

# Understanding Public Complacency Practices In Times Of COVID-19 Lockdowns In The City Of Harare, Zimbabwe. A Multi-Stakeholder Perspective

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**Abstract:** The purpose of this article is to contextually understand and examine in-depth the phenomenon of public complacency in times of COVID-19 lockdowns in the City of Harare (Zimbabwe). COVID-19 pandemic was first reported in China (Wuhan) in late 2019 before its global spread. It has undoubtedly become one of the newest, highly transmissible and deadliest threat to global human health as well as to democratic freedom. To minimise its spread, most global governments devised a mélange of COVID-19 lockdown measures but nevertheless the phenomenon of public complacency has become a global wicked problem. Researches that examine public complacency on COVID-19 lockdowns are still scarce and emerging. Hence, this article is critical as it provides an understanding and examination on this subject matter which ultimately contributes to extant theoretical literature on COVID-19 pandemic in this specific dimension. This study is largely qualitative and single-case study, which relied on key informant interviews and non-participant observations to collect data from cross-sectional participants. This was complemented with analytic desktop review of extant literature. The results indicate that COVID-19 lockdowns have seriously impacted on citizens' freedom in terms of movements, participation and livelihood strategy activities. It further emerged that citizens are engaged in complacency practices because of invisibility of law enforcement agents, selective application of COVID-19 protocols, economic climate, the belief that inoculation is immunity to COVID-19, hunger or abject poverty and public denial to new normal of COVID-19. The article has proposed some recommendations to improve public adherence in times of COVID-19 lockdowns in the City of Harare and further afield. This article recommends a study to be conducted on how COVID-19 lockdowns affects the public from a socio-psychological dimension in urban setting.

**Keywords:** Coronavirus disease (COVID-19), Lockdowns, Public complacency.

## 1. Introduction

The abrupt outbreak of the deadly virus in late 2019 was first reported in Wuhan, China (Wuhan) [1]. It is important to mention that this latest coronavirus is not the only infectious and communicable disease to threaten human life since time immemorial. Other infectious and communicable diseases that previously emerged include black death in 1346, Spanish influenza (A/H1N1) in 1918, swine flu (H1N1/9) in 2009, severe acute respiratory syndrome (SARS) in 2003, ebola in 2014, zika virus in 2016 [2], [3], [4]. Coronavirus as a zoonotic virus has been widely associated with the Huanan South China Seafood Market where snakes, birds and bats, among other animals are sold [1]. Nevertheless, the origin and source of coronavirus has generated numerous conspiracy theories since its inception. Some people suspect that workers at the seafood market contracted the infectious disease from the animals with the deadly virus. Literature indicates that pangolins and bats are the prime suspects of hosting coronaviruses following laboratory experiments [5], [6], [7], [8]. On the other hand, the further dimension of the source and origin of COVID-19 strongly pointed to human-to-human transmission following the World Health Organisation delegation's visit to the City of Wuhan, China [9]. While some scientists claim that the coronavirus suspiciously escaped from a laboratory after it was mishandled deliberately or accidentally. This has

consequently left the world with a big question as its origin and source remain a mystery. The World Health Organisation officially declared coronavirus disease a 'global pandemic' on 11<sup>th</sup> March 2020 due to its speed and scale of transmission as well as fatalities on humans [9]. Following this, World Health Organisation devised a mélange of strategies to contain the transmission of coronavirus. These COVID-19 lockdown measures immediately domesticated by different governments to suit their socio-economic, cultural and political contexts. Since its detection in China, coronavirus presently finds its footprints in Europe, America, Asia, Oceania and Africa as it is continuing to cause excruciating deaths and trauma to survivors. The worst-hit countries include China (Wuhan), Italy and United States of America (New York) as they have been labeled the epicenters of COVID-19 as from January to May 9, 2020 [10]. Zimbabwe recorded its first COVID-19 case on 20<sup>th</sup> March 2020 in resort town of Victoria Falls, Matabeleland North province that borders Zambia. The male resident of Victoria Falls who tested positive was travelling back from United Kingdom [11]. On the other hand, this virus can be transmitted from human-to-human through respiratory droplets, close contact with infected patients and possibly by fecal-oral and aerosol contact [12], [13]. Analytical findings conducted in China (Wuhan), Italy and United States of America (New York) found that airborne transmission is highly virulent and is the dominant route to the spread of

the virus [10]. Surfaces contaminated with active virus can also infect any person who gets contact with them. The illness of coronavirus was caused by SARS-Cov-2 characterised by a number of clinical manifestations. Recent literature indicates that symptoms and signs associated with COVID-19 pandemic are not limited to fever, cough, sore throat, headache, fatigue, myalgia and dyspnea [14], [15], [16]. They also include loss of taste or smell and gastrointestinal symptoms such as nausea, vomiting or diarrhea [17], [18], [19]. Patients infected with coronavirus can be either asymptomatic or symptomatic and they both transmit the virus to other people. The Government of Zimbabwe have implemented (still implementing) raft strategies from time-to-time in order to minimise human infection through contact. On the 27<sup>th</sup> May 2020, President Mnangagwa's administration declared a state of national emergency in response to COVID-19 pandemic in terms of the Civil Protection Act of 1989 [20], [21], [22]. For example, from 30 March to 19 April 2020, the country was put under 21-day lockdown [23]. A Statutory Instrument number 98 of 2020 on Public Health (COVID-19 Prevention, Containment and Treatment) regulations was effected. It enveloped response measures such as ban on human movements, schools, entertainment and recreational activities, public gathering was strictly limited to 50 people and restriction of hospital visits. Other safety measures ranged from social distancing, wearing of face masks, sanitisation of hands and stay-at-home orders. These COVID-19 lockdown strategies have not only minimised the spread of the virus but nevertheless limited participatory space for citizens and negatively affected citizens on their urban livelihood activities which left them in abject poverty. To enforce adherence to these lockdown rules, government deployed the police (Zimbabwe Republic Police) and soldiers (Zimbabwe Military Police) to mount roadblocks and conduct joint police-military patrols countrywide including the City of Harare. Scholars such as [21] were quick to argue that the adoption of highly securitised approach to enforce COVID-19 regulations could be intended to achieve some objectives beyond public health concerns. Some reasons may be that the government intend to clamp down on political opposition, silence critics and contain the restive population due to prevailing economic crisis [21]. Albeit COVID-19 cases and deaths continuing to rapidly rise, the public is on the other hand violating the prescribed safety and regulations. Statistics indicate that around the country, the Zimbabwe Republic Police have arrested approximately 797, 961 people for flouting lockdown measures by moving unnecessarily and not wearing face masks since March 2020 [24], [25]. The City of Harare accounted for most of the arrests with over 236, 000 people locked up for violating travel restrictions, public gathering and failure to wear face masks. Other provinces like Bulawayo had 121, 168 arrests, Manicaland (98, 379), Masvingo (71, 263), Mashonaland East (73, 861), Mashonaland West (60, 895), Mashonaland Central (56, 218), Midlands (39, 644), Matabeleland South (23, 569) and Matabeleland North (16, 123). Public complacency in times of COVID-19 crisis is increasingly gaining currency globally. Hence, the City of Harare was purposively selected to contextually examine this new phenomenon from a multistakeholder perspective. This may contribute to fast-increasing COVID-19 literature by

examining the factors driving the public to be complacent to COVID-19 lockdown measures imposed by the government in the City of Harare. This article is arranged into four sections that is the introduction, research methodology, presentation and discussion of findings and conclusion and recommendation.

## 2. Locating the study in Existing Literature

Reviewing of selected COVID-19 literature exposed a gap intended to be filled by examining the factors contributing to public complacency in times of COVID-19 crisis in the City of Harare, Zimbabwe. Available studies have looked on citizen participation in times COVID-19 crisis [26]; COVID-19 impact on Zimbabwean agricultural supply chains and markets [27]; 2021); COVID-19 implications on public health system and socio-economic [28]; the link between distinct conspiracy beliefs about COVID-19 outbreak and behavior [29]; COVID-19 capitalism [30] as well as origin, implications and treatments of COVID-19 [31], [32]. Other scholars examined the dangers of distrustful complacency [33]; natural history of COVID-19 and treatment [10] and artificial intelligence approach fighting COVID-19 with repurposing drugs [34]. As evidenced by the studies presented above, among others, there is still scarce studies that have specifically examined the factors contributing to public complacency in times of COVID-19 crisis and in general.

## 3. Research Methodology

This article is largely grounded on qualitative research approach knotted with a single-case study design to contextually understand in-depth the prevalence of public complacency in times of COVID-19 lockdowns with reference to the City of Harare, Zimbabwe. The study adopted the qualitative research approach in order to gather diverse experiences and opinions of selected participants. Scholars such as [35] posit that qualitative research approach allows the use of a variety of data sources. The choice for a qualitative single-case study design helped to understand in-depth the phenomenon under study [36], [37]. The other justification for adopting a qualitative single-case study was because of its inexpensive and it required short time to conduct unlike multiple case studies [36]. Data was collected through key informant interviews and non-participant observations. Data collection exercise stretched from June to September 2021 with twenty-seven participants involved. Primary data was collected through interviewing selected health professionals, media experts, psychologists, law enforcement agents (police), church representatives and ordinary citizens. The article also makes use of reviewed literature from secondary sources such as journals, newspapers and policy documents. Results emerged from this study are presented and discussed thematically.

## 4. Results and Discussion of Findings

### 4.1 Factors driving Public Complacency to COVID-19 Lockdowns

#### 4.1.1 Invisibility of law enforcement agents

The article establishes that the invisibility of law enforcement agents in some of the suburbs of Harare

seems to be driving the public to be complacent towards COVID-19 lockdown rules. It is important to note that law enforcement agents, particularly the Zimbabwe Republic Police (ZRP), is one of the key security organs positioned to enforce COVID-19 regulations in urban space. Interviewed key informants (media experts, law enforcement agents (police) and church representatives) indicated that invisibility of patrol police officers in most medium and high densities is apparently making the public to be reluctant to wear facemasks, observe social distancing and movement restrictions. Observational findings from selected Harare suburbs (Chitungwiza, Glen Norah, Mbare, Budiriro and Waterfalls) exposes the lack of patrolling by police officers though but roadblocks were seen in roads connecting to the city centre. Vendors, hawkers and touting youths were seen operating willy-nilly beyond curfew times specifically in central business centre as well as medium and high-density suburbs. A sizeable number of commuters were seen crowded around various bus terminus and illegal picking points looking for transport to ferry them home even beyond curfew hours. The following are selected excerpts from selected key informants. A young male resident interviewed in Harare Central Business Centre (HCBC) bemoaned that:

*“I think the residents are increasingly becoming complacent to COVID-19 lockdown rules because the police officers are hardly visible in town and our suburbs. As you can see, some people are not properly wearing face masks and no social distance is being observed. Most people wear face masks when entering a supermarket or seeing police officer (s) passing by”.* [Interviewee, 7 August 2021, CBD].

In a separate interview with a male pastor of a Pentecostal church in Waterfalls suburb, it was indicated that:

*“Police officers are not adequately patrolling in crowded public places such as shopping centers and this is driving residents to lax in observing COVID-19 regulations. Some liquor operators are continuing to defy COVID-19 regulations by selling beers through windows and during curfew times. What we know is that clubs, bottle stores and other selling points were banned from selling liquor but some people are drinking all day without even respecting COVID-19 safety measures and regulations. I urge our government to adequately deploy police manpower to instill total compliance”.* [Interviewee, 18 August 2021, Waterfalls suburb].

Admittedly, an anonymous Police Officer expressed that:

*“It is true that as police officers we are failing to effectively enforce COVID-19 regulations in all suburbs in Harare because we are understaffed. It is important to mention that we are doing everything within our power to enforce these regulations by arresting those found breaking the law”.* [Interviewee, 1 August 2021, CBD].

At the time of writing, the Zimbabwe Republic Police had arrested over 236, 000 people in Harare for violating travel restrictions, public gathering and failure to wear face masks as from March 2020 [38]. This is uncontroversial evidence that proves the ongoing public complacency during COVID-19 regulations fueled by limited law enforcement patrols, among other issues. In support of the present results, [33] submit that citizens may be less willing to adhere to government regulations because there is less motivation to do so. Some scholars arguably attribute the invisibility of law enforcement agents to lack of financial and human resources to support the enforcement of government regulations. Study by [39] has shown that governments and regulatory authorities are however facing a number of challenges in implementing the regulations earmarked to contain the virus. Consequently, the implication is that adherence to COVID-19 lockdown measures by the public may starts to wane and left to voluntarism.

#### 4.1.2 Selective application of COVID-19 lockdown rules

Findings reveal that the selective application of COVID-19 regulations to some sections of the community appear to be forcing other people to consciously contravene these regulations. Study participants indicated that some elite people and churches are violating COVID-19 Statutory Instrument 77 of 2020 by gathering people beyond the regulated number with no one being reprimanded. It has also been observed that some church organisations especially ‘*mapositori*’ were congregating church members in their respective shrines in spite of church congregations being banned. Study participants further expressed that they cannot be forced to comply with these regulations since some connected people are willingly violating the same regulations without being arrested. In an interview with an old-aged male resident in Budiriro, he complained that:

*“We see on Zimbabwe Broadcasting Corporation Television (ZBC TV) the government or the Zimbabwe African National Union-Patriotic Front (ZANU-PF) party top officials addressing public meetings in urban or rural areas. How do you expect us to comply with the government regulations when those we look up to are knowledgeably disregarding these laws or policies for political benefits? These elite officials are seeding an anti-social behavior among citizens”* [Interviewee, 23 June 2021, Budiriro suburb].

A Harare journalist in the Public Media had this to say:

*“Through my work, I observed that rules imposed to minimise the spread of coronavirus are not being justly applied that is why some residents becoming reluctant. I think there is an element of politicising these regulations”.* [Interviewee, 21 June 2021, CBD].

In consistent with the current findings, the human rights defenders have also accused the government for selectively applying COVID-19 lockdown rules [38].

Some study participants (health professionals, media experts and church representatives) claimed that it appears like the government have imposed regulations to possibly mute political activists against critiquing government of the day's socio-economic performance. An anonymous law enforcement officer patrolling in town however dismissed the thinking that COVID-19 regulations are selectively applied. Media publications indicated that the government was enforcing COVID-19 regulations selectively while deliberately and/or unintentionally putting a blind eye on ZANU-PF officials holding in-door parties, political party gatherings and football tournaments which potentially pose as super spreaders of the virus [40], [38]. In its COVID-19 Accountability Tracker, Zimbabwe Peace Project (2021) concurred that there were incidences of deep-seated clear selective enforcement of COVID-19 laws for political expedience by the incumbent ZANU-PF. The findings prove the applicability of George Orwell's quotation on his allegorical novel-Animal Farm which reads: "All animals are equal but some animals are more equal than others". The selective application of COVID-19 regulations may mean that the government have less political will to equally and wholesomely implement these regulations. The other reasons can be that politics is at play or it is exposing the high level of polarisation in urban environment. It can be argued that if this remains unchecked, acrimony and lawlessness among citizens may manifest in street protests.

#### 4.1.3 Socio-economic climate

Although there are stern measures such as heavy fines put in place by the government to deter people from breaching COVID-19 regulations, the findings indicated that public complacency is predominant in the City of Harare. This complacency is driven by economic problems bedeviling the country. Most key informants concurred that COVID-19 lockdown rules are being heavily violated since people are trying to cushion themselves from deep-seated social and economic shocks exacerbated by the virus. Observation survey in business places of Mbare, Chitungwiza, Kuwadzana, Waterfalls and Glen Norah show that most residents were busy vending, hawking and doing other informal activities in the middle of lockdowns. According to [41], Zimbabwe is a country where majority of people are not formally employed but they alternatively rely on informal trading and vending to support their families because safety nets are not readily and transparently available. A young female vendor stationed at Mbare Musika said that:

*"I know that COVID-19 regulations are supposed to be adhered to but as you can see this is the busiest market place which is difficult to apply these regulations. I cannot respect these regulations at the expense of my customers because I need to feed my starving family. The socio-economic situation forces us to violate restrictions such as physical distancing, wearing of face masks and curfew hours".* [Interviewee, 6 June 2021, Mbare suburb].

A male Doctor at a private hospital also revealed that:

*"People are knowingly violating regulations on COVID-19 pandemic because the economy is in dire state. Also note that most of these people are self-employed due to high unemployment as they lost their jobs following the inception COVID-19 pandemic in late 2019. Some people were further exposed to abject poverty they lost their breadwinners and source of income So, the only alternative for survival is resorting to vending, hustling, hawking or pirating in order to make ends meet."* [Interviewee, 12 June 2021, Private Hospital].

Reviewed literature revealed that 60 percent of Zimbabwean economy is informal while over 90 percent of people work in informal economy, with majority living on hand-to-mouth due to formal employment crisis [41], [42], [43]. Results are seemingly suggesting that it can be difficult to implement COVID-19 regulations in a country haunted by socio-economic problems. The social protection programmes introduced to the vulnerable community was insufficient and unsustainable. Like in other countries such as United States of America, Britain and France, the government of Zimbabwe should draw some lessons in terms of cushioning its citizens in disaster situations.

#### 4.1.4 Belief that vaccination is immunity to COVID-19

The belief that being vaccinated is immunity to COVID-19 by some sections of Harare residents was cited as driving them to be complacent to COVID-19 regulations and safety measures. Findings indicate that the inoculation of residents with full COVID-19 doses is fueling some residents to be reluctant in terms of observing COVID-19 regulations notably proper wearing of face masks, social distancing, washing of hands and sanitisation. Most participants submitted that full COVID-19 vaccination in fueling the residents to reluctant in adhering to prescribed rules. In an interview with a male Doctor at a Public Hospital, the following was revealed:

*"I think some Harare residents are being complacent to COVID-19 regulations because they have developed an incorrect belief that if they receive full COVID-19 vaccines, they become immune from contracting the coronavirus. This is absolutely incorrect. People do not know that if they are vaccinated, they still remain vulnerable to the virus and they are required to continuously observe COVID-19 safety measures and regulations."* [Interviewee, 3 June 2021, State Hospital].

A female psychologists based in Central Business Centre concurred that:

*"Psychologically, if one gets fully vaccinated, they start to develop a belief that they are safe from contracting the virus. This is why you see some people are not wearing facemasks, observing social distance and loitering"*. [Interviewee, 16 June 2021, CBD].

A male resident of Mbare suburb confessed that he became reluctant to wear face mask and observe physical distance because he recently received full COVID-19 vaccination at Wilkings Hospital. Other key informants (journalists, church representatives and residents) complained that some residents have become carelessness in terms of wearing face masks and are crowding in public places because some are claiming that they are fully vaccinated. Current findings contradict with findings that emerged in Asian countries such as China, South Korea, Taiwan and Japan where it is reported that they have been widely rated as practicing the wearing of face masks [39]. On the hand, the present results strongly resonate with [39] that most people (youths and adults) in USA, Australia, India, Brazil and many other European countries are disregarding health regulations by risking their lives. Available literature concludes that the process of “othering” the COVID-19 pandemic may have implications on attitudes and health-seeking behaviours of Zimbabweans as the “us” versus “them” dichotomy may promote a false sense of immunity [44], [45]. It appears as if the public is being misinformed about coronavirus disease and its vaccines from unreliable sources of information. There is also an element misinformation and lack of information on the part of citizens, which is leaving them vulnerable to plethora of, unverified conspiracies. Consistent with the present findings, [44] argue that citizens cannot respond to the threat of COVID-19 with the seriousness it deserves if there is misinformation.

#### 4.1.5 Hunger and deepening poverty

Results revealed that residents have become reluctant to religiously adhere to COVID-19 lockdown rules due to deepening poverty which left them with no choice but to risk their lives by engaging in vending, hawking, touting, prostitution and begging. One old-aged female study participant who is a vendor at Mbudzi Roundabout summarily indicated that:

*“I have to feed my family because we do not eat government-imposed COVID-19 regulations. If it means that I should die of the virus, so be it”.* [Interviewee, 23 July 2021, Mbudzi Roundabout].

Another middle-aged male tout interviewed in the Central Business Centre stated that:

*“I have been in this touting business for many years due to poverty and this is the only source of income to support my family so I cannot tout while wearing a mask. A mask can disturb my voice in calling for potential commuters. I am forced to hustle under government lockdown rules and even during curfew hours to make ends meet. Since the advent of COVID-19 lockdown in March 2020, we have not received any form of financial assistance from government to cushion ourselves from the vagaries of life, hence, we cushion ourselves through illegal means”.* [Interviewee, 1 September 2021, CBD].

An anonymous male police officer interviewed in Waterfalls suburb lamented that:

*“Some illegal transport operators are plying Harare urban routes to make ends meet. Sometimes we impound unregistered and unregulated omnibus. As you can see, non-compliance to COVID-19 regulations is being precipitated by hunger or starvation faced by most urban communities who are also engaged in vending, prostitution, hawking and touting activities. Sometimes we are left with no option but to flex our muscles because we also have a human heart”.* [Interviewee, 23 July 2021, Mbudzi Roundabout].

The government of Zimbabwe did not put in place social protection programmes to assist the citizens with food hampers amongst other basics. These findings suggest that the effective implementation of COVID-19 lockdown rules can be compromised by high level of poverty especially in the absence of cushion from government through social protective programme. This is a different scenario altogether from what transpires in well-economically developed countries. In 2019, it was predicted that approximately more than 7.7 million people would face food insecurity and no cushioning assistance for them in lockdown times [46], [47]. A rapid assessment study on household access to food during the lockdown era indicated that majority of the population were faced with hunger and high risk of malnutrition and food insecurity [41]. The researchers thus argue that empty-stomach citizens cannot afford to stay at home when they do not have food on the table. They would rather fear hunger more than the coronavirus itself [42]. Over and above, citizens may be less compliant to government regulations when there is limited motivation to do so [33].

#### 4.1.6 Lack of public education and awareness

Lack of public education and awareness were cited by some study participants as behind complacency to COVID-19 safety measures and regulations. Majority of study participants complained that the government was not doing enough to conscientise them about what COVID-19 entails and its effects, the importance of government regulations and vaccination. One female church pastors of a Pentecostal church in Seke, Chitungwiza revealed that:

*“The problem is that there is misinformation, disinformation and information. All this, is contributing to total confusion, which now a breeding ground for residents to defy COVID-19 lockdown rules. The problem is not only in Zimbabwe but we hear that some Americans are refusing to get vaccinated due to information crisis and mistrust on the vaccines. In my opinion, I think the governments should avail enough information regarding the virus rather than to be too secretive”.* [Interviewee, 3 August 2021, Seke, Chitungwiza].

A female Doctor at a government hospital in Harare acknowledged that:

*“People are not well informed about these COVID-19 safety and regulations imposed by the government. Most are relying on unreliable sources yet the government should disseminate adequate information timely. I also think the mediums of communication being used by government are not effective and accessible to some Harare residents. Ignorance forces the public to become complacent or reluctant to abide by these COVID-19 safety and regulations”.*

On the other hand, the researchers observed that the government has come up with a number of jingles to raise public consciousness about the virus on television and radio. Other information is being disseminated to the public via government websites, state and print newspapers, posters and flyers. In spite of that, the conclusion from the findings is that the government still need to further close the gap of public education and awareness about the virus. What is obtaining in reality is that some government officials are misinforming the public about the virus instead of conducting public educating or raising awareness. For example, a top-ranking government official and ruling ZANU (PF) National Chairperson, Defence Minister, Oppah Muchinguri sparked controversy after claiming that COVID-19 was God’s punishment on Western countries that include the United States of America for imposing sanctions on Zimbabwe [44]. The Minister said this while addressing a political rally in Chinhoyi. Scholars such as [38] argued that such misinformation and conspiracy theories advanced by a respected figure of authority could potentially generate complacency and mistrust on government. Consequently, this derails the effort by government to minimise the transmission of coronavirus disease. These sentiments echoed by the Minister were either possibly intended to gain political mileage or rather a true reflection of lack of knowhow about COVID-19. The government is urged to adequately and appropriately disseminate COVID-19 information to the public. If this is not done, citizens may be less willing to adhere to government regulations whenever there is limited motivation to do so [33].

#### **4.1.7 Public denial to the ‘new normal’ of COVID-19**

The averseness to comply with COVID-19 safety measures and regulations is being fueled by denial to new normal of COVID-19 environment. The advent of COVID-19 pandemic in late 2019 have undoubtedly changed the way of life worldwide. Findings that emerged from this study established that some people are not complying with government lockdown rules because they are still clouded with denialist mentality on the existence of the virus, among other divergent beliefs. Most residents defy to wear cloth or surgical face masks, sanitise, avoid social gatherings and observe physical distancing because of denialism. A young male study participant acquiescently confessed that:

*“Honestly, we are absolutely failing to easily adjust to the new normal way of living under strict COVID-19 restrictions unlike before when we lived freely. It is difficult to stay at home with*

*the whole family which was not previously the norm. So, we end up breaching these regulations in order to destress ourselves because we are also tired of interminable lockdowns.”* [Interviewee, 5 August 2021, Kuwadzana suburb].

A male Doctor at a Private hospital and female psychologist in Harare Central Business also concurred that it is difficult for human beings to easily change their old way of life since it is a process. It was also observed that cloth or surgical face masks were inappropriately worn or not worn at all in some settings especially at liquor selling points, market places, funeral parlors and bus terminus. Some members of the public either did not cover their nose or mouth with the masks. This may potentially endanger their own and others’ lives and jeopardising the collective endeavor to control the spread of the virus [33]. Upon being asked why other people were not appropriately wearing cloth or surgical face masks, it was revealed that some people were now tired of wearing face masks, sanitising and distancing from their fellow brethren. Others felt that they derive displeasure from the uncomfortable face masks and they only put on face masks in the presence of law enforcement agents. Rather, citizens are expected to possess greater concerns about the COVID-19 pandemic (both themselves and others) by willingly complying with lockdown measures [33]. Arguably, if the citizens are still enveloped in denial mode about COVID-19, they likely contempt these lockdown rules, which may risk their own and others’ health.

#### **4.1.8 Poor public service delivery**

Observational surveys conducted in high density suburbs such as Mabvuku, Kuwadzana, Epworth, Budiro, Mufakose, Glen Norah and Mbare show that the residents were not adhering to restrictions on movements and public gatherings due to water crisis experienced. Most water fetching sites were crowded with children and adults with or without face masks, no sanitisation and observance of social distance. Similarly, key informants (journalists, church representatives, health professionals and residents) indicated residents are failing to comply with COVID-19 lockdown rules because the Harare City Council is not providing water to some suburbs. It was observed that residents now resort to few scattered boreholes drilled by the state or donors which have become COVID-19 super-spreaders. Study participants revealed that it is very difficult to observe COVID-19 safety measures and regulations when queuing for scarce water because it is a daily routine. The results confirm a study conducted by [49] findings, which established that due to unavailability of water in Chitungwiza, citizens were gathering at municipal boreholes in long queues of more than 100 people. These water fetching places have become dangerous sites for heightening citizens’ vulnerability to coronavirus [50]. It can be safely concluded that poor service delivery especially water has exposed the urban dwellers to coronavirus as they scramble for water at limited water fetching places. Depriving citizens with safe, clean and portable water is in incongruity with the 2013 Constitution (S77 (a)) and SDG number 6. Also, observed were overloaded open trucks, buses and private

cars with zero physical distancing. Reviewed studies done in Harare on public service delivery show that the council authority is failing to provide adequate service delivery (water, health, sanitation, education, transport and housing) to its residents or ratepayers [51], [52], [53]. This is attributed to inadequate human and financial resources, lack of the requisite technical skills, corruption and mismanagement, political interference, rapid population growth and poor economic performance [52]. The results may imply that the urban dwellers in high density suburbs are risking their lives to potential coronavirus contraction in order to access scarce water and transport. If the City Council does not resolve the water crisis urgently, water fetching points may become a time-bomb for spreading the virus.

#### 4.1.9 The need to enjoy freedom.

The quest for freedom was cited as another factor behind public complacency to COVID-19 lockdown regulations and safety measures. Study participants revealed that some individuals perceive the government regulations as curtailing their freedom and enjoyment of human rights. One old-aged male study participant stated that:

*“The COVID-19 lockdown rules deprive us of our democratic rights and freedom. So, residents ignore some of these rules in order to exercise their freedom. Things like face masks and social distancing have a negative effect on our social relations and freedoms, hence; sometimes we just ignore their impositions. We have a right to association which is espoused in the constitution. [Interviewee, 12 August 2021, Makoni, Chitungwiza].*

It can be inferred that the enjoyment of freedom and human rights can be a formidable impediment in enforcing COVID-19 regulations in urban space where citizens are more conscientized on human rights and freedom issues. Contrarily, [54] argues that citizens are more likely to comply with governmental lockdowns when they have higher concerns regarding the issue at stake.

## 5. Conclusion and recommendations

The Government of Zimbabwe has made tremendous efforts to curb the transmission of COVID-19 virus by instituting COVID-19 lockdown measures but public complacency practices remain an arduous stumbling block in the realization of COVID-19 free environment. The findings reveal that the ineptitude of COVID-19 lockdown rules is being hindered by the public complacency phenomenon. As discussed in the previous section, factors such as invisibility of law enforcement agents, selective application of COVID-19 lockdown rules, socio-economic problems, the belief that vaccination is immunity, hunger or abject poverty, lack of public education and awareness, public denial to new normal of COVID-19, poor public service delivery and the need to enjoy freedom appear to be fueling public complacency. Given these factors, it becomes problematic to fully and meaningfully implement COVID-19 regulations. In the face of public negativities, implementation efforts are ineffective and tokenistic. On the other hand, the emergence of COVID-19 has undoubtedly presented a grand opportunity for the

government to committedly and holistically solve a number of challenges it is experiencing. In view of the findings, the government is encouraged to budget sufficient funds to cushion the lives of the vulnerable groups in order to minimise their risk to the virus as they engage in illegal livelihood activities such as vending, hawking, pirating, prostitution and touting. The government should deploy adequate law enforcement agencies in identified hotspot areas to enforce COVID-19 regulations and apply the rule of law transparently without favoritism. The government through its state departments should extensively and adequately disseminate COVID-19 information to the public in order to minimise prevailing misconceptions, misinformation and disinformation. More so, the government should urgently solve the crisis of urban public service delivery (particularly water and transportation) which have been haunting urban local councils for decades so that urban dwellers are not exposed to the virus. Government officials are encouraged to lead by example by strictly observing government regulations in order to set a good precedence to the general public in fighting COVID-19. In sum, there is need to improve adherence practices in times of COVID-19 pandemic as the country is not yet out of the woods.

## References

- [1]. Y.C. Wu; C. S. Chen, C, S and Y. J Chan, The outbreak of COVID-19: An Overview. Journal of the Chinese Medical Association, 83 (3), pp 217-220, 2020.
- [2]. W. Ahmed; G. Demartini, and P. A Bath, Topics Discussed on Twitter at the Beginning of the 2014 Ebola Epidemic in United States. iConference. Wuhan, China, 2017.
- [3]. S. Haensch; R. Bianucci; M. Signoli; M. Rajerison; M. Schultz; S. Kacki and E. Carniel, Distinct Clones of *Yersinia pestis* caused the black death, Plos Pathogens, 6 (10), 2010.
- [4]. J. Nicholson, The war was over-but Spanish Flu would kill millions more. <https://www.telegraph.co.uk/health/6542203/The-war-was-over-but-Spanish-flu-would-kill-millions-more.html>. 2009.
- [5]. M. Zhou; X. Zhang, X and J. Qu, Coronavirus disease 19 (COVID-19). A Clinical Update. Front. Med, 2020.
- [6]. K.G. Anderson; A. Rambaut; W.I. Lipkin; E.C. Holmes and R.F. Gary, R., F, The Proximal Origin of SARS-CoV-2. Nature Medicine. 17, 2020.
- [7]. L. Li; W. Zhang; Y. Hu; X. Tong; S. Zheng; J. Yang J., et al, Effect of convalescent plasma therapy on time to clinical improvement in patients with severe and life-threatening COVID-19: a randomized clinical trial. JAMA 324 460–470. 10.1001/jama.2020.10044. 2020.

- [8]. D. Zhang; R. Guo; L. Lei; H. Liu; Y. Wang; Y. Wang Y., et al, COVID-19 infection induces readily detectable morphologic and inflammation-related phenotypic changes in peripheral blood monocytes, *J. Leukoc. Biol.* 10.1002/JLB.4HI0720-470R. 2020.
- [9]. World Health Organisations, Novel Coronaviruses (2019-nCoV). Situational Report, 3.  
<https://apps.who.int/iris/bitstream/handle/10665/330762/nCoVsitrep23Jan2020-eng.pdf>, 2020.
- [10]. W. G. Dos Santos, Natural History of COVID-19 and current knowledge on treatment therapeutic options. *Biomedicine and Pharmacotherapy*, 129, pp. 1-18, 2020.
- [11]. N. Maulani; I.N. Nyadera, and B. Wnandekha, The generals and the war against COVID-19: the case of Zimbabwe, *Journal of global health*, pp. 1-12, 2020.
- [12]. J. Hindson, COVID-19; faecal-oral transmission? *Nat. Rev. Gastroenterol. Hepatol.* 17, 2020.  
<https://doi.org/10.1038/s41575-020.0295-7>.
- [13]. J. Xu; S. Zhao; T. Teng et al, Systematic comparison of two animal-to-human transmitted human coronaviruses: SARS-CoV-2 and SARS-CoV-2. *Viruses*. 12. E244, 2020.
- [14]. Y. Chan; J. Xiong; L. Bao and L. Shi, Convalescent Plasma Therapy for COVID-19. *The Lancet Infectious Diseases*, 2020.
- [15]. C. Huang; Y. Wang; X. Li et al, Clinical Features of Patients Infected with 2019 novel Coronavirus in Wuhan, China. *Lancet*. 395, pp. 497-506, 2020.
- [16]. W. Guan; Z. Ni; Y. Hu; W. Liang; C. Ou; J. He; L. Liu; H. Shan; C. Lei; D. Hui; B. Du; L. Li; G. Zeng; K. Yuen; R. Chen; C. Tang; T. Wang; P. Chen; J. Xiang and N. Zhong, Clinical Characteristics of Coronavirus Disease 2019 in China, *New England Journal of Medicine*, 382, 2020.
- [17]. A. Paderno; M. Fior; G. Berretti et al, SARS-CoV-2 Infection in Health Care Workers: Cross-sectional Analysis of an Otolaryngology Unit, *Otolaryngology–Head and Neck Surgery*, 163 (4), pp. 671-672, 2020.
- [18]. A. R. Sedaghat; I. Gengler; M. M. Speth, Olfactory dysfunction: a highly prevalent symptom of covid-19 with public health significance. *Otolaryngol. Head. Neck Surg.* <https://doi.org/10.1177/0194599820926464>. 2020.
- [19]. X. M. Yan and J. F. Hou, The Current Status of Convalescent Plasma's Application in Acute Viral Infectious Diseases and its Prospects in the Treatment of New Coronavirus Pneumonia, *Chinese Journal of Biologicals*, pp: 1-5, 2020.
- [20]. Z. C. Mukushwa; J. Mapuva and E.P. Mutema, The Practice of Participatory Budgeting during the COVID-19 Pandemic in Zimbabwe's Local Government Sector: A Case of Chitungwiza Municipality, *The African Review Journal*, pp: 1-24, 2021.
- [21]. G. Moyo and K. I. Phulu, The Weaponisation of the Coronavirus Crisis in Zimbabwe: Legal and Extra-Legal Instruments. *Journal of Scientific Research*. Volume 3 (1), pp. 48-66, 2020.
- [22]. T. M. Matsungu, and P. Chopera, The Effects of COVID-19 Induced lockdown on nutrition, health and lifestyle patterns among adults in Zimbabwe, 2020.
- [23]. C. Mtingondo, COVID-19 Information. Retrieved from: <http://zw.usembassy.gov/covid-19-information-2>, 2020.
- [24]. British Broadcasting Company News, Coronavirus: Zimbabwe arrests 100 000 for violations of measures. July, 19, 2020. Available: <http://www.bbc.com>news>, 2020.
- [25]. Africannews, Zimbabwe arrests 100, 000 for flouting lockdown rules-police. July, 20, 2020. Available: <http://www.africannews.com>.
- [26]. T. Bhusal, Citizen participation in times of crisis: Understanding participatory budget during the COVID-19 pandemic in Nepal, *ASEAN Journal of Community Engagement*, 4 (2), pp. 321-341, 2020.
- [27]. T. Rukasha; B. Nyagadza; R. Pashapa, and A. Muposhi, COVID-19 Impact on Zimbabwean agricultural supply chain and markets: A Sustainable livelihoods perspective. *Cogent social sciences*. 7.1, 2020.
- [28]. B. B. Chitsamatanga and W. Malinga, 'A Tale of Two Paradoxes in Response to COVID-19': Public Health System and Socio-economic implications of the pandemic in South Africa and Zimbabwe, *Cogent Social Sciences*, 7 (1), 2020.
- [29]. R. Imhoff and P. Lamberty, P, COVID-19 related Conspiracy Theories and Pandemic Behavior, *Social Psychological and Personality Science*, pp. 1-7, 2020.
- [30]. J. Cohen, COVID-19 Capitalism: The Profit Motive versus Public Health. *Public Health Ethics*. Volume 13 (2), pp: 176-178.
- [31]. P. K. Law, COVID-19 Pandemic: Its Origin, Implications and Treatments, *Open Journal of Regenerative Medicine*, 9, pp: 43-64, 2020.



- [32]. S. Umakanthan; P. Sahu; A. V. Ranade; M. M. Bukelo; J. S. Rao; L. F. Abrahao-Machado; S. Dahal; H. Kumar and K.V. Dhananjaya, Origin. Transmission, diagnosis and management of coronavirus disease 19 (COVID-19), *Postgrad Med J.* 96, pp. 753-758, 2020.
- [33]. F. Lalot; M. S. Heering; M. Rullo; G. A. Travaglino and D. Abrahams, The dangers of distrustful complacency: Low concern and low political trust combine to undermine compliance with governmental restrictions in the emerging covid-19 pandemic. *Group Processes and Intergroup Relations*, pp. 1-16, 2020.
- [34]. Y. Y. Ke et al, Artificial Intelligence approach fighting COVID-19 with repurposing drugs, *Biomedical Journal*, 43, pp. 355-362, 2020.
- [35]. P. E. Baxter and S. Jack, Qualitative Case Study Methodology: Study Design and Implementation for Novice Researchers. *Qualitative Report*, 13 (4) DOI: 10.46743/2160-3715/2008.1573, 2010.
- [36]. J. Gustafsson, Single case studies vs. multiple case studies: A comparative study, pp: 1-15. <http://www.diva-portal.org/2017>.
- [37]. N. Siggelkow, Persuasion with case studies, *The Academy of Management Journal*, 50 (1), pp. 20-24, 2007.
- [38]. Voice of Africa, Zimbabwe Reverts to 2020 Lockdowns as COVID-19 cases rise. C. Mavhunga. July, 7, 2021. Available: <http://www.voanews.com>.
- [39]. M. Khan; S. F. Adil; H. Z. Alkathlan; M. N. Tahir; M. Khan and S. T. Khan, COVID-19: A Global Challenge with Old History, *Epidemiology and Progress So Far*, *Molecules*. 26, pp. 1-25, 2021.
- [40]. The Zimbabwe Independent, 'ZANU-PF Indiscipline fuels COVID-19 Cases'. July, 9, 2021. Available: <http://www.pressreader.com>.
- [41]. Zimbabwe Peace Project, COVID-19 Accountability Tracker. Pp: 1-30. Retrieved from: <https://relief.web.int, 2020>.
- [42]. S. Gukurume and M. Oosterm, The Impact of COVID-19 Lockdown on Zimbabwe's Informal Economy. Institute of Development Studies. Retrieved from: <https://ids.uk, 2020>.
- [43]. I. Chirisa, Peri-urban Informal Trading in Zimbabwe: A Case of Women in the Sector (WIIS), *Asian Journal of Development Studies*, 7 (1), pp. 21-37, 2018. <https://soi.org//10.1006/j.scs.2013.07.001>.
- [44]. K. Shumba; P. Nyamaruze; V.P. Nyambuya and A. Meyer-Weitz, Politicising the COVID-19 Pandemic in Zimbabwe: Implications for Public Health and Governance, *African Journal of Governance and Development*. Volume 9 Special Issue 1.1, pp. 1-17, 2020.
- [45]. P. Chitambara, May 29). Resilience and innovation in a post-Covid economy. May, 29, 2020. Retrieved from [www.theindependent.co.zw](http://www.theindependent.co.zw): <https://www.theindependent.co.zw/2020/05/29/resilience-and-innovationin-a-post-covid-econom>.
- [46]. B. H. Meyer; B. Prescott, Brian and X. S. Sheng, The Impact of the COVID-19 Pandemic on Business Expectations, September, 9, 2020. Available at SSRN: <https://ssrn.com/abstract=3690489> or <http://dx.doi.org/10.2139/ssrn.3690489>
- [47]. World Food Programme, Zimbabwe in the grip of hunger, 2019. Retrieved from: <https://insight-wfp.org>.
- [48]. M. Dzobo; I. Chitsungo and T. Dzinamira, COVID-19: A Perspective for lifting lockdown in Zimbabwe, *Pan African Medical Journal*, 35 (2), pp. 1-3, 2020.
- [49]. L. Zvobgo and P. Do, COVID-19 and the call for 'Safe Hands': Challenge facing the under-resourced municipalities that lack potable water access-A case study of Chitungwiza municipality, Zimbabwe, *Water Research X*, pp. 1-11, 2020.
- [50]. C. Staddon; M. Everald; J. Mytton; T. Octaviani; W. Powell; N. Quinn; S.M.N. Uddin; S.L. Young; J.D. Millier; J. Budds; J. Geere; K. Meehan; K. Charles; E. G. Stevenson; J. Vonk and J. Miznia, Water security compounds the global coronavirus crisis, *Water Int*, pp: 1-7, 2020. Retrieved from: <https://doi.org/10.1080/02508060.2020.1769345>.
- [51]. D. Muchadenyika and J. Williams, "Social Change: Urban Governance and Urbanisation in Zimbabwe", 27 *Urban Forum*. <https://doi.org/10.1007/s12132-016-9278-8, 2016>.
- [52]. T. Mumvuma, Enhancing Service Delivery at a Local Level in Zimbabwe: Challenges and Future Prospects, In G. M. Gomez; P. Knorrington, (eds) *Local Governance, Economic Development and institutions*. EADI Global Development Series, Palgrave Macmillian, London, 2018.
- [53]. R. Murimoga and M.C.C. Musingafi, Local Governance and Service Delivery in Zimbabwean Local Authorities: The Case of Harare and Masvingo Urban Municipalities. *International Journal of Public Policy and Administration Research*. 1 (3). 94-107.

- [54]. K. Chmutina; B. Wiersma; C.I. Goodier and P. Devine-Wright, Concern or compliance? Drivers of Urban Decentralised Energy Initiatives, *Sustainable Cities and Society*, 10, pp. 122-129, 2014.

## ACKNOWLEDGMENTS

The researchers received no financial assistance from any organisations in carrying out this research.



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