

Negotiating a COVID-19 Prevention Strategy with the Family: Youth Perspectives in a Rural Setting in South Africa

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Abstract

The coronavirus (COVID-19) crisis is likely to exacerbate hardships experienced by the South African youth, who are already considered the most vulnerable group in South Africa. This study explores a family-negotiating strategy to empower the youth in South Africa during the coronavirus crisis. The participants comprised a purposive sample of 10 (female = 70%, male 30%; age range 18 to 35 years old) from the church youth in South Africa. Data were collected by means of semi-structured individual interviews using social media because of the practice of social distancing and lockdowns in South Africa. The data were thematically analysed. The findings suggest that the youth need to take care of their personal health and accept the new economic status of the family brought about by COVID-19. Adapting to these new routines is essential to avoid spreading the pandemic. However, cultural taboos around family finances need to be lifted. Moreover, the lack of support systems and family solidarity during COVID-19 (regarding the future life and education of the youth) are challenges that should be handled by the family, as well as the youth, if stress and frustration among the youth are to be avoided. As a result, in the event of a lockdown, students may need to learn how to negotiate COVID-19 preventive techniques with their families.

Keywords: youth; negotiating; strategy; COVID-19; lockdown

Introduction

A return to life for the youth of South Africa, as it was at the start of 2020, is some way off. Even when lockdown restrictions are eased, we will still see the continuing impact and effect of the coronavirus and lockdown on the lives of many people in various ways. Questions that need to be considered are what the struggle will entail returning to how life was previously and what might change for many people, in particular the youth. This research article's goal is to contribute to the body of knowledge in the field of youth in rural settings of South Africa regarding negotiating COVID-19 prevention by the youth and their families. This paper will hopefully assist scholars, readers, and the entire community to understand the needs of the youth in their respective communities—their consumption habits, backgrounds, needs, and particularly their behaviour and reaction to life in general (Makola and Modise 2018, 8).

According to the World Health Organization (WHO 2020, 1), the WHO Country Office in China first learned about instances of pneumonia of unclear aetiology (unknown cause) in Wuhan City, Hubei Province, China, on the 31st of December 2019. China's national authorities reported 44 cases of pneumonia of unknown aetiology to the World Health Organization between the 31st of December 2019 and the 3rd of January 2020. The World Health Organization did not identify the causative agent throughout the period provided.

On the 11th and 12th of January 2020, the World Health Organization confirmed additional comprehensive information from China's National Health Commission indicating the outbreak was linked to foodborne illnesses in a specific seafood market in Wuhan City. On the 7th of January 2020, Chinese authorities detected a new form of coronavirus, which was isolated, and on the 12th of January 2020, China shared the novel coronavirus's genetic sequence with other countries to help in building specific diagnostic kits (WHO 2020, 1).

About COVID-19

According to the current study, the coronavirus leads youngsters to experience instability, uncertainty, stress, a change of environment, and health difficulties, as well as huge trauma in their lives and the lives of their communities, both in South Africa and around the world. As a result, it is critical to educate and encourage the youth through these trying times, paying extra attention to them, providing spiritual support, and encouraging them to express their feelings. This is a natural aspect of the healing process and can take many forms (Ford et al. 2008, 5).

In order to reduce COVID-19 infections, many countries decided to impose lockdowns, opening only institutions providing essential services to operate. In the United States of America, many citizens in recent months have begun working remotely or have been put on furlough or laid off (Matthews 2020). In dozens of states, schools have cancelled classes for weeks, and restaurants, retail stores, bars, gyms, places where people or

youth socialise, and other gathering places have been closed. Major events have been called off to avoid the situation in which people come together and socialise and, at the same time, spread COVID-19 (Ramaphosa 2020, 1).

Following the occurrence of the novel coronavirus (2019-nCoV) in Wuhan, Hubei Province, China, the Citizens' Republic of China informed the South African Embassy in China that people in Wuhan would be confined for 14 days before being allowed to leave the country. People who wanted to leave Wuhan had to use private transportation because public transportation was barred. The movement of individuals from one country to another had an impact on South Africans (WHO 2020, 1).

Table 1: Countries, regions, or locations having confirmed 2019-nCoV cases as of the 20th of January 2020

WHO Regional Office	Country, territory, area	Total number of confirmed cases
Western Pacific Region (WPRO)	China—Hubei Province	258
	China—Guangdong	14
	China—Beijing Municipality	5
	China—Shanghai Municipality	1
	Japan	1
	Republic of Korea	1
South-East Asia Region (SEARO)	Thailand	2
Total confirmed cases	Total	1

Source: WHO (2020, 1)

Table 1 lists the nations, territories, and locations having confirmed cases of 2019-nCoV as of the 20th of January 2020, with 60 newly confirmed cases having been reported in Wuhan City. There were three deaths among them. Four severe cases, two critical cases, and no deaths were reported by Guangdong Province. Of the 14 verified cases, 12 had been to Wuhan and two cases had contact history with cases there; nine men and five women were involved. Beijing Municipality reported five confirmed cases (two of which were confirmed on the 19th of January), with two males and one female among the three additional confirmed cases on the 20th of January. All five patients had visited Wuhan previously and were symptom-free at the time.

On the 12th of January, Shanghai Municipality reported one confirmed case of a girl who had travelled to Shanghai from Wuhan. One case was confirmed in both Japan and the Republic of Korea, while two cases were confirmed in Thailand (WHO 2020, 2).

Table 2: The status score of COVID-19 in South Africa according to the different provinces

Province	Updated cases post harmonisation 16 May 2020	New cases 17 May	Total cases 17 May	% Total cases	Deaths 17 May	Case fatality rate	Recoveries 17 May
Western Cape	7799	605	8404	58.5	149	1.8%	3097
Gauteng	2210	52	2252	15.8%	25	1.1%	1583
Eastern Cape	1662	150	1812	12.6%	32	1.8%	746
KwaZulu-Natal	1481	17	1498	10.4%	45	3.0%	806
Free State	151	2	153	1.1%	6	3.9%	108
Mpumalanga	67	1	168	0.5%	0	0.0%	49
North West	62	2	64	0.4%	1	1.6%	28
Limpopo	58	1	59	0.4%	3	5.1%	37
Northern Cape	34	1	35	0.2%	0	0.0%	24
Unknown	0	0	0	0.0%	0	0.0%	0
Total	13,524	831	14 355		261	1.8%	6 478

Source: DoH (2020, 3)

According to the Department of Health (2020, 3), there were 14 355 cases reported in total in South Africa. With a total of 261 deaths, the national case fatality rate was 1.8%. The number of people who were able to regain their health was quite high (6 478; 45.1%). The table indicates the status of COVID-19 in the nine provinces of South Africa.

Table 3: Statistics in Southern African Development Community (SADC) countries as of the 15th of May 2020

SADC Country	Total confirmed cases	Percentage confirmed cases	Deaths	Percentage deaths	Case fatality rate
South Africa	13,524	79%	247	69%	1.8%
Democratic Republic of Congo	1,369	8%	60	17%	4.4%
Tanzania	509	3%	21	6%	4.1%
Mauritius	332	2%	10	3%	3.0%
Madagascar	238	1%	0	0%	0%
Zambia	668	4%	7	2%	1.0%
eSwatini	190	1%	2	1%	1.1%
Mozambique	119	1%	0	0%	0.0%
Malawi	63	0%	3	1%	4.8%
Angola	48	0%	2	1%	4.2%
Zimbabwe	42	0%	4	1%	9.5%
Botswana	24	0%	1	0%	4.2%
Namibia	16	0%	0	0%	0.0%
Seychelles	11	0%	0	0%	0.0%
Comoros	11	0%	1	0%	9.1%
Lesotho	1	0%	1	0%	0.0%
Total	17,164		358		2.1%

Source: DoH (2020, 2)

In Table 3, at the time these statistics were published, South Africa had the highest number of cases, 13 524, with 247 deaths, followed by the Democratic Republic of Congo with 11 228 cases and Algeria with 6 630; the country with the lowest rate in Southern Africa was Lesotho, with one case during the beginning of COVID-19 in Southern Africa.

Family and Youth During Difficult Times

The study conducted by De Klerk, Palmer and Modise (2021, 76) on COVID-19 highlights a fear among many of the youth, who were concerned regarding their well-being and the negative academic effects they were experiencing. Moreover, they reported great difficulty in gaining psychological support from professionals. According to Makola and Modise (2018, 4–7), moral support, care, and affection are critical in dealing with health concerns, and, in these trying times, adolescents require assistance more than ever—assistance that some families cannot afford due to financial constraints. In his study, Modise (2017, 293–95) indicates that peers and siblings played a vigorous role in promoting a healthy lifestyle and the well-being of the youth because the youth could express themselves freely to their siblings and peers. The study conducted by Ncube and Modise (2020, 207) puts forth the opinion that youth lacked

support during COVID-19 because the situation at home had changed due to the negative impact of the changed economic status of their parents. The study further indicates that the youth lacked both parental and peer support due to the COVID-19 regulations, which did not allow movement of the youth. Modise (2017, 292–93) asserts moreover that the family and peers must play an important role during difficult times, since youth struggled to cope with the stress and their well-being was significantly in the hands of their families and peers.

Theoretical Framework

Gade (2011, 313) asserts that the term “Ubuntu” stems from a Nguni (isiZulu) aphorism: *Ubuntu Ngumuntu Ngabantu*, which means that a person is a person because of others. Eliastam (2015, 3) states that Ubuntu can be described as the ability in an African culture to express empathy or kindness to someone, the reciprocities that can be shared out of humanity and in solidarity, and support in building and instilling moral ethics. The Ubuntu ideology emphasises the importance of communal cohesion to African societies’ survival. The Ubuntu philosophy believes in group solidarity, which is central to the survival of African communities. The theoretical framework of Ubuntu is relevant in this study since Covid-19 has, among other things, negatively affected a large portion of the youth across the world emotionally, intellectually, spiritually, economically, healthwise, and physically. Youth need support during difficult times such as these from other stakeholders and professionals. The first black president of South Africa, the late Nobel Prize winner Nelson Mandela, described Ubuntu as a manner of life that comprises a common truth and reinforces a society working together, sharing together, and supporting each other (Gade 2017, 101).

Goal of the Study

The study seeks to promote sympathy for and momentum regarding the empowerment of the youth during COVID-19 in South Africa, which will allow them to perform a crucial and constructive part in the development of their communities, live positive lives during COVID-19, and not lose hope.

Problem Statement

The youth across the world are frustrated, are losing hope, and are psychologically affected by the current situation, which has been brought on by the COVID-19 pandemic. However, during this challenging time, the family is the source of hope to empower and comfort the youth. The youth need their families more now than they did before COVID-19.

Method

The researcher employed a qualitative research design for this study and used a range of methods to collect the data, including a literature review and interviews. The methodology, according to Ary et al. (2009), enables the researcher to gain an in-depth

understanding of negotiating COVID-19 prevention among the youth in a rural setting in South Africa, as well as the strategies needed to assist the youth. According to Leedy and Ormrod (2013), qualitative research allows the researcher to investigate people's words and actions and report them in narrative and descriptive ways, allowing the researcher to depict the scenario more accurately as it was experienced by the participants. The phenomenological approach is useful for research that aims to explore people's actual social experiences, such as negotiating youth assistance solutions during COVID-19 in a rural environment in South Africa.

Participants and Setting

The participants were a convenience sample of 10 church youth in the Free State province of South Africa (female = 70% and male = 30%, age range of 18 to 35 years old). The participants were all black, Setswana, Sesotho, and Xhosa-speaking youth. All participants volunteered to participate in the research study.

Data Collection and Analysis

Since there was a national demand for self-isolation and social distancing of all South African citizens, interviews were done via phone, WhatsApp video, and short message service (SMS) messages. The telephonic interviews were captured using a phone call recording programme acquired from an Android phone's Play Store. On average, each telephonic interview lasted 20 minutes. They were transcribed and analysed utilising qualitative data analysis procedures that were always appropriate. To eliminate bias, the researcher and another impartial individual completed the transcription and coding of the data. Disparities and inconsistencies of all kinds were explored and harmonised. The participants were invited to read the transcripts and affirm that they agreed with what had been written. This was done to improve the data's validity and dependability.

Findings and Discussion

The thematic analysis resulted in the identification of the following aspects that were experienced by the youth as challenging during the coronavirus lockdown in South Africa: their personal health, the impact on personal physical health, the economic impact on youth, and their future life and education.

Personal Health

Most of the participants (95%) commented about their personal health and related challenging experiences during the coronavirus lockdown in South Africa. The participants shared the following:

We are going to work under pressure after the lockdown and we are going to panic a lot and end up making a lot of mistakes. (Participant 1, male)

Working at home is not comfortable like working at the University or at the residence; at home [there are] no resources like at the University. ... [such as] comfortable chairs and [it] is affecting our health. (Participant 1, female)

I do not eat healthy food here like at the University because food is very expensive at home and I must use my National Student Financial Aid Scheme [NSFAS] money to buy for the whole family and it is not sufficient. (Participant 5, female)

I prefer to work at the lower pace not at the fast pace but because of insufficient time. I do not think I am going to cope with that pressure, and it will stress me a lot. (Participant 7, female)

At home we do not sleep at all because we communicate with our classmates, mentors and lecturers 24 hours. ... It is affecting us. (Participant 6, female)

We use technology 24 hours and I do not think it is healthy in this case because some of us we have eyesight problems. (Participant 2, male)

The study shows that youth in South Africa are experiencing problems maintaining a healthy lifestyle during the coronavirus outbreak. Most (98%) of the youth are frustrated sitting at home during the lockdown period and adhering to a new routine of life that affects their personal health. Being at home and prohibited from moving, using new ways of communicating with their peers and lecturers via technology only, and working under pressure are simply not good for them. The new routine of coronavirus lockdown can affect their health and their studies by causing disorders and because of poor nutrition at home. Having to take care of their health during the coronavirus pandemic is a challenge that can affect them negatively if they are not given support by their family and peers. Not making conscious decisions to be healthy not only compromises their wellness emotionally, intellectually, socially, economically, and spiritually, but also other areas of life. Poor life choices, such as the overuse of alcohol, working under pressure, sleepless nights, unhealthy behaviour, a poor diet, and insufficient treatment of chronic stress are important contributors to the development and progression of preventable chronic diseases (Coon 2004, 452). In addition, Lee and Loke (2005, 209) assert that the youths' health-promoting behaviours and psychosocial well-being have long-term health implications. Many teenagers engage in a variety of bad habits (such as an inadequate diet and insufficient rest and exercise) as well as risky behaviours (such as tobacco and drug use), all of which have negative health consequences. Many of these are linked to major health issues, such as heart or respiratory ailments, cancer, difficult pregnancies or deliveries, and psychological difficulties later in life. Makola and Modise (2018, 3) opine that moral assistance, care, and love are seminal during the treatment of health problems and difficult times, and that the youth need support from family and peers since both family members and peers care about the youth and are able to communicate with them.

Impact on Personal Physical Health

Around 95% of the youth reported that the coronavirus lockdown affected their personal health and infringed upon their rights because they were restricted from moving around as they wished by the lockdown rules. For example, some said:

We normally start with the exercise at the University, thereafter we go and read our books but at home we do not have facilities. (Participant 1, female)

We are only allowed to exercise within 5 km during Phase 4 of lockdown from 7h00 to 9h00 and it is not sufficient for me. ... I need more time. (Participant 2, female)

Sitting on the chair, use the laptop and cellphone for the whole day during this COVID-19 it is not healthy. (Participant 6, female)

We need to adapt to the new routine and at the same time as the youth to educate our respective community about health issues and COVID-19. (Participant 2, male)

Most of us belong to different sporting codes at the University and because of lockdown we are not getting the opportunity to practise and we focus on books only. (Participant 6, female)

At the residence we have resources to be used for our physical health and since COVID-19 we don't do that anymore because we do not have the facilities at home. (Participant 1, female)

The study shows that during the coronavirus pandemic, physical health is compromised by social distancing and lockdown regulations. The youth have been restricted from travelling, other than needing to buy essential goods. They are not used to this kind of lifestyle and find themselves forced to adapt to the new lockdown routine in order to protect their lives. They do not get time to exercise in an open space as they were previously able to, which affects their personal health negatively. Physical well-being is influenced by one's lifestyle, diet, physical activities, and general behaviour. Being at home and not doing physical health activities such as training, running, and sports, as well as not having a healthy diet, are all likely to affect the health of the individual. The importance of a well-balanced diet, which should contain proteins, vitamins, minerals, and carbohydrates, cannot be overstated.

The study further indicates that 5% of the youth accept the prevailing conditions to protect their health and, as the youth, they feel the need to assist those who are not informed about health issues. Lee and Loke (2005, 210) report that taking part in physical activities such as sport and exercise contributes to both the balanced development of physical, educational, emotional, and social well-being, as well as the cognitive, moral, and aesthetic dimensions of human beings. Without this, the authors report that the youth will be negatively affected both psychologically and physically. Efuribe et al. (2020) assert that the youth are amongst those who should play a critical

role in the lives of vulnerable and older people. In addition, they can take the lead in their respective communities in educating or being ambassadors regarding health issues such as personal health and COVID-19. Makola and Modise (2018, 1) add that communication regarding health issues seems to be the responsibility of the churches, but that all stakeholders should play a role. According to a study done in Zambia by Sintema (2020, 3), COVID-19 is expected to have an impact on education in Zambia. It is unclear how long this epidemic will last, but there is hope that Zambian instructors, working with the ministry of education, will design intervention strategies that will benefit young people, realising that the future of Zambia resides in the education of the youth. As a result, it is critical to put in place strategies to safeguard the youth's future.

Economic Impact on the Youth

Regardless of the financial support of NSFAS, as well as support from other stakeholders, the youth are affected economically by the lockdown and the rules limiting the movement of people implemented by the government in order to stop the spread of the coronavirus in South Africa. The participants said the following:

At the residence and at the campus we use free WIFI to access information about our studies. ... Eish! During this COVID-19 at home we cannot do that and we spend a lot of money for data. (Participant 3, female)

At home we do not have facilities like at the University. ... We must make copies and make calls to get more clarity from our lecturers and classmates during this COVID-19 and it is very expensive to do that. (Participant 3, male)

Doing the work during the night because it is cheaper to use data at that time, but the problem is the electricity and therefore, we spend a lot of money for electricity. (Participant 7, female)

We are using a lot of money to buy food at home and the food allowance is not sufficient. (Participant 2, male)

Only 2% of the youth received support from their families, leaving some 98% feeling deserted and desperate, with no one to encourage them, especially when their friends were distanced from them by lockdown and social distancing. For instance, one participant said:

If I need food and airtime, I must travel from home to town, and it is very expensive without the support of the family and especially as an orphan. ... No one is helping me, apart from the NSFAS money. (Participant 1, female)

Some youth might attempt to cope with the little money they have and accommodate their lives to basic needs rather than attempting to compete with other youth, fellow classmates, or peers from well-established, well-resourced families. Families play an important role in educating the youth of today regarding financial behaviour and need

to set a good example, helping the youth to navigate the tricky waters of personal finances.

COVID-19 stresses, mainly economic stressors, affect daily life. According to Huang, Xu, and Liu (2020, 2), during epidemics, academic delays are directly linked to Chinese pupils' anxiety levels, whereas getting social support reduces anxiety levels. Furthermore, Sintema's analysis (2020, 2) demonstrates how COVID-19 jeopardises future education funding by multilateral organisations interested in giving educational subsidies to developing nations. This will have an impact on African countries that receive aid from Europe and America, as well as those affected by COVID-19.

Their Future Life and Education as a Challenge

When the state of emergency in South Africa was proclaimed, the youth perceived their future life and education as negatively affected by the coronavirus. It has affected their future, and their privacy has been violated at the same time by the lockdown. The participants shared the following:

I am doing my last year at the University, and I am worried about my future. (Participant 2, male)

It is difficult for me, and my parents are also worried because I am not getting NSFAS because of my parents' financial status and I do not qualify. ... It is their responsibility to pay my fees. (Participant 6, female)

Remember, we must go for practice teaching, and it is part of the requirement to graduate, and we are asking ourselves so many questions. ... This COVID-19 has affected our future. ... What is going to happen to our future? (Participant 5, female)

Students like us who are doing difficult subjects like Accounting, we are panicking a lot because we cannot cope with the pressure during this COVID-19 and this is going to delay our completing our studies. (Participant 1, female)

Most (98%) of the youth are considerably anxious as the coronavirus crisis is severely disrupting their access to education, employment, and participation in public life. We anticipate that the disruption of the youth's future will affect them severely, having a long-term impact on their lives and delaying their future careers. The international crisis we are confronting is altering all segments of society and is altering lives and livelihoods; the most affected people are the poor and youth who are particularly vulnerable without the support of family and peers. Their future seems grim (Makola and Modise 2018, 5).

As the virus travels from one person to another (through contact, breath, saliva, etc.), Praghlapati (2020, 1) states that many governments around the world are concurrently asking their citizens to practise social distancing in order to prevent COVID-19 from spreading. This has hampered educational operations around the world, as well as

affecting business, tourism, and health. In an effort to halt the spread of the COVID-19 pandemic, many governments throughout the world have temporarily closed educational institutions. This national closure has had an impact on more than 91% of the world's student population.

According to research conducted in Zambia by Sintema (2020, 3), COVID-19 will have an impact on educational provision and, as a result, on the future of Zambian youth. It is unclear how long the COVID-19 pandemic will endure, but there is hope that Zambian instructors will design intervention strategies through the ministry of education that will help all school-aged children and teenagers in the country. Zambia's future resides in the education of the younger generation; therefore, it is critical to develop ways to safeguard the youth's future.

Limitations of the Study

This research has several flaws. The participants may have been hesitant to tell the researchers about their experience negotiating COVID-19 preventive methods. If this is the case, the findings may apply to youth who were more comfortable expressing their experiences rather than those who were not. Furthermore, the participants may have shared details of their most recent COVID-19 preventive strategy negotiations. Future research should interview the youth's family members and peers about COVID-19 and any other crisis or natural disaster prevention support they believe is available to them.

Summary and Conclusion

The findings of this study reveal that when young people face issues, they are more likely to seek help from friends rather than relatives—as evidenced during the COVID-19 pandemic and resultant lockdowns. Most of the youth did not feel free to talk to their family during this difficult time regarding their challenges, COVID-19 prevention, and support needs. Family interaction and communication between family members and themselves is a missing link for most of the youth. There is no room for open discussion during this challenging time, and discussions about COVID-19 prevention support are lacking. There is also the risk of trusting outsiders and peers to support them financially and give them advice, as they might be misled. There is a need to create a space for open discussion in the family with the children or youth in the home. However, COVID-19 also presents an opportunity to open our eyes during lockdown, as families, to carry out an introspection—since we have been asked to abide by the rules, to be always at home as a family, we have the opportunity to get know one another better.

The study has shown that the youth struggle with their personal physical health during the COVID-19 pandemic as a result of new routines of life. The youth need to be empowered in case we have another crisis or disaster in the future, so that they can adapt to new routines. Regardless of the support system provided by the state, the youth have suffered financially and there is fear during the COVID-19 pandemic about their future and life in general. The study has indicated that the youth are not empowered in terms

of being able to handle their own finances; therefore, it is important that the youth are empowered to recognise the value of money and understand that it is not an unlimited resource and must be used wisely. Financial literacy is very important for the youth of today since they get financial support from the state and hence need to be empowered on how to use money wisely.

Education is needed to show the youth how to improve their health and reduce the risk of developing several diseases, and to learn more regarding how physical health activities and exercise can improve their quality of life. A healthy lifestyle must be promoted and health education encouraged for the youth and society even after the COVID-19 pandemic ends. Support groups and systems for youth are very important, especially for the poor and marginalised and those from rural areas who lack the level of education and resources to be educated about disaster management. The youth need support from the family, nonprofit organisations, traditional leaders, churches, and the state during times of disaster. Lastly, taking care of our health should be a joint venture. We should educate one another, support one another, and resource the youth to take responsibility and spread information from lessons they have learnt about COVID-19.

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