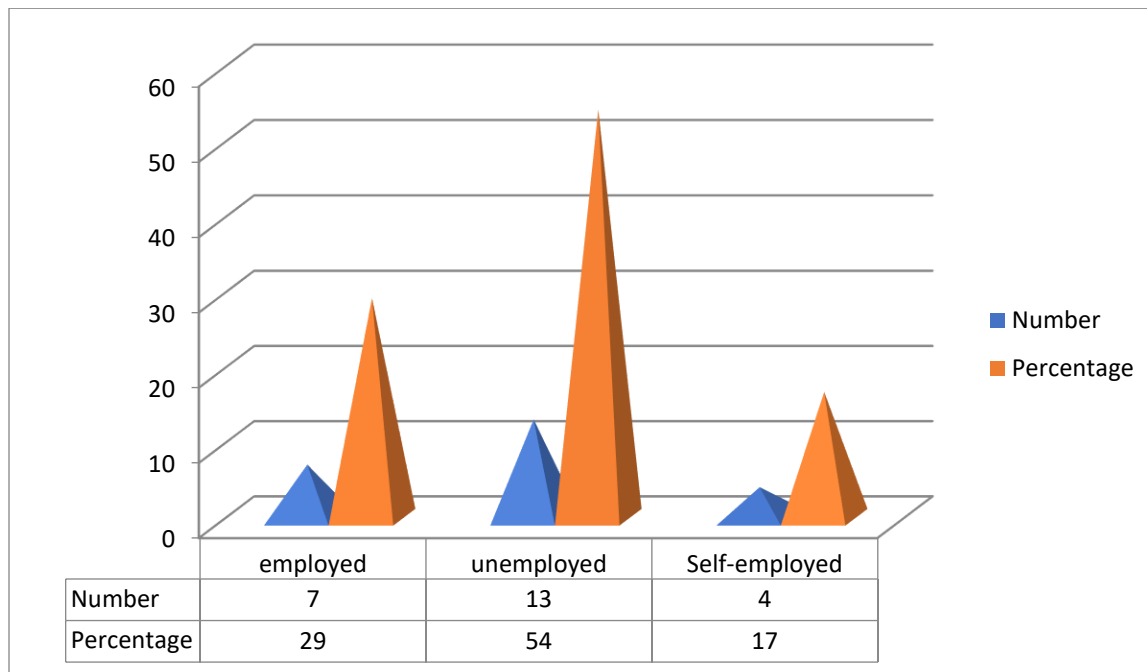
Figure 5: Employment statuses of respondents

Figure 5 above shows that most respondents (N=13) were unemployed, making up 54% of the sample, and seven (7) respondents were employed, making up 29% of the sample, whilst four (4) were self-employed, accounting for 17% of the sample representation. The employment statuses of the respondents were valuable in the study, as they allowed the researcher to understand the impact of COVID-19 on different individuals of different employment statuses.

7.3 PRESENTATION AND DISCUSSION OF THE FINDINGS

This section provides a discussion of the empirical findings which was informed by the objectives of this study as outlined in Chapter 1 of this study. The following themes and sub-themes emerged:

MAIN THEME	SUB THEME
Theme 1: Disorientation of Families in Polokwane	• Loss of family bonds
	Domestic violence during COVID-19 lockdown
	• Sub theme 1: The impact of home confinement on domestic violence
	• Subtheme 2: Alcohol consumption and domestic violence)
	• Subtheme 3: Loss of jobs during COVID-19 lockdown
Theme 2: Mental Health Issues caused by COVID-19 in the Families	Emotional and behavioural changes
	Quarantine, isolation, and mental health
	Fear and mental health
Theme 3: Resilience strategies for mitigating the impact of the COVID-19 pandemic	The use of substances as a coping strategy
	Exploring and using religious services
	Family and peer support ('ubuntu')
	The use of government services

7.3.1 THEME 1: DISORIENTATION OF FAMILIES IN POLOKWANE

The purpose of this section was to get insight into the disorientation of the selected families in Polokwane municipality that were affected by COVID-19. The findings revealed that families experienced loss of family bonds, loss of jobs and domestic violence during the COVID-19 lockdown. Under domestic violence, two sub-themes emerged, namely, the impact of home confinement and alcohol consumption. The World Health Organisation (2020) on the impact of the COVID-19 pandemic on people's lives reported that the safety measures such as isolation strategies and lockdowns led to more challenges for individuals from different families such as changes in activities and livelihoods. Cohan (2010) avers that during natural disasters, individuals and families face challenges such as exacerbation of existing family problems or stress brought on by new challenges such as job losses, medical issues and parenting worries. In the same breath, Neppl, Senia and Donnellan (2016) state that challenges such as conflicts and less support in families manifest during natural disasters as a result of economic challenges like job losses which bring stress on some family members. According to Randall and Bodenmann (2017), pandemics bring stressors that weaken family bonds and affect how families live together. Moreover, Randall and Bodenmann (2017) aver that vulnerabilities that have existed before the emergence of the natural disaster may become worse during the period of the natural disaster due to stress or anxiety on the concerned individuals. Below is a presentation of the loss of family bonds and the prevalence of domestic violence with its sub-themes which emerged under the first question on the disorientation of families in Polokwane municipality due to the scourge of COVID-19.

7.3.1.1 Sub-theme 1: Loss of family bonds

Several respondents highlighted the loss of family bonds as the disorientation that was experienced by their families during the COVID-19 lockdown. The assumption that the lockdown was supposed to strengthen bonds for some families was not a one-size-fits-all, as some families lost their bonds during the COVID-19 lockdown. This is supported by Luttik, Garcia-Vivar, Konradsen, Mahrer-Imhof, Imhof, Brodsgaard, Ostergaard, Dieperink and Kolbrun-Svavarsdottir (2020) who assert that families in many countries lost bonds and freedom of movement due to the quarantine and lockdown measures that

were imposed by several governments across the globe. In the same breath, Evans, Mikocka-Walus, Klas, Olive, Sciberras, Karantzas and Westrupp (2020) avow that the restrictions that came with the lockdown led to many families experiencing challenges in their relationships and having some of their already-existing relationship issues aggravated by anxieties associated to the pandemic. The prowess of respondents from these restrictions was better understood through the lenses of the vulnerability theory which states that misfortunes such as the pandemics leave individuals and families vulnerable as stated by Emrich and Cutter (2011). Regarding the loss of family bonds in Polokwane municipality, some of the respondents stated that:

> *"We lived in fear as a family, and we could barely bond or be together. My family members started living in isolation because of the fear of contracting the virus, especially from my mother who works in the hospital". (Respondent 10)*

> *"Honestly speaking, as a family, we were not fine with the fact that our mother was working in a risky environment. We had fear of her getting the virus and also infecting all of us. There was no happiness, as we even had to be cautious of the time we spend with her, and I had to avoid getting close to her. There was this one time when she had to quarantine; this made us panic and live in fear. So, you can see that COVID-19 affected and changed a lot of things in my family". (Respondent 11)*

In support, other respondents said that:

> *"COVID-19 and the lockdown disturbed our family functioning by breaking our family bonds. Some of my family members would prefer sleeping, whilst others preferred watching TV all the time. We struggled to have food on the table, so I cannot say it affected us in a positive way. It was horrible to me and my family, as it changed how we used to live and do things".* (Respondent 1)

"My mother lost her job, and we could see that it really disturbed her. She would always prefer sleeping to seating with us in the dining room like before. This made me live in worry because seeing my mother like that stressed me". (Respondent 5)

The findings of the study revealed changes in the existing relationships among family members, which led to a loss of family bonds due to fear of being exposed to COVID-19. Family bonds are important for giving people a sense of belonging, love and support. This is in line with Evans et al.'s (2020) assertion that family members can get support and opportunities for growth and intimacy in the face of challenges through strong family bonds. According to Thogersen and Anru (2008), strong family bonds allow family members to have an option to rely on their families for care and support when they need it. Thus, it can be deduced that strong family bonds are important for the stability of families. Some respondents have indicated that they avoided spending time with their families due to the fear of contracting the virus from those who make movements. However, the researcher believes that the COVID-19 lockdown benefitted families that did not catch or fear the virus in that it strengthened their relations. This is supported by Ahmed, Buheji and Fardan (2020) who posit that when some families faced challenges such as conflicts and instabilities as a result of the strict lockdown, other families got the opportunity to establish stronger ties and bonds. Buheji and Ahmed (2020) relate that being in a confined environment during the lockdown puts a strain on family relationships but can also bring opportunities for grasping resilience and preserving family values. According to Azarian (2020), the lockdown presented some families with the great opportunity of rebuilding or strengthening, as well as maintaining their family bonds.

7.3.1.2 Sub-theme 2: Domestic violence during COVID-19 lockdown

There were reported cases of domestic violence in Polokwane municipality which caused disorientation in the families that were affected by COVID-19. Some respondents reported that they experienced violence in their families during the COVID-19 lockdown, whilst some reported to have witnessed violence in their respective homes. Tisane (2020) and the United Nations Fund for Population Activities [UNFPA] (2020) found that domestic

violence emerged and increased during the COVID-19 lockdown. Tisane and UNFPA also disclosed that during the national lockdown, more women were contacting domestic abuse support agencies in several nations. According to studies on violence during the COVID-19 pandemic by Leslie and Wilson (2020) and Roesch, Amin, Gupta, and Garca-Moreno (2020), there was a significant increase in the cases of domestic violence amid the COVID-19 national lockdown. This happened frequently during the COVID-19 pandemic due to several factors such as the forced confinement of people to their houses which increased domestic violence cases during the South African lockdown. Similarly, the researcher argues that although domestic violence in South Africa is not new (Mpani & Nsibande, 2015), the outbreak of COVID-19 in the country contributed to the cases of violence in families.

7.3.1.2.1 Sub-theme 2.1: The impact of home confinement on domestic violence

Home confinement has been reported as one of the contributing factors to domestic violence during the COVID-19 lockdown. Some respondents indicated that they were exposed to violence as a result of spending more time with their abusive partners. Some respondents shared that they witnessed some of their family members abusing others in their families during the COVID-19 lockdown. The findings of this study are in line with the findings of a study by Roesch, Amin, Gupta and García-Moreno (2020) who found that during the COVID-19 pandemic, instances of intimate partner violence became increasingly prevalent. Although the home confinement restrictions were enforced to curb the spread of the virus, it was unfortunate that it brought negative results for some individuals and families. Negative results include amongst others being stuck at home with an abusive father, mother or partner. This is supported by Tisane (2020) who avers that due to the COVID-19 lockdown's restrictions on movement, some people were forced to remain at home with violent spouses. One respondent claimed that:

> *"Well, my situation at home was a bit difficult and problematic,*
> *as my parents used to fight because they were not used to*
> *living together for quite a long time. So, my father was being*
> *abusive towards my mother and that was a day-to-day thing.*
> *He would hit her infront of us".* (Respondent 20)

Other respondents echoed that:

> *"My husband is an abusive person that I have accepted to live with for the sake of my kids. But, during lockdown when we had to stay at home, he became more aggressive and more abusive; to make it worse, he would even physically assault me in front of my children. After spending more time at home with my husband, things got worse. My children had to live with the trauma and pain of seeing their father abusing their mother. So, I really cannot say our family functioning was good during the lockdown".* (Respondent 19)

> *"Having to stay at home has brought challenges for some of us; we did not get the opportunity to have good family time. I was always physically abused by my husband. At times, I felt like my husband was taking out the frustrations of losing his job on me".* (Respondent 14)

According to the aforementioned findings, house confinement increased the number of domestic violence cases during the COVID-19 pandemic. The researcher, however, believes that domestic violence has long been a concern in South Africa and that the escalation might be emanating from the home confinement regulations which restricted people's movements and forced them to stay at home with their abusive partners. According to Mohler, Bertozzi, Carter, Short, Sledge, Tita and Brantingham (2020) and Piquero, Jennings, Jemison, Kaukinen and Knaul (2021), the COVID-19 national lockdown regulations such as stay-at-home regulation resulted in some individuals spending time with their abusive counterparts who took advantage of the situation by abusing their victims, which contributed significantly to the rise in cases of violence. The researcher is of the view that factors such as job loss and home confinement should not be overlooked as the possible reasons for the drastic rise in domestic violence cases. Moreover, factors such as job loss, as instigated by the national lockdown, resulted in more problems such as mental health issues which might also be a contributing factor to the rise in cases of domestic violence (Austrian & Abuya, 2020; Rahman & Matin, 2020;

Sumner, Hoy & Ortiz-Juarez, 2020). The increase in cases of violence created instabilities in families and negatively affected the well-being of many individuals during the COVID-19 pandemic. This is also consistent with Fetzer, Witte, Hensel, Jachimowicz, Haushofer, Ivchenko, Caria, Reutskaja, Roth, Fiorin and Gómez's (2020) finding that an increase in mental health cases is correlated with an increase in domestic violence cases during the lockdown. Furthermore, it should be noted that the goal of the lockdowns imposed by several governments, including the South African Government, was to prevent the spread of COVID-19 and preserve lives (WHO, 2020). The vulnerability theory was key in offering the researcher lenses to understand how lockdown and home confinement made some of the respondents vulnerable to violence from their abusers.

7.3.1.2.2 Sub-theme 2.2: Alcohol consumption and domestic violence

It was found that alcohol within the families that were affected by COVID-19 in Polokwane municipality was highly consumed, and this was reported this as another contributing factor to domestic violence. Some respondents highlighted that their partners abused them after consuming alcohol during the COVID-19 lockdown. Similarly, Mittal and Singh (2020) discovered that during the South African lockdown, an increase in domestic violence instances was caused by factors such as alcohol intake. According to some studies (Mpani, 2015; Mpani & Nsibande, 2015), alcohol use above a moderate level is strongly linked to the rise in domestic violence instances.

One respondent echoed that:

> *"When my husband is drunk, we become his punching bags in this house. Even to date, I do not know how he still managed to buy alcohol during the COVID-19 lockdown, but whoever sold him alcohol exposed us to a more aggressive and more drunk person in the family".* (Respondent 14)

In support, another respondent stressed that:

> *"I have a problem when I am drunk; I do things that hurt other people. I am not abusive when I am sober, but the minute I touch alcohol, I always wake up to stories of taking out my*

frustrations on other people like physically abusing either my

wife or my children". (Respondent 13)

South Africa is one of the nations with the highest rates of alcohol consumption worldwide due to alcohol availability and sales as major contributing factors which also increase domestic violence (Nduna & Tshona, 2021). The findings reveal that, in some families that were affected by the COVID-19 pandemic in Polokwane municipality, partner abuse as a result of alcohol consumption was experienced and witnessed. The COVID-19 lockdown resulted in a prohibition on alcohol sales, which unfortunately gave some people the chance to sell and purchase alcohol illegally despite the government limitations being declared and put in place. According to Tisane (2020), numerous South African households and establishments that sell alcohol could not be observed during the lockdown, as a result, the prohibition on alcohol sales did not stop some individuals from consuming alcohol. Additionally, it should be mentioned that the South African government relaxed some of the restrictions during the lockdown, allowing for the sale of alcohol at certain hours in designated places (Matzopoulos, Walls, Cook & London, 2020).

7.3.1.3 Sub-theme 3: Loss of jobs during COVID-19 lockdown

It was found that some individuals in Polokwane municipality lost their jobs as a result of the implementation of the South African lockdown which affected their family functioning. The findings of this study are in line with the previous global studies wherein it was found that the COVID-19 pandemic resulted in some individuals losing their jobs, not being able to feed their families and experiencing mental health issues such as stress and depression (Mojtahedi, Dagnall, Denovan, Clough, Hull, Canning, Lilley & Papageorgiou, 2021; de Miquel, Domènech-Abella, Felez-Nobrega, Cristóbal-Narváez, Mortier, Vilagut, Alonso, Olaya & Haro, 2022). Some respondents echoed that:

"When the government introduced the lockdown, it led to
some companies retrenching their staff members;
unfortunately, I was part of those who got retrenched, so it
affected me and my family so badly in that we struggled to put
food on the table". (Respondent 22)

> *"I was always physically abused by my husband. At times, I felt like my husband was taking out the frustrations of losing his job on me".* (Respondent 23)

In addition, other respondents shared that:

> *"COVID caused us too much pain. I was told by my employers to stop coming to work due to the COVID-19 restrictions. This affected my family's income. I had to rely on the grant of my grandchildren for survival".* (Respondent 8)

> *"When we heard of COVID, my fear was losing my job. Unfortunately, I lost my Job because at the beginning of the lockdown, alcohol sales were not permitted, and my employer had to release me. I really struggled to put food on the table".* (Respondent 17)

The findings above show that some individuals in Polokwane municipality lost their jobs during the COVID-19 lockdown which affected their family functioning. It was reported by some respondents that their job losses made them battle to put food on the table for their families. It could be deduced that some respondents experienced frustrations as a result of job loss which can be an indication of the possibility of facing mental health problems. This is supported by, Guerin, Barile, Thompson, McKnight-Eily and Okun (2021) who consider the possibility that during the COVID-19 pandemic, many people in many regions suffered from job loss and a lack of health and safety services, which led to a variety of emotional disturbances and mental health issues. In addition, studies show that high rates of job loss contribute to increased behavioural health disorders, which lead to more suffering and deaths, a higher rate of suicides and suffering during humanitarian crises (Case & Deaton, 2020; Milner, Page & LaMontagne, 2014; Milner, Page & LaMontagne, 2013; Paul & Moser, 2009).

7.3.2 THEME 2: MENTAL HEALTH ISSUES CAUSED BY COVID-19 IN THE FAMILIES

The COVID-19 pandemic raised concerns about mental health difficulties that emerged during and after the pandemic. The COVID-19 pandemic affected people's mental health internationally and increased problems, including depression and suicide (Moukaddam & Shah, 2020; Yao, Chen & Xu, 2020; Li, Yang, Liu, Zhao, Zhang, Zhang, Cheung & Xiang, 2020; Li et al., 2020). According to Rubin and Wessely (2020), both people in good mental health and those who already had mental health disorders experienced anxiety due to their concerns about the potential 'unknowns' brought about by the COVID-19 pandemic. Three sub-themes emerged from the question about the mental health issues in the families. Below is the presentation of emotional and behavioural changes, quarantine, isolation and mental health, as well as fear and mental.

7.3.2.1 Sub-theme 1: Emotional and behavioural changes

Several respondents highlighted changes in their emotions and behaviours which were caused by the idea of having to live in the era of the COVID-19 pandemic. The findings of the study are in line with Pedrosa, Bitencourt, Fróes, Cazumbá, Campos, de Brito and Simões e Silva's (2020) claim that during the COVID-19 pandemic, people who were affected by emotional, and behavioural and mental issues were numerous. This highlights the impact of pandemics on the emotional and behavioural state of individuals and families. Studies also show that several individuals have experienced feelings of worry, anger and frustration due to the mental impact of the COVID-19 pandemic (Ahmadi & Ramezani, 2020; Pfefferbaum & North, 2020; Sher, 2020), thus, it is evident that the findings of this study are in line with the findings of other studies. This is what one of the respondents had to say:

> *"I had to change how I live my life; I tried to avoid spending time with my family. I preferred being in my bedroom than being with my family. I avoided them due to fear of infection".*
> (Respondent 6)

Other respondents declared that:

"My mother would always prefer sleeping to being with us in the dining room unlike before. This also made me live in worry because seeing my mother like that stressed me". (Respondent 4)

"Mentally, I was disturbed; I had a lot of stress, and my emotions were all over. I really had a tough time. I lived with anxiety and fear. I was worried about my well-being; you can imagine having to wake up to statistics of positive cases and those who have lost their lives. Now you start asking yourself questions such as am I next or what. I almost got depressed seating all day worrying about what damage COVID-19 can do to my life". (Respondent 24)

It can be deduced from the findings that some individuals experienced emotional and behavioural changes as a result of the COVID-19 pandemic. However, it could not be concluded from the findings of this study that everyone experienced emotional and behavioural changes because of COVID-19. It could only be deduced that changes in emotions and behaviour were observed and reported during the COVID-19 pandemic. Some respondents revealed that they were always worried about their well-being. These findings are similar to the findings by Hao, Tan, Jiang, Zhang, Zhao, Zou, Hu, Luo, Jiang, McIntyre and Tran (2020) who found that many individuals during the COVID-19 pandemic had worries about their well-being which led some of them to have severe anger and suicidal thoughts. It should be noted that people who live in worries are likely to get stressed and compromise their health. This is supported by Dubey, Biswas, Ghosh, Chatterjee, Dubey, Chatterjee, Lahiri and Lavie (2020) who aver that people who constantly engage in feelings of worry are likely to be more prone to stress. This emphasises the disadvantage of living in worry, which also causes people to experience emotional issues and behavioural changes.

7.3.2.2 Sub-theme 2: Quarantine, isolation, and mental health

Respondents have reported being in quarantine and isolation as a contributor to mental health issues. Some respondents indicated that having restrictions or being away from

their loved ones caused mental health issues . It could be that they experienced mental health problems as a result of worrying too much and not being able to get support from their family members. Some reported fear of death as one of the challenges they faced during quarantine and isolation. According to Jain, Bodicherla, Raza and Sahu (2020), people in quarantine and isolation facilities face mental health issues as a result of restricted access to support. Some respondents indicated that their mental health issues worsened during quarantine and isolation, which also restricted their access to and support from their family members. According to Bäuerle, Teufel, Musche, Weismüller, Kohler, Hetkamp, Dörrie, Schweda and Skoda (2020), during the pandemic, restrictions such as isolation foster loneliness in people's lives which have negative effects on their mental health. In addition, the COVID-19 pandemic also negatively affects people's physical, mental, social and emotional wellness, as well as that of their families (Kontoangelos, Economou & Papageorgiou, 2020). Some respondents said that:

"Being in isolation can affect your mental health in a bad way; I was strong but at the same time stressed and worried. I would at times overthink, asking myself if I would defeat the virus or become a statistic. Having to observe the statistics every day, seeing more people getting infected and losing their lives instilled fear in me". (Respondent 1)

"It was an unpleasant time for me to isolate, what bothered me most was the fact that I could not be in contact with my loved ones. You can imagine being away from your family, your number one source of support. It was very difficult for me. What made it worse was the fact that I was scared of succumbing to the virus and leaving my children with no parent". (Respondent 2)

In addition, other respondents revealed that:

"After I have been told to isolate, I started worrying and having many thoughts. I was worried about my well-being; I developed a fear of succumbing to the virus. I did not have

peace of mind. I was always thinking of death now and then".
(Respondent 3)

*"I was already having mental health issues, being in isolation
worsened the situation. I feel like it made me face more mental
health issues such as stress. I was stressed by being away
from the things and people that I love, as well as losing my life
to the virus".* (Respondent 5)

The findings above show that being in quarantine and isolation can be a source of mental health issues. This is in line with Jain, Bodicherla, Raza and Sahu (2020) who claimed that the impact of isolation can be severe in people who are already having mental illnesses. However, this does not suggest that people who do not have mental illnesses will not be prone to mental health issues after being quarantined or isolated. It should be noted that being in isolation or quarantine restricts people from getting support from their families, as it is important for individuals and families to socialise and connect to maintain good mental wellbeing (Cornwell & Laumann, 2015). In the majority of psychiatric disorders, people who are suffering from mental illnesses are urged to socialise as part of therapy. However, as a result of the COVID-19 restrictions and laws that were enacted by the South African government which stipulated that the best ways to stop the virus's transmission were social distancing, quarantine and isolation, socialisation was limited. This meant that people who can socialise effectively are those who have access to technology, such as connecting with family members through video-calls and social media platforms. This is in line with Bergdall, Kraft, Andes, HatfieldTimajchy and Hock-Long (2012) who argue that in the absence of direct contact, communication technologies such as cell phones, the Internet and social networking sites play a critical part in people's lives by providing tools for forming and sustaining relationships.

7.3.2.3 Sub-theme 3: Fear and mental health

Some respondents reported that they had been living in fear as a result of the emergence of the COVID-19 pandemic. They shared that they had fear for their lives and those of their family members. The findings are consistent with Ornell, Schuch, Sordi and Kessler's (2020) finding that the COVID-19 pandemic caused people to develop fears related to

mortality, social isolation and family organisation. The respondents also indicated that their fear was fuelled by the impact of COVID-19 on human lives and the daily statistics of COVID-19 cases. During previous global pandemics, it was found that individuals and families encountered natural disasters related to fear and heightened stress symptoms, anxiety and panic attacks, which was also the case with the COVID-19 pandemic made people feel helpless and develop a fear of the virus and death (Dymecka, Gerymski & Machnik-Czerwik, 2021). The respondents said that:

> *"My family members started living in isolation because of the fear of contracting the virus from one another, especially my mother who works at the hospital. Before COVID, we were a happy family, but after the arrival of the pandemic, we started to live in fear, and the fear increased as more positive and death cases of COVID-19 were reported".* (Respondent 9)

> *"You know that the minute a person gets frustrated and anxious, they are likely to get stressed. I was stressed. What disturbed my mental health is having to live in fear of succumbing to the virus or waking up to the reality of one of my family members catching or succumbing to COVID-19".* (Respondent 7)

In addition, another respondent echoed that:

> *"The day I heard about COVID-19, I thought it was not something serious until I started seeing statistics of people catching it, some losing their lives because of it. Honestly speaking, the statistics shocked me and made me live in fear of catching or succumbing to the virus."* (Respondent 12)

The findings above show that COVID-19 caused fear in many people. The effects of fear can be harmful to both people and their families. According to Pedrosa, Bitencourt, Fróes, Cazumbá, Campos, de Brito and Simes Silva (2020), fear can have many negative effects, including driving some individuals to commit suicide. Respondents have indicated

that several factors such as fear of infection brought fear into their lives during the COVID-19 pandemic. According to Mamun and Ullah (2020) and Sher (2020), concerns about the COVID-19 pandemic's effects on people's mental health and suicidal behaviour on account of fear-related problems have been widely reported during the epidemic. The researcher is of the view that another factor that might have increased or brought fear in people's lives could be the fact that cases of COVID-19 were broadcasted all over the media platforms. This is supported by Dymecka, Gerymski and Machnik-Czerwik (2021) who posit that the way COVID-19 has been widely talked about in the media caused some individuals to live in fear of it. Ahuja, Banerjee, Chaudhary and Gidwani (2021) state that some individuals develop negative emotions and feelings as a result of the fear of the COVID-19 pandemic which puts them at risk of anxiety and stress. However, stress during the COVID-19 pandemic was brought on by a variety of factors, including isolation, lifestyle changes, job loss and lack of social interaction in addition to the fear of contracting the disease. (Dymecka, Gerymski & Machnik-Czerwik, 2021).

7.3.3 THEME 3: RESILIENCE STRATEGIES FOR MITIGATING THE IMPACT OF THE COVID-19 PANDEMIC

The COVID-19 pandemic disoriented families and caused mental health issues, which led to families employing resilience strategies to mitigate the impact. Thus, the following sub-themes emerged on the concern of resilience strategies that were employed in response to the impact of the COVID-19 pandemic by selected families in Polokwane municipality. The resilience strategies were better understood through the lenses of the coping and resilience theories which were adopted in this study.

7.3.3.1 Sub-theme 1: The use of substances as a coping strategy

Some respondents reported smoking and alcohol consumption as their coping strategies during the COVID-19 pandemic. The respondents believed that using substances helps to cope with their difficult situations. Similar findings by Wu, Liu, Fang, Fan, Fuller, Guan and Litvak (2008) show that during the early SARS outbreaks, some individuals reported that they were using alcohol to cope with unpleasant feelings during pandemics. Patrick, Bray and Berglund (2016) aver that the use of substances as a coping strategy has increased markedly in the past years during pandemics and is associated with later

symptoms of substance use disorders. People's lives had to change because of the COVID-19 pandemic which introduced numerous changes to people's lives, including isolation, stress and economic hardships that they dealt with by using marijuana and alcohol to cope (Patrick, Parks, Fairlie, Kreski, Keyes & Miech, 2022).

Some respondents indicated that:

> *"When I am stressed or facing a situation, I smoke or drink alcohol. It helps me to calm down and forget my problems. For me, after smoking or drinking alcohol, I view things differently, and it helps me to think positively".* (Respondent 13)

> *"Whenever I feel frustrated, I smoke dagga to help me focus and calm down. I dealt with stress that I was having by smoking dagga".* (Respondent 5)

In addition, other respondents asserted that:

> *"My drinking and smoking rate increased during COVID-19, especially during the lockdown. I use substances to forget my sorrows, but during COVID-19, I was worse since I spent a lot of time at home doing nothing".* (Respondent 17)

> *"I drink alcohol to help me forget all the negative things in my life. During the COVID-lockdown, I would drink home-brewed alcohol to help me forget all my sorrows".* (Respondent 8)

The findings above show that during the COVID-19 pandemic, some individuals experienced stress related to the pandemic which pushed them to use substances to cope with the stress and disturbances that were brought by the pandemic in their lives. Martínez-Cao, de La Fuente-Tomas, Menéndez-Miranda, Velasco, Zurrón-Madera, García-Álvarez, Sáiz, Garcia-Portilla and Bobes (2021) asserted that some respondents in their study reported alcohol consumption as a distraction during the lockdown and pandemic. However, it must be noted that although some people use alcohol as a coping strategy, it does not make alcohol use a positive coping strategy. In the same breath,

Hogarth, Martin and Seedat (2019) avow that some individuals use dysfunctional coping strategies such as alcohol to cope with challenges that are brought about by disasters and pandemics that also negatively affect their health and well-being. For some individuals, it is expected that when they face stressful situations, they use negative coping strategies such as using drugs and consuming alcohol, and this was the case during the COVID-19 pandemic when some individuals reported that their mental health was affected by the emergence of the virus which led to them to increase their alcohol consumption and drug use (Avena, Simkus, Lewandowski, Gold & Potenza, 2021). According to Compton, Gfroerer, Conway and Finger (2014), pandemic-related stress, anxiety and isolation increase the use of substances that can cause addiction which will compromise the health of the users. The coping theory allowed the researcher to better understand how some of the respondents resorted to negative strategies such as using substances for the mitigation of the challenges they faced as a result of the COVID-19 pandemic.

7.3.3.2 Sub-theme 2: Exploring and using religious services.

Some respondents reported that they mitigate the impact of the COVID-19 pandemic by employing religious coping strategies such as prayers. Some of the respondents reported that prayer works for them as it was within their beliefs and religion to pray to overcome challenges. Besides, Farley, Galves, Dickinson and Perez (2005) reported that people use religion for positive reframing and acceptance of their life situations. According to Schottenbauer, Klimes-Dougan, Rodriguez, Arnkoff, Glass and LaSalle (2006), religious coping strategies such as prayer are used together with emotional support for the mitigation of challenges. In other words, religious people can deal with difficult situations and avoid stress and anxiety that may be brought about by difficult life situations (Watterson & Giesler, 2012). Some respondents echoed that:

> *"As a Christian, prayers kept me going. I survived COVID-19*
> *by the grace of God who protected me throughout the difficult*
> *times. I prayed now and then. I believe it was through my*
> *prayers that God protected me and my family. I actually pray*

> *for everything that is bothering me, and I always conquer whatever situation that I am confronted with".* (Respondent 6)

In addition, another respondent declared that:

> *"Being a Christian will make you believe in God at all times, and as Christians, we have our ways of living and dealing with situations. For example, when I had marital problems with my husband, our pastor arranged for marriage counselling. So, even with COVID-19, I prayed hard for God to protect me and my family. Prayer has been helping me. I can just say IT is a source of my strength because it helps me overcome situations. I believe that without God, I am nothing".*
> (Respondent 18)

It should be noted that religion and spiritual beliefs play a significant part in people's lives. This was established in this study by the respondents who stated that they turned to prayer to help them deal with the difficulties the COVID-19 pandemic brought about. The findings are in line with Rosmarin, Bigda-Peyton, Öngur, Pargament and Björgvinsson (2013) who posit that for many years, research in the field of psychology has proven that religion and spirituality are significant in developing human psychological functioning. According to Rosmarin, Pargament and Robb (2010), some individuals with psychological distress use spirituality and religion to cope with stressful and difficult situations. It should be noted that prayer is regarded as a coping strategy for those who are religious and spiritual. Toburen and Meiew (2010) add that religious people can cope with difficult situations and complete the tasks in their lives by believing in the word of God at any level of their religion. Watterson and Giesler (2012) aver that in difficult situations, religious people can have the capacity to have self-control and overcome challenges. According to Garmezy (1974) and Zeidan-Lukacs (2013), individuals are considered resilient when they can apply mitigation strategies to the hardships that they face. Therefore, the resilience theory allowed the researcher to have a better understanding of how religious services enabled some of the respondents to cope with the challenges that they faced as a result of the COVID-19 pandemic.

7.3.3.3 Sub-theme 3: Family and peer support ('ubuntu')

Some respondents highlighted that they relied on their close family members and friends for support. The respondents further highlighted that their family members and friends played a crucial role in helping them cope with the impact of the COVID-19 pandemic. It should be noted that support from family members and friends can help people mitigate challenges and better their lives. This is in line with Komito's (2011) assertion that support networks help people live in better conditions and make it more likely that they will have people who are prepared to lend a hand when they need it. According to Nguyen, Chatters, Taylor and Mouzon (2016), social support and positive social relationships are important in the protection of individuals against depression, as people who have high levels of social support from families and friends are less likely to be depressed in difficult situations. Likewise, Lincoln and Chae (2012) found that frequent emotional support from family and friends is important as it helps to decrease the chances of depression for people who are facing difficult situations. When people experience pressure, it has repeatedly been shown that having strong social support can prevent them from developing mental health issues (Xu & He, 2012). Some respondents stated that:

> *"When the going got tough as a result of the COVID-19 pandemic, I got encouragement from my family members and close friends who assisted me to be positive and hope for a better tomorrow, and if it wasn't for them, I would have suffered alone and got depressed".* (Respondent 10)

> *"I must indicate that good relationships are important, which is why I make sure that in my life, I have people whom I can talk to, share with and confine in. I am telling you, my close friends and family assisted me in coping with the impact of the COVID-19 pandemic by regularly checking up on me and encouraging me to be positive".* (Respondent 5)

The findings show that challenges can be mitigated by strong and good relationships with other people. It can thus be noted that social family and friends support is of paramount importance in meeting the needs and mitigating challenges. Some respondents indicated

that having a good relationship with their family members helped them to successfully mitigate the COVID-19 impact on their lives. Gutiérrez and Zavella (2009) support the findings by stating that having good relationships with close individuals is crucial because it allows one to get advice, encouragement and motivation or help on important issues. The findings of this study revealed the use of close individuals for support as a resilience strategy for mitigating the impact of the COVID-19 pandemic on some family members. According to Yu, Li, Li, Xiang, Yuan, Liu, Li and Xiong (2020), social support plays a very crucial role in the lives of individuals and families, as it ensures a protective role during trying times.

7.3.3.4 Sub-theme 4: The use of government services

The respondents have reported that they used government services such as social grants and food parcels to cope with the impact of the COVID-19 pandemic. It must not be ignored that the impact of the COVID-19 pandemic that resulted from the lockdown regulations such as home confinement, led to some individuals and families with income loss, which required mitigation strategies and that is why some relied on social grants and services such as food parcels. This shows the importance of government services in the stability and survival of individuals and families. This is in line with van der Berg, Siebrits and Lekezwa's (2010) take those social security systems such as providing citizens with grant protects against challenges such as unemployment and income loss. Some respondents highlighted that:

> *"COVID-19 really changed things; you wouldn't believe that in my family, we survived through food parcels and the social grant of our grandmother."* (Respondent 5)

Other respondents said that:

> *"It was difficult for us to survive because of the COVID-19 pandemic. We had to rely on the child support grant of my children to keep my family going after my husband lost his job because of COVID-19."* (Respondent 6)

"After losing my job during the pandemic, I had to rely on the grant of my grandfather for buying food and other household needs, and if it wasn't for his old age grant, we would have struggled to put food on the table". (Respondent 17)

It can be deduced from the findings above that government services during disasters play a crucial role in allowing individuals and families to be able to cover some of their needs such as food. According to Shi (2012), the government has a primary role and responsibility of strengthening support and providing resources such as food and facilities during disasters as a reduction and management strategy. This emphasises the important role of government during disasters. However, it does not mean that it is only the role of the government that is crucial in the mitigation and response to disasters. Other sectors such as Non-Governmental Organisations (NGOs) also play a role during disasters. This is in line with Gibson and Wisner's (2019) declaration that many NGOs play an important role in disaster prevention, reduction and risk management.

7.4 IMPLICATIONS OF THE STUDY

The higher education institutions should incorporate and emphasise the African value of Ubuntu in the social work curriculum to assist in guiding social workers when providing services to families affected by natural disasters because findings of the study evidently established that this value plays a significant role for the resilience of families affected by the disasters.

The proposed framework in this study if evaluated to assess its effectiveness in working with families affected by natural disasters such as the COVID-19 pandemic would provide social workers with proper guidelines for intervention.

Dealing with natural disasters such as COVID-19 is very sensitive as some cases may trigger the service providers' emotions. Therefore the government should put in place support services for the service providers such as social workers to enable them to effectively assist the affected whilst they also take care of themselves.

This study serves a baseline for future research on COVID-19 and families which is a need in Polokwane. This study followed a qualitative approach and the recommendations

and hypothesis statements informed by the findings of this study may be used as a point of departure to conduct research using the different research approaches in order to contribute more indepth knowledge on how COVID-19 affected familes.

7.5 CONCLUSION

This chapter of the study covered the presentation, analysis and interpretation of the collected qualitative data. COVID-19 negatively affected the lives of many individuals within different families in Polokwane municipality. Some families were disoriented whilst some individuals experienced mental health issues as a result of the lockdown and the COVID-19 pandemic. Due to these challenges, the affected families had to devise some means to mitigate the impact of COVID-19. The next chapter presented the last objective of the study, which was the suggestion of a framework for families that are/were affected by the COVID-19 pandemic.

CHAPTER 8

FAMILY SUPPORT FRAMEWORK AMID NATURAL DISASTERS IN SOUTH AFRICA

8.1 INTRODUCTION

The empirical findings, as outlined in Chapter 7 of this study show that some families in Polokwane municipality were disoriented by the COVID-19 pandemic, whilst some individuals within such families experienced mental health issues due to challenges such as losing jobs and domestic violence instigated by home confinement and alcohol abuse. Several studies show that the COVID-19 pandemic has affected the functioning of families and left them vulnerable due to a lack of resources and the socio-economic impact of the COVID-19 pandemic (Prime, Wade & Browne, 2020; Waite & Creswell, 2020; Adebiyi, Roman, Chinyakata & Balogun, 2021). The above findings thus informed the suggested family support framework amid natural disasters which forms the basis of this chapter.

8.2 THE RELEVANCE OF THE FAMILY SUPPORT FRAMEWORK AMID NATURAL DISASTERS (COVID-19)

The COVID-19 pandemic came as a challenge in South Africa's history and the rest of the world, with countries across the globe getting heavily impacted. In South Africa, the COVID-19 pandemic resulted in some individual members of families experiencing challenges such as having to deal with work stressors whilst trying to maintain the well-being of their families and friends (Waite & Creswell, 2020). Waite and Creswell further state that some parents in their families experienced stress because of being unable to meet the needs of workers and their children. Adebiyi et al. (2021) posit that many South African families come from impoverished neighbourhoods, and the outbreak of the COVID-19 pandemic resulted in many people losing their jobs, which subsequently affected their families. It was from the above background that the researcher suggested the Family Support framework Amid Natural Disasters to mitigate the impact of COVID-19 among families be utilised by social workers.

8.3 THEORETICAL UNDERPINNINGS

This proposed framework is underpinned by the following theoretical frameworks; Vulnerability theory, Coping theory and Resilience theory. Firstly, the facilitators should be guided by the vulnerability theory to analyse why individuals and families become vulnerable to disasters such as the COVID-19 pandemic. Secondly, the facilitators should use the coping theory to understand the coping strategies of such families. Lastly, the facilitators should be guided by the resilience theory to analyse and interpret how families bounce back from the hardships that they faced as a result of the emergence of the COVID-19 pandemic and other natural disasters.

8.5 FAMILY SUPPORT FRAMEWORK AMID NATURAL DISASTERS

Session	Topic	Activities
Session 1	Introduction, welcome and orientation	Introductions Discussions Contracting
Session 2	Family functioning	Presentation Discussions
Session 3	Domestic violence	Presentation Discussions
Session 4	Mental health issues	Presentation Discussions
Session 5	Support systems (Psycho-social support)	Presentation Discussions
Session 6	Evaluation and termination	Presentation Discussions Compilation of evaluation forms

8.5 DESCRIPTION OF THE SUGGESTED SESSIONS FOR THE SUGGESTED DEVELOPMENT OF A FRAMEWORK

8.5.1 SESSION 1: INTRODUCTION, WELCOMING AND ORIENTATION

The structure of the session can be as follows:

8.5.1.1 Objectives of the session

- Welcoming and introducing participants
- Orientation of participants into the framework
- Contracting (setting of ground rules)

8.5.1.2 Background information and rationale of the session

Before running this session, the facilitator should have a sufficient understanding of the entire framework once it has been developed and ensure that preparations are done before the commencement of the session. This session is very crucial, as it creates the first impressions and allows participants to feel welcomed and get an opportunity to know, as well as understand all the stakeholders that are part of the session. The facilitator should help participants understand why they are part of the session. The purpose of the framework should also be outlined to the participants for their understanding. The objectives of the framework are as follows:

- To sensitise families about the importance of family during natural disasters
- To discuss domestic violence.
- To discuss the mental health issues that arise during natural disasters.
- To explore support services that are available for families during natural disasters.

8.5.1.3 Key issues of the session

The following three issues are the key issues of the session:

- Welcoming and introducing respondents.
- Orientation and introduction of the framework.
- Setting of ground rules for all respondents.

8.5.1.4 Conclusion

The session should be an introductory session that focuses on introducing and welcoming participants. It should pave the way for the upcoming sessions of the framework. The

objectives of the framework should be discussed in this session, as well as the ground rules that are going to guide the discussions.

8.5.2 SESSION 2: THE FAMILY FUNCTIONING

This session should be structured as follows:

8.5.2.1 Objectives of the session

- To present and discuss the types of families.
- To present and discuss family values, customs and traditions.
- To present and discuss the importance of family during natural disasters.

8.5.2.2 Background information and rationale of the session

The Department of Social Development in South Africa reported that the process of family functioning in South African families is significantly influenced by diverse family structures in that a child-headed family cannot function the same way as a single-parent family (Department of Social Development, 2021). Thus, this suggested session must reflect on the types of families to get insight into their functioning. Families are important in the lives of people, as they offer a source of support, which is why each family has its foundations, traditions and lifestyles (Kamila & Tuychievna, 2022). It can be deduced that understanding the values and customs of families is important in supporting families. According to Lincoln and Chae (2012), frequent emotional support from family and friends is important, as it helps to decrease the chances of depression for people who are facing difficult situations. Therefore, there is a need to reflect on the importance of families during natural disasters.

8.5.2.3 Key issues of the session

- Discuss the types of families.
- Family values, customs and traditions.
- The importance of family during natural disasters.

8.5.2.4 Conclusion

The goal of this session should be to ensure that respondents understand the types of family structures that exist in South Africa and their functioning during disasters. It is also imperative that people understand the importance of having a family that will serve as a source of support amid natural disasters.

8.5.3 SESSION 3: DOMESTIC VIOLENCE

This session should be structured as follows:

8.5.3.1 Objectives of the session

- To present and discuss the types of violence.
- To present and discuss the impact of violence.

8.5.3.2 Background information and rationale of the session

Individuals from different settings experience different types of violence during natural disasters. The increase in domestic abuse cases during the lockdown, according to Fetzer, Witte, Hensel, Jachimowicz, Haushofer, Ivchenko and Yoeli (2020), has also contributed to an increase in the incidence of mental health issues. In the same breath, there is widespread concern about increases in Intimate Partner Violence during natural disasters (Brink, Cullen, Beek & Peters, 2021). Thus, this highlights the importance of understanding the types and impacts of violence on individuals during natural disasters. According to Stubbs and Szoeke (2022), women who have suffered violence and abuse are substantially more likely to have poor health outcomes in a range of areas, necessitating primary care that is both specialised and catered to their needs. This session should stress the importance of discussing the impact of violence.

8.5.3.3 Key issues of the session

- The types of violence.
- The impact of violence.

8.5.3.4 Conclusion

Individuals within different families experience violence differently. It is therefore important that after this session, the facilitator should have discussed the types and impacts of violence amid natural disasters with the participants.

8.5.5 SESSION 4: MENTAL HEALTH ISSUES

This session should be structured as follows:

8.5.5.1 Objectives of the session

- To discuss job loss and mental health.
- To discuss alcohol use and mental health.
- To discuss ways of dealing with stress and depression.

- To discuss trauma counselling.

8.5.5.2 Background information and rationale of the session

Studies show that high rates of job loss contribute to increased behavioural health disorders which lead to more suffering and deaths and higher rate of suicides and suffering during humanitarian crises (Paul & Moser, 2009; Milner, Page & LaMontagne, 2013; Milne, Page & LaMontagne, 2014; Case & Deaton, 2020). This shows the importance of discussing the impact of job loss on the mental health of individuals. According to Stanton, Khalesi, Williams, Alley, Thwaite, Fenning and Vandelanotte (2020), some individuals increase their alcohol consumption during natural disasters, and this is associated with depression, anxiety and stroke. It is against this background that the ways of dealing with mental health issues such as trauma counselling are discussed and understood during this session.

8.5.5.3 Key issues of the session

- Job loss and mental health.
- Alcohol use and mental health.
- Ways of dealing with stress and depression.
- Trauma counselling.

8.5.5.4 Conclusion

It can be deduced that some individuals experience mental health issues as a result of many factors, such as losing their jobs, which requires mitigating strategies such as trauma counselling for the affected individuals. Therefore, at the end of this session, the impact of job loss and alcohol on mental health, as well as the ways of responding to such should be discussed.

8.5.7 SESSION 6: SUPPORT SYSTEMS

This session should be structured as follows:

8.5.7.1 Objectives of the session

- Exploring available support services for families that are affected by natural disasters.
- The importance of available support services during natural disasters.

8.5.7.2 Background information and rationale of the session

The South African government announced R500 billion for social support and economic relief funds (Ramaphosa, 2020b). With a new Social Relief of Distress grant of R350 established and benefitting eight (8) million beneficiaries, the R500 billion was also used to increase social grants by R41 billion, and provide grant top-ups for six months to mitigate the effects of COVID-19 for the most vulnerable members of society (Mboweni, 2020). The President of South Africa mandated municipalities throughout the country to have emergency and temporary shelters for the homeless (The Presidency, 2020). It is for this reason that the availability and importance of support services are discussed in this session.

8.5.7.3 Key issues of the session

- Available support services during natural disasters.
- The importance of support services during natural disasters.

8.5.7.4 Conclusion

It is imperative to know the support services that are available for individuals and families during natural disasters. The end goal of this session should be to ensure that the participants know the available support services and their importance during natural disasters.

8.5.8 SESSION 7: EVALUATION AND TERMINATION

This session should be structured in the following way:

8.5.8.1 Objectives of the session

The objectives of this session are as follows:

- To evaluate the effectiveness of the framework.
- To terminate the sessions of the framework.

8.5.8.2 Background information and rationale for the session

Since every educational project or framework has goals and objectives to achieve, it is important to make a reflection to determine if the goals are met. As the objectives of the proposed framework for COVID-19-affected families would have been outlined in the first session, a reflection should be made in the last session of the framework. This session will help the facilitators understand areas that need further development or revision. The facilitators should encourage an open discussion about lessons learnt throughout the

lifecycle of the framework. Respondents may also be asked questions that relate to the sessions held. As this frameowork is a family support framework amid natural disasters, the facilitators should be open to repeating a session should there be a need based on the evaluation outcomes.

8.5.8.3 Conclusion

In this session, the facilitators take stock of what participants have learnt during the sessions. Feedback from the respondents will help the facilitator determine areas that require improvement. In turn, that will strengthen the rigorousness of the framework and ensure that it achieves what it is developed to accomplish – support families amid natural disasters.

8.6 IMPLEMENTERS' CAPACITY BUILDING TRAINING

The implementers of this proposed framework must be knowledgeable on issues, such as domestic violence that are faced by families during natural disasters. The implementers should also be trained on how to effectively respond to issues such as domestic violence during natural disasters. The train-the-trainer approach should be adopted to allow effective implementation of the framework.

8.7 CONCLUSION

In this chapter, a family support framework amid natural disasters was suggested. This framework comprises of seven sessions that are all described above in detail. The next chapter focused on the presentation of a summary of the major findings, conclusions and recommendations.

CHAPTER 9

SUMMARY OF THE MAJOR FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

9.1 INTRODUCTION

The COVID-19 pandemic has negatively affected the lives of many people in South Africa and the rest of the world. The pandemic has disorientated families and affected the mental health and well-being of many individuals. It was necessary to use context-based frameworks to understand the impact of the COVID-19 pandemic on families and understand how families responded to the pandemic in order to suggest a framework and intervention for families that are affected by the COVID-19 pandemic. This chapter presented a summary of the major findings, conclusions and recommendations drawn from the empirical findings of this study. The study sought to explore and describe the resilience strategies that were employed in response to the impact of the COVID-19 pandemic by the selected families in Polokwane, to also suggest the development of a framework to mitigate the impact of the COVID-19 pandemic on families.

9.2 RESTATEMENT OF THE RESEARCH PROBLEM

South Africa has battled the scourge of the COVID-19 pandemic, which was discovered in 2019 in China. As a mitigation strategy for the spread of the virus, the government of South Africa had to impose a national lockdown. Many individuals, families and communities were affected by the implementation of the national lockdown. Several studies show that pandemics disorientate families through increased family and intimate partner violence (Seddighi, Salmani, Javadi & Seddighi, 2019; Rubenstein, Lu, MacFarlane & Stark 2020 Likewise, Morganstein, Fullerton, Ursano, Donato and Holloway (2017) postulate that pandemics negatively affect the lives of different individuals, families and communities such as changing their family patterns wherein ties are lost. Pandemics such as COVID-19 cause mental health issues in different individuals within different families. This is supported by Wallace, Wladkowski, Gibson and White (2020) who suggest that the loss of lives and social exclusions that were brought about by COVID-19 left many individuals battling with psychological distress due to people's concerns over their family stability and job security. In addition, Enarson (2001) and the

World Health Organisation [WHO] (2012) speculate that violence at home substantially increases post-disasters. In other words, pandemics leave families and communities battling with challenges such as poverty, economic hardships and mental health disorders (Gerna-Turoff, Fischer, Mayhew & Devries, 2019). In Limpopo, particularly in Polokwane municipality, debatably, fewer studies focus on the resilience strategies of families, principally in response to the impact of the COVID-19 pandemic. It is for this reason that this study explored the COVID-19 resilience strategies of selected families in Polokwane municipality in Capricorn District in Limpopo Province, South Africa.

9.3 ROLE OF THEORIES IN THE STUDY

In exploring and describing the resilience strategies of selected families in response to the COVID-19 pandemic, the researcher triangulated the following three theories: vulnerability theory, coping theory and resilience theory in line with Ndenje-Sichalwe's (2010) input elucidates triangulation of theories as the use of more than one theoretical framework to interpret data. Firstly, the Vulnerability theory by Martha Fineman founded in 2008 was useful in giving lenses to analyse why individuals and families become vulnerable to disasters such as the COVID-19 pandemic. Secondly, the Coping theory by Lazarus and Folkman founded in 1984 was used to explore and describe the coping strategies of families. Lastly, the Resilience theory by Norman Garmezy founded in 1974 was adopted to analyse and interpret how families bounced back from the hardships that they faced as a result of the emergence of the COVID-19 pandemic in Polokwane municipality.

9.4 RESTATEMENT OF THE AIM AND OBJECTIVES OF THE STUDY

9.4.1 The aim of the study

According to Thomas and Hodges (2010), a research study's main objective or overall purpose is what the study seeks to achieve. Doody and Bailey (2016) contend that a study needs a research aim to be successful since it helps to give the study direction. The study explored and described the resilience strategies that were employed in response to the impact of the COVID-19 pandemic by the selected families in Polokwane.

9.4.2 Objectives of the study

According to Fouché and De Vos (2011), research objectives are the precise actions one must follow to accomplish the study's objective. Research objectives, according to Thomas and Hodges (2010), characterise specific research questions that a study plans to investigate in light of its main subject, which serves as its aim. The objectives of this study were as follows:

- To determine how COVID-19 disoriented families in Polokwane municipality. The fulfilment of this objective was addressed in 7.3.1 in Chapter 7 of this study.
- To assess mental health issues caused by COVID-19 within families in Polokwane municipality. The achievement of this objective is in Section 7.3.2 in Chapter 7 of this study.
- To describe resilience strategies that families in Polokwane resorted to in response to the impact of COVID-19. The achievement of this objective is in Section 7.3.3 in Chapter 7 of this study.
- To propose a framework for families affected by the COVID-19 pandemic. Chapter 8 of this study fulfils this objective.

9.5 SUMMARY OF THE MAJOR FINDINGS

The major findings of the study are summarised below.

9.5.1 The disorientation of families

It was established in this study that the South African Lockdown resulted in some families experiencing negative changes such as loss of family bonds which was perpertuated by fear of being exposed to COVID-19 when spending time with their family members. Even though Luttik, Garcia-Vivar, Konradsen, Mahrer-Imhof, Imhof, Brodsgaard, Ostergaard, Dieperink and Kolbrun-Svavarsdottir (2020) in their study found that families in many countries lost bonds and freedom of movement due to the quarantine and lockdown measures that were imposed by several governments globally. It should be noted that in South Africa, Polokwane in particular no study has explored the loss of family bonds by the COVID-19 pandemic.

The findings of the study revealed domestic violence as one of the factors which contributed to family disorientation. Home confinement and alcohol consumption during the COVID-19 lockdown have also contributed to the rise in cases of domestic violence. Although, Roesch, Amin, Gupta and García-Moreno's (2020) found that during pandemics and natural disasters such as the COVID-19 pandemic, domestic violence incidents grow their study was not in the context of Polokwane.

It was established by this study that job loss caused disorientation in some families in Polokwane municipality. Mojtahedi, Dagnall, Denovan, Clough, Hull, Canning, Lilley and Papageorgiou's (2021) related findings which shows that the COVID-19 pandemic resulted in some individuals losing their jobs, being unable to feed their families and experiencing mental health issues such stress and depression in a different context.

9.5.2 Mental health issues caused by COVID-19 within families

Within the context of this study (Polokwane municipality) it was established that some family members were found to have experienced emotional and behavioural problems such as as worry and fear perpetuated by the rising daily statistics of the COVID-19 cases in South Africa. Although the findings are similar to what was found by Hao, Tan, Jiang, Zhang, Zhao, Zou, Hu, Luo, Jiang, McIntyre and Tran (2020) which show that many individuals during the COVID-19 pandemic had worries about their well-being which led some of them have severe anger and suicidal thoughts, it is also important to note that the findings are new within the context of this study as there is no study that has been conducted with families in Polokwane on their resilience strategies in response to the impact of the COVID-19 pandemic.

This study also show that family members developed mental health problems as a result of quarantine and isolation COVID-19 regulations which restricted some from getting support from their family members/relatives. These findings do not differ with what Jain, Bodicherla, Raza and Sahu (2020) found, in that people in quarantine and isolation facilities faced mental health issues during COVID-19 as a result of restricted access to support. However, it should be noted that this study is new in Polokwane, South Africa.

9.5.3 Resilience strategies that families in Polokwane resorted to in response to the impact of COVID-19

Some families members in Polokwane resorted to substance use (smoking and alcohol consumption) as their resilience strategy to mitigate the impact of COVID-19 pandemic. Although similar findings were established by Patrick, Bray and Berglund (2016) in the other country where it was found that pandemics in the past were associated with symptoms of substance use disorders, this study generated new knowledge within the South African Context, Polokwane in Particular.

Findings also show that some families relied on religious practices such as prayer for their resilience to mitigate the impact of COVID-19 pandemic. Even though Rosmarin, Pargament and Robb (2010) found that some individuals with psychological distress use spirituality and religion to cope with stressful and difficult situation, their study did not specifically focus on COVID-19 pandemic.

The study established that there is a linkage between the African practie of 'Ubuntu' and resilience within and amongst families in Polokwane, in that family members and relatives rely on each other during adversities such as the COVID-19 pandemic for support.

As a result of income and job losses the South African government played a significant role wherein some families received services such as social grants and food parcels to cope with the impact of the COVID-19 pandemic which ultimately resulted in them being resilient. Even though van der Berg, Siebrits and Lekezwa's (2010) did not conduct their study on COVID-19 it is evident that social security systems such as providing citizens with grant, protect them against challenges such as unemployment and income loss.

9.5.4 The proposed framework for families affected by the COVID-19 pandemic

As a result of the impact of the COVID-19 pandemic on families which resulted in disorientation of families and mental health issues, the researcher suggested the development of a Family Support framework Amid Natural Disasters. The following Six (6) sessions were suggested for the Family Support framework Amid Natural Disasters :

Session 1: Introduction, welcome and orientation

Session 2: Family functioning

Session 3: Domestic violence

Session 4: Mental health issues

Session 5: Support systems

Session 6: Evaluation and termination

9.6 CONCLUSIONS

The following conclusions were drawn from the empirical findings of this study:

The COVID-19 pandemic resulted in some families in Polokwane losing their bond due to the national lockdown that was imposed by the government in South Africa. Some families experienced domestic violence which was also perpertuated by home confinement restrictions and alcohol consumption. Job and income loss that was faced by some individuals within certain families due to the imposed national lockdown disrupted the functioning of such families. Thus, it can be deduced that the COVID-19 pandemic disoriented families in Polokwane.

Individuals within the selected families in Polokwane experienced emotional and behavioural problems such as worry and fear which affected their mental health. Some individuals lived in fear due to the rise of the daily cases in the country whilst some feared being in quarantine and isolation which also led to them experiencing mental health issues. Thus, it can be deduced that some individuals within some families in Polokwane experienced mental health issues as a result of the impact of the COVID-19 pandemic in their lives.

It can be deduced from the findings that some individuals resort to the use and abuse of substances during humanitarian crises as resilience strategies. Futhuremore, it can be deuced that some individuals relied on family and peer support to mitigate the difficult situations instigated by the COVID-19 pandemic. It can also be noted that during natural disasters such as the COVID-19 pandemic, some individuals within some families use religious strategies such as prayer to mitigate the impact of such natural disasters. It can also be noted that government services play a crucial role in supporting families in the

mitigation of natural disasters. Thus, it can be deduced that individuals during natural disasters such as the COVID-19 pandemic employ both positive and negative strategies to cope with the impact of such natural disasters.

9.7 RECOMMENDATIONS

The following recommendations are made based on the findings and conclusions drawn from this study.

As it was established in this study that 'Ubuntu' as an African value plays a significant role in strengthening family bonds, it is imperative that social workers when working with families in mitigating the impact of natural disasters emphasize the practice of Ubuntu for the resilience of individuals within families. In addition, it would primarily be recommendable that in the decolonisation of the social work curriculum, the higher education institutions stringently incorporate the teaching of 'Ubuntu' as an African philosophy to empower social work graduates with the relevant approaches to implement such when working with individuals, families and communities from the African context and beyond.

The findings of the study show that domestic violence was experienced by some families as perpertuated by home-confinmenet and alcohol consumption. Therefore, the study recommends that the South African government should develop programmes to address domestic violence during natural disasters such as the COVID-19 pandemic. Job loss was also established as one of the factors that contributed to the disorientation of families in Polokwane. Although findings show that the South African government came handy in making initiatives such as social grants and food parcels to support individuals and families, it would also be appropriate that the government assist the communities to develop sustainability plans by collaborating with other stakeholders and private sectors rather than only relying on the said government services as they are relient on the budget of the government.

Findings of this study established that individulals within some families experienced mental health issues due to worry, fear, quarantine and isolation regulations. It is therefore recommended in this study that there should be awareness and responsive programmes

for responding to mental health issues that are faced by individuals during natural disasters. Findings also show that individuals within some families have employed negative coping strategies such as using substances for mitigating the impact of the COVID-19 pandemic. Thus, the South African government should strengthen its substance abuse programmes to raise awareness on the effects of substance abuse.

With the empirical evidence from this study, the researcher suggests a framework to mitigate the impact of natural disasters such as the COVID-19 pandemic in the families. Therefore, researchers and programme developers must evaluate the effectiveness of the framework to assist in developing guidelines and intervention models for social workers during natural disasters such as the COVID-19 pandemic. Extensive training for social workers on natural disaster management is strongly recommended to sharpen their skills when addressing such disasters.

9.8 LIMITATIONS OF THE STUDY

Twenty Four (24) respondents from eight (8) families in Polokwane were selected following the non-probability sampling methods wherein convenient and snowball sampling techniques were used. Although the researcher anticipated to have more respondents in this study, data got saturated within the sampling size of the above mentioned number which cannot be generalized as the study only focused on families within Polokwane municipality which is not representative of the majority of the South African families. It is also important to note that this study was qualitative in nature wherein the depth of data is not determined by numbers, unlike with quantitative research, but the principle of data saturation. Due to the newness of the natural disaster of COVID-19 in South Africa and that there has never been any study in Polokwane that explored the impact of such a disaster in the families, other research approaches such as quantitative would not yield the expected outcomes as nothing was known regarding the resilience strategies of families on this phenomenon.

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APPENDIX A: INFORMATION LEAFLET FOR RESPONDENTS

You are invited to participate in the following research project.

PROJECT TITLE: Resilience strategies in response to the impact of COVID-19 pandemic: The case of selected families in Polokwane, South Africa

THE PROJECT IS AIMED AT MEETING THE FOLLOWING OBJECTIVES:-
Aim of the study

This study sought to explore and describe the resilience strategies that were employed in response to the impact of the COVID-19 pandemic by the selected families in Polokwane

Objectives of the study
• To determine how COVID-19 disoriented families in Polokwane

• To assess mental health issues caused by COVID-19 within families in Polokwane

• To describe resilience strategies that families in Polokwane resorted to in response to the impact of COVID-19

• To propose a framework for families affected by the COVID-19 pandemic

SIGNIFICANCE OF THE STUDY

The results of this study will potentially help the COVID-19 multidisciplinary team members in coming up with programmes for families that were affected by COVID-19. The findings of this study may be used by other researchers for further research. The study findings may also assist in closing the existing gaps in the programmes for managing the COVID-19 pandemic. The findings will also add knowledge to the scientific body of Knowledge.

PARTICIPATION

This is a voluntary study. Should you at any stage feel unhappy, uncomfortable or concerned about the research, you will be allowed to withdraw your participation.

APPENDIX B: INFORMED CONSENT

Title of the study: Resilience strategies in response to the impact of COVID-19 pandemic: The case of selected families in Polokwane, South Africa

Declaration of consent

I... voluntarily agree to participate in this study.

The nature of the research:

•	The research is undertaken by Ramoshaba D.J, a Doctor of Philosophy student from the University of Limpopo on the above-mentioned topic.

•	Information will be collected by means of one-on-one semi-structured interviews

Your rights as a Respondent:

- I understand that participation is voluntary
- I understand that even if I agree to participate now, I can withdraw at any time or refuse to answer any question without consequences of any kind.
- I understand that I can withdraw permission to use data from my interview within two weeks after the interview, in which case, the material will be deleted.
- I have had the purpose and nature of the study explained to me in writing, and I have had the opportunity to ask questions about the study.
- I understand that I will not benefit directly from participating in this research, and I agree to my interview being audio-recorded.
- I understand that all information I provide will be treated confidentially.
- I understand that in any report on the results of this research, my identity will remain anonymous.
- I understand that if I inform the researcher that I or someone else is at risk of harm, they may have to report this to the relevant authorities. They will discuss this with me first but may be required to report with or without my permission.
- I understand that signed consent forms and original audio recordings will be retained at the University of Limpopo until the University confirms the results of the study.
- I understand that I am free to contact any of the people involved in the research to seek further clarification and information.

_____ _____Signature of respondent

I am giving consent to participate in this study

_____ _____

Signature of Researcher

APPENDIX C: INTERVIEW GUIDE

TOPIC: Resilience strategies in response to the impact of COVID-19 pandemic: The case of selected families in Polokwane, South Africa

INTRODUCTION

The researcher of this study is Ramoshaba D.J from the University of Limpopo. The purpose of this study is to help the researcher complete his Doctor of Philosophy Degree. This tool will be used as a guide during the researcher's interviews with the respondents.

SECTION A: BIOGRAPHICAL PROFILE OF RESPONDENTS

1. **Gender**

Gender	Tick
Male	
Female	
Prefer not to say	

2. **AGE**

Specify	……………………………………………..

3. **ROLE IN THE FAMILY**

Role in the family	Tick
Father	
Mother	
Dependent	
Other	Specify…………………………………

4. RACE

RACE	TICK
Black African	
Indian	
Coloured	
White	
Other, specify:	

5. EMPLOYMENT STATUS

EMPLOYMENT STATUS	TICK
EMPLOYED	
UNEMPLOYED	
SELF-EMPLOYED	

SECTION B: THE DISORIENTATION OF FAMILIES BY THE COVID-19 PANDEMIC

1.   Tell me about your family functioning during the COVID-19 lockdown. (Probe)
2.   How did your family functioning affect you? (Probe)

SECTION C: MENTAL HEALTH ISSUES CAUSED BY COVID-19 WITHIN FAMILIES

1. Share with me how COVID-19 affected your mental health.

SECTION D: THE RESILIENCE STRATEGIES THAT FAMILIES IN POLOKWANE RESORTED TO IN RESPONSE TO THE IMPACT OF COVID-19

1. How did you cope with the effects of COVID-19?

2. Do you regard the strategies to be effective? Please explain.

SECTION E: PROPOSED FRAMEWORK FOR FAMILIES AFFECTED BY COVID-19

1. What do you think should be done to assist families that are affected by the COVID-19 pandemic?

APPENDIX D: ETHICAL CLEARANCE CERTIFICATE

University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 3935, Fax: (015) 268 2306, Email: Tukiso.Sewapa@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE
ETHICS CLEARANCE CERTIFICATE

MEETING: 04 December 2023

PROJECT NUMBER: TREC/294/2022: PG-Amended

PROJECT:

Title:	Resilience strategies in response to the impact of COVID-19 pandemic: The case of selected families in Polokwane, South Africa.
Researcher:	DJ Ramoshaba
Supervisor:	Prof SF Rapholo
Co-Supervisor/s:	N/A
School:	Social Sciences
Degree:	PhD in Social Work

PROF D MAPOSA
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: **REC-0310111-031**

Note:
i)   This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.

ii)   Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.

iii)   PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

Finding solutions for Africa

APPENDIX E: EDITORIAL LETTER

30 October 2023

RESILIENCE STRATEGIES IN RESPONSE TO THE IMPACT OF COVID-19 PANDEMIC: THE CASE OF SELECTED FAMILIES IN POLOKWANE, SOUTH AFRICA

This serves to confirm that I edited substantively the above document including a Reference list. The document was returned to the author with various tracked changes intended to correct errors and to clarify meaning. It was the author's responsibility to attend to these changes.

Yours faithfully

Dr. K. Zano

Ph.D. in English

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APPENDIX F: TURNITIN REPORT

THESIS FOR RAMOSHABA DJ (2023)

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