




The nexus between Gender-based Violence and the COVID-19 pandemic in Zimbabwe: A case study of the Johane Marange Apostolic Church

Tobias Marevesa

Research Fellow at the Research Institute for Theology and Religion
College of Human Sciences, UNISA, South Africa
marevesat@gmail.com & marevesat@ukzn.ac.za
[https://orcid.org: 0000-0001-5479-6735](https://orcid.org/0000-0001-5479-6735)

 <https://doi.org/10.46222/pharosjot.10531>

Abstract

The outbreak of the COVID-19 pandemic greatly affected humanity, including inter alia working schedules, public life, and public health systems. Johane Marange Apostolic Church (JMAC) Women's religious life in Zimbabwe was not spared the effects of the coronavirus. This pandemic affected women in various religious practices, and one of them is being subjected to gender-based violence (GBV). Throughout the intermittent lockdown phases, the COVID-19 pandemic exacerbated the already existing gender discrepancies, with far-reaching implications for women. The closure of informal businesses, which was the major source of income for most JMAC women resulted in the shortages of food on the table. The shortages of food supplies resulted in unprecedented conflicts in the home, and women suffered the most. This study interrogates how the outbreak of the COVID-19 pandemic exacerbated the problem of GBV, especially for ordinary women. The article adopts the social conflict perspective as a theoretical lens for examining how women in the JMAC became more susceptible to GBV, perpetrated by their male counterparts during the peak of the COVID-19 pandemic in Zimbabwe. The article concludes by proposing ways for curbing some of the patriarchal-endowed beliefs and practices which intensified the suffering of JMAC women during the peak of the coronavirus disease in Zimbabwe.

Keywords: COVID-19 pandemic, Gender-based violence, Johane Marange Apostolic Church, Social conflict perspective.

Introduction

GBV is one of the fundamental threats to the well-being of the girl-child and women's health the world over. GBV against women in Zimbabwe and beyond has been related to African Independent Churches (AICs), particularly during the COVID-19 pandemic (Tsonga & Mazarura, 2021). Although both men and women have experienced GBV, women and girls are more susceptible than men and are more prone to be either killed or seriously hurt. In Zimbabwe, there are four umbrella bodies for churches: the Zimbabwe Council of Churches (ZCC), Zimbabwe Catholic Bishops' Conference (ZCBC), Evangelical Fellowship of Zimbabwe (EFZ) and Apostolic Christian Council of Zimbabwe (ACCZ). The last category is the most recent church organisation in Zimbabwe, which was once under the banner of African Independent Churches (AICs) (Verstraelen, 1998). The ACCZ is an organisation that comprises Zionist and Apostolic churches, which seeks to transform local churches to have national standards and values. The Johane Marange Apostolic Church (JMAC) is not yet a member of any of these organisations. In the previous years, during the peak of the COVID-19 pandemic, JMAC was heavily criticized for some



of its beliefs and practices about GBV and women. The article examines the beliefs and practices of JMAC that may result in the violation of women's and the girl child's rights.

The paper argues that GBV in the JMAC surged during the peak of the COVID-19 lockdown. In addition, this article further argues that the increase in GBV against women during the period of the coronavirus resulted in the social and psychological trauma of the girl child and women. This article will also consider whether some beliefs and practices of the JMAC were detrimental to the majority of members' well-being. These beliefs and practices of JMAC prevent the girl child from pursuing education and expose them to deadly killer diseases such as malaria, tuberculosis, HIV and AIDS, and measles, because they don't believe in conventional medical treatment. Ultimately, this violates the children's rights, especially the girl child.

Research has demonstrated that GBV against women is rampant in all environments, nevertheless, in times of emergencies which may cause disruptions of protecting structures that can result in high levels of poor responses to adversative health problems. COVID-19 pandemic is a case in point in this regard with special reference to JMAC. COVID-19 specifically is an example in this regard because of lockdowns, social distancing and other various limitations of movement created a fertile ground for women and girls prone to the risk of violence in their homes (Gordon, 2021). This did not spare the JMAC because there were limited opportunities to find safe space. The JMAC women and girls suffered the emotional and economic stress because of the lockdown which increased their abuse (Tsuniga & Mazarura, 2021). The mentioned related factors forced the UN Women to define GBV as a "shadow pandemic" (UN Women, 2020) taking place alongside COVID-19 globally that ultimately resulted that there could be more than 31 million more cases of GBV worldwide within 6 months within the pandemic (United Nations Population Fund, 2020).

Theoretical framework: Social Conflict paradigm

This article is going to use the insights of social conflict paradigm to examine the nexus between Gender-based Violence and the COVID-19 pandemic in Zimbabwe in the context of Johane Marange Apostolic Church. The social conflict theory was developed by Karl Marx who claims that in society there is always a perpetual conflict because it competes for power and limited resources. This theory contends that social order is characterised by power and domination instead of conformity and consensus. According to Stark (2007:18), "those with wealth and power try to hold on to it by any means possible, chiefly by suppressing the poor and powerless." The basis of conflict theory is that people and groups in society work to take full advantage of their own benefits. This methodology is a "macro-oriental paradigm in sociology that views society as an arena of inequality that generates conflict and social change" (Thio, 2008:75). The major elements in this paradigm are that society is made up of ways which benefit a few while the majority suffer, as well as features such as class, race, age and sex are related to inequality. In short, for the social conflict theory, its major concern is about the dominance of the dominant social group against marginalised group relations. Karl Marx is known as the 'father' of social conflict theory. This paradigm focuses on the competition between groups which exists in a particular society based upon the limited resources which are available. In this regard, economic and social institutions are utilized as tools to maintain the dominance and inequality that are perpetuated by the ruling classes.

The other important feature of social conflict theory is that it has been utilized to interrogate an array of social occurrences such as revolutions and wars, poverty and wealth, domestic violence and discrimination among other social ills. This methodology attributes the major developments in the history of humanity to issues such as civil rights and democracy as an attempt by capitalists to control the masses without the desire to have social order (Collins, 1994:16). Social conflict theory also seeks to explain that it revolves around issues of social inequality in the distribution



of resources and it also emphasizes the conflict which exists in society between social classes. Other significant dimensions of conflict which this theory has been used is the conflict between different religious, social and other social groups. Therefore, this theoretical framework is suitable to be used to interrogate the nexus between Gender-based Violence and the COVID-19 pandemic in Zimbabwe in light of the Johane Marange Apostolic Church.

Historical overview of COVID-19 pandemic in Zimbabwe

The outbreak of the COVID-19 pandemic in December 2019 was a shocker to the world. The pandemic became a public health problem which required a huge public health reaction which was in tandem with African beliefs of Ubuntu (Ndimande-Hlongwa, 2020). The coronavirus disease did not only challenge the health sector, but impacted a range of sectors including education, the general economy, social life, and religious participation among others. Two major sectors which were hard hit by the pandemic were education and the economy because Zimbabwe like other countries had resorted to a massive lockdown in order to mitigate the spread of the virus. China recognised and informed the global public health fraternity about the outbreak and emergence of the new COVID-19 among its people in their hospitals in the province of Hubei (Ndimande-Hlongwa, et al 2020). The World Health Organisation (WHO 2020) argued that the new coronavirus was recognised as the coronavirus SARS-CoV-2 and this disease was referred to as coronavirus disease 2019, (COVID-19) (Ndimande-Hlongwa et al., 2020). The World Health Organisation was forced to proclaim coronavirus as a global disaster on 11 March 2020 as the novel coronavirus's destruction continued unabated across the world, with catastrophic consequences to livelihoods, lives, the global economy and universal public health.

The Zimbabwean government also made a proclamation that coronavirus disease was a national disaster. This resulted in the abrupt closure of colleges, universities and schools, and the rapid closure of all churches and companies, among other organisations and institutions. The speedy spread of COVID-19 globally had huge and severe influence on religious beliefs and practices. The JMC was not spared by the effects of the coronavirus. This was due to the fact that the virus was increasing in its spreading at a frightening level. The harshness of the disease was a concern for all international stakeholders. Numerous people were diseased while some succumbed to the deadly virus. The coronavirus was spreading at an extraordinary speed that enforced the WHO to declare mitigating procedures across the world (Mavengano & Marevesa, 2020). There was a compulsory announcement of the lockdown globally by the WHO which put in place restrictions of reducing movements of people as a way of curbing the spread of coronavirus. These preventive procedures which included personal hygiene, physical (social) distancing, and quarantine affected religious gatherings. "Countries such as Zimbabwe had to come up with various restrictions in as far as worship was concerned during the peak of coronavirus" (Sibanda and Muyambo, 2020:162). Religious activities and gatherings were forbidden because of the lockdown regulations which were put in place in Zimbabwe. Most of the Christian churches resorted to televangelism where the church attempted to reach its members online.

JMAC: Beliefs and practices

The Old Testament is the base where the JMAC took most of their beliefs and practices. JMAC members follow the examples of prophets of the esteemed Old Testament such as Elijah, Moses and other New Testament characters like Paul and John the Baptist. Whilst Elijah and Moses were viewed as the major and greatest prophets of the Old Testament who were characterised with simple and ascetic life-style, yet the personality of John the Baptist influenced the JMAC more due to the baptismal rite which they call 'Jordan baptism.' The other significant New Testament personality whom they look up to as a model is the apostle Paul. JMAC members accepted the example of Paul with his Jewish upbringing propagates the subservience of women which they (JMAC) have sustained. The JMAC members have a biblical basis to uphold and



support the teachings of polygamy. The issue of polygamy is central in the beliefs and practices of the JMAC which led to GBV during the peak of COVID-19 pandemic. The JMAC's practices and beliefs are mainly stressed on the validity of two sacraments which are paschal and baptism.

To JMAC, baptism is symbolic it is as it is done in the 'Jordan' river. Any river in Zimbabwe in which the JMAC carry out their baptism is a 'Jordan' river which is usually performed by senior members of the church. A community such as this is known as a *pendi*, this word is derived from *pente* that is understood as fifty (Sibanda & Marevesa, 2013). According to Sibanda, Makahamadze and Maposa (2008:70), [i]n JMAC terms, for a local church to qualify to have a 'Jordan baptism' in its vicinity, it requires up to fifty families." There is also a conference or a *Pasika* (Passover feast) which is held at some designated places with adequate members which is in sync with the understanding of the *Pendi* element. All JMAC members either locally or in diaspora are ordinarily supposed to have an annual *Pendi* each year in July at Marange which is its headquarters in Manicaland province. Nevertheless, in some cases where other members fail to attend the Passover probably due to old age or financial problems, these members will usually be served with *Paseka* at any local *Pendis*.

Danneel (1986) argues that JMAC as an apostolic church believes in the spirit that exhibits syncretistic propensities. In this regard, the church also have a high regard and stresses the use and importance of prophecy under the influence of the Holy Spirit. They also emphasize the idea of speaking in tongues as evidence of the presence of the Holy Spirit. Revelation, visions and dreams are significant elements in the JMAC which they value so much. According to Sibanda and Marevesa (2013:167), "[i]t is on this basis that some unscrupulous 'prophets' could manipulate this gift to their selfish advantage but to the detriment of some church members particularly women and girls. It can be argued that whilst this apostolic sect enjoys freedom of worship, it should not infringe the constitutional rights of others."

JMAC also believes in the faith-healing, in this context they don't believe in conventional medicines or going to the hospital when they get ill. They have their own mid-wives who attended to their pregnant women so that they could not go to hospitals if they wanted to deliver. The JMAC has been accused by human rights activist that they violate human rights by denying to immunization and proper health care (Rusere, 2010). Marevesa and Sibanda (2013:167) argue that "[t]he central of senior healers, prophets and elders in JMAC is a source of liberation from the perspective of insiders whereas outsiders tend to detect facets of oppression in the JMAC." What is striking is that in the JMAC the authority of the leaders of the church is unquestionable by their members. Marevesa and Sibanda (2013:168) rightly argue that "[t]his why Changamaire, an authoritative leader of the church has the final say on matters of policy that guide the church." This resonates with what Mazambara (1999:333) that "the principal spiritual leader of the movement assumes through hereditary means is the chief administrator and the chief mediator between the members and God." This spiritual power is stretched to other senior members of the church who happen to perform supernatural acts using the Holy Spirit. It is this unquestionable power and authority that is at times abused by the elders of the church to abuse women who come to them for spiritual help.

A summary of the beliefs and practices of JMAC are as follows:

- Their doctrine is based on the Old Testament.
- Power of prayer is central in their beliefs.
- They believe spiritual healing through the Holy Spirit.
- They believe in the importance of the Holy Spirit.



- The use of water baptism is central in the JMAC.
- In their healing processes the use water to exorcise the evil spirits
- They have their own mid-wives
- They do not allow their members to seek conventional medicine in hospitals.

In the light of these beliefs and teachings, the study seeks to establish the extent to which JMAC has violated children's rights in Zimbabwe.

JMAC, GBV and COVID-19 pandemic in Zimbabwe

The outbreak of COVID-19 pandemic and a dominant culture of immunity derailed the progress that was made by gender activists on gender equality and eradicating violence against women and girls. One would ask if the JMAC was part and parcel of these initiatives. It remains to be seen as this research will unfold. Mlambo-Ngcuka (2020), who is the Women Executive Director of the UN, argues that during the run up towards 2012 General Equality Forum different players were making solid commitments to eliminate GBV against women. Players such as the civil society, governments, private sectors, youths among others were to be the voices that were to be heard during the 16 Days of Activism Against Gender-Based Violence, which is global campaign which are there from 25 November to 10 December (Donato, 2020). These initiatives were meant to change the existing ways in which GBV against women was perceived.

Before the advent of COVID-19 pandemic, there were strides which were made to curb violence against violence. GBV against women and girls were treated as violation of human rights, where "almost 18 per cent of women and girls experiencing physical or sexual violence by an intimate partner over a 12-month period" (Mlambo-Ngcuka, 2020:2).

It should also be noted that in Zimbabwe, 40% of women aged 15-49 have experienced physical and/or sexual violence by their partner. This includes a reported 19% who agonised under such violence during the period 2018-2019 (Zimbabwe National Statistics Agency & UNICEF, 2019). "In Zimbabwe, GBV tops the list of important women's-rights issues that citizens say the government and society must address. One-third (34%) of survey respondents cite GBV as their top priority, followed by too few women in influential positions in government (28%), unequal rights of property ownership and inheritance (17%), unequal access to education (7%), and unequal opportunities and pay in the workplace (6%)." (Moyo-Nyede, 2022: n.p.).

As the pandemic raged on at an unprecedented speed globally, there was an increase in violence against women in different situations such as on the streets, at home, in church and in a variety of other settings. It has been reported that calls for helplines were overwhelming in Zimbabwe and other African countries during the first days of the outbreak of coronavirus. It appears that the JMAC did not report the domestic violence in order to find help through regular networks because that will cause problems with the church leaders. As the lockdown continues, more and more women and the girl child were abused physically, emotionally, sexually and psychologically, but it was not brought to light fearing victimization by the perpetrators. Tsunga and Mazarura (2021) argued that there was a substantial escalation in GBV against women in most of the African countries such as Zimbabwe, Namibia, South Africa, Kenya, Nigeria among others. Unfortunately, this took place when almost all the social services which include shelter and health, were mainly used towards addressing COVID-19 cases. JMAC did not even want shelter and health facilities because this goes against their church doctrine. For JMAC, there is nothing like access to justice for the perpetrators of GBV against women, in fact, even justice for the victims was to be established, it was more difficult because courts were not operational because of COVID-19 lockdown measures. The whole world responded swiftly to the pandemic with all hands on the



deck, even those in the JMAC resorted to the herbal medicine as a way to curb the spread and cure the virus since there was no vaccine yet (Magezi & Manzanga, 2020). It can be argued that the violence against women may be seen as a pandemic that which pre-dates coronavirus and outlived it. "As we face COVID-19's devastation, there has never been a more important moment to resolve to put our combined resources and commitment behind the biggest issues, and to end violence against women and girls, for good" (Mlambo-Ngcuka, 2020:3).

At this juncture, it is important to consider some of the factors that affected the incidents of GBV against women during the COVID-19 pandemic in the JMAC and in other situations in Zimbabwe. The major factors which affected the incidence of GBV against women during the pandemic were social/physical distancing and lockdown (Polischuk & Fay, 2020). These two issues caused a lot of stress probably because of lack of food, medicine, opportunities of employment and social support. In the JMAC, women and girls usually depended on informal and private business. This could not take place because of lockdown and social/physical distance. Due to lockdown, there was substance and alcohol abuse by spouses and sexual partners. This resulted in massive physical, emotional, psychological, sexual and other abuses because of the influence of alcohol (Yenilmez & Bingol, 2020). The other women were married to partners who were not in the JMAC and these were the major culprits of the abuses that were perpetrated. It was unfortunate that even the police could not investigate cases of GBV against women which could have brought perpetrators of abuse to book. In addition, to the factors that facilitated GBV against women, there were economic problems because of the lockdown resulting in the unemployment of many men. Women therefore became even more dependent on men and in some ways that resulted in conflict and abuses due to shortages of food in the home.

The lockdown forced the presence of men in the home, however, this did not necessarily mean that they participated in the household duties. Men would generally not cooperate in household chores, such as caring for the patients battling with the COVID-19 virus, looking after the elderly and the disabled and raising children (Lund, 2020). The women in the JMAC would be left by their husbands to take care of all the household chores as well as providing food for the family. One of the beliefs and practices of JMAC is that of polygamy. In this context, men are not usually responsible for household chores and it is entirely the role of an individual wife within the polygamous marriage set-up. In addition, Magezi and Manzanga (2020:15) argued that "[a]lso, the laws and patriarchy have influenced the employment of women, especially during COVID-19 pandemic. So, women cannot play their political, social, and economic roles." This is reminiscent of the notion that JMAC women are not allowed to be involved in political activism and social activities in society because it goes against the values and beliefs of the church. There are horizontal inequalities among JMAC women which include access to education, political inequality and fertility rates which can result in economic inequality and subsequently violence against women. John et al (2020:67) is apt in saying "[t]hus, the economic, social, and cultural implications of COVID-19 have made women the main victims of this pandemic."

The other factor that caused GBV against women in Zimbabwe and beyond is the absence of the services of organisations such as a women's rights network, teachers and health workers during the peak of the lockdown. According to Magezi and Manzanga (2020:16), "the weak economy, alcohol consumption at home, lack of access to socio-psychological support from religious and non-religious counselors, relationship with the abusive partner and staying with him for a long time during quarantine, lack of income and stress and economic dependence on spouse have led to an increase in GBV during the pandemic in Zimbabwe." In the JMAC and in the view of other people in Zimbabwe, the main perpetrators of GBV were generally spouses. There was always the possibility of such women ending up committing suicide because of emotional distress and beatings or being killed by their spouses because of GBV.



Government's response to GBV during COVID-19 pandemic

The Zimbabwean government did not respond in a meaningful manner to the issue of GBV against women especially in the JMAC. What is significant is to discuss what the government could have done to protect the family during the COVID-19 pandemic lockdown. However, it is important to note that the government of Zimbabwe provided shelter to the patients of COVID-19 virus and visitors who were coming from other countries for quarantine purposes. The Zimbabwean government was seen wanting on funding on GBV in both for JMAC and all citizens. Magezi and Manzanga (2020) argued that the government was too slow to observe that the pandemic and the lockdown measures increased the danger of GBV. In the same vein, experts such as John et al (2020:66) observed that “national and local officials have never acknowledged the added dangers to some groups like sex workers, refugees, asylum seekers, and migrants ...” The Zimbabwean government facilitated the distribution of equipment that was used in shelters where COVID-19 patients were housed and those who were quarantined coming from other countries. They also helped in the manufacture of things like sanitizers and masks that were used by health workers and patients.

The government of Zimbabwe failed to enact laws that could have protected the families from GBV against women. The laws could have included “suspension of prison sentences, the creation of online crime registration and payment portals, the creation of virtual services to support sexually abused women, financial support for women, and women’s participation in charity” (Polischuk & Fay, 2020:677). It would have been a good thing if the police were deployed to create a nonviolent environment and provided guidance in different houses to prevent GBV against both men and women. To leave the area without a police patrol would allow the perpetrators of GBV against women to increase their negative actions.

Reflections

In this article, there was a synthesis of the published literature on the nexus between GBV against women and the COVID-19 pandemic in Zimbabwe in the context of the Johane Marange Apostolic Church. The results of this research have revealed that the outbreak of coronavirus disease spread speedily and globally and many people succumbed to the virus. One of the major challenges of the rapid spread of COVID-19 disease was the increase of GBV which showed a relationship that was there between GBV and JMAC in Zimbabwe. It emerged in this research that JMAC’s beliefs and practices were the opposite of the realities of the COVID-19 pandemic. Considering GBV against women, this research focused on JMAC, GBV, and COVID-19 pandemic in Zimbabwe, factors that caused GBV against women, and the government’s response to GBV against women during COVID-19 pandemic.

In this research, it was found that most common GBV recorded cases against women were sexual, emotional, psychological, physical, economic and verbal. It was discovered that most of the perpetrators of GBV against women were their spouses, probably caused by the huge shortages in basic commodities because of the lockdown. It was noted in this study that the more the virus spread and caused havoc to human life the more GBV was rife in the JMAC because of the strict restrictions of the lockdown. This article used the insights of the social conflict paradigm to examine the nexus between GBV and the COVID-19 pandemic in Zimbabwe in the context of JMAC. The use of this paradigm has to an extent helped in interrogating the relationship existing between the JMAC, GBV and COVID-19 pandemic. This was evident by the number of JMAC women and other women who were abused during the peak of COVID-19 pandemic. The research ascertained that during the peak of COVID-19 pandemic, the government of Zimbabwe facilitated the supply and deliveries of equipment and other important facilities which were needed in the management of COVID-19 patients. However, very little was done by the government to curb GBV against women during the peak of COVID-19 lockdown.



Conclusion

The results of this article have shown that the outbreak of the COVID-19 pandemic greatly affected humanity in numerous ways including, working schedules, public life, public health systems and especially the abuse of women in the JMAC. Zimbabwe was not spared by the effects of the coronavirus disease in the religious arena. This pandemic affected women in various religious practices and one of them is being subjected to GBV. Throughout the intermittent lockdown phases, the COVID-19 pandemic exacerbated the already existing gender discrepancies, with far-reaching implications for women. GBV has become one of the fundamental threats to the wellbeing of the girl-child and women's health world over. Although GBV has been experienced by both men and women, women are more victimized by men and they (women) are more prone to be either killed or seriously hurt. In this article, it was discovered that there was a close relationship between COVID-19 pandemic, GBV against women and JMAC. The results of this study show that GBV against women increased more in the form of emotional, sexual, physical, psychological, verbal and economic challenges.

For the JMAC, their women were deprived in accessing health facilities and deprivation of freedom in societal and community activities such as political activities and involvement in business activities which were rendered to be the man's domain. It is recommended that in any future pandemics the Zimbabwean government should not forget to give more funding to areas of GBV against women. This will enable it to deploy police officers to patrol in the community and this will reduce the rate at which women and the girl child will be abused by their counterparts. The closure of informal businesses which was the major source of income for most JMAC women resulted in the shortages of food on the table.

The shortages of food supplies subsequently resulted in unprecedented conflicts in the home and women suffered the most. It was observed in this article that there were various factors that caused GBV during the peak of COVID-19 pandemic these include social/physical distancing and lockdown, women's employment in the private and formal sectors, lack of access to social support, economic problems, and alcohol and substance abuse. This article suggests that the government of Zimbabwe should put in place enough ICT infrastructure, provide sufficient policies and planning, social support, economic support, and have a collaboration between Zimbabwe and International organizations, provide and support healthcare and be more able to manage incidences of GBV against women in the future pandemics that will likely arise.

The results of GBV against women for the victims are rampant and enduring. . Therefore, it is important to maintain a sense of urgency in situations of GBV against women even in precarious situations such as the COVID-19 pandemic. Grounded on the results of this article, there is need for an inclusive reaction model to address the problem of GBV in any future pandemics. Women and girls are more likely to experience the very negative impacts of GBV. It is important to track the opinions of the media, church, health practitioners and the community in order to effectively address the huge problem of GBV, and we should note the GBV is indeed a human rights violation.

It is a constant assault on human dignity, and it deprives one of their inherent human rights. The government needs to ensure that there is equal access to education and opportunity and generally empower women in more spheres of life. We need to strive to prioritize the most marginalized and protect human rights. From the outbreak of COVID-19, reports illustrated that all types of violence against women and girls increased, and especially domestic violence increased. More needs to be done to prioritize tackling violence against women in pandemic times.



References

- Aolain, F. (2011). Women, vulnerability, and humanitarian emergencies, *Michigan Journal of Gender Law*,18(1) doi:10.102139/ssrn.1611818.
- Collins, R. (1994). *Four Sociological Traditions Selected Readings*. London: Oxford University Press.
- Donato, S. (2020). Gender-based violence against women in intimate and couple relationships: the case of Spain and Italy during the COVID-19 pandemic lockdown. *Italian Sociology Review*,10(3).
- Gordon, R. et al. (2021). Government responses to gender-based violence during COVID-19, *Frontiers in Global Women's Health*, 3. <https://doi.org/10.3389/fgwh.2022.857345>.
- John, N., Casey, S.E., Carino, G., & McGovern, T., (2020). Lessons never learned: Crisis and gender-based violence, *Developing World Bioethics*, 20(2),65-8. Doi: 10.1111/dewb.12261.
- Lund, R.G., Manica, S., & Manica, G., (2020). Collateral issues in times of covid-19: Child abuse, domestic violence and femicide, *Revista Brasileira de Odontologia Legal*, 7(2).
- Magezi, V. & Manzanga, P. (2020). COVID-19 and intimate partner violence in Zimbabwe: Towards being church in situations of gender-based violence from a public pastoral care perspective, *In die Skriflig*, 54, (1).
- Moyo-Nyede, S. (2022). Zimbabweans see gender-based violence as most important women's-rights issue to address. *Afrobarometer Dispatch No. 557*, [Available online at <https://www.afrobarometer.org/wp-content/uploads/2022/10/AD557-Zimbabweans-see-GBV-as-top-womens-rights-issue-to-address-Afrobarometer-1oct22.pdf>].
- Ndimande-Hlongwa, N., Gumede, S. & Hlongwa, S. (2020). Time of the Writer Festival from Physical to Virtual Platform: Lessons for Emergency Remote Teaching and Learning during the Time of COVID-19, In N. Ndimande-Hlongwa, L. Ramrathan, N. Mkhize & J.A. Smit (Eds.) *Technology-based Teaching and Learning in Higher Education during the Time of COVID-19*, Durban, CSSALL Publishers.
- Polischuk, L. & Fay, D.L. (2020). Administrative response to consequences of COVID-19 emergency responses: observation and implications from gender-based violence in Argentina, *American Review of Public Administration*, 6(7),675-684. doi: 10.1177/0275074020942081.
- Sibanda, F. & Muyambo, T. (2020). Programme Delivery and Assessment in the Context of the COVID-19 Crisis at one Institution in Zimbabwe, In N. Ndimande-Hlongwa, L. Ramrathan, N. Mkhize & J.A. Smit (Eds.) *Technology-based Teaching and Learning in Higher Education during the Time of COVID-19*, Durban, CSSALL Publishers.
- Sibanda, F., Makahamadze, T. & Maposa, R., (2008). 'Hawks and Doves': The Impact of Operation Murambatsvina on Johane Marange Apostolic Church in Zimbabwe, *Exchange: Journal of Missiology and Ecumenical Research*, 37(1), 68-85.
- Solorzano, D., Gamez, M.R. & d Corcho, O. (2020). Gender violence on pandemic of COVID-19. *International Journal of Health Sciences*, 4(2),10-18.
- Stark, R. (2007). *Sociology* (10th ed.), Thomson Higher Education.
- Thio, A., (2008). *Sociology: A Brief Introduction* (7th ed.). Pearson.



Yenilmez, M.I. & Bingol, U. (2020). Fighting with the gender-based violence amid the pandemic. *International Journal of Contemporary Economics Administrative Sciences*, 10(2), 335-44.

UN Women. Press Release: As impact of COVID-19 Intensifies, UN Women Calls for Concrete Actions to Respond to the Concurrent Shadow Pandemic. UN Women. Available online at: <https://www.unwomen.org/en/news/stories/2020/11/press-release-16-days-of-activism-against-gender-based-violence> (accessed June 25, 2023).

Verstraelen, F.J. (1998). *Zimbabwean Realities and Christian Responses: Contemporary Aspects of Christianity in Zimbabwe*. Gweru: Mambo Press.

Zimbabwe National Statistics Agency & UNICEF. (2019). Zimbabwe multiple indicator cluster survey 2019: Snapshots of key findings.

Conflict of Interest Statement: *The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.*



This article is open-access and distributed under the terms of the Creative Commons Attribution Licence

The use, distribution or reproduction in other forums is permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.