

Title

Psycho-social effects of corona virus disease 2019 (COVID-19): a study of survivors of the pandemic in Harare, Zimbabwe

Author/s

Manzvera, N., Lecturer, Zimbabwe Ezekiel Guti University, Department of Social Work. Email notiondiamond@gmail.com

Mavuka, A. Lecturer, University of Zimbabwe, Department of Social Work. Email: anavuka@gmail.com

Chikwaiwa, B. K., Senior Lecturer, Africa University, Email: chikwaiwab@africau.edu

Abstract

This qualitative paper explores the psychosocial effects of corona virus disease 2019 (COVID-19) on the mental health of survivors to the pandemic and narrates its implications for social work practice. Qualitative research methodology enabled the researchers to have in-depth understanding of the lived experiences of the survivors of COVID-19 both infected and the affected. The qualitative methods ensured the subjective inquiry into the psychosocial effects of the covid-19 on the mental health of the survivors. The speed and deaths resultant of the corona virus disease 2019 (COVID-19) shocked the world as not any country was adequately prepared to manage and contain it. COVID-19 is a family of deadly viruses that is spread droplets of fluids if a person is infected. Most families lost and continue to lose their loved ones to the COVID-19 disease of death. The inability to prepare for the scourge cascaded to family and individual levels as most of them were left in a state of shock and awe. Most families who lost their members continue to suffer silently from the effects of the virus. In order to understand the mental health status of survivors to COVID-19, this paper explores the psychosocial effects of the linked to the virus.

Key words

corona virus disease 2019 (COVID-19), psychosocial, mental health, survivors, Zimbabwe

Key dates

Submitted March 2021; Accepted December 2021

How to cite this article using ASWNet style

Manzvera, N., Mavuka, A. and Chikwaiwa, B. K. (2021). Psycho-social effects of corona virus disease 2019 (COVID-19) on the mental health of survivors of the pandemic in Harare, Zimbabwe. *People centred – The Journal of Development Administration (JDA)*, 6(4), 149 - 155.

Introduction

The paper explores the psychosocial effects of on corona virus disease 2019 (COVID-19), the mental health of survivors. The pandemic has ravaged the political, social and the economic spheres across the globe. This has combined to have substantial impression on the mental health of the survivors. Unpreparedness, information gaps, myths and the loss of loved ones has made COVID-19 an uncharted territory hence, challenged the referral system of many survivors, plunging many into mental anguish. Therefore, it is prudent that the paper seeks to understand the psychosocial effects of COVID-19 on the mental health of the survivors both infected and affected.

Background

The corona virus of 2019 was first identified in Wuhan China in December of the year 2019 (Wang et al., 2020). The virus has generated diverse views and disagreements amongst the social, political and economic circles. Many countries were less prepared for the virus and were caught unprepared. This was despite the various warnings that were being given by the World Health Organization (WHO) on the ticking time bomb that the corona virus was. The global nature of the world meant that COVID-19 could easily be transmitted amongst various countries. Zimbabwe as a country was amongst those that reacted late when the deadly virus was already at the door. This has affected the response strategies of many countries henceforth, deaths and uncertainties that surround COVID-19. The government of Zimbabwe declared a national lockdown at the end of march in order to contain the spread of the deadly virus. However, the fact that many returning citizens from around the globe were escaping the quarantine centers dotted around the country increase the local transmission of the disease. This was evident in the surge of cases from late July 2020. The challenge was made worse by the fact that the country was at a stage of transition in the economic affairs, therefore the challenges at household level forced many to defy the lockdown measures exposing themselves and their families to the virus.

The COVID-19 pandemic though infectious can cause a mental health crisis (Chen et al, 2020). The uncertainties on whether the infected persons survive, economic consequences and the pain of losing a loved one further disrupted the psychological equilibrium that many families had. Various myths and peddling of misinformation within various media outlets especially social media in the 21st century has only served to exacerbate the fear and hopelessness that it generates. Consequently, worsening the mental health of the

survivors. The customary reverence given to a decent burial of a loved one amongst the many Zimbabwean cultures such as the Ndebele, Tonga and shona amongst other has been key in exerting a mental shock amongst the people. This is because many people were prevented from paying their last respects to the individual that would have died of COVID-19 due to the nature of the transmission. This negatively affects the psychological balance for many whose love for their deceased and culture demands that they play an integral part which is refused. Consequently, this has had psychosocial impacts on the mental health of the survivors. COVID-19 also transcends to affecting those already admitted in psychiatric hospitals as the demand for mental health services surge hence, undermining the abilities of the systems to cope (Chevance et al., 2020). However, it has also disrupted the mental health of both the affected and the infected. Monteiro (2015) notes that mental illness is highly prevalent in Africa. However, despite of the high prevalence rate of mental health cases, the governments have seemingly continued to ignore mental health as they channel resources towards fighting communicable diseases. Muchinako et., al (2013) identify injuring and violently attacking people commonly known among shona people as ‘mapenzi’, people who can talk to themselves and passive people who cannot understand simple issues in life as the most common types of mental illness.

Literature scope

When individuals are confronted by COVID-19 both in isolation centers and family members they become stressed. Thus in order to deal with the psychosocial effects of the stress it was recommended that individuals should pay attention to their own feelings and needs, engaging in activities that one enjoys, maintaining essential social networks, exercise and eating foods that are healthy (WHO, 2020). In order to avoid mental breakdown, it is important to seek information from accredited sources such as the world health organization and health professionals (WHO, 2020). This is as a result of the realization that rumors, myths and fake news create anxiety that often result in mild to acute mental breakdown. The psychosocial vulnerability amongst the COVID-19 survivors has often been as a result of stigmatization and the socio-economic difficulties that are associated with the pandemic and either being affected or infected (Chevance et al., 2020). These factors combine to cause mental cessation for many COVID-19 survivors. Therefore, in order to understand and address the psychosocial effects on the mental health of survivors it is important to have a comprehensive clinical understanding of the causal factors and triggers to mental collapse.

The statistical growth of the infection both globally and locally often results in social fear, anxiety and panic. For those in treatment, isolation, the threat of death, prognosis results in psychological dysfunction which manifest in depression, irritability and acute negative emotions (Chen et al, 2020). Amongst the survivors in Wuhan where COVID-19 started the major mental health challenges that were predominant included anxiety and psychoticism (Chen et al, 2020). However, it was also the mental health of the health care workers that was threatened due to the constant possibility of contacting the disease. Xiao et al., (2020), noted that exposure to infectious diseases such as COVID-19 results in psychological trauma that are induced by suffering from the symptoms, related to COVID-19 these symptoms may include among other things shortness of breath, threat of death, gatism and dyspnea. More so, witnessing the patients who suffer or die from COVID-19 amongst the health care workers and family members may also trigger mental breakdown that has adverse psychosocial effects on functionality (Xiao et al., 2020).

Abur (2021), notes that due to COVID-19 induced lockdowns, people experienced psychosocial problems such as anxiety, stress and depression. Many people are failing to cope with social isolation due to measures that have been adopted to contain the spread of COVID-19. Lim (2020), observes that connection and social interaction have been disrupted due to COVID-19 pandemic. Holmes et al., (2020) cited in Abur (2021), argue that there are high chances of self-harm among many people as they are failing to cope with the pandemic.

Methodology

The study area, Harare is the capital city of Zimbabwe which has the hype of both economic and social activities. This area has been leading statistically for the highest number of infections and deaths from the COVID-19 pandemic. The persons within the capital city though diverse are commonly united by Ubuntu which makes them African. The various religious and cultural practices amongst the residency of Harare makes variant their reactions to the pandemic hence explains the different effects on the mental health of the survivors. The research utilized the qualitative research methodology. The qualitative research methodology was utilized as it enabled the understanding of the lived experiences of the survivors of COVID-19 both infected and the affected. The qualitative methods ensured the subjective inquiry into the psychosocial effects of the COVID-19 on the mental health of the survivors. The research made use of sixteen participants and three key informants who were purposively selected. The key informants were a local political, social worker and psychiatrist. The research data was

collected using the in-depth interviews and the key informant interviews. It would have been prudent in such a research to utilize the focus group discussions, however due to the nature of transmission and safety of the participants this method was never considered. The in-depth interviews allowed the open inquiry into the psychosocial effects of COVID-19 on the mental health of survivors while the key informant interviews provided expert insight into the same (McKenna and Denver, 2013). The data collection process was resemblance of collaboration between the researcher and the study participants. The researcher asked question in a manner that was non-threatening, providing the opportunity for the participants to dwell on the issues that they were comfortable with. Before collecting data from participants, the researchers sought their consent. In this study, the researchers also made sure that no participant was harmed and the information which was given by the participants was confidentially kept. The research data was analyzed using the thematic data analysis method. This involved a systematic breaking down of data into manageable units, coding and searching for the emerging patterns. This ensured that that the data was broken down for transcribing, coding and generation of themes and sub-themes for presentation (Vaisamoradi et al, 2013).

Results

The results on a study on the psychosocial effects of COVID-19 on mental health of the survivors are presented in this section. The results were categorized as psychological and social effects in order to make the findings clear and easy to understand. The names and characters used in this paper are solely for the purposes of data presentation and do not reflect the characteristics of the actual participants within the research.

The psychological effects of COVID-19 on mental health of survivors

Obsessive Compulsive Disorders (OCD)

Some survivors noted that they had developed psychological challenges consistent with the Obsessive-Compulsive disorders.

Ticha noted that:

“After my neighbor died of COVID-19 life has never been the same again. The fear of contracting COVID-19 has made me to be obsessed with the preventative measures. I was informed recently by my children that sometimes I would wash hands an abnormal number of times per hour even while just watching television without going anywhere. This was so because I would always call them to bring me water to wash hands”.

Another survivor Tongai noted that:

“The risk of succumbing to COVID-19 associated with persons with diabetes has haunted me since I am a diabetic myself. At one point this fear made me to attempt sleeping with a face mask on. However, to avoid this I had to agree with my wife that we will be using separate rooms to avoid infecting each other”.

An interviewed social worker noted that:

“Many of the mental health cases that we have dealt with involving COVID-19 survivors are consistent with Obsessive Compulsive disorders. This involves constant fears that result in repetitive behaviors to avert the fears”.

Post-traumatic stress disorder

Post-traumatic stress disorder haunted many survivors of COVID-19 in Harare Zimbabwe.

Kenedy an interviewed survivor noted that:

“What I went through before recovering from COVID-19 has haunted me day and night. I have always dreamt being strangled and the pain is reflective of the struggles that I had while infected. The more I try to move on the more the horrors are vivid in my mind”.

Jasper concurred that:

“Despite having been asymptomatic myself, the death of my partner is fresh every day. I have always blamed myself that had I not been drinking with friends during the lockdown maybe she would have been alive. I will never forgive myself for infecting and killing my wife”.

An interviewed psychiatrist noted that:

“Some of the traumatic events that survivors of COVID-19 face continue to trouble them even when the stressful situation is over. Thus their suffering transcends the event itself into the aftermath. Without professional help this often results in suicidal ideation and acute depression”

Low self esteem

Psychologically COVID-19 has threatened the self-esteem of survivors. This has often been the case when a patient blames themselves for transmitting it to their loved ones or short changing the immediate others.

Tendai an interviewed participant from the in-depth interviews had this to say:

“When I realized that I was the source of infection at our work place which killed two people the person in me was taken away. Even after recovering I would not face my colleagues at work, so I resigned”.

The interviewed Psychiatrist noted that:

“Depending on individual personalities, others when they survive a life-threatening situation boost their self-worth whilst others are dejected and never recover their self-concept. The latter is when they think that they were responsible for the harm they befell others”.

Jackson a survivor noted that:

“I never recovered from the treatment as a career of a deadly virus, where people have to protect themselves before caring for you. I see others better off than me. The power differential badge is proving difficult for me to let go”.

The social effects of COVID-19 on mental health of survivors

Isolation

Isolation was one of the social effects of COVID-19 that impacted the mental health of the survivors.

Elihle from the in-depth interviews noted that:

“Because I live in the high density-suburb of Epworth it was not possible for me to self-isolate at home after returning from South Africa therefore had to be enrolled at a quarantine Centre. Being away from my family and being unsure of the possibility of ever meeting them, hounded me day and night. Even after discharge I do not think I will ever be the same again”.

Bonzo maintained that:

“The period that I was quarantined when I came back from Botswana was the worst and negatively affected my social life. My wife has been refusing me conjugal rights because I had come from the quarantine Centre despite testing negative twice. My family is being teared apart and I know not peace with my family”.

Tonderai concurred that:

“Fear of death when I was diagnosed with COVID-19 has made me socially withdrawn. When I was isolating myself I often would be irritated and fight with family and relatives over the telephone and in family groups. In a period of two weeks many had blocked me and was removed from all the family groups. If it was not for professional help I would have considered killing myself”.

An interviewed psychiatrist noted that:

“The isolation period for persons infected or those that had contact with the infected persons is often a time of uncertainty. This uncertainty and lack of answers often has resulted in adverse negative mental health crisis”.

Stigmatization

Stigmatization was noted by many participants as a social effect of COVID-19 that complicated their mental health.

Tonderai from the in-depth interview noted that:

“After being discharged from the quarantine Centre in Harare most of the people in my area shunned me even the people I thought were close friends and family. This was despite the fact that I was declared negative upon my discharge and had a certificate to prove that. It destroyed me mentally to know that my neighbors could not share a wheel barrow with me”.

Mbuya Svondo concurred that:

“When my son died I lost him and all my friends. No one wanted to interact with me even on WhatsApp. One jokingly confessed that they feared I would visit them this is despite the fact that I did not even get the opportunity to mourn my son because of the regulations. When I think of this lam certain I have no reason to live. I pray the heavens to take me or I take my life”

The interviewed social worker noted that:

“The recovery process by most of the people discharged from our mental health facilities who are survivors of COVID-19 has been impaired by stigmatization and resultant name calling. Failure to be accepted in their communities has prevented the recovery of many survivors of COVID-19 resulting in acute depression and withdrawal from social relations especially with the communities”.

Lack of trust

COVID-19 amongst many survivors breed mistrust amongst the survivors within their social spheres.

Basopo an interviewed participant noted that:

“We were unfortunate to spend 28 days in the quarantine Centre instead of 21 because of delays in testing procedures. This did not go down well with my wife who demanded that I state exactly where I had spent the week at. This was worsened by the fact that I did not bring the remittances in terms of quantities that I used to because everything was hurried. For two months now we consistently arguing over the matter”.

Kanzungu in the same vein noted that:

“The fact that social media was awash with the stories that condoms were in short supply at the quarantine Centre that I was at has destroyed my marriage. While I was still at the quarantine Centre my husband would call accusing me of cheating with men in the camp based on social media rumors. This

has destroyed the trust that we have even though I always have been a cross border trader”.

Marry noted that:

“Despite recovering from the COVID-19 pandemic, reclaiming my roles within the family has been difficult. The family no longer prefers that I prepare meals and my husband shuns contact. Everyone thinks I would infect them somehow”

Loss of social capital

Most of the participants acknowledged that either being infected or affected with COVID-19 has regrettably diminished their social capital base.

Vongai an interviewed survivor had this to say:

“The mere infection of my husband with COVID-19 has resulted in us losing all the important contacts and partners. The people who used to do business with us shun our partnerships, customers avoid us and we are stuck. This has plunged us both in the fear of COVID-19 and the economic uncertainties”.

Menevolence concurred that:

“It just started as rumor that my husband had died of COVID-19. Despite the fact that at his time of passing away he had just arrived from overseas and immediately quarantined. All our business contacts now avoid business with me for fear of being infected”.

An interviewed social worker was of the view that:

“Within the informal sector social capital is important as it provides reliable business contacts. However, COVID-19 has provided fear of contracting the disease which has disrupted the previous set relations. Thus plunging many into mental anguish that is both a result of uncertainties related to COVID-19 and the scourge of poverty that it carries by loss of social capital”

Discussion

The psychological effects of COVID-19 on mental health included obsessive compulsive disorders. The research revealed that fear contracting the virus required basic adherence to prevention measures. However, when the fear breeds obsession which manifest itself in repetitive behaviors it becomes a psychological challenge that has adverse mental health consequences. The obsession may be obscure from the individual that is practicing them leaving the family members and significant others key stakeholders in identifying that such is happening. One participant noted that these obsessive behaviors involved attempting to sleep wearing a mask in order to prevent the other partner from infecting them. This was made worse by the fear that they were at

high risk of succumbing to the virus being diabetic. This had trickle down effects on the family and marriage relation hence the partners had to utilize the different bed rooms. Therefore, the obsession with preventing the spread of COVID-19 if not rationally managed led to compulsive or repetitive behaviors which signify dysfunction in mental ability varying in degree. The obsessive compulsive disorders that developed amongst the survivors of COVID-19 were unique to this research having not been highlighted in literature scope.

Psychologically the survivors of COVID-19 suffer from the symptoms consistent with post-traumatic stress disorder. This has been noted by the participants who highlighted the flashbacks, dreams of painful memories associated with either their experience or loss of a loved one. The post-traumatic stress often involves horrific dreams, replay of the mental images of an unpleasant event and hallucinations. Such symptoms impair the psychological functionality of an individual often resulting in mental breakdown that warrants admittance to a mental institution. This was in tandem with the findings by Xiao et al., 2020 that witnessing the death of a loved one can trigger psychological dysfunction due to the trauma experienced. More so, apart from the post-traumatic stress the survivors of COVID-19 struggle with mental anguish. This mental torment often thrived on information gaps which creates hopelessness and a sense of defeat. Therefore, the survivors of COVID-19 had often writhed with the uncertainty of life and death and the consequence that such has on the lives of their loved ones. This mental torture included the thoughts of the aftermath of one's death, how their children would live, outstanding mortgages and distribution of wealth. This concurred with the findings by Chen et al., 2020 that the uncertainties on whether the infected persons survive, economic consequences and the pain of losing a loved one further disrupted the psychological balance of survivors. Abur (2021), also revealed that post-traumatic experience is on the rise across the globe due to COVID-19 pandemic.

Low self-esteem has often been a psychological effect that survivors of COVID-19 suffer from. This has been a function of individuals blaming themselves either for contracting or spreading the virus and the consequence that such had on others. Some participants claimed responsibility for spreading the virus at their work place which claimed the lives of colleagues. Therefore, the thinking that they were responsible resulted in low self-valuation which was manifest in the decision to resign from work. Furthermore, power differentials between the frontline workers and COVID-19 patients that are often defined by the desire to stop the transmission have unintendedly resulted in that

sense of lack of intimacy being carried to the post recovery periods. Thus people have low self-valuation which prevents them making any intimate psychological contact with the people around. Such findings were distinctive to this research as literature review did to address such psychological effects that are treatment driven, centered on the relation between a frontline worker and the COVID-19 patient.

The social effects of COVID-19 that had a negative impact on the mental health of survivors included the burden of isolation or quarantine as a measure to contain the spread of the corona virus. The participants highlighted that isolation within the quarantine centers had a mental toll on them. This included not having time to speak with family members face to face. However, they were instances where individuals would spend up to 28 days within these quarantine centers due to delays in testing and discharge procedures. This complicated their marriage relationships that were already shaky as participants highlighted that they were forced to account for the other 7 days. Thus a premature conclusion would have been made that after the 21-day mandatory quarantine a person would have proceeded to stay with either a boyfriend or girlfriend. More so despite persons being discharged from isolation centers others would face rejection by the family and spouses including refusal of conjugal rights on account that were harboring the virus. Thus being confined to the quarantine centers diminished the trust within relationships. One sad experience was of a participant who noted that that their quarantine center was rumored to be a center of sexual immorality which complicated their relationship. However, it is important to note the increasing role played by social media in creating different narratives and the far reaching consequences on mental health. In worst cases individual reported having disposed of their gender roles within the family despite having recovered. These false accusations and rejection by the immediate others often impacted negatively the mental health of patients.

The participants noted stigmatization to be a leading social effect that negatively impacts the mental health of COVID-19 survivors. This stigmatization included conspiracies for individuals not to visit or be visited by those that were either infected or affected with COVID-19. Therefore, in order to ensure that people would not risk failing to refuse being visited by the COVID-19 survivors they would avoid communication of any sort. Stigmatization also included the calling of names on individuals that would have tested positive for the virus. These names included “*dzvatsvatsva, mafambo, mukorokoza or kuda zvinhu*” with the first two translated loiterers while the rest refer to an individual who is overly materialistic. It is these tags

that alienate individuals and constantly reflect self-insufficiency instead of the victories that they would have achieved against the corona virus. This would leave those affected dejected and in mental agony. Stigmatization was closely linked with the loss of social capital which is a key economic ingredient within the informal sector which accommodates the majority of working persons in Harare. The fact that survivors of COVID-19 reported lack of willingness by former partners to continue the mutually beneficial relationships was chief in exerting a mental burden. This is because it diminished individual self-worth while proportionally increasing economic vulnerability. This was in tandem with Chevance et al., (2020) who noted that the mental health challenges amongst the COVID-19 survivors has often been as a result of stigmatization and the socio-economic difficulties that are associated with the pandemic.

Conclusion

This study revealed that there are several psychosocial effects of corona virus disease 2019 (COVID-19) on the mental health of survivors of the pandemic. Some of the psychosocial effects include but are not limited to obsessive compulsive disorder, post-traumatic stress disorder and low self-esteem. This study concludes that corona virus 2019 (COVID-19) has significant impact on the survivors of pandemic hence the need for social work intervention to help survivors to cope with the effects of the pandemic

References

Abur, W. (2021). Mental health and the role of social workers and community workers during the coronavirus disease 2019 (COVID-19) period in *Journal of Development Administration (JDA)*, 6 (3), 106 -115.

Chen, B., Wang, Y., Yang, T., Li, C. and Sun, Z. (2020). Mental health amongst the Covi-19 survivors and health care workers exposed to COVID-19 in Wuhan, China: A cross sectional study. Research Square: available at <https://doi.org/10.21203/rs.3.rs-30351/v1>. Accessed on 1 August 9, 2020.

Chevance, A., Gourino, D., Hoertel, N., Llorca, P., M, Thomas, P, Moro, M., R, Laprevote, V, Benyamina, A, Fossati, P, Masson, M, Leane, E, Leboyer, M. and Gaillard, R. (2020). Ensuring mental health care during SARS-coV-2 epidemic in France: A narrative review. *Encephale*. 46(3). 193-201.

Lim, M. (2020). Lonely in lockdown? You're not alone. 1 in 2 Australians feel more lonely since coronavirus. Available at: Lonely in lockdown?

You're not alone. 1 in 2 Australians feel more lonely since coronavirus (theconversation.com) (Accessed: 10 November 2021)

McKenna, S., A. and Denver D., S. (2013). *The Role and Influence of Key Informants in Community-engagement Research: A Critical Perspective*. London: Sage Publication.

Monteiro, N., M. (2015) Addressing mental illness in Africa: Global health challenges and local opportunities. *Community Psychology in Global Perspective* 1(2), 78 – 95.

Muchinako, G., Mabvurira, V., Chinyenze, P. (2013) Mental issues and some people of Zimbabwe, some key issues. *International Journal of Advanced Research in Management and Social Sciences* 2(3), 160-172

Vaisamoradi, M. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. University of Norland: University Press

Wang, C., Horby, P. W., Hayden, F., G., and Gao, G. F. (2020). A novel corona virus outbreak of global concern. *Lancet*. 395 (10223), 470-473.

World Health Organization, (2020). Mental health and psychosocial consideration during the COVID-19 outbreak. Available at <https://interagencystandingcommittee.org/other/interim-briefing-note-addressing-mental-health-andpsychosocial-aspects-COVID-19-outbreak>. Accessed on 06 April 2020.

Xiao, S., Luo, D and Xiao, Y. (2020). Survivors of COVID-19 are at high risk of post-traumatic stress disorder. *Global health research and policy*, 5(1), 2-3.

People Centred – The Journal of Development Administration

ISSN (print) 2218-4899

ISSN (online) 2788-8169

Manuscripts can be submitted any time, they are open access and they are published online as soon as they are accepted.

Journal policy

The journal publishes papers that focus on development in general including family, community, social, national and international development. The journal promotes *people centred development*, that is, people centric approaches to development, development with a human face. By putting people at the centre of development, practitioners in different fields of development are able to take people out of poverty. This from-bottom-going-up-approach to understanding poverty, planning against it and implementing reduction strategies is seen as the most important recipe for communities which still suffer the dangers brought by poverty.

Topic areas

The journal considers articles from a wide variety of interest areas and from a wide spectrum of disciplines. The editor works with an editorial team from across the globe derived from development sectors mainly in the social sciences. Specific areas covered include but are not limited to development management; resource mobilisation and fundraising; inclusive development; sustainable development; disability and development; gender and development; poverty; sustainable development; social services and development; human development; HIV/AIDS; child development; counselling; rural development; governance; disaster management; agriculture and

livelihoods; and Information and Communication Technologies (ICTs).

Types of papers

The journal contains peer reviewed articles in the form of original reports, research summaries (including dissertations), book reviews, literature review articles, think pieces, reports of work and original frameworks. Other forms of papers may be published at the discretion of the Editor.

Review process

The journal uses a double-blind peer review process.

Submission

Submit a single Word document to asw@africasocialwork.net

Website: <https://africasocialwork.net/jda/>