



**Research Article:**

***An Ethnography of a Contagious Epidemic: Field Based  
Methodological Intricacies in the Zimbabwean Covid-19  
Research Environment***

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**Abstract**

*The article reflects on the methodological convolutions of examining the socio-economic and political dimensions of the Coronavirus also known as Covid-19. Studies of contagious, medical epidemics with a high mortality rate are known in research history as being dominated by medical lenses whilst the social science lens remains obscure, hence, the dearth of social science literature on contagious medical diseases. The study gives a social science 'walk' in the novel coronavirus research field site, unraveling the nature and state of knowledge production within the context of lockdown measures, social distancing, quarantines and possible infections. The fieldwork realities brought to the fore the ethical dilemmas experienced by researchers through the deployment of methodological and epistemological excursions that are documented. The study argues that Covid-19 provided an uneven research terrain, which required innovation and field walk manipulation as part of researcher's 'agency', at the same time not flouting research fundamentals.*

**Keywords:** *methodology, Covid-19, social research, epidemic, social distance, ethics.*

**Introduction**

The research article reflects on the methodological complexities that were encountered in the process of examining the socio-economic and political dimensions of Coronavirus, later named Covid-19 by the World Health Organisation (WHO). Historically, Covid-19's origins

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remain controversial but medical evidence point to the first detection of the virus in Wuhan Hubei province in China in November 2019 (Reyes, 2020). Studies of the magnitude of the contagious Covid-19 are known in the history of science and research as the preserve of the medical field. While related modern scholarship exist in the fields of sociology and anthropology of medicine, which precisely focus on Covid-19, started to trickle in 2020 (Sundaraman, Muraleedharan and Ranjan, 2020; Manderson and Levine, 2020; Shuman 2020; Zhang et al., 2020; Xafis et al., 2020; Reyes, 2020; Shah et al., 2020). This also comes at the backdrop of much research on other epidemics of the same nature, that is, Ebola, SARS, H1N1 influenza known as swine flue, cholera and the zika virus (Benton, 2017; McPake et al., 2015; Gray and Mishtal, 2019; Leach and Tadros, 2014). By mid-2020, Covid-19 had affected many countries of the world (Constantinou, 2021). Yet, there was a dearth of literature although studies continued to emerge. Therefore, this study did not only seek to closely look at the challenges and opportunities of investigating the socio-political dimensions of coronavirus basing the whole inquiry on the researchers' field experiences in Harare, Zimbabwe, but also to make a scholarly contribution to the knowledge bank on epidemics. The field realities revealed dimensions of engaging orthodox or mainstream research methodologies in a Covid-19 research terrain, which was not only unfamiliar but required innovation and a re-visit of some research ethics without grossly flouting research fundamentals. The first part of the research article provides the context to the social science study of a medical disease by giving a brief history and justification for the study while the second part focuses on the discussions about fieldwork during Covid-19 in the city of Harare.

## Contextualisation

A plethora of studies from the medical fraternity on infectious diseases and coronavirus (Kavanagh, 2020; Rubin and Wessely, 2020; Webster, 2020) present a common view that the development of an effective vaccine is the straight road to controlling such pandemics. The history of infectious diseases shows that once a vaccine is developed, the medical problem gets under control. By the end of 2021, a number of vaccines for coronavirus were developed despite the complication acknowledged by the World Health Organisation's Secretary General, of the possibility of 'vaccine nationalism' as also revealed in Nhamo et al. (2021) in which various countries and institutions competed not only to develop but to provide a vaccine from a business perspective. Medical sociologists have always highlighted the problem of commercialisation of medicine and health care as it affects vulnerable economies negatively (Strong, 1990; McPhail, 1989). Xafis et al. (2020) argue that the development of Covid-19 vaccine was not an exception of the complexities and dilemmas between providing a medical service and profit making. According to the John Hopkins University (2020) report, as of May 2020, Covid-19 had caused death to close to 300 000 people and the WHO (2021) report indicates that by August 2021, the whole world had 219 million cases and 4.55 million deaths, far higher than 2020. The epidemic exposed, in all countries of the world, health and social problems centered on inequalities and these became manifest as countries deployed a wide range of travel restrictions and social distancing measures. Xafis et al. (2020) acknowledge that these various forms of lockdowns imposed considerable socio-economic



and political suffocation especially on the vulnerable groups in society. Because of the limited knowledge of the nature of Covid-19, many researches were hastily commissioned and produced non-conclusive results about its nature and texture. Few also considered the plight of researchers (Sharma et al., 2020). The study explored the ethical dilemmas encountered in an inquiry of a contagious coronavirus from a vantage point of the researchers' field experiences. While Seema et al. (2020: 832) acknowledges the utilisation of personal experience in purely medical studies, they said, '...we have developed a comprehensive state of the art ethical framework for CHI...' and this study deployed a similar framework for an ethnographic engagement.

The study untangles the various social science dimensions of Covid-19 based on the researchers' fieldwork experiences. Does researcher experience add any epistemological value to a study? Researchers' fieldwork experience brings to the fore aspects of the investigation that would not be visible in a quantitative inquiry anchored on deductive reasoning. The deployment of ethnography as a science in research may be traced back to the classic anthropological inquiries by Bronislaw Malinowski, Franz Boaz, Edward Evan Evans-Pritchard, Karl Bucher, and Karl Polanyi that made groundbreaking discoveries, and established new knowledge that became the discipline's bedrock. The study was therefore justifiable because it adds new knowledge to the field of medical anthropology specifically on Covid-19, which had little literature. The investigation propels the thinking that dangerous fieldwork is not only when the researcher gets into an area that have armed groups but a wide array of dangers including infectious diseases. Engaging in fieldwork during the Covid-19 pandemic had its dangers of exposure to infections including the difficulties in getting clearance from the Ministry of Health and Child Care and the Medical Research Council of Zimbabwe. An outstanding aspect about the Covid-19 research at that point in time was that it provided an opportunity to get immensely rich and valuable data for production of new knowledge. Thus, the study shares Nilan's (2002: 363) view that, 'dangerous field work is not just an idiosyncratic or isolated fieldwork phenomenon but pertinent to contemporary debates in qualitative research...' Therefore, the study was justifiable as it was not only reviewing the interface of communities with fragility versus Covid-19 but analysing how communities were coping with the novel medical disease, and through the researcher's fieldwork experiences reflect on what constitutes reality, truth and knowledge.

## **The research site, methodological and theoretical mapping**

With the motivation for the Covid-19 study discussed briefly in the above section, the actual fieldwork was done in Harare, the capital of Zimbabwe. It is a metropolitan city with an estimated population of 1.485 million as of the 2012 census (ZimStat, 2012). In this regard, it was a good site for an anthropological inquiry of Covid-19. Politically, Harare is the epicenter of national government, socially it is a geographical space in which both affluence and absolute poverty establish themselves. Economically, Harare is the nerve center of trade and commerce and an administration hub of health system including Covid-19. As such, three Covid-19 investigations were commissioned - one focusing on the politics and administration of the Covid-19 epidemic followed by one which focused on the Covid-19-social media nexus,



and the third was on Covid-19 as a medical disaster that fell on another social disaster in Harare's urban spaces. Thus, this research article was based on personal experiences of carrying out fieldwork in a Covid-19 infested research site characterised by lockdown, quarantine and social distancing.

The whole study was qualitative in nature grounded on an ethnographic survey, premised on the inductive reasoning philosophy. Deriving its small sample purposively from a population of residents of Harare suburbs, the study did not only capture peoples' lived experiences and social realities but also tracked the treks of the researchers throughout the fieldwork. The process of data generation involved deploying of in-depth interviews that facilitated the recording of personal experiences of both the research participants and the researchers. This was triangulated by the researchers' observations and transect walks across suburbs and deployment of social media tools. Thirty (30) research participants of which five were key informants from the suburbs of Harare and health institutions were engaged. Thus, we approached the data generation processes and used the concept of multiple ontologies conceptualised by Gray (2009) as the nature of reality or what the nature of it is. We appreciated that interlocutors' world views differed from individual to individual and suburb to suburb, therefore, the study sought to unearth those different or multiple ontologies. In that way, the study acknowledges that lockdowns particularly quarantines affected not only the movements of people, but the mind, the psycho-social support systems, their wellbeing, their *ubuntuism* and economic wellness, hence, their realities and that of the researchers differed.

The study was guided by the African theory of *ubuntuism* represented and embedded in the Sub-Saharan black population and transmitted from one generation to another based on observations, lived experience, language and art Mbiti (1969). The research article reflects on how communities and individuals fit into the communal relations that constitute African wisdom of problem solving within the context of Covid-19 epidemic. Getui and Theuri (2002) assert that, the *ubuntu* theory is premised on the view that 'I am because we are...' hence, the concepts of caring for the young and the elderly for example, involves members of the same community or village (Msengana, 2006). In this sense, *ubuntu* theory limits and discourages individualism and stress social interrelations and responsibilities as a precondition for communal life. Thus, an individual has meaning only in relation to the wide community. Hence, the theory does not share a common footing with American-European philosophies and culture based on the model of 'individual life success' (Zamoshkin, 1984). Even classical sociologists like Talcott Parsons and Robert Merton acknowledge that the American culture is marked by the central stress upon personal achievement that is summed up by Zamoshkin (1984: 67) '...individualism as an ideological orientation early on acquired a particular popular influence owing to the widespread perception of this 'New World' as precisely the place where the old order of European feudalism had been decisively abandoned.' While the concept of collective morality and responsibility is central in the theory, it cannot be confined to a particular geographical region, ethnic group or race, but its systems are more visible in the Sub-Saharan Africans where they value and practice a system of communal life in which the Covid-19 research was carried out.



## A 'walk in the field': Discussion

Data and discussion of findings for this study are articulated within the general backdrop of Zimbabwe contextualising the WHO protocol on Covid-19 and proclamation of legislations that became effective in April 2020 with the initial 21 days of lockdown (Mususa et al., 2021). A series of many other lockdowns were proclaimed following the initial one in April. According to the Government of Zimbabwe (2020) proclamation, the protocols included restrictive measures on movements, mandatory wearing of face masks, maintenance of social distance, hand washing and sanitisation. Thus, the ethnographic engagements and fieldwork experiences are interrogated within the given frameworks.

## Enhanced social distancing and curtailed mobility

What was meant by social distance? At some stage of the Covid-19 lockdown measures, the health protocols affected our 'walk' in the research site as all the non-essential service providers were denied movement. We were not medical or biological researchers but social scientists and initially could not even access an authorisation letter from the Ministry of Health and Child Care to do the fieldwork. Such letters or identification documents were only issued to specific groups of professionals and service providers. Throughout the research, we grappled with the question of 'implications of Covid-19 lockdown on knowledge production'. These are epistemological and ontological issues. Practicing social distancing was a new social norm for both the researcher and the research participants and members of the community at large. This could have been part of the medical practices on rare cases at medical facilities, hence, for non-medical persons, it was almost expecting a lot from them. However, these protocols were always publicised not only by the government of Zimbabwe but by the World Health Organisation, hence, it became a question of life and death. Every moment as we went out to the field, we continued to question ourselves whether we were practicing the required health protocols. However, many members of society were not sure what exactly was expected of them and sometimes appeared as if they did not bother as observed during the transect walks in Harare. These personal measures were aimed at limiting person-to-person physical contact in order to protect communities from infections. Social distancing measures included physical distancing, reduction or cancellation of mass gatherings, avoiding overcrowded spaces and staying or working from home. According to the WHO (2020) Report, the recommended minimum distance between persons was one metre but practically as we got into communities, that information was unclear while other people proffered lack of knowledge and ignorance about Covid-19 although the issues were on the public domain.

While the social distancing measures affected the way we engaged, the deployment of an ethnographic inquiry with shortened periods of interacting with the research participants helped get some interlocutors as some refused to participate in the study while others were skeptical and afraid of interacting with strangers. The limited personal mobility on the populace with no specific dates of opening up increased peoples' anxiety, which in turn affected the quality of participation in the study. The selection of participants became strictly based on the purposive and convenience sampling techniques. As the pandemic continued to affect communities, the government introduced further restrictions in the form



of a curfew and outlawed gatherings because they were regarded a 'super spreader' of Covid-19. Baunez et al. (2020) discussed how the curfews in France contributed to the decrease in the propagation of the virus. In the Harare study, viewed from a medical anthropology's lenses, curfews curtailed and limited the researchers' exposure to the social reality. There was no longer the unlimited exposure to knowledge and even the participation in social construction of reality was affected. Therefore, the curfews and security check points popularised as 'roadblocks' in Zimbabwe, caused the extension of the period of fieldwork and even brought out nuanced dimensions of Covid-19 fieldwork.

## Security agents: The de-facto gatekeepers

The study adopted the classic definition of gatekeeper by De Laine (2000) as an individual, group or institutions who have power to either grant or deny access to the research population. Crowhurst and Kennedy-Macfoy (2013) acknowledge that gatekeeping is integral for the whole research process, hence, it requires attention as it is evident that relatively little attention has been given to scholarly investigation of gatekeepers. In the Harare study, the key gatekeepers at a bureaucratic organisation level were the Ministry of Health and Child Care, which is the parent ministry in the Covid-19 'war', the Medical Research Council of Zimbabwe as a regulatory authority and the security services that enforced the lockdown regulations. Our initial experience in April 2020, we were denied access into the research site by the Ministry of Health and Child Care because the Covid-19 epidemic is infectious and medically unknown about how it was manifesting epidemiologically. We, however, did not revise the research plan, and got into a dilemma of whether or not we should engage covert processes or call off the study as entry was constrained by the mechanistic gate that according to Campbell et al. (2006: 171), gatekeeping was in a 'static form...'. However, as time went by and further regulations were given by the WHO, permission was granted but this did not mean that other gatekeepers were to open the space too. The next set of gatekeepers, the security agents, held random security checks on citizens walking around in the urban spaces to establish what and why they were doing so. It also included security check points on major roads in and out of Harare city wherein all motor vehicles were subjected to inspections. Our observations were that security agents as gatekeepers were social actors in which getting entry became a dynamic and fluid process that varied from one check point to another. It all depended on how each group of security officers interpreted the authorisation letter that we possessed. The fact that we were investigators affiliated to universities made it easier for police officers to draw into the *ubuntu* philosophy of societal good as they naturally concluded that our research findings would feed into the communal welfare. Thus, the Covid-19 brought in a different dimension on gatekeeping in contagious disease outbreaks. In a traditional social science research study, security agents would not hold the position of gatekeepers but due to the international nature of the Covid-19 epidemic, the regulations required the deployment of security personnel and provide a service as gatekeepers. Thus, we grappled with the question of the real nature of the Covid-19 veracity as well as the quality of knowledge production in an environment that had various novel dimensions. We continually asked how the nature of reality was influenced by the politics of gatekeeping.



## Interviews: the absence of community level gatekeepers

The study, as its title entails, was aimed at interrogating methodological aspects of the research through a gaze into the researchers' experiences. At a micro-level, this meant examining the practical aspects of getting into the field, collecting data and reflecting on what constituted research participants' realities. Under the Covid-19 environment, the processes were not as simplified as they would in non-Covid-19 circumstances. At some point when lockdown measures were severe, no face-to-face interviews could be carried out and at some point, interviews were carried out without going through the community level gatekeepers. While gatekeepers at a higher level had granted authority to carry out the investigation, at the community level, no gatekeepers were available to assist the researchers due to fear, anxieties, and WHO and national protocols on Covid-19 management. In this case, the gatekeepers at community level were the local councillors or any other local leaders. Therefore, their role was for some time left hanging in the balance during the study. Their absence was witnessed by researchers in residential areas where investigators had problems in securing the attention of participants.

Despite the slight glitches about the 'place' of gatekeepers in the study site, the study successfully proceeded, and all the required data were collected taking due diligence of social distancing and other Covid-19 hygiene requirements. Face-to-face interviews were sometimes not used despite being the most appropriate method when there is need to collect in-depth information on people's opinions, thoughts, and experiences as articulated by McNamara (1999). It was difficult to do so especially at particular residential homes without proper outdoor sitting positions that allowed social distancing. Audio and photographic recording augmented field notes. This allowed us to replay and revisit the whole process to 'excavate authentic voices' at the stage of transcribing and data analysis. Sacks (1984: 89) argues that social science methods should work with 'actual occurrences of talk' and that 'humans cannot rely solely on notes or recollections of conversations'. In this fieldwork, audio and photographic recordings helped the researchers to remember critical aspects of the narratives and shared life stories. The recorded materials were replayed to improve our understanding of the sequence of the talk. Carvalho in Ouedraogo and Cardoso (2011: 167) regards audio recordings and photography as auxiliary means of research that depict a dense textual description of reality, 'creating records that are mimetically thick and emotionally more powerful than traditional written annotations'. Though this study acknowledges the special role of gatekeepers, it however did not share similar experiences with Zvokumba (2018) in which the over interference of another level of gatekeepers, described as the 'village vigilantes' affected the research processes. In that case, the gatekeepers imposed themselves and, in a way, interfered with the interview process in breach of standard ethical practices. In the Covid-19 Harare study, the interview processes went on without the presence of the local gatekeepers and 'vigilantes' due to fears of the coronavirus. We therefore hold the argument that the research environment brought to fore unique intricacies that could not be explained from research textbooks and other traditional academic sources. Many times, the environment presented itself in a manner that required adoption of pragmatic ways of handling issues. Therefore, methodologically, the process partly interfered with knowledge production and consequently its quality.



## **Covid-19 and street dwellers: Observational methods**

While the field work focused on the research participants domiciled in their homes due to the Covid-19 lockdown, at a later stage, we extended our data generation to those living in the CBD's sanitary ways and 'black spots', that is, the street dwellers. We had an understanding that the voice of the street dwellers could be left out of the Covid-19 inquiry and knowledge generation process. Thus, our interviews and observations reached out to them, riding on our previous experience and knowledge of street dwellers, which was gained during one of the researcher's Doctoral studies. We engaged in observation and interviewing of street dwellers from Gray's (2009) position that it is more complex than what is thought because it involves sensations, eye contact, smelling and sound in the construction of meaning from those on the margins. This is an acknowledgement that while interviews were made to get a 'street dwellers' perspective, we made our observations too. Thus, observations were made from the on-set of the data generation process and also in the transact walks around the CBD. This process allowed us to reach out to research participant's opinions, social constructions, perspectives and self-interpretations of issues around Covid-19. One outstanding aspect about the CBD data generation excursion was the reality that this group of Harare residents were not observing some aspects of the Covid-19 regulations, and this was attributed to a number of factors including limited access to information and protective materials. Drawing resources from our meagre funds, we managed to provide some of the research participants with face masks and hand sanitisers for their security and that of the research team.

## **The 'voices' of Covid-19 through social media**

Part of the data that were collected and generated during the Covid-19 research in 2020 and 2021 was through 'digital ethnography' of social media platforms as indicated in the methods section above. It gave a lot of insights about people's experiences of juggling around for livelihoods and personal security in a Covid-19 infested environment. The paper adopted Kaplan and Haenlein (2010: 61) definition which regards it as '...a group of internet-based applications that build on the ideological and technological foundations of Web 2.0 that allow the creation and exchange of User Generated Content'. In its practical application, the user post instant messages, pictures and videos online. Duggan (2015) posits that by 2018, there were 2.44 billion users. Academics equally take advantage of social media such that this trend has emerged as a field of study on its own right (Snelson, 2016). In the Harare Covid-19 experience, social media was used to reach out to participants, collecting 'voices' and videos as tools for harvesting content due to the lockdown regulations that prohibited travel and face-to-face interactions. Research participants' information was harvested through various social networks of among others WhatsApp groups, however, after soliciting for the group administrators' consent. Some research participants would be visited therein based on initial deliberations on WhatsApp as a strategy of countering possibilities of misinformation. In that way, the study remained within the acceptable realm of research ethics. Telephone interviews were then carried out after a few exchanges of basic information through messaging. Social media videos that were shared amongst members of the public including



pictures of unique aspects of responses to Covid-19 gave a clue on which area to target and select some research participants for following such cases.

During those moments of level 4 lockdown when minimal social interaction was prohibited, the deployment of social media as research tools also meant the exclusion of some community level traditional gatekeepers whose role became activated upon a physical visit by a researcher. That role was partially shifted to individuals who would deal with the investigators directly. Although data generated through social media was benchmarked against the other data sets collected through mainstream methods, it continued to raise ethical issues since there are no comprehensive frameworks that clearly identify the best practices (Snelson, 2016). The study acknowledges that the science behind the social media methods are still developing hence, questions about the nature of reality and knowledge remain open for further empirical investigations. Thus, social media and other digital technology applications did not only 'run over' the metaphorical 'gatekeepers' but changed the nature of field work by allowing the researchers to pass through the instrumental 'gate' (Campbell et al., 2006:47) without being screened or stopped. The use of social media for untangling Covid-19 socio-political and economic issues opened avenues for future research but continued to grapple with the question of the extent social media may produce representative research results in a society with many people who do not own smart phones. Epistemologically, deployment of social media as research tool allowed the adoption of the idea that the world of social interactions was at times independent of what we perceived as informed by the positivist research foundations. Collecting data through WhatsApp messages and small video footages resulted partly in reverting to deductive methods and reasoning as data was both in figures and narratives. The study does not celebrate the technical absence of gatekeepers but every moment when the lockdown was eased by government, we went to the field, interacted with them where it was feasible and viewed social reality differently from the social media centered system. Our physical presence in the research site helped in the co-construction of the meaning of the world by research participants and the researchers. Although the whole study was based on the researchers' personalised experience of the field, it could not be divorced from research participants' thoughts, knowledge and feeling. In that way, the fieldwork pointed to and agreed with Sleeter's (2000) subjective epistemology in which knowledge and reality are social creations based on the lived experiences of a people. On this aspect, we shared Berger and Luckman's (1966) classical work on research in which they uphold the argument that reality and truth are to be viewed in their context. Thus, both objective and subjective epistemologies were part of the various ways of knowing.

Accordingly, as researchers and local residents of Harare, our positionality had a part to play in the Covid-19 study too. With varying number of years of being residents of Harare, we had familiarity with the residential areas and had familiarity with certain individuals who acted as guides or quasi-gatekeepers. Therefore, despite the challenges of navigating the space during the Covid-19 pandemic in a difficult manner, we took advantage of that familiarity and carried out the investigation to completion, having a shared background, fears and anxieties under Covid-19.



## Ubuntu philosophy: Practicing Afro-centered ethics

Every moment of navigating the field site generating data, we observed with ease the various ethical principles, for example, confidentiality. It was not difficult to uphold this ethical consideration as we used pseudonyms and safely kept the research data. However, there were complications with the principle of informed consent. The social distancing prohibited close contact and generally participants had limited knowledge of how Covid-19 and this affected their keenness to participate in the study. Without a detailed explanation of the nature of the study, its aims and objectives, it was ethical to have the participants sign the consent forms but difficult because of social distancing. The use of electronic applications for signing was not feasible because of unavailability of the appropriate technologies. Thus, much of the traditional and mainstream ethic of consent was substituted by the 'ubuntu ethic' derived from the *ubuntu* philosophy. The thinking is based on the African philosophy of life systems in which the everyday experiences of humanity are reflected in communal cooperativeness in which the individual's humanity is expressed in relation to others in the community (Mbiti, 1969). In that context, the individual has to be aware of their responsibility over others including visitors. This manifests in the interconnectedness of humanity with human values of sharing, sympathy, respect and community in which one's problem is a community problem. In this study, the *ubuntu* ethic was based on the maxim, 'I am because we are' Samkange and Samkange (1980) which represented communitarian ideals centred on communal relationships as opposed to Western perspectives that tend to be individualistic. As such, in most of our investigation in which people could have shunned or refused to open their doors and entertained our questions, they did so based 'I am because we are' *ubuntu* ethic developed and propelled by various scholars (Mbiti, 1969; Samkange and Samkange, 1980; Chilisa, 2012; Asante, 1987; Mararike, 2014; Mugumbate and Chereni, 2013).

The early stages of the investigations partly exposed researchers to Covid-19 infections and the uncertainty not only of the pandemic but also about how to deal with the ethical principle of informed consent. Research participants were equally in a dilemma about consenting to participating in an investigation shrouded with severities of Covid-19. Thus, in the Harare study, a lot of research participants offered their consent without knowing very well the risks they were exposed to as interviewees. We concur with Bryman (2008) on the discussion of the problems associated with the principle of consent and in this case, the practice of consent conjured up several problems including the fact that it was not a biological or epidemiological study meant to develop a vaccine. Scientifically, little was known about Covid-19 and no explanation could satisfy the would-be research participant. At one point, the members of the community inquired how the same community would benefit directly from the study as they compared the study with some action research in which they resultantly became humanitarian beneficiaries. As such, our observations shared some common threads with Bryman (2008) who argue that participants can react to the study and provide answers they believe would produce results that will benefit them. Therefore, in this study, there was no guarantee that research participants were giving answers that were not biased. We continued to grapple with how much these issues affected the quality of the study especially when research participants gave desirable answers.



The other ethical dilemma we experienced in the Covid-19 Harare study was the use of research participants in a study that, besides possibly influencing policy direction, was also for adding new knowledge into social science. The ultimate result was production of scientific articles for publication, book chapters and conference papers that help in academic promotion. We asked ourselves how individually research participants would benefit in such academic studies. As a token of appreciation and practice of *ubuntu* ethic, which in Shona culture is based on the proverb of '*chindiro chinoenda kunobva chimwe*' simply meaning 'giving back to those who help you', we agreed to give financial reward to the participants based on that. Our fieldwork was made easier by this practice. Our data collection practices challenged the old-style and system of not giving anything to participants as this was believed to be a disruption of ethical principles. In Harare, the small tokenistic reward was given in such a way that it did not contradict the principle of confidentiality. A research participant would individually receive their reward during the interview process and no other persons would know the financial transactions. Because we were uncomfortable getting into people's home, we carried all interviews outside their homes in open spaces. The discussion environment encouraged a sense of lowering one's face mask from the mouth and chin so as to be audible. This was a common practice which was in breach of the standard regulations. In other instances, we witnessed the participants breaching the social distance regulations and could only encourage them to adhere to the Covid-19 protocols and whenever we found it necessary, we provided them with face masks. Based on these field experiences, we argue that engaging in an ethnographic study of Covid-19 was a complicated process but acknowledge that it contributed to establishing new insights, field-based nuances and establishment of knowledge.

## **The centrality of working from home: Geography of space and knowledge production**

Although this study was not focusing on work as a research topic, it would be unfair to complete it without brief discussion of how the issue of 'working from home' affected the study. The International Labour Organisation (2020) highlights the importance of appreciating the value of working from home and that it should not be peripherised. Carrying an investigation on Covid-19 under lockdown meant 'working from home'. This was not a new experience for the researchers in the academic sector. However, other aspects of totally relying on online library, hard copy and e-sources was not planned for in this regard. The traditional library and other non-electronic data sources found at the normal workstation could not be accessed. This had its implications on the quality of literature review and background study that is central to commencing a study. Only sources that could be accessed through the internet server contributed to the development of knowledge. We argue that such gaps affect the quality and sometimes worthiness of a study. The other dimension of working from home was that it allowed professional work to invade and intrude into family spaces that were not designed for such professional work. In the household of one of the researchers, there were six household members, four adults and two children, each brought

their work 'station' in the family space while the two minors equally brought their schoolwork into the same space.

Picture 1 is an illustration and helps to understand a bit about shared spaces in the home environment. None had pre-planned for working and sharing the limited space for doing professional work. Even the formal organisations were caught unprepared too. Some form of organisation was needed for the purpose of harmony in the home space, for example, allocating each other workspaces, embracing behaviours that did not disturb each other, managing children as well as embracing normal household chores. At times, the scenario produced some form of 'hotch-potch' of different work ethics and practices in one space, eventually producing pressure and discomfort amongst household members. We grappled with how much could one work on a laptop on their bed or sofa while others watch TV. On the generality, not everyone working from home did have enough space and resources needed for the activities. Cases of households with very limited accommodation was discussed in other fora. Yet, all those dimensions brought compromise to the quality of work. However, despite the setbacks and dilemmas encountered during the 'working from home' era, the Covid-19 fieldwork in 2020 and 2021 contributed to the production of some research insights, manuscripts and publications. These include *The Resilience of Female Sex Workers in the Wake of Covid-19 in Zimbabwe*, 2021 *Journal of Asian and African Studies*, 'Double Tragedy'! Inequality and Accommodation crisis as Sources of Community Fragility during Covid-19 Lockdown in Zimbabwe, 2021 publication of *the Journal of Social Development in Africa* as well as a book chapter on Covid-19 edited by Fagbadebo, O. and Dorasay, N. entitled *Perspective on Governance: Challenges in Covid-19 Era in Africa*, Durban University of Technology. Thus, 'An Ethnography of a Contagious Epidemic: Field Based Methodological Intricacies in the Zimbabwean Covid-19 Research Environment' was part of the broad research package for Covid-19.

**Picture 1: Working from Home**



**Source:** Field Visit Photo (16 January 2021)



Based on the above analysis of working from home during the Covid-19 pandemic, the article argues that due to a number of complications and dilemmas, some of the conventional aspects of knowledge production were manipulated and some innovations were developed that aided the completion of the investigations. Accordingly, this study is justifiable because it aimed at unpacking fieldwork nuances with epistemological and methodological aspects under the Covid-19 environment.

## Conclusion

The research article is a discussion of various aspects of the ethnography of Covid-19 in Zimbabwe based on the researchers' fieldwork experiences. The experiences of the research team as it engaged the research interlocutors brought to the fore and espoused the epistemological and methodological intricacies of a social science investigation in the context of coronavirus. The Covid-19 study debated unprecedented challenges encountered during fieldwork and how conventional and unconventional research practices were deployed not only for the purpose of generating new knowledge but also fear of the deadly disease. In that regard, the study shared some common challenges of entry into the field with research that focus on violence, drugs and war although the nature of danger in this study was different and invisible. However, much of the data collection and data generation was facilitated and made possible by the interlocutors' good will and willingness to participate based on the African philosophy of *ubuntu*. The study revealed that Covid-19 research was not only for those in the medical field but social science too because of the complex socio-economic and political dimensions of the pandemic. Besides giving a review of how the field site was navigated by the team of investigators within the context of lockdown, the study brought forward the ethical dilemmas and manoeuvres adopted by the investigators as they prosecuted the process of knowledge production. Therefore, the study managed to maintain the argument that social science fieldwork experiences in contagious diseases environments require ingenuity, innovation, and upholding of personal security and that of others such that human subjects and researchers are safe in pursuing production of knowledge and publishing scientific materials.

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