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Thanatopolitics and Fugitive Mourning in Pandemic Death

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ABSTRACT

COVID-19 has reminded us that death is not only inevitable but also, for those who are constructed as death bound, imminent and immanent. In this paper, I contend that this season of mass death has led to an intensified thanatopolitics where the state has sought to take over full control of corpses and the death world. This has major implications for how we order and relate to the African death world. Mourning and funeral rites are important sites of sociality for the processing of loss, ritual cleansing and renewal. The COVID-19 pandemic and the dramatic rise in deaths associated with it mean that mourning, rites, sociality and potential renewal are fundamentally disrupted. This disruption occurs because rituals and customs associated with how Africans honour and bury the dead have to change as a result of health protocols and government regulations that are promulgated against contagion. However, through media reports on those killed by COVID-19, I demonstrate that thanatopolitics remains fragile in the face of the erotics of mourning and fugitive mourning that families and communities engage in. This paper is an effort to engage with the subject of pandemic death and the meaning of what we lose when ritual and relation are threatened. It presents the erotics of mourning and fugitive mourning as forms of resistance that the black underclasses are always insurgently engaged in.

Keywords: COVID-19; Pandemic; Thanatopolitics; Black rituals; Fugitive Mourning;

Erotics of mourning

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INTRODUCTION

Writing about death and loss in the middle of a pandemic is necessarily animated by urgency and questions to which answers are not immediately available. The questions cannot be fully formed because the data are rapidly shifting and our grasp on the landscape is tenuous. In the fluctuating terrain of contagion and death, the eyes of many are feverishly fixed on the statistics. At the peak of the first wave, South Africa confirmed just over 600 000 infections and just under 15 000 deaths. But these are moving numbers. They can move us to tears, to action, and they can move us to the death world. As I revise this paper in the middle of the second wave of COVID-19 infections, the number of infected people in the country totals 1,20 million and the number of people who have died exceeds 30 000. Negative affect underpins lines of inquiry, and fear is pervasive. Anxiety swirls like a contagion. I recovered from an earlier infection but even as I write, with half my family currently infected, I live with anxiety. Since infection may lead to rapid death, contagion opens onto the death world. Global antiblackness renders black people death-bound subjects (JanMohamed, 2005), and the pandemic has hastened this journey. Death is everywhere. Social media is aflush with death notices. I write under a cloud of anxiety shrouded in black death. If the field of black studies is caught between the erotics of pleasure and black death (Nash, 2019), this paper is decidedly one of black death, even as I recognise the inevitable friction and entanglements between the two. Studying something as it unfolds can therefore only represent a snapshot of the present – and even then, from a particular vantage point infused in negative affect. This colours what and how I write. The place from which I look is South Africa. My gaze is a black gaze that connects with black death everywhere. Against the background of worldwide mass death, the paper is concerned with practices of mourning and their social meanings as understood from the viewpoint of black studies. It also explores emerging forms of fugitive mourning in reaction to the restrictions imposed on traditional rites of death. I read online news coverage published over the period May to August 2020 and personal anecdotes to interrogate the thanatopolitics of the pandemic and how black working-class communities engage in fugitive mourning in order to sustain practices pertaining to people’s relation to the dead. I conclude that fugitive mourning decentres administrative rationalities that seek to intervene in people’s ritual relation to the dead.

2 The branch of black studies that focuses on black death conceives of black life as inevitably bound to death. This is based on the global antiblackness embedded in social reproduction, and the historical and ongoing overrepresentation of black people among the dead. The other branch of black studies focuses on black joy, erotics, creativity and survivance. Of course, these are not mutually exclusive approaches to studying black life and death.
PANDEMIC MOURNING

How do we mourn collective pasts steeped in dying and that keep gnawing at us? More immediately, how do we mourn COVID-19? How do we prepare for dying? How do we prepare our minds for the possible death of loved ones? How does the prospect of mass dying tug at wounds of other losses that occurred in our families and the communities to which we belong? How does our class position and that of our families inflect our fears and anxieties? While death from COVID-19 is a real prospect for most of us, it is potentially more real for others for whom physical distancing and self-isolation remain impossible. How do class and geography inflect our relationship with dying? How does racialisation link us historically to death? How might we read race as an ideology of death? What happens when our grieving is disrupted in the context of a pandemic? If melancholia is, in part, disrupted mourning when the object of loss is unacknowledged, how do we live with sadness? When we cannot travel to funerals or we are “surplus” to the maximum of fifty people permitted to gather, collective mourning is disrupted. To mourn collectively, we have to look at the body of the deceased to witness the reality of death. If what we see in the world and, now, on our shores is real, we should brace ourselves for a coming epoch of dying.

As African governments plan for the worst, ordinary people are not being asked to prepare for the coming pain of grief. This moment compels many to reckon with suspended dreams. We worry if we will ever see our parents who live in distant provinces. With borders closed, will we ever see our loved ones in Malawi and Zimbabwe?3 The reality is dawning on us. Our phone conversations take on a new level of intensity and now we pay attention to the small things. Many of us who live far away from our families know we will not be allowed to travel home to see the sick. Depending on fast-changing COVID-19 regulation levels, we may be able to travel to their funerals if we can get a permit to move between provinces. We are unlikely to see their faces because whispers suggest that the corpses of those killed by COVID-19 are dressed in airtight plastic bags and placed in sealed coffins. WhatsApp voice notes suggest that soldiers or morgue employees draped in apocalyptic personal protective clothing will bury our dead because we are forbidden from touching the coffins. The sacred rites of our cultures must cease. The body of deceased cannot be brought home for the last farewell. We will bury our dead as

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3 The long queues and bureaucratic disasters playing out at African borders has converted these sites to places of mass contagion. Refer to, for example, https://www.iol.co.za/news/africa/backlog-at-beitbridge-border-a-potential-super spreader-event--1d5aa222-05f1-4e74-a4c0-eb3772338fffd.
deceased bodies to be treated with suspicion of contamination. While this pandemic is certainly different from deaths that occurred in the era of slaveholding and slave ships, there are useful symmetries between the moments if we see them as coeval. Saidiya Hartman (2016) asks us to imagine what space existed for grieving in the hold of a ship as the enslaved began to lose shipmates. She suggests that mourning would be nearly impossible and insufficient, fleeting and furtive. In this moment of expansive death of pandemic proportions, we can only necessarily mourn fleetingly. Precautions against contagion require us to jettison our mourning practices. Our sociality of grief is hobbled, and we must learn anew.

Given this abrupt change to what was customary, how do we grieve? When we die in the context of mass dying, our loss is unexceptional and our grief is unremarkable to those consumed by their own losses. If we are all lost in our grief, who will comfort us? What happens to community networks when we cannot visit one another? How do we embrace and acknowledge one another’s cries? How do we gear ourselves towards anticipatory grief? How do we orient ourselves towards pre-emptive mourning when our lives are already shrouded in grief? Perhaps this is the time to open spaces for remote connections where family and friends can come together to hold one another. In August 2020, Twitter became an important site for mourning those killed by this latest pandemic. Giaxoglou (2020) points to the political dimensions of hyper-mourning on social media, arguing that “sharers are interrogating which lives are considered grievable and worthy of memorializing, and which lives are dominating online visibilities as lives worth living, foregrounding the role of age, ethnicity, and class in this unspoken bio-politic” (p. 11). But this is only possible for the middle classes tethered to fibre networks. Perhaps all we have is the aftermath of death on the other side of COVID-19. Maybe then, families, communities and governments need to make space for communal and global mourning. In these spaces, maybe we will be able to finally grieve and hold one another through our wailing. And then, afterwards, we can visit grave sites to say goodbye. Rwanda’s mass mourning tradition may be a pathway to consider (Bagilishya, 2000). But how do we find space for the personal in mass rituals? What can we do while we stand on the brink?

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4 This is premised on the hope that the wave of dying will cease and COVID-19 may be considered a historical footnote rather than an ongoing reality.
THANATOPOLITICS OF PANDEMIC DEATH

A central concern of this paper is the official politics of death, which both produce and exceed institutional power. Guy Emerson (2019) defines this as thanatopolitics. Here, the exceptional state of disaster declared by governments to limit the spread of COVID-19 allows the state to take control of the bodies of the dead. In the official politics of death in the context of the COVID-19 pandemic, the state takes full ownership of deceased persons’ bodies. For Berlant (2007, p. 754), thanatopolitics involves “the physical wearing out of a population and the deterioration of people”. This process of wearing out reinscribes people into the death world. We bicker about corpses. While bodies of the deceased previously belonged to families and communities, the state now has full control of them. Confronted with new rhythms of dying and repossessed rituals and bodies, we are forced to engage with death perpetually and occupy the space of the death world (Emerson, 2019). The emerging emergency vaccines are equally implicated in the death world. They are a distant reality for Africans, and their planned acquisition and administration is under full state control, which is imbedded in corporate pharmaceutical monopolies. On this front, too, the politics of death are under administration by institutional power. We are made killable in the official seizure of death. State capture of death (and life) enables the reproduction of the state (Deleuze & Guattari, 1987). Below, I describe the consequences of this apprehension of corpses.

The material presence of the body of a deceased person is an important site for the bereaved to integrate the loss before the deceased can be released into the ancestral realm. Withholding the body from the bereaved or anonymising it disrupts psychological integration. In other words, to deny or withhold the body of a deceased person is to disturb mourning – that is, stalling, pausing and distorting it – and the ecosystem within which death and life are figured. To detain corpses is to take the dead hostage. South Africans and others who have been subjected to slow death and genocide by necropolitical regimes know the phenomenon of disappeared bodies too well. Here, bodies were burnt to ash, not as a form of internment but as a garish sadistic demonstration of white supremacy. The hot violence that killed a million Rwandans marks our collective African psyche. Christina Sharpe (2016) describes the pervasive atmosphere of mourning as “weather” in order to signal the ever-present and enduring state of mourning that black communities live in. COVID-19 compels us to see the continuity of this history

5 Nicky Rousseau details these ways of black dying in apartheid South Africa. For further information on productive engagements with the bodies of the dead (see Rousseau, 2009, 2016).
of malice, this “weather” of atrocity. To be clear, COVID-19 cannot be seen as government-sponsored slaughter, but the bureaucratisation of the bodies of deceased and the incursions into rituals align with a politics of withholding.\(^7\) We see this in the growing examples of working-class families who are compelled to bury bodies of people whose identities they cannot vouch for. In other cases, errors are identified after the wrong bodies have been buried. One family who buried the wrong body was that of Vukile Noda, whose widow, Nomsa Noda, told News24: “They refused to allow me to view my husband’s body at the hospital mortuary due to Covid-19 regulations. Now I buried the wrong person” (Dayimani, 2020, n.p.).\(^8\) Speaking for the Madlala family after they had buried the wrong body, Bhekukwenza Madlala told SABC News:

_We are very saddened about this, it is indeed painful to bury a body that does not belong to you. But they have just exhumed the body, they will bring ours tomorrow. The COVID-19 regulation that says we must not view the body is a big problem. I think they must revisit the regulations to allow people to view the body, just to confirm if they are burying the right body. Otherwise, people will continue to bury bodies that do not belong to them._ (Nyembezi, 2020, n.p.)

Unathi Sigamlele from Cofimvaba in the Eastern Cape said: “When the body was about to be laid to rest, we as the family asked to see the body, that’s only when we realised that it was not my fathers’ body. Our investigation showed us that this body belongs to some family in KZN” (Nyembezi, 2020, n.p.). These instances demonstrate that state anonymisation of the dead has significant, often traumatic, consequences for bereaved families who live in doubt as to the identity of interred bodies. Here, the state does not hold bodies hostage but acts as a necropolitical regime when the consequences of its regulations harm people. We might conceive of this moment as the necropolitics of COVID-19. I use this concept, which I borrow from Robertson and Travaglia (2020), to point to the precarious situation of the working-class dead, who often die in migrant zones and whose disposable bodies are not the subject of care and respect.\(^9\) In these instances, working-class families’ demands are dismissed as being of no consequence. To anonymise the body of a person is to render it ahistorical. According to Emerson

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\(^7\) While government regulations to curb the spread of COVID-19 are important and may even be necessary to save lives, we should not lose sight of their multiple effects. The zero-sum game of contagion regulation requires attention.

\(^8\) [https://www.iol.co.za/sundayindependent/news/covid-19-traumatised-family-say-they-were-given-wrong-body-to-bury-50449265](https://www.iol.co.za/sundayindependent/news/covid-19-traumatised-family-say-they-were-given-wrong-body-to-bury-50449265)

\(^9\) The majority of bodies buried by the wrong family had to be transported from cities to rural villages.
(2019, p. 8), the body cannot be conceived as “a mere surface for the deployment of forces of mortality”. The body is about much more than death.

Another incursion of the state bureaucracy into the sacred act of burial is the separation of the dead from the living. The body of a deceased person cannot be brought home to be the centre of a wake and to be integrated into the world of family ancestors. It cannot be touched and embraced one last time. Our wailing is muted and uncertain. Sealing a body with layers of plastic and a body bag emphasises contagion and fear and disrupts connection and affection. We are required to be afraid of the bodies of our kin and neighbours. While our customs and traditions require a turning towards the dead, COVID-19 regulations require that we turn away from the dead. Wake work (Sharpe, 2014) is disabled when we cannot assemble around the dead and recite their clan names, extoll their virtues and address them directly by telling them what they meant to us and what their death means. As the bereaved we look to the dead with regret at what we could not do. This continues the tradition of neoliberal disavowal of black working-class suffering. To disrupt ritual is to cast us into a spiral of mourning-without-end. Lissa Skitolsky (2018) has argued that marginalised communities are forever consigned to Orlando Peterson’s concept of social death. We whose unhonoured souls wander plaintively live in conditions of social death. Conceived of this way, “the condition of black life is one of mourning” (Rankine, 2015, n.p.). Though this was true of our lives before COVID-19, the pandemic has affirmed this truth and rendered it plain. This moment recalls another neoliberal time of millions of excess deaths to AIDS long after it was treatable in the Global North (Thomas, 2014). We might call this the capital death epoch for how the logics of capital decided which bodies to save and which to dispose of. As it is now, the colour of death was black in the ongoing dying epoch of AIDS.

LOSING RELATION

Marginal and oppressed Third World people have been invested in survival rather than conquest and domination. Édouard Glissant (1997) characterises those who are not disposed to conquest as attuned to a poetics of relation achieved through errancy. This is the curiosity that drives the search for knowledge of the self and the other in order to live relationally. In recognition of the need for black solidarity to foster black survivance, we have ordered our lives as a codependent and fostered community. Funerals are important moments for consolidating and renewing solidarity, kinship, and community ties. This is true for black people (e.g., Cann, 2020) throughout the world, as well as other indigenous people (e.g., Sinclair, 1990) who live with the spectre and material reality of systemic death.
The bureaucratic disruption of funeral rites is disorienting and constitutes a move towards a loss in relation. It feeds into a politics of what Tyrone Palmer (2017) calls the unthinkability of black feeling. To bureaucratise the space of affect is to deny humanity. Intervening in the relationship between the dead and those who mourn wears into the social fabric of relation. The disruption occurs at three levels – between the body of the deceased and those assembled to pay their respects; between the dead and those prevented from attending the funeral by bureaucratic thanatopolitical regulation; and between mourners and the ancestral world. To be black means to be in relation with the ancestral world because so many of us have been prematurely consigned to death. One can add that to be black is also to be in relation with the ancestral world as part of life and the world of the living.

Over the past few months, since the advent of COVID-19 in South Africa, some of my close friends could not attend the funerals of loved ones. Electronic media platforms, such as Zoom and YouTube, have been poor substitutes for the comforting presence of loved ones. They have been unable to provide the affirmation that comes with a hug and the reassuring touch on one’s hand. If mourning requires a body (Reed, 2017), then remote funerals only enable partial mourning. The owner of Sinoxolo Funeral Directors, Siyabulela Jordan, told BBC News: “All the typical African glory at funerals has been overshadowed by the regulations, the entirety of funerals [has] changed. The inability to embrace one another because of social distancing is also a factor for them at this time” (“Coronavirus: How ‘secret burials’”, 2020, n.p.). The distress of friends on social media has revolved around this loss of relation, which is represented by the inability for people to embrace and the way in which wakes have been banned. The need for internet connectivity to be able to “attend” “online” funerals means that many working-class people are excluded by the wide digital divide in South Africa. Kenny McDillon, a Cape Flats-based pastor, told the New York Times (2020) that the COVID-19 regulations interfere with people’s cultural and spiritual beliefs, adding that those who break the law to be with their dead will be criminalised. This move towards further criminalising black people is a worldwide phenomenon that points to how closely black life is lived on the edge of criminality. Reporting for Daily Maverick, Estelle Ellis (2020, n.p.) notes:

A health and safety officer was attacked. A coffin was forcibly taken into someone’s home. Violent disagreements have broken out between families and undertakers. All this and more is happening around South Africa as frustrations erupt over disaster regulations governing funerals.
In this resistance against thanatopolitics, the fight over a corpse can lead to the criminalisation of ritual and those who insist on practising it. In rural communities that live on the brink of starvation, police officers forcefully entered homes to spill food and traditional brews intended for funerals. Here, too, the necropolitical state criminalises and attacks its most vulnerable by coming in the way of black relation. When ritual is disrupted, as in the preceding example, some families and communities resist law enforcers in order to practise their burial rites. Ellis (2020) writes that in Ilinge, an Eastern Cape township, families forcibly reclaimed the coffin of a loved one who had reportedly died from COVID-19 and took it into their house to bid the dead farewell in direct contravention of the law. The community is forced to choose between following regulations or engaging in the journey of the dead where the body returns to the person’s place of birth and the place where the umbilical cord was buried. This is actually a non-choice. When one’s culture is rendered illegal and superfluous, then actions are taken to resist efforts to consign people to criminality and the realm of outlaws.

EROTICS OF MOURNING

Waves of dispossession and systemic pandemics have enabled us to habituate to what Anthony Reed has termed “the kinds of black selves that are imaginable or desirable” (2017, p. 23). The kinds of black selves we imagine or desire are most evident at death. Even those who lived modest lives are sometimes sent away with grandiose or dignified funerals because they must meet their ancestors as their aspirational selves. The aspiration for dignity is performed as pageantry and excess at funerals. The performative dimensions of funerals are constituted by eruptions of heightened affects that are both painful and pleasurable. This might be observed as the erotics of mourning that are constituted by historically emergent forms of desire and attachment – a demand and practice of freedom (Reed, 2017). Here, I see pleasure and desire as emerging out of the assembled bodies that invest in the object of the deceased and the networks of affect that circulate between mourners. Affects circulate between assembled bodies and objects and, as argued by Sara Ahmed (2004, p. 120), they do things “through the very intensity of their attachments”. The erotics of mourning are dependent on this capacity of emotions to do things. Funeral gatherings are also a space of singing and dancing. At black funerals, dancing often takes the form of encircling the coffin in a joyous embrace. Joy is elicited by the collective idea that the mourners are singing the dead into the ancestral realm or into heaven. These can be moments of intense pleasure and pain. For Jennifer Williams (2008), this coupling of desire and loss might be termed the erotics of mourning. To see the coffin or the body of the deceased might heighten emotions in ways that may not have been possible had one not attended the funeral. The appearance of
the coffin or the body elicits strong emotion and is generally a moment of tears. When a loved one cries, those in proximity to them are likely to be moved to tears, too. Emerson’s (2019, p. 8) contention that “the body-as-wound emerges through the particular assemblages generated with other bodies, forces and the relations between them” recognises the body as fundamentally relational. Funerals congregate an assemblage of highly emotive bodies that simultaneously experience pain and pleasure.

Funerals as sites of these erotics, facilitated by ritual and cultural practice, are therefore high-stakes spaces. Regulatory incursions limit ritual practice and come between the assemblage of bodies invested in the erotics of mourning. To regulate funerals is to intervene in the community of mourning – in pain and pleasure. It is to delimit the kinds of imaginable black selves we desire. Seen this way, then, to interpret state regulation as only invested in contagion and numbers of funeral attendees is to unsee the multiple permutations of these regulations. State regulations against contagion literally come in between our joy and pain. Regulations intervene in the potential for solidarity and emotive release. When a close friend died while I was abroad, I felt adrift from the emotions that circulated in South Africa. I could not connect with the pain that I knew I should be feeling. I imagine, then, that the inability to congregate and assemble with the family and community of those who die in this COVID-19 epoch deadens our ability to feel and share in the erotics of mourning that, in part, depend on and are produced by assembled bodies. A funeral congregation might also be understood as the assemblage of history. This is to say that people bring their collective histories with them and these collide together at the site of the burial. For oppressed communities, longings of freedom become validated and reflected in the collective aspirations of those gathered. The funeral can therefore become the sight for desire and practices of freedom. It both includes and transcends the body of the deceased. To disrupt funerals as events may therefore be experienced as a stemming of the energy of everyday vernaculars of collective desire.

Funerals might also be seen as a space for collective storytelling where working-class black people affirm one another’s pain and triumphs. One might see the congregation of people at a funeral as a poetic production where they recite clan names, praise the dead through eulogisation and perform their pain. Those gathered are both performers and witnesses of the poetic production. In this sense, mourning and grief are also a poetics of relation (Glissant, 1997). Therefore, while grief is a personal emotion, it is also shared. The loss of the deceased is a shared loss of someone who was part of a network of relations – a friend who was someone’s child, sibling, aunt, colleague, neighbour, lover, nurse and confidant. People come together to mourn in relation to all of these nodes of relation within which they held the deceased. This poetics of relation works against the creation of the ideal capitalist liberal
subject that is bounded and motivated by individualist aesthetics of being. The mourning rites and the affect that circulates at funerals resist the liberal bounded subject that belonged to a nuclear family. The very idea of belonging and hierarchy of mourning is challenged when we see a highly affected person from beyond the immediate family of a deceased person. It is for this reason that many black people are uneasy about the idea of small funerals limited to immediate family members. Moments of heightened oppression such as apartheid reconfigured the space of mourning to that of struggle, desire and performances of freedom (Canham, 2017). As a space to tell collective stories, the function of a funeral eclipses and exceeds the mere act of interning the deceased’s body. Therefore, to regulate funerals is to regulate complex needs, histories and ways of being in relation. The poetic parameters of funerals are uncontainable and stretch beyond what regulation is able to imagine. The remains of the dead enable mourners to localise or to ground loss (Reed, 2017). Jacques Derrida (2006) has called this urge for localising an effort to ontologise the remains of the dead by rendering them as present and real. Here, the loss might be conceived of as a magnetic field that assembles not just the loss of the deceased but also losses made possible by dispossession. Mourners can therefore cry not only for the dead person but also for all the dead whose deaths are a function of the overrepresentation of black people among the dead.

A funeral can exceed individual mourning to grieve the dead more generally. In this conception, the poetics of mourning has political possibilities. In the time of COVID-19, as in the post-Katrina floods in the United States and in the aftermath of cyclone Idai in Mozambique and Zimbabwe, the antiblack underbelly of neoliberalism has been exposed like a beached whale in the sun. Black people die of disasters and health conditions because the systems meant to support them are inadequate. Hospitals that have always been underequipped and understaffed are now death zones that people would rather avoid in favour of dying at home. As hospitals run out of space, dying at home is a reality for many. Of course, dying at home means that women stand in for the broken public health system as carers of the dying. Personal protective equipment has been the site of frenzied feeding for political elites, and this means that the equipment does not reach healthcare facilities where it should serve its function (Chabalala, 2020). Naomi Klein (2002) has termed this kind of phenomenon the rise of disaster capitalism. People become infected with COVID-19 when their lives are sacrificed in favour of saving the economy. While job losses are trumpeted as the reason for needing to ‘save the economy’, almost nothing is said about the high-income classes and elites who own the economy. Racial capitalism (Robinson, 2000) becomes the sovereign decision-maker as to whose life is worth retaining and whose is worth taking. In this conception, following Mbembe (2008) and Emerson (2019), the exercise of sovereignty entails power and control over mortality. Racial capitalism can be seen as being the function
of the state’s abandonment of its role to the white markets and its participation in market consumption by blurring the lines between markets and state. Funerals become spaces for public and communal reckoning with the cheapened condition of black life.

FUGITIVE MOURNING

The erotics of mourning are infused with resistance. Regulating the terms under which funerals are conducted is therefore to seek to regulate resistance. A funeral where mourners yank the body away from the sovereignty of the state represents an act of fugitivity. Here, communities move in a different direction to bureaucratised mourning and stealthily practise tradition and relation. Fugitive mourners might be seen as people who insist on the practice of mourning, even when legislation insists on closing down the space of mourning. When villagers bury their dead as they have always done despite the regulations, we might call it a practice of fugitivity. I am aware of fugitive mourners in my home village. While families accept that they now have to bury their dead earlier than they otherwise would have, they compel the undertakers to first take the bodies to the ancestral homes of the dead. Once there, the dead are reacquainted with the family and ancestors. This resonates with Fred Moten’s description of black fugitive movement that moves in and out of the frame. Moten describes furtive movement as stolen life and contends that “its relation to law is reducible neither to simple interdiction nor bare transgression” (2008, n.p.). We might see movement into the frame as acts of leaning into the rules of burial and movement out of the frame as fugitive acts of tradition and ritual. Fugitive mourning can then be seen as an act of edging along the perimeter of bureaucracy and transgression. To live fugitively is to steal what is taken from you in order to make the lives of the impoverished more liveable. We steal mourning, then, in order to be in liveable relation to the dead and the realm of our ancestors. There is vitality and energy in fugitivity. Following Emerson’s conception of the productive relation between vitality and mortality, one might say that fugitive mourning “points to the complex interpenetration of vitality and mortality to produce its own map of relations, affinities and potentiality” (2019, p. 14). Fugitivity is therefore a useful lens to figure black sociality.

To grasp the sociality of blackness is to be attuned to the fugitive and surreal presence of blackness. Black mourning is continuous with stolen life, which is black life (Moten, 2018). Since blackness itself is criminalised and black history is littered with the dead, black people scavenge in the margins to construct liveability. We are well acquainted with the ground being shifted from under us through the introduction of antiblack laws aimed at shoring up whiteness. In response, we play ignorant, we hide in
plain sight, we lean into stereotypes, we disguise ourselves and we steal what joy we can. Moten (2018) has termed this ability to find pleasure in lives of mourning the erotics of fugitivity. Through mourning, we steal what we can and move off scene in fugitive spaces to honour our dead. To live life in danger (of the law, of COVID-19, of HIV, of the police, of poverty, of white supremacy, of neoliberalism, of patriarchy, of homophobia, of death, of, of …) is to unsettle sovereignty and to unhinge and disrupt thanatopolitics. This is to say, to be black and poor is to live as transgressive outlaws. To think along with Moten on lives lived in danger, the following assertion is instructive:

To invoke the more (or less) incalculable is to recognize how life-in-danger takes certain conceptual apparatuses over the limit, in unnatural defiance of their rule, placing them in danger, such that the difference between internal and external imposition, or that between major and minor struggle, fails properly to signify. (Moten, 2018, ix)

In this formulation, people who live in danger also place rules on danger. As members of the underclasses, those meant to represent the state in the enforcement of the rules (e.g., undertakers) might themselves enable fugitivity, such that the very system of regulation ‘fails to properly signify’. The rules of mourning are therefore stretched to the limit by those who engage in fugitive mourning.

Since ‘normal’ funerals are sites of consumption that undercut the welfare of poor families, some communities have repurposed the funeral regulations for their own wellbeing. For example, the shortened period between death and burial means that fewer expenses are incurred on food for guests and on morgue fees. This has been touted as a return to an earlier practice of burying people quickly in a time that predates the refrigeration capacities of modern mortuaries. A return to earlier custom might also be an opportunity to undercut capitalist consumption that has made the death industry extremely lucrative (Cann, 2020). This, too, is an inversion of life-in-danger since, here, capitalism is placed in danger. These fugitive ways of being in relation while always being at risk are useful for upending conceptions of minor and major struggle. Fugitivity is best represented in the spaces in between rather than in mass resurgence. However, the proliferation of many small acts of resistance may be as threatening as major movements. Sovereign regulation of black life through law, capital and modernity can therefore be a series of small collapses as people thread the shadows of fugitivity in order to do what they have to do to live by honouring their dead. To mourn fugitively is to insist oneself into being against the blows of racial capitalism and state regulation that seek to undercut black freedoms. This insistence is not invested in staking a claim to normativity or in the conquest to be the standard bearer. Instead, it is a commitment to fugitive sideways movements that resist entrapment, occupation and
stultification. While fugitive mourning is a movement towards the customary, it is also an antinormative sideways movement invested in creating its own rules as part of an irreducible sociality. One might track the various ways that mourners refuse regulation as multiple insurgencies opposed to the very idea of regulation and containment.

CONCLUSION

The thanatopolitical bureaucratisation of death in the wake of COVID-19 has unmade many aspects of blackness by relying on necropolitical lawmaking to prevent contagion. This plays into long-standing fissures that have rendered black life a form of mourning. Black people have, however, acclimated to death and turned mourning into relation, community and opportunity to strengthen kinship and sociality. COVID-19 threatens the very texture of black survivance built on the experience of other epidemics and pandemics such as HIV/AIDS, enslavement, impoverishment, the prison–industrial complex and a range of additional structural pandemics. COVID-19 has rendered mourning and burial rites illegal. To criminalise the very things that shore up black people’s existence is to render blackness illegal. But like the families who wrenched their dead from officials in order to take the coffins to the ancestral homes, blackness always resists its annihilation. And, so, even as we mourn in the breach, uncertain as to what is to come, we remain faithful in tending to the dead. We rely on an erotics of mourning to hold to both negative and positive affects, the pain and the pleasures of being together in shared spaces of care and solidarity. We fashion our fugitive knowledge to undercut the regulations of sovereignty in order to practise fugitive mourning that places the very rules that threaten our lives under threat. To mourn fugitively, then, is to place pressure on claims of sovereignty and to enact multiple insurgencies against thanatopolitics. Even as COVID-19 thickens the weather of antiblackness and strengthens the pall of death, it unleashes new ways of black liveability. We congregate fugitively in order to unsettle the normative belief that black life is cheap and not worth fighting for. We rely on long histories of dying and resistance to enact rebellious mourning that refuses black annihilation.

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10 The very act of resistance might lead to contagion and death.
Similarly, Babalwa Magoqwana convened a productive thinking community. The kernels of this paper grew out of this expansive space to think about mourning.

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COVID-19 and the ‘New Normal’ in Education: Exacerbating Existing Inequities in Education

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ABSTRACT

This paper considers education responses to the COVID-19 pandemic, with specific reference to South Africa, examining how inequality has been exacerbated as a result of the pandemic. It outlines how education policy choices are shaped and how the (mis)use of evidence highlights the lack of meaningful and robust involvement by key education stakeholders and social science specialists, particularly from the critical tradition. COVID-19 has intensified and sharpened social, political and economic fragilities and inequities globally, forcing governments to (re)think responses to social problems and disruptions. This paper underscores three dimensions of inequity in education as a result of the pandemic: equitable teaching and learning during the lockdown and school closures; inequities that may result from the (re)opening of schools in the ‘new normal’; and the lack of attention to psychosocial support and professional development. The paper argues that while this pandemic may be new, it has exacerbated existing inequities in education provision, intensified by the COVID-19 disaster management and education policy. The paper argues for a progressive approach to education transformation in response to this pandemic and future crises and disruptions.

Keywords: Policymaking; Education policy; Equity; COVID-19; Pandemic; Teaching and learning; South Africa

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INTRODUCTION

The effects of the COVID-19 pandemic – socially, politically and economically – have been felt worldwide as the global economy is “estimated to contract by 2.8% in 2020” (Buheji et al., 2020, p. 213), impacting most adversely the countries of the Global South. The pandemic resulted in the closure of institutions and the lockdown of entire countries and, more subtly, exacerbated inequalities between different groups within countries and between different countries. The short-term effects of the pandemic on the impoverished have been significant. The pandemic resulted in, for example, an increase in hunger, extreme poverty and adverse social effects, including a rise in gender-based violence (Mbunge, 2020). The World Bank (2020a) reports that in 2017, 689 million people lived on less than $1.90 a day, and the COVID-19 pandemic has thrust an “additional 88 million to 115 million people” into extreme poverty, resulting in more than 729 million affected persons (para. 9). The low threshold of extreme poverty in monetary terms belies the extreme deprivation that the impoverished face (and will continue to face) as a result of the pandemic. The difference in effects between the rich and the impoverished is most vividly illustrated in the South African context, where some people – the wealthy – complained about being deprived of the freedom to surf during the lockdown (Grobler, 2020; Ishmail, 2020; Qukula, 2020) while the impoverished faced a bleak reality of food deprivation for the young since school feeding schemes, critical instruments of poverty alleviation, were halted during the lockdown.

The current pandemic is as much a crisis of the environment as of health. As Mitchell (2020) astutely notes, “COVID-19 is a stark reminder that our assault on the natural world has consequences . . . Humans may not have created the coronavirus, but we have cultured the unnatural conditions needed for nature to toss a $10 trillion-dollar time bomb into our economy” (para. 1). The pandemic does not exist in isolation from ongoing crises and disruptions. The World Health Organization (2020, np) notes that “almost 690 million people went hungry in 2019 – up by 10 million from 2018, and by nearly 60 million in five years.” The majority of food-insecure communities are based in Asia but are quickly expanding into Africa. Hunger remains a serious problem, to the extreme detriment of the impoverished, who are even more adversely impacted by hunger during the pandemic. This pandemic must be understood relationally as part of a system of mutually exacerbating inequalities.
In education, specifically, by mid-April 2020, schools in over 188 countries closed their doors, affecting 1.5 billion learners globally (UNESCO, 2020a). The pandemic has not only disallowed students – from kindergarten to university – from attending face-to-face learning at education institutions but has also left millions of students all over the world without any formal access to learning. School closures, unsurprisingly, have impacted the impoverished the most. In this context, this article examines the effects of policy responses to education during the pandemic.

This article is divided into five parts. After the introduction, the second part explores the study methods employed in the development of the paper. The third section discusses who is consulted about education policies during the pandemic, and what serves as evidence to support decision-making in South Africa. The fourth section discusses policy choices in relation to education globally, and South African education policy is used to illuminate global trends. The concluding section discusses the implications of education policy choices, specifically in relation to the post-COVID future.

METHODS

This paper is largely based on a review of existing literature on the topic. This review covered journal articles, popular media and opinion pieces, academic commentary and grey literature produced by civil society organisations, national governments and international organisations, globally publicised at the onset of the pandemic and, in some cases, before the pandemic. In addition, four interviews were conducted with purposively selected key education policymakers and teacher representatives in South Africa involved in formulating education responses to the pandemic. Two teacher representatives and two government officials from South Africa participated in the study. The critical analysis of literature and interview data draws on critical policy analysis (CPA) to examine how power and inequality are (re)produced. There are different approaches to policy and policy analysis (Apple, 2019; Rizvi, 2006) that are tied to the different educational approaches. In line with Rizvi’s (2006) views, we argue that policy is not just factual but also normative and contested. Policy texts are not neutral facts – they are inextricably shaped by and reflect contexts like the current neoliberal discourses on education. CPA is used to examine the question: How has the pandemic impacted equity in education? We draw upon the conceptual framework of Fraser (1997, 2009) – which foregrounds distributive justice as central to the public good and social justice in education – in framing our analysis. More specifically, Fraser (1997) argues for the recognition of marginalised groups as a conduit for achieving social justice. Collectively,
these data offer an opportunity to deconstruct the beliefs, assumptions, values and socio-political
dynamics that have informed the development of policy on education governance.

EDUCATION POLICYMAKING IN RESPONSE TO THE PANDEMIC

While, understandably, much attention and commentary focus on the effects of the pandemic, it is
crucial to unpack the way in which and by whom policy choices are made. In this respect, South Africa,
like many other countries, has sought to respond to the pandemic in policy terms as an ‘emergency’,
invoking emergency legislation to ensure a quick and compliant response from citizens (Ramaphosa,
2020). The South African state invoked the Disaster Management Act (57 of 2002) to respond to the
crisis. The Act required that an advisory council be established upon the declaration of the disaster,
which should include a number of senior personnel from various governmental departments, organised
business, organised labour, traditional leaders, religious and welfare organisations, medical
organisations and professions, institutions of higher education and institutions able to give scientific
and technological input (Section 5(1)(e) of the Disaster Management Act). However, despite this
mandate, the advisory board appointed to advise the government lacked diversity, curtailing
consultation from other key stakeholders in society. A teacher union official in South Africa remarked
as follows:

There is a very limited role that we play because the government was using the Disaster
Management Act to close areas of consultation. We had to force to be consulted because in
terms of the National Education Policy Act there are two structures that needed to be consulted
on policy trajectory. That is your council for education minister, the provincial MECs and then
the professional labour, meaning the teacher unions that are registered under the Education
Labour Relations Council. It is a mandatory issue, but the government was not doing that and
we had to force the government to ensure that on any other policy we are consulted. (Interview
with South African union official, September 2020)

In invoking emergency legislation, South Africa was not very different from other countries that sought
to centralise decision-making during the pandemic. Of note was the nomenclature of related structures,
with names such as the authoritarian-sounding Command Council signalling the centralised process of
policymaking. Yet, as events unfolded, it was evident that managing the crisis from the top was not
effective, given the diversity of localised contexts. That approach even threatened the democratic values
that most Western societies are built upon. Hattke and Martin (2020) note that, “[h]istorically, emergency and disaster management (EDM) has typically prescribed a command-and-control approach to civil defense to protect the population in case of armed aggression”, adding that during the COVID-19 pandemic, “[m]any governments have assumed emergency powers, which in some cases are so far-reaching as to undermine the division of power that is traditionally enshrined in democratic constitutions” (pp. 1–2).

In fact, one lesson of the pandemic is that while centralised oversight may be required, the implementation and management of responses to the pandemic are best decentralised. This collective approach to crisis governance is echoed by Hattke and Martin (2020), who argue that “coordination, cooperation, and collaboration can help tackle crises such as the current pandemic” (p. 2).

The approach that the South African government has taken, as is the case in many countries, suggests that a policy response to mitigate the effects of COVID-19 is largely a centralised process. However, a more effective response to the pandemic was evident in Venezuela, where the policy response to the pandemic straddled both centralised and decentralised approaches. Maldonado et al. (2020) note as follows:

*The government announced further investment to strengthen the Centralised Public Procurement Plan, which manages state purchases of social goods, and it encouraged the creation of ways to bring food from the countryside into cities ... [a]nd in addition to such measures by the state, a key part of the Venezuelan response has been the centrality of public action. (p. 28)*

What the case of Venezuela demonstrates is that decentralised policy approaches allow for more effective responses to social challenges and add legitimacy to policies made at the central level. While the social, political and economic volatility of Venezuela is acknowledged, that country’s response to the pandemic is effective. The efficacy of a hybrid approach to managing this public health crisis has been recognised by others (Aubrecht et al., 2020; Topîrceanu et al., 2020).

A common response by governments to navigate the effects of COVID-19 was the establishment of an advisory board to guide policy responses. This was a trend globally. For example, the Scientific Advisory Group for Emergencies (SAGE) was established in the UK and the Ministerial Advisory Committee (MAC) was established in South Africa. However, these bodies are predominantly
comprising scientists, with very little representation from other sectors, including social scientists. Furthermore, to justify government policy responses relating to the pandemic, the refrain ‘we are led by science’ was frequently echoed by ministers and heads of state to attest to the scientific value and apparent impartial rationalism of their policy choices.

Relying almost exclusively on scientific evidence (with the inclusion of behavioural sciences) implies a complete trust in science in terms of which science is deemed nearly infallible and as outside the realm of the political. This is an erroneous position, as Stevens (2020) points out: ‘But to rely on science as the determining influence on policy is to misunderstand what science is. And the process of organising knowledge for policy through [an] advisory committee is political, as well as scientific’ (p. 560).

The invocation of ‘science as evidence’ and the argument that policymaking is evidence based are premised on a hierarchy of what constitutes good evidence, with scientific research deemed more valid than research situated in social discourses. There is a narrow-minded view that tacit forms of knowledge, including lived experiences, wisdom and the voice of citizens, are less valid and less able to influence policymaking. Court et al. (2005) argue that when governments seek evidence to develop and support the policy process, several aspects (such as accuracy and objectivity of the evidence, credibility and generalisability of the study and rootedness) are considered to ascertain if the evidence is grounded in reality. The privileging of the sciences by policymakers is based on the misconception that science consists of ‘truths’ that are irrefutable and that all scientists are in agreement and follow the same methods. Ridge (2020) asserts:

*We now know that our scientists – like our politicians – are fallible. They disagree. We can’t just blithely “follow the science” because there is no such thing as “the science” – just different interpretations of incomplete evidence . . . If you thought the policy debate between politicians was fiery, it’s nothing compared to the rows raging among scientists.* (para. 3)

A few worrisome and questionable policy trends have emerged as a result of the privilege afforded to scientists and scientific research, particularly during the COVID-19 pandemic.

The approach to policymaking during the pandemic reveals a belief in a linear and almost causal relationship between scientific evidence and policymaking. Russell et al. (2008) comment as follows:
Academic debate on health care policy-making continues to be couched in the dominant discourse of evidence-based medicine, whose underlying assumptions – that policies are driven by facts rather than values and these can be clearly separated; that ‘evidence’ is context-free, can be objectively weighed up and placed unproblematically in a ‘hierarchy’; and that policymaking is essentially an exercise in decision science. (p. 40)

In spite of the backlash against the manner in which scientific evidence has become the default source that informs policymaking (refer to Hammersley, 2013; Parkhurst, 2017), the evidence-based policymaking approach has established a strong foothold in the context of both developed and developing countries.

Reliance on hard science as the basis of evidence assumes that research by social scientists is less credible, less useful, less reliable and inferior to scientific research. In this respect, it is instructive to note that the South African Command Council (MAC) consisted of more than 50 advisers from the medical profession, including the advisory head, and had very little representation from other walks of life. Paterson (2020) states:

> [T]he government’s ministerial advisory committee comprises 51 doctors and medical science academics, including clinicians, public health specialists, pathologists and researchers. In addition, other key positions for responding to the crisis – the minister of health, the minister for disaster management regulations, the minister of home affairs, and the leadership of the National Planning Commission and the power utility Eskom – are all occupied by medics. (para. 2)

Critique has emerged from a number of social scientists, ranging from historians and philosophers to educationists, in response to the South African government’s restricted reliance on scientific evidence. Phillips (2020), a South African historian, contends that “[t]he critical value of having such historically informed perspectives is well demonstrated when this lens is applied to the COVID-19 pandemic enveloping our country, for South Africa is no stranger to pandemics and so ought to be able to draw on these historical encounters to a good effect today” (p. 1). One of the most glaring limitations of scientific research is its inability to make value judgements and solve ethical conundrums. Metz (2020) makes the following point in his example of the balancing of interests during the pandemic:
Ethicists, and specifically philosophers of justice, argue about how to allocate benefits and burdens in ways that are fair. Such issues abound in the context of COVID-19. Consider, here, debates concerning how to balance the interests of the elderly against those of the young. Most who die from COVID-19 are older than 60, while Africa has a relatively large population of young people. How should trade-offs be made between them? (p. 1)

The unfairness of this trade-off is noted by Mphahlele (2020), as well as Van Bruwaene et al. (2020): “Children are the victims of the measures taken to halt the spread of COVID-19. They have been denied basic rights of access to healthcare and education. Schools have been closed, and for many vulnerable pupils this has meant an experience of isolation, anxiety and hunger” (p. 574).

Furthermore, while the lockdown may have reduced the transmission of COVID-19, Madhi et al. (2020) point out other co-existing medical trade-offs in relation to TB and health treatment for children. They state: “The potential impact that an excessive and poorly implemented response to COVID-19 may have by interrupting of essential mother-child services in low-income countries could indirectly lead to 235 500 – 1 157 000 additional child deaths over a 6-month period” (p. 725).

Globally, there were exceptions to the medical/scientific approach. Germany, for example, elicited advice from a 26-strong expert panel that mainly consisted of historians specialising in industrialisation and early Christianity, specialists in the philosophy of law and several pedagogical experts. Natural scientists, virologists and medical specialists were in the minority on the panel (Matthers, 2020).

This section looks at who is consulted and what constitutes evidence in pandemic policymaking. The current global trends in evidence-based policymaking during COVID-19 suggest a non-democratic approach to policymaking. This is contradictory because policy responses, in most instances, are developed for democratic contexts. Thus, it is not surprising that these policy choices have had adverse effects on notions of equity and equality globally. As the next section will demonstrate, citizens in both the Global South and the Global East, a locus for the world’s most vulnerable populations, have suffered irreparably as a direct result of these policy responses and paradoxically (un)democratic policy development processes.
EDUCATION CHOICES AND EQUITY AND EQUALITY

As stated earlier in this paper, the policy responses to mitigate the effects of the COVID-19 pandemic have wrought a number of adverse effects on equity and equality. Some of these adverse effects include interrupted learning, particularly for impoverished learners, learners suffering from poor nutrition due to the suspension of school feeding schemes, a rise in learner dropout rates, increased exposure of children to violence, a lack of access to technology for teaching and learning, a lack of psychosocial support for teachers and learners, increased social isolation and increased anxiety among teachers and learners (UNESCO, 2020b). To illustrate these effects globally, and specifically in South Africa, three aspects are discussed here: first, teaching and learning during the lockdown phase of the pandemic; second, teaching and learning in the ‘new normal’; and, finally, the limited psychosocial support and professional development available for teachers and learners.

EQUITABLE TEACHING AND LEARNING DURING LOCKDOWN

By mid-April 2020, about 1.7 billion students in the world had been affected by school closures, representing about 99% of the world’s student population (UNESCO, 2020c). Most countries, apart from Sweden, agreed that closing schools was the most effective way to limit the spread of COVID-19. This response manifested differently across the world, with teacher and learner populations in the Global South and Global East suffering the most adverse effects.

In Latin America and the Caribbean (LAC), school closures impacted 170 million learners regionally. While other regions reopened schools as early as May 2020, many schools in the LAC region remain closed owing to continued high rates of infection. As of September 2020, the region reported about 7.9 million confirmed cases and approximately 300 000 deaths, making it the worst-hit region in the world (European Centre for Disease Prevention and Control, 2020). Zorzoli (2020) states: “School closures are hurting education and, as in many countries, job prospects for them are particularly bad. If the region cannot control the virus and kickstart its economy, we will see the growth of a ‘lockdown generation’, trapped in unemployment, informal jobs and in-work poverty” (para. 3).

In sub-Saharan Africa, as in LAC and South Asia, school closures have adversely affected the impoverished and already vulnerable learner populations. Of the multiple negative effects of school closures, the suspension of school feeding programmes, which are run in the majority of countries in
the region, and the loss of learning days have resulted in a further debilitating crisis in the region. Although a school feeding scheme is a common response to food insecurity in the region, many countries, such as Mali, Uganda and Ethiopia, had to suspend their school feeding schemes, leaving millions of learners deprived of their main source of nutrition (Food and Agriculture Organization of the United Nations, 2020). The situation in South Africa illustrates how the policy response of closing schools has resulted in adverse effects for the already marginalised learner population. Sambu (2019) states that, in South Africa in 2018, 2.1 million children “lived in households that reported child hunger” and “over 9 million learners in approximately 20,000 schools” (p. 234) depend on and receive meals through the National School Nutrition Programme. Households faltered under an additional financial burden of needing to provide a main meal for children who would otherwise have received a meal at school under a school feeding programme, especially since household incomes decreased and unemployment soared during the lockdown.

The closure of schools also meant that households faced an added financial burden of childcare, particularly in cases where both parents worked. The pandemic has made it difficult for parents to balance childcare responsibilities with paid employment. As a result of school closures, “99 per cent of the world’s 2.36 billion children found themselves in a country with some movement restrictions, including 60 per cent under some form of lockdown” (Gromada et al., 2020, p. 1), forcing children to stay home and making it extremely difficult, if not impossible, for caregivers to source childcare.

School closures have had a stronger negative impact on female working caregivers since women are frequently the default parents who manage childcare responsibilities. “This imbalance has major implications for women’s employment and income opportunities”, adversely affecting progress towards global gender equity and equality (Gromada et al., 2020, p. 1). In South Africa, women-headed households make up 40% of households in the country, which also happen to be among the poorest households with a high number of dependants and generally low levels of income (Moore, 2020). These households have plunged into even deeper economic despair.

School closures have resulted in a high incidence of child abuse and neglect, particularly in communities where physical violence, domestic abuse, sexual abuse and gender-based violence (Mittal & Singh, 2020) are prevalent. Childline South Africa, a non-profit organisation providing free counselling services to children, reports that since the start of the lockdown in March 2020, “21,827 calls [have been] received – up 67% from the same period last year” (Hartford, 2020, para. 6).
School closures have also impacted learning among impoverished learners. Schools in the region have been closed since March 2020, and many schools are still only partially open for the most vulnerable learner population in the region, amplifying the learning loss. In response to lockdowns and school closures, many governments have sought to institute home learning using online learning, TV programmes, radio broadcasts and, in some cases, instructional packages (OECD, 2020). However, this approach reveals the fault lines of learning inequality in South Africa and elsewhere, where a lack of infrastructure restricts the efficacy and even distribution of these modalities. One union official observed that the manner in which radio and TV were used to facilitate learning at home was problematic and unprofessional:

*So, we found ridiculous things . . . We had lessons for your Grade 5s at midnight because that was when they could give us this free time, etc. But there were other glitches, and this is where professionalism really was given a knock. Where the Department of Education thought it would be a great idea to draw in celebrities into these lessons, and we objected very strongly saying no, no, teaching is not about simply talking or reading off a script. There are other things to teaching that you must be professionally trained for. And then we saw the disaster with some of our celebrity presenters where they didn’t know basic things and, of course, presented terrible lessons and that helped can that type of idea.* (Interview with union official, September 2020)

Henrietta Fore, Executive Director of UNICEF, states that “[f]or at least 463 million children whose schools closed due to COVID-19, there was no such a thing as remote learning”, and the large majority of these learners were from sub-Saharan Africa (UNICEF, 2020a, para. 2). Figure 1 demonstrates the extent to which various modalities have been accessed by learners per global region.
Figure 1: Share of Students (Pre-primary to Upper Secondary) Potentially Reached by Different Types of Remote Learning Policies by Region.

Note. Figures are calculated, using weighted averages based on the number of students across countries. Extracted from UNICEF (2020b). Copyright 2020 by UNICEF.

Figure 1 demonstrates that, globally, Eastern and Southern Africa have the lowest number of learners who can be reached via the Internet or who have access to personal computers. A joint survey conducted in 110 countries by UNESCO et al. (2020) found that online platforms are mainly used by lower-middle-income and upper-middle-income countries, whereas radio is the most commonly used modality in lower-income countries (refer to Figure 2).
While many online resources, targeting learners from kindergarten to the end of secondary education and even into higher education, have been made available to learners globally, only learners who have access to these technologies and services benefit from them.

In South Africa, for example, the General Household Survey found that, in 2018, 90% of South African households did not have access to the Internet and only about 21.5% of households owned a computer (StatsSA, 2018), a situation that was compounded by the cost of data. Policy responses that were made to the delivery of education in South Africa did not factor in that many teachers and learners do not have access to technology for remote teaching and learning. This challenge was acknowledged by the South African Department of Education, as expressed by a government official:

*These online platforms that we expected teachers to use require that teachers have certain gadgets: either they have laptops, or they have tablets, or they have smartphones, with which they could actually deliver these lessons; but not only them, but learners as well. We’re expected to have these gadgets, because these were the modes through which they would access this content. So, the issue of the availability of these gadgets, or the tools of trade, was one challenge. Secondly, for those who had these tools of trade, there were issues of connectivity.*
We know that, historically, [in] our country, particularly in the rural areas and some of the remote areas, problems of lack of electricity, poor infrastructure, poor connectivity, are some of the historical challenges that we have. And so, during this period, those challenges really came to the fore, in the sense that without connectivity, and without these gadgets, there was no way that that learners in those areas could access some of these offerings that we were making. (Interview with government official, September 2020)

While the closure of schools may well have been the most suitable action to take to mitigate the spread of COVID-19 at the time, experts from other discourses could have provided policymakers with context-sensitive alternatives for mitigating the effects of school closures on the impoverished. For example, one union member noted that people living in poverty, specifically those in rural areas, have been disenfranchised the most as a result of policy choices, stating:

It was assumed that in the rural areas they would focus on the radio lessons. But the majority were not [able to access this]. Basically, it was like no education was taking place at all . . . [and], almost 29% of the students and the teachers had no contact during that particular period because they could not access them at all whether through SMS or other things because they could not access them. (Interview with union official, September 2020)

However, since these effects cannot be undone, it remains to be seen how various governments worldwide will address the educational needs of the impoverished in the ‘new normal’ post-COVID-19.

EQUITABLE TEACHING AND LEARNING IN THE NEW NORMAL

Efforts to reduce inequities in and through education are negatively impacted by policy responses to the reopening of schools. Globally, countries have fully reopened schools, partially reopened schools or not reopened schools at all. The rationale for reopening schools is based on several factors, ranging from local infection rates to the availability of optimal teaching and learning spaces.

In East Asia and the Pacific, for example, many schools remain closed or are opening in pockets. In Indonesia, only schools in low-risk areas are opening. Mongolia and Cambodia are still using distance learning, as schools remain closed. Only schools with low infection rates and that have appropriate school infrastructure are cleared to reopen. Many schools in Latin America and the Caribbean, sub-
Saharan Africa and South Asia face similar challenges in being unable to reopen owing to inadequate school infrastructure.

The challenges faced by schools in the Global South and the Global East are illuminated through a situational analysis of South Africa. When the South African government announced in the *Government Gazette* (29 May 2020) that schools would be reopening in June 2020, it was agreed that they would reopen on the basis that each school was able to ensure the safety of learners by implementing social distancing protocols and practising enhanced sanitation practices. This meant that school management teams, in conjunction with local and provincial government, were obligated to ensure that teachers and learners had the necessary personal protective equipment (PPE), sanitisers, ablution facilities and clean running water, and that learners would be separated by the required distance of 1.5 metres during school hours. More specifically, the *Government Gazette* noted that there would be a phased-in return of learners and that only those schools and offices “that have complied with the minimum health, safety and social distancing measure[s] on COVID-19” would be allowed to open and “a school or office that had “failed to comply with the minimum health, safety and social distancing measures on COVID-19 . . . [would] remain closed until all the health, safety and social distancing measures [were] in place” (Department of Basic Education, 2020, p. 8). This policy response was asserted against a backdrop of a drastically unequal public-school system in South Africa. Shockingly, the latest National Education Infrastructure Management System report (Department of Basic Education, 2019) shows that, in South Africa, 6 089 schools still use pit latrines, 1 148 schools still receive water from mobile tankers, 7 449 schools harvest rainwater to accommodate their water needs, 169 schools have no electricity and 582 schools use generators to generate electric power.

This policy illustrates the inequities that policy choices inflict on the vulnerable. First, given the dire disparities in education resources between the rich and the impoverished in South Africa, it is unlikely that schools in Quintiles 1–3 will be able to open safely. Secondly, such schools often have an excessively high learner–educator ratio (LER). The current average LER in South Africa is 33–1. In some instances, the LER is 50–1, which is double or triple the average of the OECD’s international average of 16–1 (West & Meier, 2020). The question that must be asked is whether or not schools with a high LER will be able to provide a safe and effective learning environment for impoverished learners. A union official described how the application of social distancing measures, even in the wealthier provinces of South Africa, is not realistically possible:
We’ve ended up adopting a system that says we must have 50% of the school back at a time so that we split every class by 50%. In theory, that attends to social distancing, but in reality doesn’t, because many of our schools, even in Gauteng that is one of the wealthier provinces, still have classes in some of our areas exceeding 60. So, even when you split that class in half and you have a class of 30, you still have too many pupils for social distancing. (Interview with union official, September 2020)

The South African case demonstrates how particular policy choices throw the differences in schools and the dichotomous schooling environments of the rich and the impoverished, not only in South Africa but globally, into sharp relief.

**LACK OF PROFESSIONAL DEVELOPMENT FOR TEACHERS**

The Teaching and Learning International Survey (TALIS) of 2018 revealed that teachers in South Africa and worldwide generally do not receive adequate professional development to ensure they use effective pedagogies for quality teaching and learning experiences (OECD, 2019). Data from the TALIS report, as shown in Figure 3, further show that many teachers in both developed and developing contexts are not able to use ICTs effectively for teaching and learning, illuminating gaps in teacher knowledge. This challenge is more pronounced in countries such as South Africa, France, Japan and Belgium (French).

![Figure 3: Teachers’ Self-efficacy in Supporting Student Learning Through the Use of ICT.](image-url)
Note. Values represent teacher’s self-reported efficacy in supporting student learning through the use of digital technology as noted in the 2018 TALIS Report. Copyright OECD, 2019.

Teachers worldwide were expected to continue teaching and learning during their countries’ lockdowns in spite of inadequate professional development and support. In some cases, particularly in the Asia-Pacific region, teachers were threatened with non-payment and job losses. Okajima (2020) states:

Though the government claim to be encouraging and providing the necessary support and the use of digital tools to ensure that teaching and learning are not affected, in most of the countries here in the Asia-Pacific, the public education system has poor infrastructures, the teachers and students have insufficient access to online platforms, teachers have not been adequately trained in the use of technology, and students – particularly in the rural areas – do not have access to internet in most cases and to computers to some extent. Another worrying trend that is being reported is that the contract teachers, teachers in private schools, and the ECE sector in several countries – the Philippines, Nepal and Sri Lanka to name but a few – are either losing their jobs or left with unpaid salaries. (para. 8–9)

Apart from a lack of professional development to improve teachers’ pedagogical skills, teachers around the world have also not been adequately supported to manage their anxieties or the anxieties of their learners during the pandemic. Again, the South African case illuminates this trend.

Since the commencement of the lockdown in South Africa, teachers have been expected to continue teaching on alternative platforms without receiving sufficient training or adequate infrastructure to do so. More importantly, there has been very little support for teachers concerning ‘how to teach’ during a crisis such as the COVID-19 pandemic. A union official responded as follows in response to a question about the provision of psychosocial support to teachers by government:

Well, that is where the biggest problem lies. There has been very, very little done . . . and you may be shocked to learn that for example, the Free State . . . they [government] declared to us as the unions . . . [they] have one school psychologist appointed in the province and [they] have two social workers. That is the Free State – that is what they have in the Department only. So how do they service the almost 3 000 schools in the Free State? That’s near impossible. (Interview with union official, September 2020)
When asked about psychosocial support mechanisms available for teachers, a government official replied that the Department of Education has developed online guidelines for teachers on ways to manage their anxieties during the pandemic, as noted below:

_The Department kind of provided clear sources of the information for teachers to engage with, so that they have the facts. They know … the standard operating procedures, they know the procedures they need to take when they want to apply for concessions around co-morbidities._

_The Department kind of provided clear sources of the information for teachers to engage with, so that they have the facts._ (Interview with government official, September 2020)

The response from the union official clearly demonstrates the lack of human resource capacity within the Department of Education, while simultaneously revealing a lack of understanding of what teachers actually need. Online manuals on standard operating procedures do not constitute effective psychosocial support. While no one could have predicted the manner in which the coronavirus would spread and the devastating effect it would have on education globally, many adverse effects could have been mitigated if available resources and expertise were used in a more sophisticated and consultative manner. Furthermore, this review stresses the importance of the ongoing professional development of teachers. Continuous professional development is not just a conduit to ensure quality educational experiences as highlighted through the Sustainable Development Goals, it also forms part of a preparation strategy to address future crises, particularly in the Global South and the Global East, where multiple crises interlock.

**CONCLUSION**

This paper considered the impact of the COVID-19 pandemic on education, examining how policymaking is shaped and evidence relied upon by governments in their responses to the pandemic. It further examined the effects of the pandemic on education, with specific reference to widening of inequities in education. In particular, it highlighted that education policy choices relating to teaching and learning during lockdowns, or a lack of such choices, have impacted and are impacting the impoverished with much more severity than the wealthy. It further highlighted the absence of meaningful psychosocial and professional development support for educators during the pandemic, which is a continuation of a pattern that Sayed et al. (2018) identified and that became evident before the start of the COVID-19 pandemic.
The pandemic has revealed stark inequities in society, in general, and education, in particular, casting a light on how a crisis such as COVID-19 intensifies and exacerbates such inequities (Weible et al., 2020). In South Africa, the pandemic has revealed most sharply the legacy of colonisation and apartheid. Yet, this pandemic has caught the imagination of the public, mainly because the middle class and the rich have also been impacted, even though they have a multitude of resources to manage the situation adequately.

Globally, and in South Africa, the pandemic has revealed the structural weaknesses of the public sector, particularly in education, disclosing decades of austerity cuts driven by a neoliberal approach to public services. Policy responses to this pandemic and future crises should entail a social justice approach to education, supporting, nurturing and strengthening public education systems, and a commitment to the common good, active citizenry, global collectivism and solidaristic sharing. In this respect, education policy choices and policymaking need to reinvigorate space for public and stakeholder engagement consistent with a commitment to a vibrant democratic order. The policy choices that have been made during the COVID-19 pandemic and the manner in which inequities are either addressed or ignored shape the reality of the impoverished in the present and in the future. In lamenting the lack of a more equitable education system in South Africa, a union official explained:

We don’t want a new normal. We want a better normal and we are saying what we need to learn from this and what we need to be doing with COVID is building back better. (Interview with union official, September 2020)

COVID-19, according to Motala and Menon (2020), “brings with it a prolonged period of disruption with a possible continuation of these levels of disruption prevailing in the foreseeable future” (p. 80). How inequities might be escalated over time is a point that needs consideration in our planning to mitigate the effects of COVID-19.

The COVID-19 pandemic is a reminder that “between social reforms and [transformation] there exists an indissoluble tie. The struggle for reforms is the means; social [transformation] its aim” (Luxemburg, 1970, p. 8). As education choices and choices in all other sectors are (re)made during and after the pandemic, it is crucial to create a comprehensive policy reform package committed to social justice and the redistribution of privilege and wealth.
DISCLAIMER

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Pandemics Remind Us of Our Responsibility to Ourselves, Others and Future Generations: A Time for Intergenerational Justice?

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ABSTRACT

Over the past year, the world has experienced colliding pandemics of viral outbreaks and injustice - social and health inequities, gender-based violence, marginalisation of immigrant populations, racial discrimination. All of this was superimposed on an ever-worsening climate crisis. This is not the first viral pandemic neither will it be the last. The collective moral injury experienced by the global community requires recalibrating for life in an interpandemic world, moving beyond self-interest and building trust as an ethical imperative. Central to this recalibration is assumption of responsibility to future generations - intergenerational justice. Not only does such an ethics of responsibility enhance mutuality and reciprocity, it is also synchronous with African philosophical thinking, which supports interdependence in this world and is firmly rooted in ancestral worlds and future worlds.

Keywords: COVID-19; Responsibility; Intergenerational justice; Ethics

INTRODUCTION

We are all casualties of this historic and swiftly accelerating pandemic, a pandemic that is replete with familiar and unfamiliar challenges. Many people feel as if they have been trapped in a time warp, in a redefined version of what suspended animation could be like. Unsurprisingly, the global human community rapidly became enveloped in a haze of uncertainty. The tangible experience of this global tragedy has left many people deeply traumatized by bereavement over physical, emotional and economic losses of varying magnitudes and degrees of complexity. The tragedy of the first wave of infections was magnified during the second wave in South Africa, in particular, and in other regions, like the United Kingdom and Brazil, where viral variants have been emerging. As many people recuperate and recover from the biological vulnerability caused by COVID-19 infection and the physical fatigue that lingers after COVID-19, deep-seated psychological vulnerability and fragility are

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exposed. For those who remain uninfected, there are mixed emotions of gratitude and survivor guilt. The impact of this outbreak will be felt for many months or even years to come. This piece will provide a glimpse into the complex social impact of the pandemic, intersecting injustices and potential approaches to a reimagined future.

COLLIDING PANDEMICS OF INJUSTICE

At the onset of the outbreak of COVID-19, the emotional discomfort that was just superimposed on existing concerns in the pre-COVID world began to worsen as the passage of time unmasked deep-seated social and health inequities baked into our human existence over centuries. The people who were the most severely impacted by this new disease were invariably those who were negatively impacted by multiple social determinants of health, most notably access to healthcare, nutrition, potable water, housing and sanitation. This manifested in disproportionate deaths in marginalized, poor, voiceless communities who, in many countries, also were people of colour. Many prioritisation frameworks aimed at guiding access to limited resources, developed by bioethicists in the Global North and based on elaborate scoring systems and the principle of utility (Emanuel et al., 2020; White & Lo, 2020), doubly disadvantaged the poor, the disabled, the elderly and the sick. The need for social justice in the Global South and other disadvantaged communities in high-income countries needed to be considered, too (Moodley et al., 2020).

Soon, it became apparent that we were dealing with multiple colliding pandemics – the first being a public health pandemic based on an infectious agent that was either incompatible with life or with a healthy life and the second being a pandemic of mistrust in global health governance. The World Health Organization (WHO), founded in 1948 to promote and achieve the highest possible level of health, despite having achieved laudable successes with smallpox and other infectious diseases, started to show fault lines. These fault lines manifested in monumental failures, starting with the WHO’s delay in declaring the coronavirus outbreak a Public Health Emergency of International Concern (Durrheim et al., 2020). Moreover, at the start of the outbreak of COVID-19, which is a potentially fatal disease transmitted by droplets via the respiratory route, the WHO advised against the wearing of masks by all. Furthermore, a global health governance body ought to have no conflicts of interest where science, funding, economics and politics intersect. Even though the WHO claims to be globally representative, it often lacks inclusivity and diversity in its organisational structures and working groups. The overrepresentation of the Global North shapes guidelines, which become irrelevant in low- and middle-
income settings of the Global South because they fail to take context into account. Consequently, at the worst possible time in the history of global health governance, the credibility of WHO was seriously undermined.

Almost as if the public health crisis in and of itself was insufficient, other equally important pandemics emerged based on anger, fear, intolerance and the sheer inhumanity related to both ethnic and gender discrimination. The most profound global uprising in response to the untimely and inhumane death of George Floyd rocked the global community and redirected our collective attention to pre-existing injustices, sparking unprecedented global protests. There was nothing new about this act of police violence against a person of colour in the United States or elsewhere. We had seen it before, many times. The cumulative injury of Floyd’s death was superimposed on the gross health inequities exposed by the pandemic. Collective moral injury has lasting spiritual and emotional impacts on marginalized communities the world over (Barbot, 2020). The Black Lives Matter movement gained its greatest momentum in the midst of a global health emergency where a deep connection between racism and the COVID-19 pandemic came to the fore. In South Africa, the protests echoed the inhumanity of decades of apartheid.

Migrant populations are regarded as some of the most vulnerable sub-populations globally due to the numerous risks they face as a result of poor human rights protection in high-income countries, poor living and working conditions, and cultural and language barriers. Often, they are also people of colour and ethnic minorities. Across the globe, migrant workers were particularly hard hit during the COVID-19 pandemic. The impact was significant given that there are approximately 244 million migrants globally, according to the International Labour Organization (ILO). Overcrowded dormitories in Singapore where migrant workers were living in sub-standard conditions, contributed to that country’s second wave of infection. As of 6 May 2020, 88% of the 20 198 nationally confirmed cases in Singapore were amongst low-skilled foreign workers living in migrant dormitories (Koh, 2020). The ILO has housing recommendations for migrant workers, yet it appears as if these recommendations are not sufficient to prevent the rapid spread of infectious diseases. These risks to migrant workers are also prevalent in other countries, the Middle East being another hot spot for the exploitation of migrant labour. In pre-pandemic times, migrant workers endured inhumane working conditions that were only exacerbated by the pandemic when they were kept in forced isolation in host countries or deported to their countries of origin (Alahmad et al., 2020). Although all migrant workers were affected in some way by the pandemic, women were particularly challenged.
Gender-based violence in all populations, globally, surged as families were trapped in various scenarios of lockdown. In the pre-COVID-19 world, some women who barely survived strained marital or family relationships by virtue of the time spent in safe spaces in offices at work, suddenly were confronted with overexposure to dysfunctional relationships. In extreme cases, some women became victims of domestic abuse – psychological or physical or both. During lockdown, women at all levels of employment endured the double burden of domestic duties, childcare and work (Moodley & Gouws, 2020).

Apart from magnifying the vulnerability of women, the pandemic also highlighted profound strengths in a minority of empowered women. Leadership in academia, the corporate world and government has been tainted by millennia of patriarchy, which has seeded and sustained inequality and discrimination. Fewer than 1 in 10 global leaders are women, yet one of the most striking observations during the coronavirus pandemic has been the success with which some countries have responded to unprecedented public health challenges – Germany, New Zealand, Taiwan, Iceland, Finland, Norway and Denmark. The common denominator here is women in leadership.

Environmental degradation and the climate crisis became more visible over the last few months. It is well established that when permafrost melts, both carbon and methane are released in ways that are particularly harmful to the environment. There have been impassioned global calls to reduce carbon emissions by 45% by 2030. The COVID-19 pandemic has shown us the astounding effects of reduced carbon emissions from all forms of travel, particularly air travel, when the furthest peaks of the Himalayas became visible after decades as lockdown reduced air pollution.

**THE PANDEMIC AS A PORTAL**

So many deeply concerning global issues have been laid bare by the pandemic. This public health emergency unleashed a volcanic eruption of everything that is dark and dismal on our planet. Life as we know it is simply unsustainable in a post-COVID-19 world. It is no wonder that world-acclaimed novelist and activist, Arundhati Roy, proclaimed: “Nothing could be worse than a return to normality”. She went on to say: “Historically pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next” (Roy, 2020, n.p.). As we remain hopeful of the promise of a reimagined future, how will we navigate this gateway to a post-COVID-19 world?
RECALIBRATING FOR LIFE IN AN INTERPANDEMIC WORLD

As a critical point of departure, the entrenched inequalities laid bare during the COVID-19 pandemic must be addressed to heal collective moral injury. Seismic shifts in thinking are critical if the exposed fault lines are to be repaired. At various levels we need to unlearn, learn and relearn. We need to skill and reskill to build resilience for the challenges that lie ahead to remake history.

MOVING BEYOND SELF-INTEREST

In his address on July 18, 2020 on the occasion of Nelson Mandela’s birthday commemoration, the Secretary General of the United Nations (UN), Antonio Guterres, referred to the “tragic disconnect between self-interest and common interest” (Guterres, 2020, n.p.). Undoubtedly, this has been one of the most profound paradigm shifts that has import for all of us, particularly for those of us who work in ethics and philosophy. For decades, we have subscribed to the primacy of autonomy and liberal individualism, both of which have deep-seated origins in the Global North (Beauchamp & Childress, 2013). However, the pandemic required us to think beyond the traditional four-principle approach (Jeffrey, 2020). We know that interdependence, solidarity, mutuality and the common good are critical to a sustained communal life together. Way back in 2005, Knoppers and Chadwick started to encourage us to “re-think the paramount position of the individual in ethics” (Knoppers & Chadwick, 2005, p. 75). Numerous other African academics, philosophers and ethicists have written about a return to a more contextually relevant way of living in Africa where interdependence and communal personhood are acknowledged as core components of our humanity (Mbiti, 1969; Eze, 2008; Etzioni, 2011; Gade, 2012). The pedagogical and health implications are significant as we enhance our understanding of public health ethics, embracing a different set of principles that includes limiting autonomy and promoting proportionality, social beneficence and social justice (Schröder-Bäck et al., 2014). Access to efficacious COVID-19 vaccines must be based on solidarity and multilateralism, yet we have witnessed stockpiling of vaccines by high-income countries and vaccine nationalism.

BUILDING TRUST AS AN ETHICAL IMPERATIVE

Distrust in science, governance, law enforcement and political leadership is rife and ubiquitous. Many unanswered questions linger about the origin of SARS-CoV-2, various health advisories issued by the
WHO and world leaders, flawed science, retracted publications in prominent international journals and accelerated pathways to drug development and approval. As we emerge from the second wave of the pandemic, with several efficacious COVID-19 vaccines available under emergency use authorisation, it is more imperative than ever that high levels of trust are built (Moodley, 2020). Building trust will be the cornerstone of our medical, social and economic recovery. Civil society has to engage in conversations about public interest, the common good and decisions that affect people’s lives. The credibility of the WHO, in particular, has been called into question. The WHO, as a critical international health governance body, needs to engage in serious introspection to rebuild trust in the global health community if it wishes to remain relevant in an interpandemic world (Chan & Lee, 2020). If the WHO wishes to maintain its legitimacy on a global platform, an objective independent review is non-negotiable.

INTERGENERATIONAL JUSTICE

Moving beyond self-interest requires us to consider not only others but also our responsibility to future generations. The concepts of indirect reciprocity and mutual advantage are central here (Gossseries, 2008). Many have argued that concepts relating to the egalitarian theory of intergenerational justice promoted by Hans Jonas and others are synchronous with African philosophical thinking, which supports interdependence in this world and is firmly rooted in ancestral worlds and future worlds (Behrens, 2012; Nel, 2008). We know that the choices we make now will shape the world for decades to come. What do we owe to future generations? Greta Thunberg, the 16-year-old climate activist, in her impassioned address to the UN, punctuated her speech with the question, “How dare you?” to constantly remind us of our failings in not taking the climate crisis seriously and in not considering future generations. She went on to say: “Why should we study for a future that is being taken away from us? ... We demand a safe future. Is that really too much to ask?”. (Nikkei staff writers, 2019, n.p.). In full appreciation of her pleas and admonitions, we need to recall the famous native American saying: “Treat the Earth well: it was not given to you by your parents, it was loaned to you by your children. We do not inherit the Earth from our ancestors, we borrow it from our children” (first quoted by Berry, 1971).
CONCLUSION

The pandemic has left nobody untouched. Consequently, there is a shared vulnerability based on shared suffering. This is the foundation from which we will rebuild our reimagined interpandemic world. There have been calls for global collective action to locate human rights, gender equality and climate change at the core of a new multilateralism. We need to build a sustainable world where racial discrimination and gender discrimination are eradicated. We have the Paris Agreement and the 2030 Agenda for Sustainable Development to remind us and steer us. The stewards of global governance – such as the UN and the WHO – must be reminded of the dream of equality and human dignity that is enshrined in the first article of the Universal Declaration of Human Rights: “All human beings are born free and equal in dignity and rights.” Operationalising this aspirational statement, specifically with reference to ensuring access to health services, including COVID-19 vaccines, for all will require hard work and diligence by global agencies and global leadership (Moodley, 2020; Moodley & Rossouw, 2020).

We must remain hopeful of the promise of our reimagined world. To achieve this goal, we will need to evolve into a generation that affirms its commitment to future generations. Are we prepared to emerge beyond the pandemic on the right side of history?

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Statistical Considerations when Communicating Health Risks: Experiences from Canada, Chile, Ecuador and England Facing COVID-19

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ABSTRACT
Communicating statistics in health risk communication is a fundamental part of managing public health emergencies. Effective communication requires careful planning and the anticipation of possible information demands from the population. The information should be clear, relevant, easy to understand, timely, accurate and precise, allowing the public to make informed decisions.
informed decisions about protective behaviours. COVID-19, being a new disease, with little known about its characteristics and effects, has challenged governments and healthcare systems in all countries. This article discusses the statistical issues involved, and the experiences of risk communication in four countries – Canada, Chile, Ecuador and England. These countries have communicated risks differently, partly because of their different healthcare systems, as well as socioeconomic, cultural and political realities. During a pandemic, health authorities and governments must step up to the challenge of communicating statistical information under pressure and with urgency, when little is known about the disease, the situation is dynamic and evolving, and the general public is gripped with fear and anxiety. This is in addition to the existing challenges relating to the generation of data of different quality by diverse sources, and a public with varying levels of statistical literacy. From a statistical perspective, communiqués about risks and numbers should convey the uncertainty there is about the information, the inherent variabilities in the system, the precision and accuracy of estimates and the assumptions behind projections. Complex technical concepts, such as ‘flattening the curve’, ‘range in risk estimates’ and ‘projected trends,’ should be explained.

**Keywords:** Risk Assessment; Health Indicators; Probability; Uncertainty; Statistical Literacy; Flattening the Curve; Lockdown; Coronavirus; SARS-CoV2; COVID-19; Pandemics; Vital Statistics

**INTRODUCTION**

On 11 March 2020 the World Health Organization (WHO) announced that COVID-19, the disease caused by the SARS-CoV2 virus, could be characterised as a pandemic (World Health Organization, 2020a). As of 16 November 2020, the coronavirus has infected over 54 million people and over 1.3 million people have died worldwide (World Health Organization, 2020b). The sudden emergence of the virus and its unique characteristics, including the fact that initially nothing was known about its infectivity, transmission mode, pathogenesis or virulence, made responses challenging. Each country’s response to the pandemic has been guided by its own public health experts, who have had to operate, make and recommend decisions, as well as communicate risks under extremely uncertain circumstances and strong sociopolitical and economic pressures.

Health risk communication is essential in public health emergencies. Its purpose is to exchange key information, advice and opinions between different parties, including experts, governments, the media, scientists, professional organisations and individual citizens who are at risk (World Health Organization, 2017). When it is well conducted, it enables better understanding and informs risk management decisions (Ahl et al., 1993). It gives people the opportunity to know the risks they face.
and which decisions to make to protect themselves and their loved ones. Health risk communication is a big challenge, especially when it is essential for protecting public health.

Assessing the risk of a particular behaviour or situation and making decisions regarding risk are part of everyday life. However, most risks are not known. The probability of certain outcomes in a game of chance can be estimated (‘educated guess’) from theoretical assumptions or from repeatedly engaging in the game, that is, the ‘frequentist’ approach. Thus, the probability of rolling snake eyes with two six-sided standard fair dice is 1/36. However, the probability (risk) of the occurrence of health outcomes, like getting a particular disease, be it cancer, diabetes or an infectious disease, is hardly known. These probabilities are estimated based on careful analyses in research studies and by using statistical models that account for some of the uncertainties. Nonetheless, even when a risk is ‘known’ or ‘estimated with uncertainty’, there are some challenges regarding informing the public of statistical aspects of a disease. These challenges are associated with different uncertainties of the biological and statistical processes, including ignorance of new phenomena. Another challenge is related to the poor performance of communicators when communicating risks and statistical aspects of a specific situation. Finally, the public might experience difficulty in understanding and processing statistical information due to low statistical literacy. For example, Naik and collaborators discuss the various challenges, including the general fear of numbers, lack of understanding of health statistics, lack of statistical literacy, unrepresentative information, poor quality and imprecise data, misrepresented information and a lack of consensus about the most appropriate methods for communicating health risks, that healthcare providers face in communicating statistical aspects of risk to patients (Naik et al., 2012).

During a public health emergency such as a pandemic, risk communication is even more challenging and relevant. Skovdal and collaborators explore the specific complexities involved in communicating risks surrounding COVID-19, stating that “individuals' understanding of their own risk of infection and death from COVID-19 is crucial for adopting new behaviours that are tailored for their own risk” (Skovdal et al., p. 284, 2020). Therefore, public health experts need to communicate effectively, clearly and accurately, bearing in mind the target audience and their perceptions, beliefs, concerns, knowledge and capacity to make informed decisions. It is essential that information be communicated using sound statistical and methodological considerations, such as the potential for bias from sampling, ascertainment and measurement, as well as uncertainties concerning inherent variability in humans’ susceptibility and response to the disease and to interventions, and the uncertainties concerning the evolving dynamic nature of the pandemic. This ‘uncertainty’ is foundational in the field of statistics, which is also known as the science of uncertainty.
This manuscript analyses the early experiences from Canada, Chile, Ecuador and England with respect to the statistical components of risk communication during the COVID-19 pandemic. The purpose is not to judge the performance of the countries but to analyse how the statistical aspects of communication may enhance how risks are quantitatively presented to the public.

METHODS

DATA AND SOURCES

Two countries from the Global North (England and Canada) and two from the Global South (Chile and Ecuador) were analysed, given the availability and ease of access to data from those countries. For each country, we analysed general contextual information and risk communication strategies regarding COVID-19 from February 2020 up to August 2020.

Contextual data were extracted from official government websites. Similarly, we selected official COVID-19 and population statistics reported by public institutions in every country/region. For Chile, we obtained data from the Ministry of Science (Ministerio de Ciencia, Tecnología, Conocimiento, e Innovación, 2020) and the National Institute of Statistics (Instituto Nacional de Estadísticas, 2020). For Ecuador, we obtained data from the National Service of Risk and Emergencies Management (Servicio Nacional de Gestión de Riesgos y Emergencias del Ecuador, 2020b). For England, we obtained data from Public Health England (2020) and for Canada, we obtained data from public websites of the Provincial Government of Ontario (Statistics Canada, 2020) and the City of Hamilton (Hamilton, 2020). Information regarding the content of risk communication was also obtained from national official websites and reports.

Additionally, we studied information on community mobility as a proxy of the populations’ general response to risk communication and restriction measures. The information on community mobility was obtained from Google’s COVID-19 community mobility reports, which show cell phone movement in response to COVID-19 policies. These reports present percentage of change of daily visitor numbers to specific locations relative to a baseline day before the outbreak of the pandemic. More details are published elsewhere (Google, 2020). Particularly, we analysed mobility for retail and recreation, as well as residential mobility, from February 2020 onwards.
DATA ANALYSIS

We analysed and presented qualitative data from each country regarding statistical considerations when communicating risk. Complementary quantitative data were analysed, and different plots were obtained to show trends in new daily cases of COVID-19 per million inhabitants and percentage of change in mobility for retail and recreation and in residential mobility, along with a fitted LOESS curve with a span of 0.3. Also, different restriction measures were highlighted in each country. R software, version 3.6.2, was used to analyse data and the R package, ggplot2, was used to obtain plots.

RESULTS

HAMILTON, ONTARIO, CANADA

The first COVID-19 case in Hamilton was reported on 11 March 2020. Hamilton responded to the pandemic in conjunction with national and provincial health system partners and the Ministry of Health, adhering to directives and guidelines of the government. The province of Ontario (population 14.6 million) declared a state of emergency on 17 March and established a lockdown in terms of which only ‘essential services’, such as grocery stores, pharmacies, hospitals and ‘first responders’, could function. Ontario also developed an economic response of CAD$17 billion to ensure the healthcare system, communities and the economy would weather the pandemic.

The Chief Public Health Officer of Canada and the Provincial Chief Medical Officer of Health have communicated daily through press conferences and other media. The province of Ontario has undertaken a ‘staged’ reopening as the pandemic evolves, and there has been a gradual increase in reopenings. The provincial website provides detailed information on which types of establishments and services can open at the different stages. The entire province entered Stage 1 of reopening on 19 May (refer to figure 1) and began allowing specific regions to enter Stage 2, starting on 12 June. The city of Hamilton was allowed to enter Stage 3 on 24 July, when nearly all businesses and public spaces were allowed to reopen gradually with public health and workplace safety restrictions in place. Some high-risk venues and activities will remain closed until they can safely resume operations. The staging decisions were based on the advice of the Chief Medical Officer of Health and other health experts.
Gathering limits, physical distancing and the use of protective masks guidelines form part of the communication.

Figure 1: Time Series of New Cases per Million of Inhabitants and Percentage of Change from Baseline for Retail and Grocery Mobility and for Residential Mobility in the Province of Ontario.

Since early in the pandemic, the city of Hamilton has been communicating the evolving situation through a dedicated website and through the media. What the city communicates has evolved. Figure 2 illustrates some of the approaches followed. The city provides absolute numbers, as well as cumulative counts over time. It also provides a graph by census tracts of the proportion of positive cases per 100,000 inhabitants. In late summer 2020, it started to provide the number of ‘active cases’ and the age-group distribution of cases in the last 10 days.
Communications mention some of the limitations of the data, but do not make any statements or judgements as to the severity of the risk – that is, they do not mention if the risk is low or high. The number of positive cases depends on the extent of testing and who is tested. Initially, when tests were limited, people with symptoms would have to obtain permission for a test from their primary healthcare provider first; now, anyone who feels they are at risk can be tested. The city does not provide the percent of daily tests that are positive, but it can be easily calculated. Figure 3 shows how, initially, the values were high and quite variable, but low in July–August 2020. If one smooths the trend using cubic splines and adds a band of uncertainty around the estimates, a slight increase at the end of August is visible.
CHILE

Chile has been strongly affected by the COVID-19 pandemic, mainly due to the social inequity that exists in the country and the political instability that the country has been experiencing since the end of 2019 (Fraser, 2019). The response to the pandemic has mainly come from the health sector, with the late integration of other sectors. Unlike what is observed in other countries, partial or dynamic lockdowns have been established (Cuadrado et al., 2020) at the regional and even the district level. The metropolitan region has been the most affected; it concentrates roughly one-third of the country’s population (Departamento de Epidemiología, 2020b).

The first case of COVID-19 in Chile was officially reported on 3 March 2020 (Departamento de Epidemiología, 2020a). COVID-19 then spread rapidly throughout the country in the following weeks (Ministerio de Salud, 2020). On 15 March, the Chilean government ordered the mandatory closure of schools, followed by the announcement of voluntary university closures and reorganisation for remote instruction (Ministerio de Educación, 2020). On 18 March, the Chilean government declared a 90-day State of Emergency, enabling exceptional measures, which included limiting certain rights or constitutional guarantees and free transit. The government ordered the closure of all shopping centres, starting 19 March (Gobierno de Chile, 2020c). In the following weeks, the government implemented...
several additional public health interventions, including a ban on mass gatherings and an overnight curfew starting on 22 March, among other things. These strategies were associated with important changes in the urban mobility of Chileans (refer to figure 4).

Figure 4: Time Series of New Cases per Million of Inhabitants and Percentage of Change from Baseline for Retail and Grocery Mobility and for Residential Mobility in Chile.

Small-area lockdowns were initially effective in maintaining reduced mobility but were not able to contain the need of people to leave their home to work, mainly in the most vulnerable sectors (Cuadrado et al., 2020). Currently, some small-area lockdowns have been lifted due to the implementation of a national "step-by-step" strategy that seeks to move towards the regularization of activities (Gobierno de Chile, 2020b). The indicators that are associated with these decisions (e.g., positivity rate and incidence rate) have not been clearly communicated from an epidemiological point of view.

Communication of the evolving pandemic has evolved. The first announcements were based on aggregate data that did not allow one to observe the reality of the pandemic at the district level. Owing to pressure from academics and scientific societies, the data provided improved substantially in quality and became based at the Chilean Ministry of Science. These advances in data transparency improved the communication of information to the population through various platforms (refer to figure 5).
Figure 5: Examples of Data Visualization from the Chilean Government’s Webpages.


Despite the progress in the quality of the data, there have been complex situations in respect of the communication of risks. Among the most controversial of these situations was the announcement of the "new normal" and the possibility of returning to activities by the end of April, which was questioned due to the reduction in the public’s perception of risk (MOVID-19, 2020).

**ECUADOR**

On 29 February 2020, Ecuador confirmed its first case of COVID-19 in a press conference. In the following days, the national government released bulletins on cumulative new cases through the media and social networks. On 12 March, the President of Ecuador held a press conference at which he declared a state of health emergency and activated the National Emergency Operations Committee (COE-N), which is made up of the President and his cabinet (El Comercio, 2020) and is responsible for managing the health crisis. On 17 March, a national lockdown began, reducing mobility throughout the country (refer to figure 6).
Figure 6: Time Series of New Cases per Million of Inhabitants and Percentage of Change from Baseline for Retail and Grocery Mobility and for Residential Mobility in Ecuador.

The COE-N reported the evolution of the pandemic in the country at least once a day through press conferences, reporting the number of cumulative confirmed cases. Infographics, along with details of cumulative confirmed cases, were released nationally and by province. The spokesperson of the COE-N changed several times. The infographics have undergone multiple changes, one of which was the addition of the cumulative cases by symptom, starting on 7 April. Since 3 June, the COE-N has communicated data only through infographics. On 2 July, the colour palette used for the map of the cumulative case distribution per province was changed. On 2 August, the COE-N started presenting percentage of cases by province rather than absolute counts (refer to figure 7).
Figure 7: Infographics for Communicating Information in Ecuador.


Reports cover national absolute cumulative numbers: the total number of samples taken, confirmed cases (by sex and age), deaths, probable deaths, recovered cases, hospital discharges, stable hospitalised people, hospitalised people with a reserved prognosis, calls to the phone number for COVID-19 cases, teleconsultation, care in facilities of the Ministry of Health, telephone monitoring and home follow-ups.

Cases are disaggregated at the provincial and cantonal levels, and deaths only at the provincial level. So far, the COE-N has not reported the effective reproduction number, rates, the curve of active cases, new cases or new deaths.

There have been multiple inconsistencies in the data delivered, both in relation to the confirmed number of cases and the number of people who have died, especially during the last week of April and the first 12 days of May, when the Deputy Minister of Health reported that more than 2,000 cases had been deleted due to duplicated tests. On 24 April, 23,138 confirmed cases were reported, 10,938 cases more
than the previous day. However, on 27 April, it was reported that that figure was the sum of results of more than 8,000 rapid tests. Since that day, the total and separate results of polymerase chain reaction (PCR) tests and rapid tests have been reported. Since 18 May, rapid test results have no longer been reported (refer to figure 8).

![Cumulative cases COVID-19 Ecuador](image)

Figure 8: Cumulative Cases of COVID-19 in Ecuador.


On 4 May, the COE-N implemented a ‘semaphorization’ system (traffic light labelling) for communicating different restrictions by canton. Cantonal COEs, chaired by local governments, made the decision to change the level of restrictions on land mobility, economic activity and curfews using the system. The canton light changes are reported at press conferences and on radio, television and social networks. Meanwhile, cases have continued to increase across the country, especially after the easing of restrictions in provinces and cantons that did not have a high first wave. By the end of August 2020, of the 221 cantons, 2 were in red, 207 in yellow and 12 in green.
ENGLAND, UNITED KINGDOM

As soon as the WHO declared the SARS-CoV2 pandemic, the UK government made general recommendations to the public on how to lessen the risk of spreading the virus (Russell, 2020). By that time, the first cases of COVID-19 had been confirmed, and the first reported deaths, involving elderly people and people with underlying health conditions, occurred in early March. Figure 9 shows daily new cases per million of inhabitants in England and the percentage of change from the baseline for mobility.

![Figure 9 Time Series of New Cases per Million of Inhabitants and Percentage of Change from Baseline for Retail and Grocery Mobility and for Residential Mobility in England.](image)

The UK Coronavirus Action Plan was officially released on 3 March (Department of Health and Social Care, 2020). From 16 March, daily briefings have been transmitted on television, reporting epidemiological and statistical measurements and suggesting the avoidance of nonessential travel and contact with others (refer to figure 10). Following an increase in the number of cases, a general lockdown was imposed on 23 March, and the UK government launched the “stay-at-home” strategy in terms of which people were required to stay at home and avoid all nonessential travel, some businesses (e.g., pubs, cinemas, nonessential stores, gyms and hotels) were closed and gatherings of more than two people from different households were banned (Cabinet Office, 2020a).
In late April, the Prime Minister announced that the UK had passed the peak of infections. On 11 May, a new plan, “Stay alert, control the virus, and save lives”, was set (Cabinet Office, 2020b), accompanied by an easing of lockdown measures, though some general restrictions were maintained. In the same month, a national COVID-19 alert system was introduced. The system was based on five levels that depended on the basic reproduction number (R0). Some confusion emerged due to unclear methodology to calculate the R0 and lack of precise definitions for actions in each level. Consequently, local governments used their own alert systems (Fearnley, 2020). Recently, a local three-level system for England was introduced to simplify directions regarding actions, depending on the level. Along with general advice from the government, a mobile application, run by the National Health System (NHS), was created and released to help contact tracing.
Even though daily briefings have stopped and briefings have been given on an ad hoc basis from June, all previous and current information related to COVID-19 has been published on the government’s websites (Prime Minister’s Office, 2020). These websites and other, independent websites such as that of the Office for National Statistics (ONS) have improved over time. Now, the general public has free access to spreadsheets containing daily information on cases, deaths and hospitalisations, among other variables.

**DISCUSSION**

The world is facing an unprecedented challenge with the SARS-CoV2 virus and the COVID-19 infection it causes. Every country has confronted the pandemic within their borders to the best of their abilities and resources, using a variety of approaches, including individual public health behavioural preventive measures, quarantines, lockdowns and other containment measures, preparedness measures for healthcare services, the adoption and adaptation of medical and pharmaceutical treatments and the rapid development of diagnostic tests and research into vaccines. Aside from the various actions taken, an important element is transmitting timely, clear, accurate and precise information about aspects ranging from the characteristics of the virus (virology, pathogenesis, health effects), the geographic spread of the virus and subgroups of the population most affected, to the risks and consequences that the virus poses.

At this point, several questions emerge. What is the purpose of communicating statistical aspects of the pandemic? What is the best strategy when communicating statistics in health risk communication? Do people understand statistics? Are definitions standardised and understood the same way by everyone? What information should be communicated? What visualisations are the most appropriate to display?

Despite different public health approaches to this pandemic, there are some similarities regarding the communication of statistical aspects in health risk communication. In general, at the beginning of the pandemic, statistical information was poorly communicated to the public and mainly consisted of cumulative numbers of persons infected and cumulative numbers of deaths. Information conveyed improved in the course of the pandemic in terms of clarity, transparency and accuracy. In our opinion, this evolution is highly relevant and worthy of analysis because it exposes the dynamic nature of a public health emergency and the capacity of experts, governments and citizens to adapt in a short period of time. It is also important to note that COVID-19 is not the first pandemic that humanity has faced,
nor will it be the last; therefore, we, as a society and global citizens, need to learn from this experience to be better prepared for the next pandemic and to improve public health.

UNDERSTANDING RISKS

The pandemic is a highly dynamic system, and the various risks associated with it are not only unknown, but are also different for different subgroups of the population and change as the pandemic evolves. Risks related to other health and non-health outcomes are also complex, and many are conditional risks. A conditional risk refers to the risk of a subsequent event, given that an event has occurred. For example, there is a risk of infection; then there is the conditional risk of severe symptoms, given that one is infected. Then there is the other conditional risk of hospitalization, given that one has severe symptoms. These stages of the disease meet the stages of disease progression described by the WHO (refer to table 1). There are other personal conditional risks, such as the risk of losing one’s income or job, the risk of infecting others in one’s household, the risk of emotional distress, the risk of permanent disability and the risk of death. There are also ‘other’ forms of risk, namely, the risk of social, economic and mental consequences of the responses to the pandemic, as well as the risk of delaying medical care for other diseases such as cancer (Maringe et al., 2020).

<table>
<thead>
<tr>
<th>State of patient (underlying disease)</th>
<th>Description of state</th>
<th>Assigned score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninfected</td>
<td>Uninfected; no viral RNA detected</td>
<td>0</td>
</tr>
<tr>
<td>Ambulatory (mild disease)</td>
<td>Asymptomatic; viral RNA detected</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Symptomatic; independent</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Symptomatic; assistance needed</td>
<td>3</td>
</tr>
<tr>
<td>Hospitalized (moderate disease)</td>
<td>Hospitalised; no oxygen therapy*</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Hospitalised; oxygen by mask or nasal prongs</td>
<td>5</td>
</tr>
<tr>
<td>Hospitalized (severe disease)</td>
<td>Hospitalised; oxygen by NIV or high flow</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Intubation and mechanical ventilation - (pO2/FiO2 ≥ 150 or SpO2/FiO2 ≥ 200)</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Mechanical ventilation - pO2/FiO2 &lt;150, SpO2/FiO2 &lt;200 or vasopressors</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Mechanical ventilation - pO2/FiO2 &lt;150 and vasopressors, dialysis, or ECMO</td>
<td>9</td>
</tr>
<tr>
<td>Dead</td>
<td>Dead</td>
<td>10</td>
</tr>
</tbody>
</table>

Table 1: WHO Clinical Progression States.

Note. ECMO = extracorporeal membrane oxygenation, FiO2 = fraction of inspired oxygen, NIV = noninvasive ventilation, pO2 = partial pressure of oxygen, SpO2 = oxygen saturation. *If hospitalised
for isolation only, record status as for ambulatory patient. Table created based on information presented by Marshall et al., (2020).

Aside from the risk of infection, other actual risks were never quantified but stated as low, medium or high overall and ‘higher’ in certain subgroups. Therefore, the public were forced to make their own interpretation of what these messages meant for them. People assess and interpret ‘risk’ on a personal level based on their beliefs and how information was presented; that is, they answer the question, “Do the risks mentioned apply to me? I have certain characteristics (sex, age group, ethnic group, socially disadvantaged, comorbidities, obesity) that place me at a higher risk, but how much higher? Does the higher risk matter?” The problem is that such information is unavailable, imprecise and even misrepresented, leading to confusion, anxiety and, possibly, poorly informed decisions.

Risks can be described using ‘qualitative labels’, such as low, medium or high, but these are subjective and vague. For example, the US Centers for Disease Control and Prevention (2020) state that “[a]dults of any age with certain underlying medical conditions are at increased risk for severe illness from the virus that causes COVID-19”. They refer to situations of ‘lowest risk’, ‘more risk’, ‘higher risk’ and ‘highest risk’, but do not provide quantifications. To quantify risk, an ‘estimate’, that is, an ‘educated guess’ is developed based on past experiences, observations, theories and statistical analyses. It is then reported as a probability, a number between 0 (certainty that an event does not occur) and 1 (certainty that an event does occur). Risk, otherwise known as probability, is thus simply a quantification of uncertainty.

In the case of a novel disease, there is no information on which to develop an educated guess, so initially the risks are simple ‘wild guesses’ that are improved upon as information is accumulated. However, once the risks have been quantified, as a probability between 0 and 1 or, more commonly, as a percent between 0 and 100, the number has to be interpreted when reported. For example, is 60% interpreted as high, or does it have to be at least, say, 85%, to be reported as high? Should one communicate the probability of having the event or the probability of not having the event? Is it preferable to say what factors, actions or behaviours increase or decrease the risk rather than just reporting the number? For example, if there are n numbers of active cases in a community of N persons, is the risk of infection n/N if you choose to mingle but lower if you restrict your movements and interactions? If one self-isolates, why is the risk of getting infected not 0? The psychology and sociology of how risks are perceived, given how they are communicated, are complex (Breakwell, 2007).
When communicating a risk, it is relevant to provide a clear definition of that risk. Even better, different levels of risk should have verbal and numerical definitions, accompanied by clear visualisations that are easy to understand by the target population (Spiegelhalter, 2017), considering the population’s numeracy level.

UNCERTAINTIES AND STATISTICAL CONSIDERATIONS

The communication of quantitative risk information should adhere to foundational statistical considerations. All estimates are subject to uncertainties, from the ‘known knowns’ and the ‘known unknowns’ to the ‘unknown unknowns’ (Rumsfeld, 2002 in Spiegelhalter, 2017). Potential ‘known unknowns’ are quantified using confidence intervals. Rather than a single point estimate, the confidence interval is a range of values that is considered, with high confidence, to contain the true value in the population of the parameter being estimated. Presenting confidence intervals rather than simple point estimates conveys the uncertainty around the estimated risk. Confidence intervals account for uncertainties arising from sampling a subset of the population but do not account for potential biases relating to how the sample was obtained or how representative the sample may be of the population (selection bias), or ascertainment or measurement biases. Data obtained from interviews or surveys are subject to nonresponse bias or reporting bias. Data obtained from medical records or laboratories may be subject to measurement bias, incomplete information or imprecise instrumentation. Reporting the potential biases in estimated risks first requires that the biases themselves be estimated. The presentation of uncertainty about data has been highlighted as one of the most difficult elements of risk communication (Politi et al., 2007).

In order to inform statistical aspects of a pandemic clearly, uncertainties need to be acknowledged. It is easy to present the ‘known knowns’; however, as we said earlier, facing a novel virus and disease involves many ‘unknowns’. Public health experts, scientists and government officials need to be humble and recognise these many ‘unknowns’ but at the same time be aware and convey that, as the pandemic evolves, more information is collected and analysed, which is then used to make new decisions. Finally, these uncertainties should be conveyed along with point estimates narratively and graphically. Clear visualisations of these estimations, along with clear and precise conclusions, should be presented to the public in order to avoid misinterpretations.
STATISTICAL LITERACY OF THE PUBLIC AND PEOPLE’S PERSPECTIVES

Generally speaking, one could blame the public’s low statistical literacy for their inability to understand information and numbers that are presented. This perspective is far from true. We know that the proportion of literate populations increases every year and it is now the highest that it has ever been (Roser & Ortiz-Ospina, 2018). However, it is very likely that statistical or data literacy could be lower, yet that is not the only reason for poor understanding. The public’s response to risk and statistical information is also influenced and modelled by factors outside the field of ‘numbers’, such as the affect heuristic (Slovic & Peters, 2006), beliefs, cultural practices, social cohesion, trust and how information is displayed (coherence and transparency).

From our analyses, it is evident that authorities and health professionals typically report standard counts as indicators: cumulative total number of positive cases, cumulative total number ever hospitalised and cumulative total number of deaths attributed to COVID-19. Some standard epidemiological indicators, such as the number of days it takes to double the number of positive cases, or the R0, the expected number of cases directly generated by one case, assuming all individuals are susceptible, were not seen presented, probably because of their difficulty in interpretation. Since the number of positive cases depends on testing rates, an important indicator is the proportion of new daily positive cases among the number tested on a given day. Even this is subject to bias, given that those tested may be self-selected, or testing may have been restricted to symptomatic individuals. Ideally, it would be statistically better to have as an indicator the daily proportion of new positive cases in a daily random sample of individuals selected for testing.

Cumulative counts of positive cases, hospitalizations and deaths were provided daily. Cumulative counts are good at creating anxiety and fear and getting the population to comply with measures that are imposed. Information on what ‘flattening’ trends would be necessary to enter various stages of easing of mobility was not effectively communicated. Daily unsmoothed graphs were the norm, when smoothed graphs would have communicated trends. Additionally, methodology changes in counting or registering should be highlighted and adjusted for when analysing long-term trends.

Making informed decisions requires some degree of statistical literacy. Gigerenzer and colleagues describe the concept of collective statistical illiteracy – the public’s general lack of basic competencies required to understand health statistics (Gigerenzer et al., 2007). Understanding variability and uncertainty is part of statistical literacy. Scientific uncertainty of the various risks (of infection, of
transmission, of severity of illness) and of the conditional risks of progression, must be properly communicated. Standard statistical concepts, such as information uncertainty (i.e., ‘we just don’t know’), statistical uncertainty around an estimate (confidence intervals) and the role of chance (i.e., not everyone facing the exact situation/conditions will get the same outcome), must be addressed. The smoothing of raw data makes it possible to study trends; confidence intervals around risk estimates and confidence bands around plots properly convey the uncertainty around the observations.

As the mobility and distancing restrictions changed due to perceived ‘changing risks’ or governments’ desire to reopen their economies, the public understand “it is OK”. They should be told that ‘the risk is still there – we believe it is lower, but you should still use caution; the risk is not 0’. Unfortunately, such statements are rare and the public see ‘the green light’ to go and behave as before.

During a public health emergency, it is imperative that the public be accurately informed of the risks they face so they can modify their behaviour and actions appropriately. Since the public have some difficulty in judging evidence and interpreting statistical data, risks, trends and the uncertainties around their estimates need to be communicated clearly and well (Von Roten, 2006). Skovdal et al. (2020) provide recommendations on how to communicate risks in the COVID-19 pandemic. Risks must be “considered in the broader context of a group of risks as great or greater than that from COVID-19.” [Skovdal et al (2020) p.283]. As the pandemic evolves, the changes in risk must be effectively communicated. Skovdal et al. (2020, p.283) state: “Self-perception of risk is not static but evolves constantly with the epidemic for the right reason (risk of infection is genuinely dynamic in the course of an epidemic) and the wrong reason (persons can acclimatize to a risk and risk compensation can set in). … Adapting risk messaging to the epidemiology of COVID-19 will be critical to maintain positive behaviour change.” A good example of critical thinking and adaptation is the Office for National Statistics (ONS) in the United Kingdom, which has been adapting its communications based on the ease of understanding of different graphs that convey number of deaths or positive cases, for example, without compromising statistical rigour (Fry, 2020).

In the midst of a public health emergency, different disciplines and professionals, such as sociologists, psychologists, economists, epidemiologists and statisticians, should work together in order to provide a holistic perspective of the problem and potential holistic strategies. Nowadays, people are highly critical and want to be part of decision-making processes, especially when it comes to their own health and well-being. When people are considered and involved as key actors in a public health emergency,
it is possible to increase not trust, but trustworthiness, which is even more relevant when facing a pandemic.

**PREVENTION IMPLICATIONS**

Well-conducted health risk communication, which includes statistical considerations, contributes to preparedness for and the prevention or mitigation of disasters (e.g., high mortality rate) and empowers people to be key actors and make informed decisions. In this sense, one key aspect of communicating risks is to keep the public informed using the best evidence available at the time, in order to prepare effective responses to prevent damage.

During a public health emergency, communicating risks is challenging. The WHO and other authors provide clear recommendations on this point (Vaughan & Tinker, 2009; World Health Organization, 2017). We complement those recommendations with statistical considerations regarding the communication of risks (refer to table 2) since failure to communicate adequately may not only have implications for the management of the current public health emergency, but may also affect future situations if the public’s trust in the information being provided is jeopardised.

Public health science has made great strides in establishing methodologies for estimating health risks, from developing research study designs that make it possible to reduce the uncertainty around estimates, to creating statistical analytical tools that make it possible to understand sources of variations and the significance of estimates better. However, proper methodology for communicating this information to a numerically fearful and statistically illiterate public remains challenging. The public are conditioned to ‘brush aside’ lifestyle recommendations regarding a healthier diet, adequate physical activity and the need to not engage in ‘risky’ behaviours, due in great part to mismanaged past communication of the risks and consequences involved. Such past communication primarily dealt with measures for reducing the risks of chronic diseases, such as diabetes, cardiovascular disease or cancer, and, possibly, the delayed cause and effect of their behaviour is difficult to grasp. During an infectious disease pandemic such as the current COVID-19 pandemic, we have the opportunity to communicate the risks and consequences of the public’s behaviours in respect of an acute problem properly. It is imperative that we do not mismanage this communication, not only for the current pandemic, but for future ones we may face. Proper management of risk communication should involve the use of proper indicators (absolute numbers, relative numbers) when warranted; transparency about the uncertainties faced in
quantifying the risks (accurate and precise data, timely data, variability in the data, lack of adequate numbers); the provision of assessments about the uncertainties around the estimated risks; and the study of trends. Quantified risks should not simply be mentioned but explained and interpreted at both the individual and societal level. In addition, this information should be properly supported by clear and simple visual aids that convey one message at a time and should be available to the public at all times.

The communicators, whether public health officials or political figures, must themselves understand or be adequately advised on statistical literacy – they must understand variability in daily counts, smoothing techniques and the message transmitted by different types of charts and plots. The individuals who communicate the information must be trusted by the public by virtue of their educational credentials, their knowledge of science, their demeanour and their presentation style.

Those individuals and institutions who communicate risks must also realise that the public may hear the message correctly but may interpret the message depending on their understanding or expectations. Stating that the risk is lower so that the economy can move to the next stage of reopening has led to the public believing they have the ‘green light’ to engage in certain behaviours without risk. People in strict, long lockdowns may become desensitised to information and tired of hearing the same messages repeatedly. People become anxious to ‘resume their lives’ and may use any small ease in restrictions to take a big change in their risk engagement behaviour. Authorities must strive to communicate that ‘the risk remains but is lower; this is not a green light’.

**General considerations**

1. Establish a clear purpose for the health risk communication.
2. Develop a clear strategy to communicate statistics, including definitions, frequency of communication and media to be used.
3. Information should be communicated in a timely manner.
4. Tailor speech and visualisations to the target audience.
5. Involve different perspectives when planning and communicating. Include professionals from different fields and citizens/stakeholders.
6. Modify communication as necessary; be flexible and adaptable to different stakeholders and adjust communications as the situation evolves.
Finally, those individuals and institutions who communicate health risks must recognise that health risks are not isolated; there are economic, social, psychological and mental health consequences from modifying health risk behaviour, and the full package of risks and consequences must be communicated. The multiple governmental sectors must coordinate their assessments of risks and conditional risks and provide a unified, single presentation on a website in places with high internet coverage, via free messaging in places with high cell phone coverage and through other mass media avenues in places with poor information dissemination resources (Organizacion Panamericana de la Salud, 2011).

The current SARS-Cov2 pandemic has forced us to acknowledge that challenges in communicating risk in a public health emergency become more pronounced when the disease is totally new and everything about it is unknown. This increased level of uncertainty must be acknowledged by authorities transmitting information. If authorities do not do so and they appear to ‘know it all’, only to be shown to be wrong later, the public will mistrust future communications. We must inform the public how

<table>
<thead>
<tr>
<th>Statistical considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Present absolute numbers (e.g., # of positive cases) AND relative numbers (e.g., % of tests that were positive).</td>
</tr>
<tr>
<td>8. Consider defining categories of risk (e.g., high, medium, low) and groupings of allowed activities (e.g., high-risk activities).</td>
</tr>
<tr>
<td>9. Clearly convey if a risk is an absolute risk or a conditional risk.</td>
</tr>
<tr>
<td>10. Show how a particular risk was estimated and quantify and convey the uncertainty around the estimate (e.g., confidence intervals).</td>
</tr>
<tr>
<td>11. Use examples from everyday life to convey the message behind the numbers.</td>
</tr>
<tr>
<td>12. Mention potential biases in both the numerators and denominators (e.g., sample selection bias, positive case detection bias, nonresponse bias, measurement or ascertainment bias).</td>
</tr>
<tr>
<td>14. Present clear visuals (e.g., plots), accompanied by clear statements on their message.</td>
</tr>
<tr>
<td>15. Use and explain smooth trends when conveying time series.</td>
</tr>
<tr>
<td>16. When using regression models to project scenarios, point out the limitations of modelling.</td>
</tr>
<tr>
<td>(Remember: “All models are wrong, but some are useful.&quot; (George Box, 1976))</td>
</tr>
<tr>
<td>17. Do not use data to manipulate opinion and behaviours, but to inform and build trustworthiness.</td>
</tr>
</tbody>
</table>

Table 2: Takeaways on Statistical Considerations when Communicating Health Risks
newly acquired information changes the estimates of risks, making them more precise and accurate, lowering or raising them. Since this article was written, effective vaccines have come into the picture, and countries are slowly moving towards recovery. Now more than ever, proper risk communication is necessary to maintain and increase the trust of the public, to ensure a good level of vaccination coverage, and a prompt recovery from this global pandemic.

REFERENCES


The State of Violence Prevention: Reflections from the First South African National Conference on Violence Prevention

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ABSTRACT
Our analysis of the state of violence prevention in the country is based on a thematic content analysis of abstracts submitted for the First South African National Conference on Violence Prevention. A description of the constituent features of interventions, as well as the theoretical and evaluative assumptions that underlie them, is useful for identifying gaps, strengths and areas for development in the violence prevention sector. Our analysis suggests that the work presented at the conference, albeit a limited representation of violence prevention initiatives in...
the country, may be indicative of the plural forms of violence and is partially responsive to the complex psychosocial drivers of violence. While multidimensional interventions seem to focus on central contributing factors, including gendered cultural norms and practices, hegemonic masculinities, specific vulnerable groups and locations, the structural drivers of violence are not directly addressed. There is thus space and scope for prevention interventions that target socioeconomic and material determinants of violence directly. Likewise, for national implementation science and related efforts to grow, future interventions will have to incorporate theoretical and evaluative frames that help to explain the factors that may optimise intervention success, uptake and sustainability.

**Keywords:** Violence prevention; Multidimensional interventions; Structural drivers; Implementation science; South Africa

**INTRODUCTION**

This critical review arises from a thematic content analysis of the proceedings of the First National South African Conference on Violence Prevention held in August 2016. The co-hosts organised the conference around the theme *Mobilising science, community and policy for violence prevention*. The conference and its programme were structured to draw public attention to the magnitude of violence and, as the theme suggests, to renew the empirical case for collaborative and coordinated prevention and containment responses relating to policy by the science community.

Mindful of the conference theme and its implied focus, we thematically analysed the abstracts, which made up the only available record of the proceedings, to reflect on the composition and range of violence prevention and containment interventions presented at the conference. While the conference attracted a range of presentations related to the various track themes, for the purposes of this article, we primarily focused on those themes that concentrated on interventions for gender, youth and child violence. Whilst the conference proceedings may not be reflective of all the violence prevention work currently underway in the country, we suggest that they do offer some indication of the focus of prevention and containment responses in South Africa. As part of the critical review, we used a thematic content analysis to reflect on whether the prevention responses described in the abstracts are sensitive to the manifestations of violence and responsive to the social dynamics, multiple contexts and risks faced by specific groups vulnerable to violence. In addition, we scrutinised the conference abstracts for evidence of theoretical formulations, evaluation and community engagement in the intervention work described.
In brief, using a thematic content analysis, we reference our critical review against the following three questions:

1. Are the prevention and containment interventions mindful of, and responsive to, the different forms of violence manifest in the country?
2. Do the prevention and containment interventions attempt to address the multiple interacting risks and social dynamics specific to child, youth and gender violence?
3. Are theory and evaluative logic used to frame child, youth and gender violence prevention and containment interventions?

We assume that both theory and evaluation are important for deepening our understanding of the psychosocial dynamics, contexts and triggers of violence and for optimising the outcome and the impact of interventions (Bowman et al., 2015; Craig et al., 2008; Hamby, 2011; Michie et al., 2008; Seedat et al., 2014).

**MANIFESTATIONS AND MAGNITUDE**

Violence, in its multiple manifestations, is among the many social and health phenomena that continue to threaten South Africa’s developmental visions and aspirations. Despite a decrease in the national homicide rate from an estimated 64.8/100 000 people in 2000 (Mayosi et al., 2012; Seedat et al., 2009) to 38.4/100 000 people in 2009, representing a significant decline, South Africa is still among the most violent countries in the world (Matzopoulos et al., 2015). Homicide accounted for 19 000 deaths in 2009 and has more recently been reported to be on the increase, accounting for over 20 000 deaths in 2018 (South African Police Service, 2019).

The female homicide rate involving intimate partners is still six times the global rate (Matzopoulos et al., 2015). While there are no reliable and regular sources of national data on the prevalence of intimate partner violence, an earlier 1998 population-based study reported a lifetime prevalence of physical violence of at least 25% and past-year prevalence of 10% among adult women, with over 40% of men disclosing that they had been physically violent to a partner (Jewkes et al., 2002). In another nationally representative study on intimate partner violence, one in three South African women reported having experienced physical intimate partner violence at some point in their current relationships (Gass et al., 2010).
South Africa's child homicide rate is more than twice the global estimate (Mathews et al., 2013). Violence against children is reported as prevalent in spaces that are typically considered safe and caring. This is especially the case for young children, aged five years and younger, with child deaths related to abuse and neglect in the home being common (Mathews et al., 2016). Both boys and girls receive beatings from adults, often on a daily or weekly basis; adults often use belts, sticks or other weapons to beat children, and so injury is common (Jewkes et al., 2010; Mathews et al., 2016). The frequency and severity of beatings of boys is reported to be greater than that for girls. However, studies show that 39% of girls report some form of sexual violence, including unwanted touching, forced sex or being manipulated into sex by older men, before they have turned 18 (Jewkes et al., 2010). Children are also often the victims of violence at schools. In 2012, the Second National School Violence Study reported that 22.2% of high school learners, representing more than a million children, were found to have been threatened with violence or had been the victims of assault, robbery and/or sexual assault at school in the past year (Burton & Leoschut, 2013). This exposure is even higher in specific settings, such as Soweto in Johannesburg, where two-thirds of children of school-going age are reportedly exposed to community violence and more than half of all children are exposed to violence in their homes (Richter et al., 2018).

Men, especially young men between the ages of 15 and 29 years, are disproportionately involved in especially fatal violence, as both victims and perpetrators. The average male homicide rate for this age group is 56.7/100 000 people (Matzopoulos et al., 2015). The homicide rate for this group is higher in many communities such as the Cape Flats, where young men are often involved in or affected by gang violence. Gang violence occurs in circumstances marked by easy access to drugs and firearms, and families pressured by poor socioeconomic conditions and overcrowded homes. Where there are limited socioeconomic opportunities and social cohesion is inadequate, gang membership may offer social structure and affirmation (Ward et al., 2012).

The elderly, that is, persons above the age of 60 years (South African Human Rights Commission, 2015) constitute almost 8% of the South African population. The South African Human Rights Commission (2015) has indicated that this group is especially vulnerable to poverty, neglect and economic isolation. Violence toward the elderly is reportedly common and includes physical abuse, verbal abuse, sexual abuse and financial abuse (Buthelezi et al., 2017). Eldericide is nationally reported at a rate of 25.2 per 100 000 persons (Matzopolous et al., 2015). According to a recent Johannesburg-based study by Buthelezi and her colleagues, victims of eldercide are predominantly male (77.4%) and mainly killed by firearms (44.8%) (Buthelezi et al., 2017; Swart et al., 2019). Incidents of elderly
violence, abuse and neglect are reported to be on the increase, with a non-profit organisation reporting a total of 2,497 cases for the period 2012/2013 (The Association for the Aged, 2016).

Notwithstanding inconsistencies in the quality, reliability, coverage and accessibility of available information on public violence in South Africa (Lancaster, 2016), figures indicate a marked increase in the occurrence of public violence, reportedly associated with the overall upsurge in public protests in the country (Alexander et al., 2018; Crime Stats SA, 2018). Whereas in 2007 less than 50% of public protests involved some form of violence, by 2014 at least 80% of protests were characterised by violence perpetrated by both the authorities and protesters (Powell et al., 2015). Acts of public violence in public protests include interpersonal attacks and property destruction carried out by different actors (Paret, 2015).

In recent years there has also been a rise in attacks on foreign nationals and businesses of immigrants (Crush & Ramachandran, 2014). Thousands of immigrants, mostly from African countries, have been attacked by South Africans. Such attacks have occurred predominantly in Durban and Johannesburg (Crush et al., 2017; Desai, 2015). Episodes of collective violence against immigrants and businesses of refugees in various locations around the country escalated in 2010, in 2015 (Desai, 2015) and again in 2019 (Xenowatch, 2019).

Finally, there have also been increasing reports of violence based on sexual orientation and gender identity. A recent study indicated widespread discrimination against the LGBTQIA (lesbian, gay, bisexual, transgender, queer or questioning, intersex and asexual or allied) community, including verbal abuse, threats of violence, being chased or followed, physical assault, sexual abuse, rape and murder (OUT LGBT Well-being, 2016). There are, however, limited indicators of the extent of such incidents.

**PSYCHOSOCIAL DRIVERS AND CONTEXTUAL DYNAMICS**

Everyday acts of interpersonal violence and outbreaks of collective violence occur against the backdrop of structural violence (refer to Galtung, 1990; Harrison, 2000). Structural violence refers to the systematic ways in which political, social and economic arrangements operate to (re)produce and perpetuate forms of social injustice. Differential access to resources, power and social, welfare, educational, legal and health services; poverty; racism; gender inequality; and social norms justifying violence are perhaps among the most noteworthy markers of structural violence.
Over the last decade, the increasing frequency of (non-)violent public protests has been linked to some indicators of structural violence: failures in service delivery, weaknesses in our imagined system of participatory democracy and a lack of opportunities for meaningful enactments of citizenship, among other factors (Mchunu & Theron, 2013; Paret, 2015; Von Holdt et al., 2011). Likewise, public protests have highlighted limitations in our dispute resolution and conflict management systems (refer to Day et al., 2019; Malherbe et al., 2020). The regular deployment of militarised policing is perhaps the most telling indication of the country’s failure to respond to real socioeconomic issues and the material conditions of the poor. The majority of the African population lacks access to meaningful ways of shaping decisions that affect the structure and functioning of public services and the overall quality of life in their communities. The anger and rage that characterise so many of the public protests and everyday acts of violence may be suggestive of psychological pain and the intergenerational transmission of trauma traced back to encounters with colonialism and apartheid. Structural arrangements, dominant discourses and everyday living conditions render particular contexts, and individuals who live in such contexts, vulnerable to violence (Alexander, 2010; Alexander & Pfaffe, 2014; Duncan, 2016; Von Holdt et al., 2011).

The underlying social dynamics suggest that violence remains rooted in the country’s socio-political, communal and familial structures and is manifest at both the collective and interpersonal levels, as well as in public and domestic spaces. Communities living in conditions of disadvantage, males, and youth remain disproportionately vulnerable to violence.

**THEORY AND EVALUATIVE LOGIC**

Craig and co-authors (2008) indicate outcome evaluation and the incorporation of theory as two of the nine features of effective interventions. The other seven characteristics of effective interventions are comprehensiveness, the inclusion of multiple teaching methods, appropriate allocation opportunities for positive relationship building, suitable timing, sociocultural acceptance and skilled intervention teams. Others, like Nation and colleagues (2003), support the assumption that effective interventions are theoretically based. Both theory and evaluation are valuable for explaining what works and what accounts for successful interventions across circumstances, geographies, populations and types of violence (Michie et al., 2008). In a more recent justification for theoretical work, Bowman and colleagues (2015) point out that there is a gap in our understanding of how pathways of violence are
formed and the processes by which risks are triggered to effect violent enactments. In agreement with Hamby’s (2011) notion of the ‘second wave’ of violence scholarship, Bowman and colleagues (2015) argue that case or incident analyses may help to deepen our knowledge about the mechanisms through which multiple risks interactively translate into triggers of violence. Bowman and colleagues (2015), in elucidating Hamby’s (2011) ‘second wave’ of violence scholarship, suggest that theory, combined with small-scale and detailed data-driven analysis, may help explain, among other things, the role of subjectivities and interconnections across the multiple manifestations and enactments of violence. Such an approach may also prompt a reconsideration of the prevailing definitions of violence. Perhaps partly in agreement and partly in variation, Seedat et al. (2014) see merit in both large- and small-scale studies, as well as in theoretical work. Coordinated interinstitutional and cross-disciplinary large-scale research on the magnitude, drivers, costs and consequences of violence is important for the ongoing mobilisation of financial and policy resources. Critically oriented theoretical analyses can contribute to surfacing problematic values, epistemologies, formulations and methodological claims underlining violence prevention research and interventions. One could, for instance, undertake a theoretical analysis of discursive traditions produced in academic work and powerful institutions such as the media that often mask the contestation and struggle for representation and material resources. Critical theoretical work, constituting a form of ‘talking back’ to the violence prevention research, policy and practice communities, may also help to generate analyses of the effects of knowledge claims, intervention choices and policy decisions. Theoretical analysis rooted in critical thought, in tandem with both large-scale quantitative and smaller qualitative focused studies, could support the articulation of distributive, substantive and epistemic justice in policy and intervention work. Distributive justice is concerned with the equitable allocation of resources among members of society; substantive justice emphasises fair outcomes; and epistemic justice calls for marginalised populations’ ownership of and control over participatory processes and involvement in (counter-)knowledge production.

METHOD

DATA CORPUS

The Abstract book (First South African National Conference on Violence, 2016) and the three authors’ notes, which reflect their individual observations of conference session discussions, were the only available written records of the conference proceedings. In the absence of full paper presentations, the Abstract book contains 173 abstracts (138 oral and 35 poster abstracts), 140 of which constitute the
focus (i.e., child, youth and gender-based violence) and primary data corpus for our analysis (refer to Table 1). The excluded abstracts pertain to the plenary, keynote, invited and state-of-the-art addresses.

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Percentage of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpersonal violence</td>
<td>142</td>
<td>79.3%</td>
</tr>
<tr>
<td>1. Child and youth violence</td>
<td>49</td>
<td>27.4%</td>
</tr>
<tr>
<td>2. Gender-based violence</td>
<td>91</td>
<td>50.8%</td>
</tr>
<tr>
<td>3. Elderly abuse</td>
<td>2</td>
<td>1.1%</td>
</tr>
<tr>
<td>Public and collective violence</td>
<td>29</td>
<td>16.2%</td>
</tr>
<tr>
<td>1. Xenophobia</td>
<td>1</td>
<td>0.6%</td>
</tr>
<tr>
<td>2. Protest violence</td>
<td>5</td>
<td>2.8%</td>
</tr>
<tr>
<td>3. Community violence</td>
<td>17</td>
<td>9.5%</td>
</tr>
<tr>
<td>4. Gang violence</td>
<td>4</td>
<td>2.2%</td>
</tr>
<tr>
<td>5. Religious violence</td>
<td>2</td>
<td>1.1%</td>
</tr>
<tr>
<td>Structural violence</td>
<td>5</td>
<td>2.8%</td>
</tr>
<tr>
<td>Self-directed violence</td>
<td>3</td>
<td>1.7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>179</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Table 1: Abstracts by Violence Category (N=179)

The abstracts were invited through a series of open calls, distributed from 2015 through a public advertising strategy by the conference secretariat. The calls encouraged abstract submissions in one of the following track themes: child abuse and neglect and violence; elder abuse and violence; epidemiology, data and information systems; gender violence; public and collective violence; school and youth violence; science–community–policy partnerships; suicide and self-directed violence; and trauma and trauma care. These tracks were structured to be inclusive of the main forms of violence, as well as cross-cutting public health and advocacy-based approaches to prevention.

DATA ANALYSIS

We first undertook a frequency analysis of the abstracts per conference track theme to obtain an account of the areas that had attracted priority attention among the conference contributors and to establish whether conference abstracts were reflective of the manifestations of violence in the country.

We then subjected the abstracts to thematic content analysis to determine whether they focused on prevention and containment interventions in an attempt to address the multiple interacting risks and social dynamics specific to child, youth and gender violence, and whether theory and evaluative logic
were used to frame the indicated child, youth and gender violence prevention and containment interventions. This focus was justified by the magnitude of these forms of violence in South Africa, as well as the attention they received at the conference. We used gender violence as defined according to global conventions and noted that most acts of interpersonal gender-based violence are committed by men against women, with the men perpetrating the violence often known to the women, such as partners or family members (World Health Organization, 2005). Our classification of ‘children’ or ‘youth’ followed the authors’ use of the terms ‘children’ (including adolescents) or ‘youth’ in the abstracts. In some instances, studies included both terms and it was decided to adopt an operational definition of ‘children and youth’ that is inclusive of the ages 0 to 25 years. We used the thematic content analysis to support a critical account and review of the constituent features of gender, youth and child violence prevention interventions.

Following the scope of our study, the thematic content analysis explicitly centred on interventions focused on gender and intimate partner violence, primarily violence by men against women; child abuse and neglect; and school and youth violence. We excluded abstracts that focused on topics outside of the study scope, such as those listed under epidemiology, data and information systems, trauma and trauma care, and science–community–policy partnerships, and the other violence-focused themes, that is, elder abuse and violence, gang violence, public and collective violence, and suicide and self-directed violence.

As a first step in the thematic content analysis, one of the authors read all the abstracts that were located within the gender (91) and youth violence and child abuse and neglect (49) thematic tracks, applying broad codes, whilst being mindful of the aims of the article. Through an iterative process and deeper reading of all the abstracts listed under the gender, youth and child violence tracks, the author-analyst identified specific themes embedded in the abstracts. The author-analyst then collated a list of themes and subthemes and discussed the listing with the other authors to ensure that the category labels were sufficiently reflective of the specified thematic content (Braun & Clarke, 2006). In order to minimise the likelihood of bias and errors in the analytic process, the second and third authors randomly selected and analysed 10% of the abstracts to check for possible misallocations and biases in the thematic content analysis process. There was disagreement in a small minority of cases, and the authors reached consensus through discussion among themselves. Overall, there was a 95% inter-analyst agreement. Once the authors reached consensus on the list of themes and subthemes, the lead author recruited and trained a doctoral research assistant to verify the frequency analysis and thematic content analysis of the abstracts.
THE CONSTITUENTS OF GENDER, YOUTH AND CHILD VIOLENCE AND PREVENTION

Below we discuss and reference the outcome of our thematic content analysis against our stated objectives to establish whether the prevention work described in the abstracts is responsive to the multiple manifestations of violence and their associated contexts, circumstances, demographics and psychosocial dynamics and whether it is grounded in theoretical and evaluative logic.

CONTENT AREAS AS REFLECTIVE OF MANIFESTATIONS OF VIOLENCE

At the level of content, the work featured at the conference and as described in the abstracts was reflective of the multiple manifestations of violence. Presentation abstracts featured work on gender and intimate-partner violence, youth violence, child abuse and neglect, collective violence, and elder abuse and eldercide. However, interventions targeting xenophobic and LGBTQIA-related violence did not attract sufficient consideration.

These content areas attain salience when we read them in the context of the three conference objectives: 1) to draw attention to violence and its prevention as a national priority that merits greater political will, financial resources, research, service delivery and policy commitments; 2) to review and reflect on the state of violence prevention work, including research, intervention practices and policy developments in the country; and 3) to explore ways of forging meaningful science–community–policy partnerships and according attention to the importance of adopting a national framework as one possible way of prioritising violence prevention and building partnerships.

From our analysis, we may surmise that the conference seemed to have attracted the relevant presentations that gave substance to its three-fold objectives and that were reflective of the multiple manifestations of violence. Based on our observation of and participation in thematic sessions and plenary discussions at the conference, we further surmise that conference delegates focused on the profiling of violence as a priority public health, psychosocial and human rights issue; considered what works for violence prevention, containment and trauma care; and discussed obstacles, opportunities and national mechanisms for forging intersectoral partnerships and deepening coordinated prevention
responses. In this respect, the conference seemed to have functioned as a space for critical discussions about interventions and research concerning violence prevention.

RESPONSIVENESS, THEORY AND EVALUATION

Our thematic content analysis shows that the interventions dealing with gender and intimate partner violence, school and youth violence, and child abuse and neglect (refer to Table 1) constitute multiple strategies. The strategies target various interacting risks and contributing factors, inclusive of psycho-emotional, attitudinal-cognitive, behavioural and environmental risks, as well as the contextual dynamics underlying violence. The interventions are sensitive to the vulnerabilities faced by specific groups, such as women and men, the LGBTQIA community, foreign nationals, the elderly and youth, and at-risk environments, such as informal settlements, underserved rural communities, schools and tertiary educational facilities, homes and places of entertainment. Across the focus on multiple risks and social dynamics, the interventions are varied and located at different ecological levels. Those interventions that target vulnerable and at-risk individuals focus on the provision of psychosocial and emotional support in the form of individual and group counselling and educational training dealing with attitudes and beliefs. Interventions targeting populations include public campaigns meant to raise awareness about the magnitude of violence and the associated underlying social dynamics. These campaigns seem to stress the role of patriarchy, masculinised and problematic gendered norms, and the interactive effects of poverty and inequality on violence. Interventions directed at larger social structures within which violence is nested raise the importance of supportive social and health policies and environments that can enable the prevention and the containment of violence. These interventions are directed at mobilising appropriate services across multiple systems for victims and survivors of violence. Through the mobilisation of public pressure, these campaigns represent a demand for affordable, accessible and gender-sensitive services within the criminal justice, health, educational and social welfare systems. Below, drawing on our thematic analysis, we elaborate on how the analysed interventions seem to address multiple risks to gender, child and youth violence and how, in a minority of cases, they are framed by theoretical and evaluative logic.

GENDER VIOLENCE INTERVENTIONS

The gender violence track included 91 presentations. The abstracts in question focused on intervention development and implementation; males’ problematic meaning-making of violence; psychosocial
factors that explain why some women remain in abusive relationships; and risks for gender-based
violence. Our analysis suggests that the presentations in the gender violence track addressed the social
dynamics surrounding gender violence.

Abstracts explaining these social dynamics stressed the contributory influences of patriarchy, corrosive
masculinities, gendered cultural norms, heteronormative beliefs, and poverty and inequality on intimate
partner and gender violence. A few abstracts highlighted the nexus of HIV disclosure violence and
sexual orientation violence. Those adopting an explicit critical feminist lens rightfully problematized
men’s meaning-making of gender violence, namely, the justification and naturalisation of hegemonic
masculinities and the routine use of violence by men in heterosexual relationships. At least three
abstracts spoke to the harmful impact of patriarchal interpretations of theological texts justifying gender
violence.

The interventions that were aimed at reducing and preventing gender violence ranged in makeup,
targeted group, location and theoretical and evaluative logic. Interventions that engaged women directly
combined public or community-wide campaigns to raise awareness about the dynamics and
consequences of gender violence and a range of psychosocial strategies aimed at mobilising key social
actor support, deepening prevention capacities and promoting solidarity. For instance, the Viva
Foundation, which implemented the South African People’s Response Initiative (SAPRI) in an informal
settlement in Mamelodi East, Gauteng, combined a community-level information campaign and the
distribution of 200 panic buttons that users could activate to sound an alarm and send notifications to
trained respondents to request urgent help (Kriel, 2016). The respondents were trained in a six-module
course to manage the reactions of neighbours, families and other bystanders, to persuade perpetrators
to desist from violent and/or aggressive behaviour and to convey to all persons present at an incident
that the police are on their way (Kriel, 2016). In part, this intervention was also aimed at reducing
incidents of mob justice. Similarly, the Soul City Institute initiated the Rise Young Women’s Club to
promote solidarity and intragroup support among young women vulnerable to violence (Goldstein,
2016). The clubs, conceptualised as a vehicle for developing social cohesion, self-efficacy and
resilience among participating women, addressed the influences of gendered norms and patriarchy on
the perpetuation of violence and the HIV–violence connection. Other similar multistategy
interventions, such as the one conducted by the Higher Education and Training HIV/AIDS Programme,
capacitated peer educators to support young women on university campuses (Ahluwalia, 2016a). This
intervention combined peer educator support, campus-level dialogues and peer group support to provide
psychosocial assistance to female university students.
Several abstracts dealt with interventions that engaged men alongside women. These, too, varied in location and makeup. An intervention that assumed a multiple-social-actor approach within under-resourced rural areas incorporated the participation of male youths, traditional leaders and the wider community. The intervention engaged male perpetrators and their families specifically. This intervention adopted mediation and small group dialogues with men, implemented awareness campaigns to highlight legal resources available for victims and mobilised appropriate medico-legal services for survivors of violence. Sonke Gender Justice, a well-established South African nongovernmental organisation, introduced the Change Trial Intervention in an urban informal settlement located on the western boundary of Johannesburg (McBride, 2016). The intervention included the creation of community action teams capacitated to respond to and contain gender violence, and public campaigns encouraging equitable gender relations. Another project of Sonke Gender Justice, the One Man Can Initiative (OMCI), deployed in male university residences, assumed a primary educational focus and so addressed problematic gender norms, and understandings and enactments of hegemonic masculinities (De Villiers, 2016). It also highlighted the roles of bystanders in instances of gender violence. An intervention named Legends Against Gender-based Violence used industrial theatre, cultural performance and several media platforms as part of its public campaigns to raise awareness about the dynamics and occurrences of gender violence and encouraged reporting by communities (Ratsaka-Mothokoa, 2016).

A few of the abstracts directed the prevention gaze at the larger policy and macro service-provisioning level. These abstracts emphasised national and other frameworks that are critical for guiding service provision, budget allocation and prevention choices. One abstract, describing a civil-society-led national strategic plan for gender violence, made a case for a comprehensive definition of gender-based violence policy and legal reforms, the expansion of existing psychosocial services, and prevention research (Rehse, 2016). The advocates of this plan view the national strategic plan as a mechanism by which to encourage government accountability and to assure resources for the prevention of gender violence. Other abstracts that reiterated government responsibility included a review of Sexual Offences Courts in South Africa (Bodenstein, 2016), the Department of Social Development’s strategic and annual performance plans (Keller, 2016) and the function of the criminal justice system in relation to violence (Watson, 2016). All these presentations underlined institutional lapses, capacity challenges and budget limitations.
YOUTH AND CHILD VIOLENCE PREVENTION INTERVENTIONS

As in the case of the abstracts dealing with gender violence interventions, the conference abstracts that focused on youth-based and child violence prevention interventions also differed in location, composition and risk sensitivity. Many assumed a psycho-educational and social support orientation. For example, the Sinyovuyo Teen project that was implemented in urban and rural Eastern Cape, in recognising youth as particularly vulnerable to both violent victimisation and perpetration of violence, combined parenting programmes for caregivers (of adolescents) and social support to foster positive parent–child relationships, to reduce conflict and to prevent violence (Meinck, 2016). The HEAIDS Big 7 project, targeting violence on university campuses, provided curricula material regarding the dynamics and risks underlying intimate and sexual violence and information on support services, counselling and peer education (Ahluwalia, 2016a; Ahluwalia, 2016b; Kapp, 2016). Another project, the Psychosocial Wellness Initiative, worked with out-of-school youth to help them understand the psychological drivers of their violent behaviour and undergo personal psychological healing (Sesanga, 2016). In the Wellness Initiative, the youth were encouraged to focus on their interiority and their formative experiences with violence, the assumption being that inner healing, self-awareness and knowledge create a pathway for self-management and positive relational engagement. These psycho-educationally oriented interventions were based on the assumption that violence reduction may be supported by education, skills enhancement, and emotional and social support. Similarly, a SAMRC–Unisa Violence, Injury and Peace Research Unit (VIPRU) project was based on the supposition that the mobilisation of spiritual capacities (compassion, care, respect), religious assets (places of worship, congregational prayer) and nonhegemonic masculinities are facilitative of nonviolent youth behaviours (Taliep, 2016).

Interventions for the prevention and containment of child sexual violence and abuse also adopted a psycho-educational focus. Resources Aimed at the Prevention of Child Abuse and Neglect (RAPCAN), a child-rights advocacy group, implemented the Children are Precious Project in Lavender Hill, Cape Town (Lentoor, 2016; Nomdo, 2016a; Nomdo, 2016b). The project, which focused on capacity building, mentoring for community-based organisations, parenting skills, dissemination of social messages by children and youth, and therapeutic services, was aimed at improving the quality of services for survivors of child abuse. The Safe Body Land project provided curricula, including virtual games and information on the drivers, dynamics and management of child sexual abuse in schools, for teachers (Stierlin, 2016). The project was based on the premise that the provision of information was critical for strengthening teachers’ responses to child sexual abuse in school settings.
A minority of presentations described children and youth as meaning-makers and activists. This youth-centred work used modalities such as digital stories, photovoice and drama that are reflective of participatory engagement approaches to encourage children and youth to articulate and represent their experiences of violence and safety. For instance, a project conducted in Delft, Cape Town, was centred on the idea of inclusive and safe cities and combined digital storytelling, collective analysis and participatory film-making to encourage community–policy dialogues and to lobby for relevant policy support (Wheeler & Liedeman, 2016).

One presentation argued for a National School Safety Framework for establishing minimum standards, monitoring levels of safety and evaluating the impact of safety interventions in schools (Makota & Somwe, 2016). This work resonated with the focus on policy and gender violence, and the need for national and other frameworks that may guide service provision, budget allocation and violence prevention choices.

CONCLUDING REFLECTIONS AND RETURN TO THE THREE QUESTIONS

Regarding the three questions that constituted the focus of our analysis, we observed that, at a content level, the presentation abstracts, in part a mirror of the national body of work, reflected the multiple forms of violence evident in the country. The abstracts included in the analysis described work focused on gender and youth violence, child abuse and neglect, collective violence, including gang and protest-related violence, and elder abuse and eldercide. The conference attracted limited contributions focused on xenophobic and violence directed at the LGBTQIA community.

With respect to the constituent elements of violence prevention, the interventions tended to be multidimensional, combining psycho-educational, social support and public campaigning strategies. The abstracts described work marked by an ecological mindfulness and a responsive focus on issues such as gendered cultural norms and practices, and hegemonic masculinities. However, the conference did not seem to attract intervention work that directly addressed the intersections between poverty, unemployment, social inequality and violence. Despite campaigns that raised public awareness about the social drivers of violence, interventions that addressed the social determinants and material base of violence did not feature at the conference. Given the public and social science orientation of violence
prevention, we assume that there is insufficient multidisciplinary engagement with bodies of work located in the economic and management sciences that focuses on poverty alleviation, structural reform and social justice – all the key social drivers of violence prevention and peace promotion.

Even though theory and the assumption of evaluation are considered important for optimising the adoption and effectiveness of interventions (Michie et al., 2008), only a minority of presentation abstracts referenced human rights, critical feminist theory and methodologies of evaluation. Most of the presentations did not engage with theory explicitly to explain intervention design and the envisaged change that may follow. Those that referred to theory did so to stress the risks and psychosocial dynamics of violence, including the influences of corrosive masculinities, heteronormative practices and gendered norms. The conference did not, for instance, attract a substantial body of critical work that examined the persistence of the coloniality of power, being and knowledge and epistemic violence as elaborated on by Maldonado-Torres (2007; 2016), Ndlovu-Gatsheni (2013) and others, which was indicative of inadequate theoretical engagement. Resisting the inordinate focus on formulaic methods for prevention work, a small minority of abstracts, exemplifying a decolonial attitude, seemed to challenge assumptions and notions of what constitutes legitimate research or knowledge on violence prevention, and who the legitimate knowledge producers or experts are. They spoke very directly to the coloniality of knowledge and practice traditions in this area of work, and equally to the idea of epistemic dominance. They also embodied participatory forms of researching violence to enhance our understandings of its prevention. As such, this kind of work needs to be relocated from the fringes to the centre of violence prevention work, where the voices, knowledge and agentic capacities of subalterns are affirmed, included and respected, even as we recognise the power divides that exist in the intersubjective contexts in which we undertake research.

The abstracts, limited by a word count, may not offer a full account of the actual conference presentations and deliberations on violence prevention. Likewise, the proceedings from one conference cannot be representative of all the work done in the violence prevention research and practice sector nationally. Since the conference, and in view of the intensifying public attention to gendered violence, in particular, there may have been shifts in the prioritisation and patterns of interventions. Notwithstanding these limitations, our circumscribed analysis of a part of the conference proceedings, namely, abstracts, suggest that the incorporation of methods of evaluation, including randomised control trials and qualitative designs in a minority of the presented work, is perhaps one marker of the slow yet growing influence of the logic of implementation science in the national violence prevention sector. Both communities of practice and communities of research seem to be contributing, often with
limited resources, towards growing South Africa’s science base and offering illustrations of what works. Over the last four years, there has been an intensified focus on gender violence, in particular, as is evident in the South African articulations of the MeToo Movement and the range of interventions that President Cyril Ramaphosa committed the government to in 2019. President Ramaphosa’s respective 2019 and 2020 State of the Nation Addresses foregrounded violence prevention as a national priority. The COVID-19 pandemic and associated lockdown measures also revealed the violence–alcohol nexus on a national scale. In looking ahead, we propose that both communities of practice and communities of research build on the national prioritisation of violence prevention. We suggest that these communities collaborate to conduct theoretical work that explains the processes and pathways of intervention success and adoption and to strengthen the outcome- and impact-evaluation-oriented violence prevention that addresses the social determinants of violence and the complex interface between structure and psyche.

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Reassessing Masculinities-Focused Interventions: Room and Reasons for Improvement

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ABSTRACT

Gender-based violence (GBV) remains a serious issue in many countries around the world, and this is particularly true for South Africa. Many current interventions to address this phenomenon have, however, had little success in reducing the rates of such violence. This study looked at masculinities-focused interventions as a method for addressing GBV, through a qualitative investigation of the One Man Can (OMC) programme in the Western Cape province of South Africa, based on the observation of workshops, and interviews and focus groups with workshop participants and facilitators. A number of concerns related to the implementation of the intervention are detailed. The first is a lack of awareness of the intersectional nature of masculinities, which risks implying that it is only individual men who need to change, rather than systemic patriarchy and gender inequality. Second, the workshops focus almost exclusively on poor men of colour, which can reinforce the existing stigma these men face in racist societies, such as South Africa. Finally, the workshops use a narrow definition of GBV, focusing almost entirely on violence against women, which excludes violence against other marginalised groups, such as the LGBTQI+ community, boys and men. Thus, the workshops require a rethink of their content and implementation, in order to better contribute to efforts aimed at reducing GBV within larger gender and sexual justice goals.

Keywords: Gender-based violence; Intersectionality; Masculinities; Masculinities-focused interventions; One Man Can; South Africa

INTRODUCTION

Despite recent progress in prioritising the prevention and reduction of gender-based violence (GBV), it remains a serious issue in many countries around the world. This is particularly true in South Africa, a
country with extremely high rates of violence (Peacock, 2012; National Department of Health [NDoH], 2019). GBV is globally defined as violence that is directed against a person on the basis of their gender (European Institute for Gender Equality [EIGE], n.d.), yet is often considered synonymous with (men’s) violence against women (VAW), in acknowledgement of the extremely high rates of violence and inequality that women experience at the hands of men in countries around the world (Garcia-Moreno et al., 2013). Thus, understandably, much work around GBV has tended to be female-focused, assisting victims of violence through support and resources (Ellsberg et al., 2015).

While intimate partner violence (IPV) and sexual violence undoubtedly predominantly have an impact on women, this restrictive definition risks excluding many forms of violence which should fall under GBV, including violence against those who transgress gender and sexual norms, minority groups (e.g., those in the LGBTQI+ community), violence by women (see, e.g., Kramer, 2017), and violence against boys and men. Notably, men are overwhelmingly the most common victims of violence by men (Peacock, 2013; Ratele, 2012), with the global male homicide rate being almost four times that of females (United Nations Office on Drugs and Crime [UNODC], 2013). Yet this is typically not considered GBV, despite increasing recognition that it is gendered, because violence is so enmeshed with hegemonic masculinity (see Dolan, 2014; Fleming et al., 2015). Similarly, while violence against those in the LGBTQI+ community is rife (Brown & Herman, 2015; Evens et al., 2019; Kiss et al., 2020; United Nations Office for High Commissioner on Human Rights [UNOHCHR], n.d.), it is also regularly underrepresented in discussions and interventions pertaining to GBV (Cannon & Buttell, 2015; Dolan, 2014; Naidu & Mkhiize, 2005). This suggests that GBV interventions may need to broaden their focus, particularly if work with men is seen as part of a larger gender justice project, aimed at challenging patriarchal power and gender normativity, which arguably are implicated in all forms of violence.

Key in addressing GBV is acknowledging that the overwhelming majority of instances of violence are perpetrated by men, against both women and other men (Jules-Macquet, 2014). The focus in GBV prevention has therefore increasingly turned to working with men, with interventions ‘motivated by a desire to address the role of men in violence perpetration, and recognition that masculinity and gender-related social norms are implicated in violence’ (Jewkes et al., 2015, p. 1580). This study focused on one such intervention, the One Man Can (OMC) workshops, implemented in South Africa by a local non-governmental organisation (NGO), Sonke Gender Justice, and involved interviews and focus groups with both participants and facilitators of the workshops in the Western Cape province of South Africa.
The OMC programme is one of very few masculinities-focused interventions currently being implemented in this country, and it has been structured and implemented in line with current best-practice literature and understandings of such interventions (see Garcia-Moreno et al., 2013; Ricardo & Verani, 2010; World Health Organization [WHO], 2010). Evaluations of the interventions have, however, not been uniformly positive, as will be detailed below. The study on which this article is based aimed to understand the reasons why participants joined the workshops, and what they felt the impact had been (see Graaff, 2017; Graaff & Heinecken, 2017 for the results). The intention here is to highlight concerns regarding the implementation of such interventions, which arose through the qualitative methodology of the study, and could benefit from further thought and discussion. This can hopefully result in improved practices and outcomes for future interventions.

The article begins with a review of the literature on masculinities and masculinities-focused interventions. Following this is a more in-depth, qualitative look at OMC, highlighting certain contextual concerns in the implementation of the programme, of relevance to masculinities-focused interventions both locally and internationally. These are a lack of awareness of contextual factors; a continued focus only on poor communities of colour; and a narrow and constraining definition of GBV, particularly in terms of the larger project of gender justice. Highlighting these concerns should not be read as a criticism of either the emphasis on women in GBV efforts or of the value of engaging men. Rather, the article flags some of the drawbacks of current interventions that may undermine the larger goals of gender equality and justice. Working with men against GBV needs to be included in the larger goals of challenging the normativity of violence against women and other marginalised, subjugated people, as well as the normativity of gender that enables male violence. It is these enmeshed normativities within the binarism of gender, as well as their complex intersections with other forms of inequality, that need to be addressed within any programme that truly seeks to make a difference in working with men.

**MASCULINITIES AND MASCULINITIES-FOCUSED INTERVENTIONS**

Masculinities are the ‘widely shared expectations and norms within a society about appropriate male… roles, responsibilities and behaviours, and the ways in which women and men interact with each other’ (Barker et al., 2011, p. 14). Masculinities are often presented as being on the opposite end of a spectrum from femininities, so that “[m]asculinity” does not exist except in contrast to “femininity”’ (Buscher,
2005, p. 9). Along with this, masculinities are typically considered to be the societal norm, or to have positive traits, while femininities are defined in terms which are seen as negative and the opposite of those linked to masculinities (Patel & Tripodi, 2007).

While there are multiple versions of masculinities which change over time, certain versions tend to be favoured over others within a context – something which Connell (1987) terms ‘hegemonic masculinities’, meaning those masculinities which are most desired or favoured in a specific context (Messerschmidt, 1993). They may not be the most widespread and may even be unattainable for most men in that context (Kimmel, 2006; Nagel, 1998), yet they are the aspired-to presentations of masculinities in a specific time and space. Although hegemonic masculinities can vary widely across contexts, ‘[l]iterature from around the world has supported the contention that economic issues such as employment, decent work, poverty and income inequality are central to a sense of manhood’ (Ratele, 2015, p. s151). Along with this, ‘much research has unpacked the significance of heterosexual prowess… and a physicality and violence in performances of hegemonic masculinities’ (Shefer et al., 2015, p. s99). Similarly, a wide range of literature highlights how sexual and physical violence, aggression and coercion, are bound up with dominant ideas of what it is to be a man across diverse South African communities (see, e.g., GenderLinks & Medical Research Council [MRC], 2012; Jewkes et al., 2009; Jewkes & Morrell, 2010).

While not all hegemonic masculinities are characterised by violence, the extremely high levels of violence perpetrated by men in this country arguably suggest at least a lack of censure and, at most, an active expectation of violence from men. Also, the participants in this study (discussed below) repeatedly mentioned a requirement of violence in their achievement of hegemonic masculinities. Thus, in this instance, it seems that there is currently at least some expectation of violence in hegemonic masculinities in South Africa. It is important, however, to acknowledge that these expectations are not static and do not represent a fixed endpoint, but are fluid and changing, both within and between contexts.

Despite the importance of the notion of hegemonic masculinities, there is growing recognition that men do not and cannot equally achieve and access different masculinities. The term ‘intersectionality’, coined by Kimberlé Crenshaw (1991), highlights the fact that all people have multiple identities – gender, race, economic status, religion, among others – and these can combine to form different or additional levels of oppression or difficulty. Thus, men from marginalised groups (e.g., men of colour, gay or trans men, poor men, disabled men) struggle to access hegemonic masculinities and their
associated privilege to the same extent that white, straight, cis-gendered, able-bodied or well-resourced men can.

Both in South Africa and in other racist global contexts, black men were considered to be more dangerous than white men, especially to white women (Moffett, 2006), which meant that black men were (and still are) more likely to be arrested, convicted and jailed than their white counterparts (Crenshaw, 1991; Flood, 2015; Messner, 1997). In strongly racialised societies such as South Africa, despite their relative privilege in relation to black women, black men face a double subordination in relation to white men and white women. Thus, it is important to be cautious of an overly simplistic focus on hegemonic masculinities, without acknowledging contextual intersectionality.

Due to masculinities’ links to violence and heterosexuality, however, masculinities-focused interventions often specifically aim to problematise hegemonic masculinities, creating space for discussion about, and the practise of, alternative versions which are less violent and less invested in dominance over women. This acknowledges that gender is a social construct, created through a process of socialisation, which is ongoing throughout a person’s life, and that gender roles are not fixed or static, but rather fluid and malleable. Masculinities-focused interventions can (and arguably should) therefore act as a challenge to normative gender socialisation, since this is so powerfully enmeshed with diverse violences.

MASCULINITIES-FOCUSED INTERVENTIONS

While the implementation of masculinities-focused interventions in South Africa is still in the relatively early stages, studies have been conducted in other contexts on how to make them as effective as possible. For example, interventions tend to be more effective when voluntary, rather than compulsory (Scott, 2010); when they are gender-transformative rather than simply gender-conscious or gender-neutral (WHO, 2010); and when using multiple and multi-sectoral strategies (Ellsberg et al., 2015; Garcia-Moreno et al., 2015). The presence of role models who act as examples of positive masculinities has also been highlighted as an aspect which can make interventions more successful (Barker et al., 2000; Roy & Das, 2014), along with the existence of a supportive peer group (Davidson & Gordon, 1979; Silvergleid & Mankowski, 2006).

Initial studies on the effectiveness of masculinities-focused interventions showed encouraging results, with a WHO (2010) review of such programmes finding that they can have numerous positive
outcomes. For example, Pulerwitz et al. (2004) found an increase in participants’ condom use with primary partners, as well as less support for traditional gender norms at both six months and a year after completion of the programme. Meanwhile, Das et al. (2012) found that involvement in such programmes was correlated with more progressive behaviours in men, such as allowing their wives to work and own property, while Bhandari (2008) found that participants reported using coercive sex less frequently and having a broader range of emotional expression. This suggests that masculinities-focused interventions can have a positive impact on the levels of GBV in the communities in which they are implemented.2

However, a consequence of the assumption that men of colour pose a greater danger, and failure to acknowledge their more limited access to privilege, is that masculinities-focused interventions in South Africa are almost exclusively located in poorer areas, and work with poor and marginalised men. Privileged men’s use of violence is very under-researched in GBV literature, despite evidence that such aggression is a global phenomenon which occurs in both developed and developing countries (Garcia-Moreno et al., 2013), which tends to contribute to the notion that GBV is only an issue in poorer communities. This also risks ‘reinforcing notions that dominant men are not in need of change, while subordinated men are asked to carry the burden of increasing gender equality’ (Dworkin et al., 2015, p. s136). Thus, through the implementation of these interventions, poor men of colour are seemingly expected to ‘fix’ toxic masculinities, even as they live in a system which gives them fewer options and less power to effect substantial change.

In a related fashion, these interventions tend to focus on men as individuals separate from their context, rather than acknowledging the societal nature and pressures of masculinities. This effectively places participants in the difficult position of attempting to shift their masculinities while living in families, communities and societies which have not changed, and which may be very resistant to change. For example, men reported encountering resistance from their families for being involved in interventions (Bhandari, 2008), and struggling to maintain positive changes within their extended families, which remained predominantly patriarchal (Erdström et al., 2015). While supportive peer groups may help men to make and maintain positive changes in their masculinities, focusing only on individuals seemingly ignores the fact that ‘masculinities emerge out of cultural, historical and structural

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2 An important aspect to bear in mind is that all the results from the evaluations are self-reported by intervention participants, which leads to a strong possibility of bias. A lack of involvement of the broader community and the families and peers of participants is an ongoing drawback in research on masculinities-focused work.
antecedents that shape the range and availability of masculinities that men select among and enact’ (Dworkin et al., 2015).

There is often a concomitant lack of clarity on the ultimate goal of interventions: ‘whether it is a change in health-related behaviours (for instance a reduction in perpetration of violence) or a wider change in the dominant form of masculinity in the group being addressed’ (Gibbs et al., 2015, p. s87). While these may have a similar result, where a change in the form of dominant masculinities within a community leads to a broader reduction in violence, this is not necessarily the case. For example, Graaff and Heinecken (2017) found that participants began to view specific acts of violence against women as problematic, but not the underlying attitudes of gender inequality. Similarly, a study by Jewkes et al. (2010) found no evidence of a rejection of their patriarchal privilege among men who attended a masculinities-focused intervention. Rather, there was a move towards creating a more ‘benign patriarchy’, meaning that while specific acts were highlighted as problematic, gendered power imbalances remained. This finding was supported by Roy and Das (2014). Numerous studies have also found that participants began to agree that violence against women is problematic, but did not feel the same about violence against other marginalised communities, such as LGBTQI+ folk (Pulerwitz et al., 2006; Viitanen & Colvin, 2015).

It is therefore important to note that while masculinities-focused interventions may have an impact on, or reduce, certain specific behaviours or forms of GBV, there is limited evidence on the extent of change in the beliefs underpinning much of the GBV being perpetrated in communities. This may also be due to a lack of clarity on the actual goal of these interventions.

ONE MAN CAN

While the abovementioned studies note some limitations, masculinities-focused interventions have generally been seen as success stories and have begun to proliferate globally. One such example is the One Man Can (OMC) programme, run by Sonke Gender Justice, which includes a series of masculinities-focused workshops being implemented in South Africa. In line with the literature outlined above, the workshops are voluntary and gender-transformative, aiming to provide ‘“safe” spaces for discussion and critical reflection on the topics of gender, human rights, women’s rights, and masculinities’ (Viitanen & Colvin, 2015, p. 3). In addition, the content focuses on the harm that hegemonic masculinities can cause to both the men enacting them and to others in their lives (Dworkin et al., 2013; Peacock, 2013). While the focus is on working with men, the workshops are not always
conducted in male-only groups, with many of the activities being equally effective in mixed-gender groups. The workshops are flexible in format, with no stipulation on the number of participants, and can run for anything from one to five days, depending on which and how many topics the facilitators seek to cover, and how much time is available (Graaff, 2017). The facilitators are usually men who come from the community in which the workshops are taking place.

Evaluations of OMC have shown similar mixed results to those reported above. Qualitative studies have tended to find positive self-reported impacts on men’s perceptions of women’s rights, gender-inequitable norms, and power dynamics in men’s relationships with women, as well as reducing participants’ use of violence against women, children and other men (Dworkin et al., 2013; Traves-Kagan et al., 2020). Both the preceding studies, however, have also found that men struggled to maintain lower levels of violence, particularly in emotionally charged situations (Dworkin et al., 2013), citing a lack of support from their broader social networks (Traves-Kagan et al., 2020). A 2015 study by Viitanen and Colvin found that participants were less likely to view violence against marginalised groups, such as the LGBTQI+ community, as problematic.

Quantitative studies have shown a more complicated picture, with Traves-Kagan et al. (2020) finding no difference in the perpetration of IPV by participants in the last 12 months compared to before the workshop. Participants seemingly found it easier, however, to reduce violence against strangers, compared to partner violence or violence against children, as stranger violence ‘was not connected to maintaining family structures or traditional power hierarchies’ (Traves-Kagan et al., 2020, p. 140). Similarly, Christofides et al. (2020) reported that the intervention had no effect on men’s use of physical or sexual IPV in the past year, compared to before the workshop. There were also no differences in ‘non-partner rape perpetration, gender attitudes, use of transactional sex, parenting or social cohesion between intervention and control communities’ (Christofides et al., 2020, p. 10–11).

The results of evaluations of OMC are thus mixed. While participants spoke positively of the programme’s impact on their behaviour and beliefs, the quantitative impact on their use of violence seems limited. Importantly, as noted in the literature review, there appears to be little consensus on what the ultimate goal of such interventions should be, and these results perhaps reflect that lack of consensus.
METHODOLOGY\(^3\) AND RESULTS

The current study involved participant observation of three OMC workshops in two settings in the Western Cape;\(^4\) as well as four focus groups and seven follow-up one-on-one interviews with workshop participants, and four one-on-one interviews with workshop facilitators. Ethical approval was obtained, in accordance with standard regulations for research with human participants, and the study was registered and approved at the University of Stellenbosch. All participants in the focus groups and interviews read and signed an informed consent form prior to the focus group or interview starting, with the content being explained verbally if participants did not understand the form. All interviews and focus group discussions were audio-recorded, with the consent of the participants, but no identifying features were recorded, and participants were informed that they could withdraw at any stage, meaning that their recording would not be used for the study. The researcher transcribed the interviews for data analysis.

Sampling was purposive, as all interview and focus group participants were either employed by, or engaged in, workshops with Sonke. Interviews and focus group discussions were semi-structured, making use of open-ended questions, and were all conducted by the researcher. English was the main language used, with some interviews conducted in Afrikaans. While English was not the first language of the majority of the participants (most of whom spoke Afrikaans or isiXhosa), it was the most comfortable common language for the participants and the researcher alike.

Focus groups were conducted with self-selecting workshop participants directly after the completion of workshop sessions, in groups ranging in size from three to ten participants. These varied in length from 40–150 minutes, depending on logistics, space, and participant availability. Follow-up interviews with willing focus group participants were conducted three months after the workshops, each lasting 30–45 minutes. A qualitative methodology was employed to allow participants to explore their experiences and understandings of the workshops more fully, while also creating space for the reporting of additional challenges embedded in masculinities-focused interventions more broadly, as well as within this specific example.

\(^3\) For further details on the methodology, see Graaff (2017).
\(^4\) Gugulethu, an informal settlement on the outskirts of Cape Town; and Ceres, a small farming community about a two-hour drive from Cape Town.
The sections which follow focus on the responses of the workshop participants and facilitators, as a means of exploring three different themes that raised concerns about the political and personal impact of such interventions. These concerns echo and flesh out some of those raised in previous studies and evaluations, while highlighting additional issues that speak to some of the more nuanced limitations of such interventions. The first concern is a lack of awareness of the intersectional nature of masculinities, which contributes to the notion that it is only individual ‘bad’ men who need to ‘fix’ their masculinities. The second is the extensive focus only on poor men of colour, which may serve to exacerbate existing stigma against them. The final concern is that the OMC intervention tends to work with a limited and constraining definition of GBV, thereby effectively excluding discussions of violence against men themselves, and against marginalised communities.

LACK OF CONTEXTUAL PERSPECTIVE

The first concern was that the workshop materials tended not to acknowledge the contextual nature of masculinities, focusing on individual behaviour change rather than broader and more systemic change. This risks implying that it is the responsibility of these individuals to ‘fix’ masculinities and GBV in the country, while ignoring the societal and contextual pressures being placed on them to achieve masculinities. Thus, participants could describe numerous instances of societal pressure to behave in certain ways to achieve masculinities, but there was no discussion or acknowledgement of how that societal pressure would make it difficult for them to behave differently or achieve more ‘positive’ masculinities.

Several participants highlighted the social enforcement of hegemonic masculinities in their communities, with the men feeling that violence against others – and particularly against their partners – was required of them in order to achieve masculinities. This was summed up by one participant in Gugulethu, who simply said, ‘… then I lost temper, because I am a man’. A female participant in Ceres explained it as follows:

*Die man sê hy werk vir die huis, hy bring brood op die tafel, en hy’s die dak en jy’s die vloer ... So as jy nou as vrouens sê “Maar dis nie reg, wat jy gedoen het nie”, dan sal jy seker maar geklap word ... Vir hulle is dit reg. [The man says he works for the house, he brings bread for the table, and he’s the roof and you’re the floor. So if you, as a woman say, “But what you’re doing isn’t right”, then you’ll certainly get hit … For them, it’s right.]*
Another participant in Gugulethu stated:

_We grow in this society where we have... old people to say to us, 'To be a man, you need to be strong. To be a man, you need to be tough, to have [the] last word... not to cry, to beat up your wife.' Those kinds of things that put us men into a box of being violent._

Physical strength often seemed related to violence against a partner, with one participant in a Gugulethu focus group addressing the expectations placed on him by his father:

_Because I remember... my dad used to tell me I must act like a man. And then to act like a man... I have to get [...] to have [...] multiple partners... And I had to beat my partner, so that I can show that I’m a man. Ja, I have that pride._

The participants in, and facilitators of, the workshops were therefore aware of societal pressures on, and expectations of, men to use violence to achieve hegemonic masculinities. However, despite the literature highlighting how difficult intervention participants have found it to maintain positive changes without support from their families, peers or broader communities (Bhandari, 2008; Erdström et al., 2015), there was little acknowledgement in the workshop content of how this would affect individual men’s ability to effect any substantial changes.

**REPRODUCING STIGMA AGAINST POOR MEN OF COLOUR**

Related to the lack of intersectional awareness was the fact that masculinities-focused interventions are usually only implemented in poorer communities of colour, which may serve to reproduce existing stigma against men in these communities. As noted above (Crenshaw, 1991; Moffett, 2006), men of colour, both globally and in South Africa, have long been constructed as ‘dangerous’ and more violent than white men. The fact that almost all violence prevention interventions are implemented in black communities, can therefore contribute to this view (Dworkin et al., 2015). For example, a participant in a Gugulethu focus group seemed to hold this belief, saying, ‘Gender-based violence in our communities... Seriously, it’s normal.’ The following exchange in the same focus group shows how participants may have internalised these views, applying them to men within their own communities:

_R1 [female]: I can’t take my child, to give my child to her father and tell him that he must take care of his child..._
R2 [male]: You know, as a man in our community, you are not trusted, seems that we are the most corrupt people ... I think it’s the right thing that R1 is not able to take her child to be with the father, because [...] most of the time... people that are raping babies, are mad. People who are killing babies, are mad. They are not trusted anymore.

In an interview, a Sonke workshop facilitator noted that all of the intervention funding that the NGO received was required to be used for implementation in poor and underprivileged communities, with the following result:

The challenge that we still have ... is that we focus primarily on impoverished areas. Your Khayelitshas, your Mannenbergs, Phillippis, Nyangas,5 areas like that ... And it somehow creates a picture that problems are only in poor areas. Only men in poor areas [...] struggle with gender identities. Only men in poor areas commit gender-based violence and domestic violence. And that’s the sad thing ... or the unfortunate part about it.

Thus, as highlighted in the literature with respect to an over-emphasis on poor black communities, the workshops may inadvertently contribute to the notion that it is only poor men of colour who perpetrate GBV, while privileged (white and middle-class) men can avoid blame or responsibility.

NARROW DEFINITION OF GBV

The final concern which emerged from the qualitative data was the narrow definition of GBV that is used in the workshops, and that seemed to be dominant in participants’ perspectives, where only a few specific kinds of violence against women are seen as problematic, rather than GBV and gender inequality more broadly. During the focus groups, while the workshop participants stated that they would not personally perpetrate sexual violence against their own female partners, what seemed to emerge from their responses was a belief that women’s behaviour or attire elicited violence, and particularly sexual violence. A male workshop facilitator commented, ‘You wanna rape that young girl. If she’s wearing a short skirt, you wanna bounce her.’ Another participant explained that, ‘if a girl is passing in a short skirt, we say, “Woah, this girl must be raped” … we believe that, as a young girl, you

5 All four are poor neighbourhoods on the outskirts of Cape Town, with predominantly black and coloured populations.
must not […] wear a short skirt.’ Thus, rape and victim-blaming are not necessarily seen as problematic forms of GBV, even though they are deeply embedded in normative gender binaries.

In some instances, it was also the silences in workshops and focus groups that were important. Here, two specific silences should be mentioned: the first relates to violence against marginalised groups, particularly the LGBTQI+ community, and the second to violence against men, both by women and by other men. Despite programme materials specifically stating that gender does not necessarily relate to a person’s sexuality, and providing space for a discussion of sexual orientations other than heterosexuality, there was almost no discussion of this in the majority of the workshops, or in any focus group. Throughout the observations and focus group discussions, discourse only focused on violence within heterosexual relationships, emphasising this as the norm and excluding violence against the LGBTQI+ community, or within queer relationships. For example, during observation of a workshop, a facilitator stated that ‘gender is the same as sexuality’, implying that an individual’s sexuality will always arise out of their gender, with the assumption that heterosexuality is ‘normal’. In this way, heteronormativity was reproduced and an understanding of violence against the LGBTQI+ community, as well as its link to hegemonic masculinity, was obfuscated. This served to detract from concerns about, and attention to, homophobic violence or violence in non-heterosexual relationships.

Similarly, despite discussions around the societal pressures placed on men to be violent (detailed above), there was very little acknowledgement that, in many communities, male violence is almost always gendered, given how violence, coercion and aggression are bound up with what it means to be a man. Thus, violence against men was not seen as problematic. There was, however, recognition that societal pressure would make it very difficult for men to report or speak about such violence. One participant in an interview in Ceres described a man who had been raped by a woman, but felt he could not report it to the police because, ‘“Wat gaan die mense van my dink? Ek is ’n man” … Hulle is skaam. Hulle wil nie hê die ander mans [moet] weet’ [What will people think of me? I’m a man … They’re ashamed. They don’t want other men to know.] In a similar vein, the following exchange took place after one participant described a situation of a man being slapped by his girlfriend in public. It was felt that the man would be unable to report the issue to the police:

   R1: The police will laugh at you [for reporting abuse by a woman], to make you feel so small, feel so humiliated.
   R2: As a man.
   R1: As a man.
   R2: [I] suppose it also is that issue that you spoke about. It’s a sign that he’s a weak man.
R1: Absolutely.
R2: Because he can get beaten up. So that kind of thing. That’s why they laugh, ‘Hau, how come you, as a man, [are] beaten by a woman, being a man?’

The working definition of GBV that was used in the intervention is therefore a very narrow one, viewing only limited forms of violence against women as problematic, while violence against men and marginalised communities was not recognised as gendered, or as linked to dominant, often idealised forms of masculinity. This may limit the intervention’s effectiveness in addressing these other acts of GBV, and gender justice more broadly.

CONCLUSION

Masculinities-focused interventions have become more widespread in recent years, arising from a growing emphasis on working with men in GBV prevention and reduction, and the same holds true for South Africa. While past studies have reported encouraging impacts, both globally and locally, this study highlights a number of concerns regarding the implementation of the OMC programme, which may have an impact on its capacity to effect broader positive change.

The first concern arising from this research was the failure to acknowledge the role of context in the intervention, both in the programme course materials and their implementation, where the focus is predominantly on individual masculinities, with little recognition of the societal pressures placed on men to achieve these. Assuming that men in all communities and societies are freely and equally able to make changes in their practices and relationships ignores the social policing of masculinity, and the extreme power imbalances that exist in societies, and particularly in South Africa. Similarly, placing the responsibility to change and ‘fix’ masculinities onto individual men ignores the societal and relational nature of gender, and all the powerful social pressures and violences which maintain gender roles. Thus, asking individual men to change within societies that have not changed significantly raises these men’s likelihood of experiencing failure and frustration (Bhandari, 2008; Dworkin et al., 2013), while implying that ongoing levels of GBV are their ‘fault’ (Dworkin et al., 2015).

Related to this was the concern that the OMC workshops are exclusively implemented in poorer communities of colour, which reinforces the notion that black men (and only black men) are ‘dangerous’ (Flood, 2015; Ratele, 2014). Also, the lack of interventions in privileged and white communities
arguably implies that there is no violence in those communities, and no need to address hegemonic masculinities. The programme should therefore aim to specifically problematise and question the notion that violence is only an issue in black communities, while potentially aiming to conduct similar interventions in more privileged communities.

The final concern which arose was that the workshops operate under a very narrow definition of gender and GBV, framing only specific acts of violence against women as constituting GBV (Graaff & Heinecken, 2017). This excludes a large range of acts of violence, such as gender inequality and rape myths, and violence against men and against marginalised groups such as the LGBTQI+ community (Viitanen & Colvin, 2015). This risks not only implying that these forms of violence are unimportant or unproblematic, and therefore undeserving of interventions to address them, but also discourages men from reporting or seeking support for violence that they themselves experience. This suggests that the intervention should consciously utilise a much broader notion of what counts as gender violence, specifically making links between gender binarisms, normative masculinity and violence, including a focus on violence against and within marginalised communities, and gender inequality and injustice more broadly.

This study has therefore raised important concerns regarding the current implementation of the OMC masculinities-focused intervention in South Africa. While certain concerns have been raised in previous studies of similar interventions, the results of this study raised new issues, specifically around the limited definition of GBV used within the workshops. These concerns, related to the complexity of such interventions, are arguably relevant across diverse global contexts, but underscored here is the impact of these issues in the specific context of South Africa. As noted in the introduction, this article does not intend to detract from, or criticise, the emphasis on VAW in GBV work, or the value of engaging with men. Rather, it aims to flag the ways in which current interventions may, in fact, undermine efforts towards achieving gender equality and justice. Men need to be included in work that challenges the heteropatriarchal belief in the normativity of violence against women and other marginalised, subjugated people, as well as the normativity of male violence in general. Along with masculinities’ complex intersections with other forms of inequality, the entrenched normalisation of the binarism of gender needs to be addressed within any programme that seeks to make a difference in working with men.
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What’s in a Name? Reflections at a Milestone Moment in African Safety Promotion

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ABSTRACT

The year 2020 marked 19 years since African Safety Promotion: A Journal of Injury and Violence Prevention (ASP) was launched. In this reflective account, I describe selected aspects of the journal’s reach and published contents, with reference to the founding impulse and aims that shaped its vision and trajectory over almost two decades. Even though ASP was successful in its aim of attracting contributions that support the development of public health-oriented injury and violence prevention science, it did not gain the requisite traction with respect to its intention to serve as an Africa-centred dialogical space. Several factors appear to have influenced ASP’s substantive trajectory, identity and progression, and the subsequent decision to change its name.

Keywords: Africa; Knowledge; Safety; Science

INTRODUCTION

In July 2020, African Safety Promotion: A Journal of Injury and Violence Prevention (ASP) celebrated its 19th anniversary, with the collective that is currently leading the journal, resolving to adopt a new name for it, namely Social and Health Sciences (SaHS). The name change embodies an epistemic shift and a strategic reorientation aimed at deepening the scope, reach and appeal of the journal, while making a renewed commitment to activist scholarship. Responsive to the contemporary epistemological
moment, co-editors Nick Malherbe and Ashley van Niekerk (2020, pp. 3–4) explain that the journal is a space for

*theoretical, empirical, applied and policy submissions on such topics as: violence in its multiple forms; the structural and social determinants of health, safety and peace; injury, health and safety promotion interventions; community engagement; health and safety economics; health and safety systems research; and knowledge production in the social and health sciences.*

While the name change does not imply a complete departure from the founding intentions of ASP, it does signal a call to reconsider thinking, research and writing practices in the social and health sciences in Africa and the global South more broadly. Van Niekerk and Malherbe (2020, p. 6) consider the renaming to be an act of academic insurgency, directed at containing and resisting dominant modes of knowledge, and promoting writings that concentrate on “understanding a social world in flux so that we can begin contributing to the development of a healthier, more equal and just world”. The act of renaming is an epistemic intervention which seeks to catalyse the foundational aims of the journal.

Drawing on my positionality as the founding editor and my subsequent role on the editorial board, I offer a few thoughts on the initiating aims and vision underlying the establishment of the journal, as well as the selection of the name African Safety Promotion. I describe the reasons for attaching ‘African’ to ‘Safety Promotion’, focus on the inspirations and challenges that marked my experiences during the formative years of the journal, and share a few rudimentary observations on parts of ASP’s thinking and record with respect to its original aims.

**FORMATIVE IMPULSES AND AIMS**

ASP was initiated as an integral component of the work of the Institute for Social and Health Sciences (ISHS) at the University of South Africa (Unisa) and the Presidential Lead Programme on Violence and Injuries, launched in 2001, and jointly coordinated by Unisa and the South African Medical Research Council (SAMRC). The lead programme attempted to blend ISHS’s critical community psychology and theoretical orientation with SAMRC’s public health perspectives on injury and violence prevention research. The Programme reasoned that public health’s emphasis on the population as a unit of analysis, demography and epidemiology, mixed methods and prevention, could – through synergistic connections with critical community psychology’s emphasis on process and social dynamics, collective
relations, social justice, and participatory forms of change – generate multidisciplinary orientations to injury and violence prevention (see Butchart & Kruger, 2001). Wedded to such ideas of blending disciplinary traditions and methods, ASP was imagined as a vehicle to give substance to activist scholarship aimed at centring research, theories and practices situated within the multiple and sociocultural contexts within and experiences of Africa.

ASP’s vision was organised around two interrelated aims:

1) Adopting the logico-empirical reasoning of the public health perspective, the journal aimed to attract contributions that focused on the magnitude, risks, patterns and causation profiles of injuries and violence on the African continent. It sought to break the reliance on data produced elsewhere, and to support continent-wide empirical work that was alert to contextual particularities and responsive to the call to develop the regional injury and violence prevention sciences. The public health case for a coordinated and an evidence-based response to injury and violence depended on data-driven trends observed in other parts of the world. Much of what we knew about the magnitude, patterns and risks of injuries and violence was based on data produced in Euro-American contexts.

2) Dissatisfied and troubled by the persistent influences of dominant ways of creating knowledges about injury and violence, ASP was defined as a dialogical space for scholarship that would draw on Africa-situated knowledges, and the continent’s socio-historical and structural multiplicities and particularities. Within this aim, ASP was framed as a medium through which to dislodge the dominance of journals from the global North, which privilege northern intellectual thought, priorities and research interests. Hence, Africa was understood as a multitudinous geographical location and a dynamic meaning-making terrain, while ASP was conceived of as an Africa-centred publication for situated scholarship on the theories, methods and practices of safety, borne out of diverse experiences on the continent.

ASP was viewed as but one critical element of a complex organisational scaffolding which offers resistance to the dominance and generation of decolonial knowledges and practices. With the niche area of transnational collaborative research, a critical mass of scholar-activists with a shared commitment to centring African and southern experiences and priorities as well as creating fora for regular, robust intellectual exchanges, were perceived as the other critical elements of the organisational scaffolding and arrangements. In the spirit of this grand vision and intention, ASP invited contributions on the social determinants of violence and injury that theorised explanations beyond the behavioural-structural binaries and individual causation by engaging with the problematics underlying the depoliticisation and
secularisation of knowledge. Whereas the depoliticisation process manufactures science as ideologically neutral, secularisation separates the metaphysical from the material, and contradicts the interconnected ways in which the majority of the earth’s people make sense of and navigate the world (Seedat, 2002). Perhaps naïve and not fully alert to the constraining influences of the epistemological and methodological claims underlying the public health approach (Stevens et al., 2003), in the inaugural issue of ASP, Seedat (2002) and Van Niekerk and Duncan (2002) suggested that the public health approach lends itself to multidisciplinary enquiry and research, as well as preventative actions. The public health logic that moves from, to and between magnitude and risks determination and causation, experimentation of ‘what works’ and large-scale intervention implementation, was assumed to be appropriate and relevant for according substance to the vision and objectives of the journal.

In hindsight, we now understand – notwithstanding the merits of the measurement logic and the emphasis on prediction and control – that the public health approach is embedded in a larger system of dominant ways of comprehending reality, and that the discourses of public health may sometimes replace (if not displace) social justice and critical perspectives on violence and injury. This critique is not to be taken as a dismissal of public health approaches. Rather, it is a reflection of how the collective associated with the establishment of ASP had not considered the ways in which empirical data following the measurement logic may be mobilised to depoliticise the work of injury and violence prevention, and delink safety promotion from social justice struggles that may conceptualise the social drivers of violence and injury as human rights issues and as constitutive of structural violence. Unlike what we had claimed in the inaugural issue of the journal (Seedat 2002; Van Niekerk & Duncan, 2002), the public health perspective is not a *tabula rasa* or an open system of thinking and making knowledge (Stevens et al., 2003). It is integral to the outcome of an entire architecture of knowledge-making, founded on Cartesian philosophy and the claim that logico-empiricism is the only valid approach to comprehending reality and social, economic, psychological and health phenomena. Cartesian-inspired ideas of science privilege rationality as the pinnacle of comprehension, frame the individual as the knowing subject, and approach knowledge-making as an individualised, internal cognitive process of self-dialogue and self-reflection. Such ideas of science tend to be antithetical and antagonistic to philosophies of the South that comprehend ontology and epistemology in relational terms; emphasise the spatial and temporal dimensions of understanding reality; and define the making of knowledge as a social process involving communal, cosmological and spiritual connections (Grosfoguel, 2013).
THOUGHTS ON ASP’S (DIS)CONTENTS

For a period of 19 years, ASP produced 18 volumes comprising 33 issues in total, including the last issue published in 2020. The first volume was published as issue 1 in 2002, and as issue 2 in 2003. This production record was consistent with the aim of producing one issue of the journal during the first two years, prior to progressing to two issues annually from the third year. In the main, ASP managed to produce two issues per annum, aside from lapses in 2005, 2017 and 2019 when, due to the low submission rate, only one issue was published each year. Another exception was in 2006, when volume 4 was organised and published as three issues to accommodate a special issue containing peer-reviewed proceedings from the 6th World Conference on Injury Prevention and Safety Promotion, which was held in South Africa.

There were substantial variations in the scope, quality and number of contributions per issue. Despite the Africa-wide planned focus, the reach and authorship base of ASP was dominated by a preponderance of South African contributions. ASP’s aim of attracting critical writings, boundary-crossing analyses, and studies on the social determinants of injuries and violence and intervention contents and mechanisms, also gained limited traction. During the period 2002–2020, ASP published a total of 173 articles. Many of the contributions were of an empirical nature (n=79), followed by reviews (n=31), theoretical contributions (n=24), commentaries (n=18), critical studies (n=15) and intervention descriptions (n=6). The 79 empirical studies were distributed evenly between those that employed quantitative (n=32) and qualitative (n=30) methods respectively. The minority of empirical studies used mixed methods (n=16), and in one empirical paper the methods were unspecified. Over the 19 years, ASP featured several special issues led by guest editors who brought a concentrated focus to bear on subject areas such as traffic safety, child injuries and safety, diversity in social action, gender violence, youth development and transformation, and symbolic violence.

A range of factors may explain ASP’s mixed record in terms of its publication targets as well as the patterns marking the contributor base and type of articles submitted and published. During its formative years and at different points in its lifespan, as is the case with fledging journals (see Ngobeni, 2012; Bickton et al., 2019), ASP experienced challenges in attracting quality contributions as well as the requisite number of submissions to assure the production of two issues per annum. Oftentimes, submissions received from emerging writers did not fulfil the conceptual, methodological, editorial and technical expectations of peer review. Inordinate institutional pressures placed on researchers to meet
specified publication targets, as well as the financial incentivisation of peer-reviewed articles, may have contributed to practices that emphasise volume over quality. Noting the challenges faced by health science journals in Africa (Bickton et al., 2019), I suggest that in the absence of support and capacitiation for authorship and academic writing, it is possible that emerging writers in particular, facing multiple rejections from journals based in the North, may turn to journals such as ASP as a third or even fifth option. Emerging writers may select journals such as ASP expecting sympathetic reviews, major conceptual support, and assistance with editing and technical matters. When invited, established writers, pressured by institutional demands to publish in reputable, high-impact and ‘international’ journals, tended to be reluctant to submit to ASP, especially during its first decade. Such reluctance is understandable when we consider that established writers carry massive teaching responsibilities and increased institutional demands to secure substantial research grants, supervise large cohorts of postgraduate students and fulfil managerial responsibilities. The labour and time required to support the development and sustainability of new and emerging journals based in the South are disincentivised within current higher educational regimes that emphasise accreditation and ranking for purposes of funding and research subsidies.

ASP, like other journals attempting a counter-hegemonic orientation, rely on a deep labour of love, and the extraordinary commitment of small groups of peers and colleagues who volunteer their time and energy to keep the journal afloat. In a context where there was – and still is – a lack of dedicated resources and editorial support for managing, processing, reviewing and editing submissions, and when the volunteer core is under pressure from other teaching, community engagement and research work commitments, ASP suffered lapses in its administration and management, which had an impact on its publication deadlines. Further reduced library budgets impeded the purchasing and circulation of southern journals such as ASP, which have small print runs (see Ngobeni, 2012).

That most of ASP’s contributions and authors hailed from South Africa may be the outcome of the editorial team’s geographical location. South Africa is ASP’s administrative and editorial hub and, as such, the journal may be most visible and better known within this country. The limited success in obtaining a wider Africa-centred contributor base may point to weaknesses in the journal’s communication strategy and outreach activities. It seems that ASP may have needed to reconsider its communication strategy and target its calls to clearly identify trans-disciplinary, multidisciplinary and multi-country audiences across the continent.
While the large proportion of contributions that covered empirical studies resonated with ASP’s aim to encourage the development of an Africa-centred safety promotion science base, most of the published studies – despite variations in the methods used – concentrated on the magnitude, patterns and/or risks of (un)intentional injuries across diverse sites and circumstances. A minority dealt with intervention and evaluation studies, and critical perspectives on injury and violence prevention and safety promotion. One may speculate that the concentrated focus on magnitude and risk determination may be indicative of larger trends in the public health injury and violence prevention sector, both across the continent and globally. Worldwide, public health studies on injury and violence have tended to coalesce around magnitude, risk determination and causation. The shift towards investing material and intellectual resources in public health-oriented implementation and evaluation studies is a very recent development across different parts of the world and constitutes a response to growing public and state demands for empirical information on effective interventions.

The low proportion of critically framed contributions may be reflective of the contributors’ research priorities. Perhaps many of those who elected to submit to ASP have backgrounds and interests in the public health and measurement sciences and are thus less inclined towards critical work, which is more a mark of the human and social sciences. An analysis of the authors’ institutional affiliations and disciplinary backgrounds may help to explain this trend that leans towards empirical analysis. Another plausible explanation is that the editorial collective had not undertaken a focused drive to encourage and obtain critical submissions from potential contributors located in the human and social sciences.

CONCLUSION

ASP’s aim, to serve as a publication space for public health-oriented injury and violence research and thinking, as part of a larger agenda to grow the empirical base for prevention on the continent, seems to have gained traction. Despite the lack of institutionalised funding for editorial management and administration, the expressed hesitancy by established authors to consider the journal, and possibly the expedient ways in which some emerging and established writers engaged with the journal, ASP continued as an Africa-based publication. Notwithstanding variations in the size and composition of each issue, the production of 18 volumes comprising 33 issues is a noteworthy marker of sustained presence. The sustained presence is attributed to the commitment and labour of love enacted by the small editorial cohort, and those who volunteered to occasionally guest edit special issues, as well as the authors who selected the journal for their publications. For the purposes of sustaining and growing
its reach, SaHS may consider entering into arrangements with a university-based publishing service that provides editorial training, online manuscript management, and marketing and communication support (see Ngobeni, 2012).

ASP’s 19-year presence provides a platform for SaHS to continue and further animate Africa- and South-centred thinking, writing, research and scholarship, that may be located within the social and health sciences. The adoption of the name Social and Health Sciences is understood to form part of a renewed course of action aimed at making a break from, and replacing, the epistemic logics, methodologies and articulations that (re)create dominant narratives and knowledges about phenomena that traverse the social and health sciences (Malherbe & Van Niekerk, 2020). The cohort of activist scholars driving such a renewal may need to consider and forge innovative and collaborative strategies for attracting contributions outside of South Africa, as well as submissions that include a focus on intervention and evaluation studies, and elaborate on critical thinking on the expanded thematic areas of work that the journal aims to cover (see Malherbe & Van Niekerk, 2020). Earlier and recent advances in decolonial thought (De Sousa Santos, 2018), inclusive of the seminal concepts of coloniality of power, knowledge and being (e.g., Biko, 2004; Maldonado-Torres, 2007; 2016), and a repertoire of decolonising practices (see Ndlovu-Gatsheni, 2020; Ngũgĩ wa Thiong’o, 2009; Wynter, 2003) constitute a small part of the large body of analytical resources that SaHS may critically engage and mobilise, to deepen its founding decolonising impulse and aims, formulated almost two decades ago, and refreshed and restated in its 2020 inaugural issue.

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(Mis)Understanding Same-Sex Sexual Violence Amongst Boys: A Perspective on Recent Rape Incidents in South Africa

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ABSTRACT

Incidents of male–male sexual violence amongst young boys in South Africa have been brought into sharp focus by the media and, to a lesser extent, research, yet there continues to be very little research into this phenomenon in South Africa. In this perspective, evidence is presented of how the dearth of research has led to a limited appreciation of the associated risk factors and the socioeconomic circumstances under which male–male sexual violence amongst young boys occurs. It is possible to theorise that this neglect results from a gendered discourse which frames males and females as perpetrators and victims respectively, and disregards males as victims. Moreover, drawing on critical men and masculinities scholarship, the contention is made that this neglect also results from limited recognition that boys are gendered, that there are a multiplicity and hierarchy of masculinities amongst boys, with dominant masculinities sometimes employing physical and sexual violence to suppress and control subordinate and alternative masculinities. More research is urgently needed on boy–boy sexual violence in resource-poor communities in South Africa. Such work should be grounded in the critical men and masculinities framework. The findings from such research could inform the development of context-specific gender-transformative interventions for young adolescent boys, to prevent their construction of violent masculinities and the use of violence.

Keywords: Same-sex sexual violence; Boys, Masculinities, South Africa

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INTRODUCTION

Incidents of rape reported in South African mainstream media often generate strong condemnation from civil society, academics and gender-based violence (GBV) activists. Reports of such violence are often followed by opinion pieces from academics, columnists and GBV activists. While the media attention reinforces research and policy responses to sexual violence in some instances (Republic of South Africa [RSA], 2019), the public outcry and condemnation usually dissipate within a short period (Gqola, 2015). Reports from the South African media suggest, however, that sexual violence is common amongst boys, both in community and institutionalised settings (Daniels, 2019; Dayimani & Maliti, 2019; Shange, 2018). Incidents recently reported on in the media often involve gang rape, and tend to occur amongst young adolescent boys, with the ages of the alleged victims and perpetrators ranging between 5 and 13 years, and 12 and 14 years, respectively (Daniels, 2019; Dayimani & Maliti, 2019; Shange, 2018). For instance, in one incident reported in 2018, a group of five young adolescent boys (aged 13–14) in the Free State called a schoolmate of similar age into a school toilet and gang-raped him (Shange, 2018). The boy who was victimised was told that ‘the boss is calling you’, while the ‘boss’ waited to one side for the victim to be brought to him. This incident demonstrates a hierarchy amongst boys: dominance through the use of sexual violence by a group of boys on another boy, as well as dominance of one boy (i.e., the ‘boss’) over other boys, with the former assuming a position of authority in a group (Collins, 2013; Gear & Ngubeni, 2002; Gould, 2015).

Critical South African scholarship on men and masculinities has complemented the work of the women’s movement on violence, making a notable contribution to both research and prevention work regarding violence against women and girls (VAWG) (Langa, 2020; Morrell & Clowes, 2017; Potgieter et al., 2017). The critical scholarship on men and masculinities has also expanded feminist work, by bringing a theoretical and empirical focus to male–male violence. Yet, within this field of research, notwithstanding its instrumental role in highlighting the gendered nature and high prevalence of male–male violence, male–male sexual violence has been neglected, particularly as it manifests itself amongst young adolescent boys.

In this article, the argument is made that same-sex sexual violence amongst young boys is neglected as a research focus in South Africa, followed by a theorisation about the reasons for this neglect. That is followed by a discussion of how such neglect has led to a poor understanding of the phenomenon.
RESEARCH ON SEXUAL VIOLENCE AMONGST BOYS

South Africa boasts more than two decades of research that has informed our understanding of the causes, risk factors, and impact of sexual violence on women and girls (Jewkes & Abrahams, 2002; Machisa et al., 2011). This work, which is globally championed by women’s movements, is premised on oppressive gendered systems that award men power over women (Javaid, 2018; McLeod, 2007; Sivakumaran, 2005). These investigations have also been supported by the strongly feminist allied body of work located within critical scholarship on men and masculinities (Clowes, 2013; Langa, 2020; Shefer et al., 2015). The latter body of work, beyond its focus on male–female sexual violence, has highlighted male–male physical violence, and related injury and mortality as gendered and highly prevalent (Ratele, 2008; Van Niekerk et al., 2015). Even as male–male violence has received due attention in critical men and masculinities scholarship, sexual violence – particularly amongst boys – is relatively neglected in this field. Such work should be encouraged, and it should draw on, and build, gendered understandings of masculinities amongst young adolescent boys.

What little existing research there is on male–male sexual violence in South Africa, has mainly been conducted in correctional settings amongst adult men (Dissel, 1999; Gear, 2007; Gear & Ngubeni, 2002), with a few recent exceptions (Jewkes et al., 2006; Jina et al., 2020). The findings from research in male correctional settings suggest that forced sex in these environments can be used as a tool to establish and reinforce hierarchies of respect and discipline (Gear, 2007; Gear & Ngubeni, 2002; World Health Organization [WHO], 2002). Some mainstream media reports of sexual violence in school hostels corroborate the empirical findings on sexual violence in correctional settings, pointing to a reliance on violence (at times sexual in nature) to establish and maintain gender hierarchies in ‘male’ institutions (Collins, 2013).

Globally, there is general consensus in the sexual violence field that official statistics vastly underrepresent the number of male rape victims. Furthermore, evidence suggests that male victims of sexual violence are less likely to report sexual assault to the authorities than female victims are (WHO, 2002). For instance, research by Ward et al. (2018), among adolescent girls and boys in South Africa, showed that, while the study participants experienced sexual violence at somewhat similar rates, boys were less likely to report such experiences than girls. The relatively lower rates of reporting on the part of boys do not entirely explain the much less focused attention that boy–boy sexual violence receives in the
research field. Rather, this neglect, to some extent, may be explained by the fact that male sexual victimisation is often overlooked in government policy documents such as the National Strategic Plan on Gender-Based Violence and Femicide (RSA, 2019), as are other forms of violence and victimisation, despite evidence that boys and men are over-represented in South African reports of brutal and often fatal male–male interpersonal violence (Ratele, 2008; Seedat et al., 2014; Van Niekerk et al., 2015).

**SEXUAL VIOLENCE VICTIMISATION AMONGST BOYS**

Research into the exposure of boys (and men) to violence demonstrates that boys – particularly those who are black and poor – are vulnerable to violent victimisation at the hands of other boys (Langa et al., 2018; Van Niekerk et al., 2015). To conceptualise men as vulnerable is, however, counterintuitive in mainstream feminist and feminist-founded gender scholarship. While critical men and masculinities studies make an attempt to highlight black men’s vulnerability and the emotional costs of challenging hegemonic masculinity (Clowes, 2013; Ratele, 2013), acknowledging men as victims of violence remains a challenge from a mainstream feminist standpoint, given the feminist political premise of men as possessing power over women, and concerns about future male domination of the VAWG field (Jewkes et al., 2015). For example, the emergence of critical men and masculinities studies in South Africa drew some criticism for their focus on men, notably from McLeod (2007), who highlights the risk of (re)centering men and further marginalising women in feminist and other academic or scientific enquiry.

The apparent denial of men’s vulnerability to violence persists, even though progressive feminist and feminist-allied men and masculinities scholarship have strongly demonstrated that neither gender nor power is binary (Connell, 1987). The conceptualisation of gender as multiple has had a progressive impact on gender scholarship, including a recognition of the importance of context and other identities that intersect with gender and, in turn, influence gendered subjects’ societal positioning and access to power and privilege (Crenshaw, 1990). Yet, with some exceptions (Gear, 2007; Makama et al., 2019), this paradigm shift has not readily translated to an understanding of power differentials amongst boys and men. Even as critical men and masculinities studies point to men’s vulnerability, tensions regarding their vulnerability continue to rise and remain unresolved, possibly due to the historical response of men’s movements to feminism, which often both denied women’s oppression and men’s privileges, and/or claimed to be equally oppressed by patriarchy (Messner, 1998). Thus, recognising men’s vulnerability may be perceived as excusing their privilege, power and violence, indeed potentially turning feminist politics against itself (McLeod, 2007; Morrell, 2007). Yet, critical men and
Masculinities scholars have argued that male violence against other men and boys is as much about masculinity as it is about other forms of power. As such, the denial of men’s vulnerability in gender scholarship occurs at the expense of boys and men, who are largely and indiscriminately perceived to be perpetrators of violence in general, and of GBV in particular, with little consideration being given to their own experiences of sexual victimisation at the hands of other men (or women) (Sikweyiya & Jewkes, 2009). Sexually victimised boys are thus excluded and marginalised, as they form part of those categories of people whom society and gender scholarship render unrape-able – a group whose victimisation is not believed and is even questioned (Gqola, 2015).

PERPETRATION OF SEXUAL VIOLENCE AMONGST BOYS

At the core of the exclusion and neglect of studying male–male sexual violence is the complexity of power and privilege amongst poor black boys. Given their overwhelming representation in the perpetration of violence, socially and economically marginalised boys and men are readily demonised for acts of violence, with little recognition that they are often also victims of violence (Van Niekerk et al., 2015). Furthermore, there is little recognition that, due to the ongoing impact of apartheid, which has sustained socioeconomic disparities in South Africa, boys who are victims or perpetrators of sexual violence often live in communities and families with high rates of violence (Bhana, 2016). As such, young boys in socioeconomically deprived communities are vulnerable to frequent and long-term exposure to violence, with a high likelihood of being traumatised and desensitised by violent experiences, thereby increasing the likelihood that they will perpetrate various forms of violence, including sexual violence. While research both in South Africa and globally has established a strong association between childhood trauma – including experiencing physical, emotional and sexual abuse and neglect – and men’s behavioural problems and violence perpetration later in life (Gibbs et al., 2018; Machisa et al., 2011; Shiva Kumar et al., 2017), little is known of this association among young boys.

It is important to note, however, that the link between trauma and violence perpetration is complex, nuanced and gendered. Specifically, the fact that some groups (e.g., poor, black queer women) which are exposed to prolonged violence often do not act out violence in turn, as highlighted by Gqola (2015), demonstrates that gender norms significantly contribute to boys’ and men’s violence perpetration in response to being exposed to violence.

Research has also shown that boys learn to be violent as part of their quest to embody a respected masculinity (Collins, 2013; Hearn & Howson, 2019; Herek, 1986; Ricardo et al., 2011). Valourised masculinities in South Africa and globally often denote tenderness, emotionality and caring – characteristics that are deemed to be feminine (Vandello & Bosson, 2013). Through various socialising
agents and institutions, boys are encouraged to be stoic, risk-taking and fearless – characteristics that are aligned with hypermasculinity (Gibbs et al., 2014). In their quest for a respected masculinity, boys and men engage in violence to protect their honour and/or to emphasise their power (Gibbs et al., 2014). While patriarchy is recognised as a powerful system of oppression (Walby, 1989), and masculinities and femininities as (often limiting) ideologies of ways of gendered being, the limited agency of boys within contexts that encourage hypermasculinity is often not accorded due consideration. For boys who live in contexts of deep poverty, where the more common ways of laying claim to masculinity (e.g. wealth) are often unattainable, the available means through which they can lay claim to masculinity are often limited to their bodies, including dominance through violence (Luyt & Foster, 2001; Pinnock, 2016; Ratele, 2008).

Scholars note that violence in schools and/or amongst children is often a reflection of the violence in the children’s communities (Bhana, 2016; Pinheiro, 2006). Work on gender and sexuality amongst young children reveals that the gender hierarchies observed amongst adults, and often sustained through the use of violence, also find expression amongst young children (Bhana, 2016; Bhana & Mayeza, 2016; Langa, 2015). Young boys’ expressions of dominant masculinities usually manifest as violence and homophobia (Bhana; 2016; Bhana & Mayeza, 2016; Langa, 2015), notwithstanding that masculinities are contested among them (Langa, 2010; 2020). Similar to constructions of masculinities amongst adult men, boys frequently protect what they deem ‘real boyhood’, by policing gendered behaviour amongst their peers and othering alternative masculine expressions, at times through violence. For instance, boys who express peaceable (as opposed to violent) masculinities are often subjected to bullying by other boys who perceive them as violating gender norms (Bhana, 2016). Moreover, labeling boys who express alternative masculinities is instrumental in the policing of gender amongst boys, which in turn suggests an awareness of sexualities and heteronormativity amongst young children. Children’s awareness and othering of non-conforming sexualities is further demonstrated by one of Langa’s (2020) participants in his ethnographic longitudinal work in Alexandra township. The participant, a young man who took part in the study from when he was a young adolescent boy, reported that his peers at school and in his community viewed him as gay and mistreated him because of this – an experience that contributed to him concealing his sexuality and actively attempting to conform to heterosexuality for much of his teenage years. The gender hierarchy amongst boys, and the use of violence against those perceived as violating gender norms, suggest that sexual violence can be used by some boys as another form of violence to police and control other boys.
CONCLUSION

Recent incidents of sexual violence amongst young boys have called for researchers in South Africa to give due attention to this field of study. With the dearth of research on this phenomenon, current responses (e.g., the incarceration of young boys who perpetrate related violence) are not likely to be evidence based. As such, it is doubtful that such responses will transform young boys’ violent behaviours; rather they may reproduce violent crime. More research on sexual violence amongst young boys is needed in South Africa, and it should be rooted in the critical men and masculinities framework as that will enable a recognition of power asymmetry, multiplicity and the hierarchy of masculinities amongst young boys. The findings of such research could be used to develop theory-driven and context-specific gender-transformative interventions for young adolescent boys, to prevent their construction of violent masculinities and inhibit the use of violence. This is a nascent area of work that requires greater investment.

REFERENCES


Necrocapitalism and Psychic Violence

Special Editor: Lara Sheehi, PsyD

Necrocapitalism is a complex term. Nonetheless, we can understand it as comprising three central mechanisms:

1) it relies on death and dying, and manipulates affects in and during death, to operationalise its oppression;
2) it uses death and dying as political capital, both in the local and global sphere; and
3) it ensures the maintenance of authority's spread and permanence through an economy of deadly violence.

Thus, necrocapitalism is expansive and encompasses all forms of psychic and psychological violence wrought on people. The articles invited to this Special Issue will draw out in more depth how necrocapitalism, in its most base mechanics, not only relies on death and dying as a primary function of its oppressive process, but also capitalises on the dead themselves (e.g., through viral images, through commodity fetishization, and through withholding of bodies, etc.). The articles speak in different ways to our present conjuncture. Indeed, they go beyond present-day debates on necropolitics, and raise several important questions with respect to the urgency of resistance and the imperative of emancipatory future-building.
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