

FAMILY CHALLENGES AND COPING MECHANISMS DURING THE COVID-19 PANDEMIC: WESTERN CAPE, SOUTH AFRICA

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Abstract: The COVID-19 pandemic has impacted the health and well-being of families in South Africa, amplifying family challenges and requiring modifications to their coping mechanisms. While the pandemic has been successfully managed in South Africa, some challenges, such as those related to poverty, loss of income, and economic uncertainty, have been exacerbated. This study, which used an exploratory qualitative research design, sought to offer insight into the coping mechanisms of South African families used to deal with family challenges during the pandemic. Through purposive and snowball sampling, 31 participants were recruited; the majority were living in a nuclear family, but some had other arrangements. The participants were from six municipal districts in the Western Cape Province. Semi-structured interviews were conducted, and data were analysed using thematic analysis. The findings of this study demonstrate that the coping mechanisms families used during the COVID-19 pandemic were largely drawn from internal resources.

Keywords: family, family challenges, coping mechanisms, COVID-19, South Africa

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The COVID-19 pandemic affected the world dramatically. Its rapid spread across countries presented a myriad of challenges and shaped diverse experiences in different societies. It was declared a worldwide pandemic in March 2020 (Usher et al., 2021), and whilst the focus has been on the number of people infected and dying as a result of COVID-19, this pandemic has also impacted overall quality of life, including family well-being. Numerous factors affected families during the pandemic, such as restriction of movement and social isolation from family and friends in an effort to minimise the spread of the virus, learning to work or learn from home, loss of employment, increased domestic violence, illegal trade, mental health challenges, vulnerability and risk within families, and not being able to attend religious institutions (Ferguson et al., 2020; Usher et al., 2021). All of this meant that families had to find ways to adapt to the new reality. As many scholars have delved into research and the literature surrounding COVID-19 and its impact on families in South Africa (e.g., Adebisi et al., 2022; Donga et al., 2021; Engelbrecht et al., 2023; Mahlangu et al., 2022; October et al., 2021; Rich et al., 2022), it has become possible to gain a deeper understanding of the specific nuances of family experiences in South Africa.

As the pandemic progressed, families continued to find it difficult to cope with its effects (October et al., 2021). This is notably true for South African families, many of whom were already living in challenging and vulnerable circumstances characterised by poverty, crime, unemployment, generational and historical trauma, and dysfunctionality within families (Adonis, 2017; Groenewald & Bhana, 2016; Lund & Cois, 2018; Mahlangu et al., 2022; October et al., 2021). The COVID-19 pandemic has provided additional challenges to families within South Africa who were already struggling. Identifying and exploring these challenges is necessary in order to understand how families are coping.

By the end of 2020, South Africa had experienced 954,258 positive COVID-19 cases since the start of the pandemic (National Institute for Communicable Diseases, 2020). This burden of disease and the concomitant lockdown has had various effects on families, including negative impacts on peoples' sense of well-being and their mental and physical health (Weeland et al., 2021). Effects noted by others include difficulties with family dynamics and relationships; an increase in unemployment and economic insecurity; elevated stress levels experienced by parents and/or primary caregivers (Engelbrecht, 2023; McRae et al., 2021); difficulty in finding a balance between working from home and childcare or homeschooling; disruptions in routine (Cassinat et al., 2021); increase in substance use; and increased risk of family violence (Humphreys et al., 2020; Usher et al., 2021). All of these influence the ways families function and cope during stressful periods.

Cassinat et al. (2021) investigated the effects of the COVID-19 lockdown on family dynamics in the United States and found that chaos — noise, crowding, and disruption — increased at the onset of the pandemic, which led to an increase in parent–child conflict. However, the number of parents participating in their child's education increased, along with their awareness of what was

happening in their child's life. This means that whilst the onset of the pandemic negatively affected parent–child relationships in some ways, it also provided opportunities for improvement.

Globally, there has been significant concern about the increase in substance use as well as the increase in domestic violence during the pandemic (Taylor et al., 2021; Zaami et al., 2020). Stiegler and Bouchard (2020) noted that South African participants reported a decrease in domestic violence in lower socioeconomic communities due to the ban of alcoholic beverages. However, they also noted that whilst there was a sharp decline in domestic abuse due to alcohol, domestic violence against women increased by the third week of lockdown. This may be due to uncertainties and stress caused by the pandemic, such as insecurity in employment, health risks, a drastic increase in infections, the fatality rate, and confinement in the home related to COVID-19 regulations. Numerous studies have highlighted the increased risk of substance abuse and family violence during pandemic-related restrictions across the world (Harker et al., 2022; Humphreys et al., 2020; Mazza et al., 2020; Taylor et al., 2021; Zaami et al., 2020; Zhang, 2020). For instance, a study conducted in the United States and Canada found that among the 1,405 participants, substance use and alcohol consumption increased significantly after the COVID-19 outbreak, with participants stating it was a means to cope with pandemic-related distress (MacMillan et al., 2021). In addition, it is believed that the COVID-19 restrictions potentially led to significant modifications in substance use patterns (Harker et al., 2022), resulting in a greater risk of harm; this suggests that during lockdown periods, people were likely to switch to a more potent substance and increase substance consumption (Taylor et al., 2021; Zaami et al., 2020). Moreover, although no studies have been conducted regarding the prevalence of substance use during the COVID-19 pandemic in South Africa, a study conducted by Harker et al. (2022) among substance use treatment service providers found that the need for treatment either remained the same or increased during the COVID-19 pandemic, which indicated either an increase in the number of persons using substances, or an increase in their consumption, or both.

An increase in family violence during the pandemic has also become a significant concern. For example, Zhang (2020) reported that, in China, cases tripled in 2020 (to 162) in comparison to 2019, with women more likely to be the victims of violence and men the perpetrators. Likewise, a study conducted in South Africa by Zsilavec et al. (2020) compared trauma patterns during the COVID-19 pandemic to the preceding five years and found an increase in the number of females who sustained penetrating trauma (21.3% vs. 11.3%) and blunt assault (26.1% vs. 11.2%). The authors suggested that some regulations, such as the hard lockdown implemented by the South African government to curb the spread of the virus, may have escalated abuse in families already experiencing family violence prior to COVID-19. This is supported by a study conducted in South Africa by Mahlangu et al. (2022) who found that, during lockdown alert level 5, conflict and emotional violence against women in intimate relationships increased in prevalence, particularly among women from low socioeconomic areas. However, there remains a sparsity of scientific evidence on the effects of the COVID-19 pandemic on substance use and family violence, especially within the South African context, making it challenging to report on these issues.

The COVID-19 pandemic significantly interrupted people's daily activities and routines, affecting their mental health and well-being, which in turn had the potential to significantly influence the family unit and how families coped. The ability to adapt and acquire mechanisms to manage challenges is inherent in human nature (Killgore et al., 2020), and when one is faced with stress and adversity, it is within the family that support is often provided and coping mechanisms are present. Although people's coping mechanisms may differ, the combined coping mechanisms of family members contribute to how families cope as a unit. One oft-used coping strategy is spiritual care, which has been identified as playing a supportive role when families are faced with stressful situations (Roman et al., 2020).

Despite the proliferation of research on the COVID-19 pandemic and its ramifications, there remains a paucity of empirical research on COVID-19 and the family within the South African context. This scarcity highlights the importance of investigating and understanding how South African families coped during the pandemic. Therefore, this study aims to fill a critical gap in the literature by offering insights into the unique challenges and coping strategies exhibited by South African families. This will be done by exploring families' subjective experiences of how they coped with the pandemic and the stressors related to it. By foregrounding the experiences of families within this specific cultural and sociopolitical context, this study seeks to contribute to a more extensive understanding of the impact of the pandemic on South African families. This will in turn help to inform family policies and interventions aimed at strengthening family coping strategies and support systems.

Method

Study Design

This study employed an exploratory qualitative research design to understand the coping mechanisms of South African families during the COVID-19 pandemic. Through gathering in-depth information, exploratory research aims to gain initial insights and familiarity with a topic rather than providing definitive solutions (Mbaka & Isiramen, 2021). This method is ideal for situations where the issue, like the impact of a pandemic on families in South Africa, is not fully understood. This study particularly focused on male and female adults from families residing in the Western Cape Province of South Africa.

Sampling Procedure

Recruiting strategies included purposive and snowball sampling methods. Purposive sampling allowed researchers to recruit participants with specific characteristics relevant to the topic, whilst snowball sampling helped access a wider range of experiences within these families. This combination was particularly appropriate for this exploratory study where the full scope of coping mechanisms is yet to be fully understood.

Participants had to be 18 years old or older, live in the Western Cape Province of South Africa, be a member of a South African family, and speak or understand one of the three official languages

of South Africa (English, Afrikaans, or isiXhosa). Family members from the six municipal districts of the Western Cape Province were recruited through social media (WhatsApp statuses and Facebook posts), websites (universities and local organisations), and word of mouth. Participants also recommended friends or neighbours who would be willing to participate in the study.

Participants

Of the 31 participants in the study, 13 (41.9%) were male and 18 (58.1%) were female. The participants' ages ranged from 18 to 70 years; most were between 25 and 35. Most lived within a nuclear family structure (i.e., a couple and their dependent children; 71%), while 67.7% were employed, and 71.0% used English as their home language. See Table 1 for demographic information.

Table 1. *Participant Demographic Information (N = 31)*

Characteristic	<i>n</i>	%
Gender		
Male	13	41.9
Female	18	58.1
Age		
18–24 years	4	12.9
25–35 years	18	58.1
36–46 years	3	9.7
47+ years	6	19.4
Employment status		
Employed	21	67.7
Unemployed	10	32.3
Family structure		
Nuclear family	22	71.0
Single-parent family	2	6.5
Grandparent family	2	6.5
Extended family	5	16.1

Data Collection

Individual semi-structured interviews were conducted with the 31 participants between June 2020 and September 2020. Due to strict lockdown levels in South Africa, most of the interviews were held remotely, either by telephone or on a virtual platform such as Zoom, Microsoft Teams, and Google Meet. Only two face-to-face interviews took place, with strict adherence to COVID-19 protocols. Interviews were conducted in the language chosen by the participant (English, Afrikaans, or isiXhosa). With the consent of the participants, the interviews were recorded. Throughout the interview, participants were asked about the coping mechanisms employed by their families during the COVID-19 pandemic. The interviews lasted between 30 and 60 minutes, depending on the amount of information the participant was willing to share. The semi-structured,

open-ended interviews allowed participants to share their experiences in detail, providing the rich qualitative data needed in order to gain a deeper understanding of the coping mechanisms used by families. Data collection continued until saturation was reached.

Data Analysis

Following data collection, the recorded interviews were transcribed verbatim. Afrikaans and isiXhosa transcriptions were translated into English. The translated transcripts were checked by a researcher proficient in both English and Afrikaans or isiXhosa. To analyse the data, this study made use of the six phases of thematic analysis outlined by Braun and Clarke (2006):

1. Researchers read the transcribed data multiple times to familiarise themselves with the data to make meaning.
2. Once the researchers were familiar with the data, initial codes were generated.
3. These codes were then reviewed to obtain refined codes.
4. The codes with similar concepts were grouped together into sub-themes, which were then organised into themes.
5. Identified themes were refined by merging, collapsing, accepting, or discarding themes.
6. Final themes were determined and then described to make sure that there was clarity about what each theme meant and encompassed.

The thematic analysis helped identify recurring themes and patterns within the qualitative data through an iterative process that allowed researchers to refine their understanding and formulate a well-rounded picture of the coping mechanisms employed by families.

Furthermore, to ensure that the data were analysed adequately, the Atlas.ti software programme was used to identify and categorise themes, and organise data (Konopásek, 2007).

Ethical Considerations

The researchers were aware that conducting qualitative research during a pandemic had the potential to cause additional stress or burden on already vulnerable populations, raising the need for additional strategies to mitigate potential harm and ensure the well-being of the participants. Prior to the commencement of the study, risks and benefits were carefully evaluated by our research team. When unsure, we sought consultation from review boards and other colleagues with experience in conducting interviews virtually to develop a comprehensive ethical protocol tailored to the unique circumstances of the pandemic. Moreover, we reached out to mental health service providers who agreed to be placed on a resource list for participants should the need arise.

We designed our study to be conducted remotely through telephone or video interviews, eliminating the need for in-person contact and the risk of viral transmission. In two cases, remote sessions were not possible due to participants' poor digital literacy or not having a telephone.

Moreover, we provided participants with the option to reschedule or postpone interviews if they were experiencing COVID-related challenges or heightened distress levels. The researchers maintained open communication channels with participants and consistently reminded them of their right to withdraw, pause, or skip questions without consequence. We engaged in reflexive steps to minimise potential harm, holding regular team meetings among the researchers to discuss any emerging ethical concerns, make necessary adjustments, and ensure that our actions aligned with our ethical principles and the well-being of our participants.

Prior to engaging with participants, the researchers obtained ethical approval from the University of the Western Cape's Senate Research Committee and the Research and Ethics Committee. Once approval was obtained, each participant received an email with an information sheet describing the aim of the study and its process, as well as the roles of both the participant and the researcher. Participants were able to read the information sheet in their preferred language so that they could understand the content and make an informed decision. The information sheet was also explained to them over the telephone. At this point, participants were asked if they wanted to partake in the study. If they agreed, they were asked to complete a consent form. They were informed that they could withdraw at any time without consequences to them or their family members. Participants were made aware that participation was completely voluntary, they would remain anonymous, and their information would remain confidential. The researchers were transparent about their roles, affiliations, and the purpose of the study. Participants were informed that the interviews would be audio-recorded and that the recordings would be kept on a password-controlled computer that only the research team could access. Participants were assigned codes to ensure their anonymity, and all identifying information was removed from the data. The researchers securely stored all data, including audio recordings and transcripts, in password-protected files, accessible only to authorised members of the research team.

During the interviews, the researchers were respectful, non-judgmental, and sensitive to the potential for emotional distress or discomfort. Participants were provided the option to skip a question or pause the interview if needed. They were informed that if they experienced any negative effects from the interview, they would be referred to a counselling centre in their community. Throughout the data collection and analysis process, the researchers maintained objectivity and avoided any potential conflicts of interest that could compromise the integrity of their work.

Trustworthiness and Reflexivity

Trustworthiness was achieved by ensuring that the study was credible, dependable, confirmable, and transferable. A reflexive approach to the inquiry and analysis was used to establish the rigour of this study (Lincoln & Guba, 1985). Several factors ensured that the study was credible: participants could express themselves freely; two researchers were involved in coding information, analysing data, and interpreting the data in order to make decisions; and peer examination and debriefing occurred at the end of each interview. To establish dependability, the

research steps were transparent: copious notes of the research process were kept, including the methods of data collection and analysis; and a single interview schedule developed by the research team was used to guide all the interviews. Confirmability was achieved through the researcher asking the participant for clarification when needed; ensuring that all research steps were transparent; and keeping detailed records of the research process throughout the study, including verbatim transcripts of the participants' responses. To ensure transferability, extensive participant quotations were included, and a detailed methodology was provided.

Throughout the study, each researcher made use of a reflective journal to document the discussions, deliberations, and decisions made by the research team when conducting this research. The reflective journal, which was kept as part of an audit trail for this study, included notes regarding personal feelings, biases, and insights that occurred both immediately after data collection and during the process of analysis. Also, any attitudes, experiences, and emotions that could have affected engagement with the participants and the data analysis were documented. The reflective journals allowed the researchers to engage in a continuous process of self-reflection and critical examination of our roles as researchers, which was particularly important for assessing the effects of the pandemic. Researchers documented emotional reactions, ethical dilemmas, and potential conflicts of interest that arose during the study, which were then discussed with the research team. By explicitly acknowledging and exploring these factors, the researchers were better equipped to maintain objectivity and minimise the influence of personal biases during decision-making. This transparency and documentation of our thought processes contributed to the overall credibility and trustworthiness of our findings. Importantly, the reflective journals served as a valuable tool to aid learning and adapt approaches as needed, especially when the team encountered challenges or unanticipated circumstances related to the COVID-19 pandemic.

Results

In order to consider how South African families were coping with the COVID-19 pandemic, we asked them to identify the challenges they faced. Family members identified two main challenges: (a) financial strain, and (b) online schooling and remote working.

Financial Strain

Fifteen participants, aged 21 to 54, reported that their families experienced financial difficulties during the hard lockdown of the COVID-19 pandemic; however, those between 24 and 28 tended to report more severe difficulties. More females (13 out of 18) than males (3 out of 13) reported financial difficulties. Financial difficulties due to the pandemic were experienced across education levels and professions, from interns to private bankers and attorneys. For example, a 28-year-old female nail technician and beauty therapist said:

It is very stressful. I think the main thing about COVID-19 is financially how everybody is struggling and obviously that puts a lot of stress on your relationship

and that escalates to many other things like me being, trying to be, a good mom because I am stressed out and my kids can obviously feel that things aren't, how it used to be.

A 54-year-old retired female explained that, “With us, uhm, my husband wasn't working for three months and that caused quite a strain so now his business has started picking up.” A 33-year-old female counsellor working in a college with students told us: “A student that is earning a stipend, the stipend is supposed to be for the student but it is a family income.”

Such reports clearly show that financial constraints affected family relationships.

Online Schooling and Remote Working

Due to lockdown restrictions, online schooling and remote working became common alternatives to gathering in person. Online schooling was identified as a challenge: children had to adapt to learning online with the support of their parents, and parents had to fulfil a teacher role in addition to their existing roles. Fourteen family members, with an age range of 21 to 64 (6 male and 8 females) from various professions — from students, administrators, and social workers to PhD graduates and accountants — reported challenges with home schooling. Similarly, 14 participants, 7 males and 7 females, reported challenges with remote working, which was consistent across ages and professions. In addition, participants found it challenging to accommodate each family member with space to either work or study, as a 64-year-old female administrator described:

Multigenerational levels of people are living together in one household. So there are the grandparents, the parents, and the kids all living together in a space. Lots of them are working from home so they've got no room to work and they're coping with children and online schooling plus their own work being online. So they are struggling.

Parents also found it challenging to find the time to fulfil their different roles. For instance, a 38-year-old female logistics manager reflected:

Then you've got my son in grade 5 who's missed out, I mean they had online, they had a little bit of online during the lockdown. But to find the time to have a full time job during the day and be a teacher at home was quite difficult.

Coping Mechanisms Employed by South African Families

In the face of these challenges, families had to find ways to cope in order to survive, which was more challenging for some than for others. We identified five themes in relation to how our participants' families coped during the COVID-19 pandemic:

1. Social support, which comprises several sub-themes: spending time with family and enhancing relationships, keeping in touch, engaging in children's schoolwork and splitting the related responsibilities, and charity;

2. An attitude of gratitude;
3. Budgeting and financial management;
4. Maintaining hygienic practices; and
5. Spirituality and self-reflection.

Social Support

Many participants highlighted the importance of social support — being cared for and supported by family, friends, and the community — as a coping mechanism during the COVID-19 pandemic. It included keeping in contact with each other, sharing responsibilities, and providing financial assistance, which helped the participants remain connected and feel supported in their attempts to cope with the adversity associated with the COVID-19 pandemic. Sub-themes — spending time with family and enhancing relationships, keeping in touch, engaging in children’s schoolwork and splitting the related responsibilities, and charity — are discussed below.

Spending Time With Family and Enhancing Relationships

Participants indicated that they partook in more activities with family members during the pandemic, resulting in the enhancement of familial relationships, which shows that family time was an important source of social support. For instance, a 33-year-old female counsellor emphasised the importance of exercising with the family:

In my household the biggest coping mechanism that helped us out was exercise because you could do it as a family. We could do small little activities here in the household and we could practice his karate with him, his karate and his stances and things like that. And what we liked about the karate, we learnt with the karate was that karate focuses on discipline. You need to be very disciplined and dedicated to it.

In addition, a 54-year-old retired female highlighted, “We never used to play so much games before and we actually enjoy the games now, it’s another way of us being closer.” Other participants also emphasised familial closeness. A 28-year-old male software engineer stated that “being able to just stay at my house and spend time with myself and my family was a massive benefit”, and a 26-year-old female law student reflected, “I love that my family is very supportive and loving. They are always willing to help and we are very close as a family.”

Keeping in Touch

Being connected with friends and family members outside the home via telephone or online platforms was a common and important coping mechanism during the pandemic, as it allowed

people to support and encourage each other. A 46-year-old female monitoring and evaluation officer stated:

I think just remaining positive for each other. That was really, really important. Knowing that if I am going to go a little bit crazy in this house, I can make contact with somebody who is going to be able to talk me down and make me feel safe.

Our results further indicated that online platforms were helpful in keeping families connected, providing “that kind of support system that you need inasmuch as we were in our own house and without much contact with the outside world but we still did speak to each other” (31-year-old male educator).

Engaging in Children’s Schoolwork and Splitting the Related Responsibilities

Participants identified online schooling as a challenge: children had to adapt to learning in a different way and parents had to be actively involved in the schooling process whilst still fulfilling all their existing roles and commitments. Participants found that splitting the responsibilities acted as a coping strategy in this regard. For example: “We normally split it for the subjects. So with my grade 5, my husband will normally do the Afrikaans part of it because I’m useless, and he’ll take on the science and geography, and then I handle the rest” (38-year-old female logistics manager). We also found that parents supported their children in their studies: a 30-year-old male social worker stated, “I engaged my children in their studying.” Moreover, establishing a routine was valuable in implementing home schooling. This was highlighted by a 33-year-old counsellor who stated:

My fiancée was the only one that was still going to work every day from eight to five. So we need to be more sensitive towards her. So we tried to stick to our routine and this is also after the first month you focus more on home schooling.

Setting time aside was also an important component of assisting children with their schoolwork. The logistics manager quoted above found that setting time in the evening worked best for her family:

Well, I mean, we’ve set time aside every evening. Now, obviously they’re back at school so it’s all right. But I think it’s been a case of us putting in an extra effort in the evening to help go through, you know, generally it was the homework.

Charity

Participants identified either donating to charities during the lockdown or receiving charity as another coping strategy. Giving to charity made them feel good and helped them cope with the negative consequences of the COVID-19 pandemic, such as loss of income, illness, and death. Some participants felt that donating gave them a sense of purpose and allowed them to feel that

they were easing someone's burden and helping them cope. A 70-year-old female pensioner shared:

I actually got three children that I taught that comes regularly to my door for food, especially for coffee in the morning, warm coffee, it is so cold. And then they knock they say juffrou [teacher] and I make them coffee and I had to give them clothes. It feels good.

On the other hand, recipients of charity were also better able to cope, as the charity assisted them with meeting basic needs. A 54-year-old retired female shared that her daughters have been helpful: "Both our daughters — well, two of them that's working — have helped us financially quite a bit."

In some instances, giving and receiving charity occurred regularly. A 26-year-old unemployed male reflected, "I've seen a good sense of community in certain places. Such as people giving a lot of charity, buying food for the homeless, everyone coming together."

An Attitude of Gratitude

This theme emerged as families focused on being grateful for what they had during the pandemic as opposed to focusing on what they did not have. Many family members that were still receiving a full salary were grateful because they knew that others had either been retrenched, had salary cuts, or, if self-employed, were not generating income. A 26-year-old male human resource management associate reflected, "In our family I think we've, we've grown more, uhm, aware and more appreciative of what we actually have at home." This sentiment was echoed by a 35-year-old female attorney:

COVID-19 really made people focus more on things that are important and small things we would kind of be like, that is really not important any more to like, fight about or disagree about. So, I guess in that sense it makes you appreciate things more.

Budgeting and Financial Management

Most people's finances were impacted in one way or another by the pandemic. For example, some people were retrenched, others had pay cuts, and some had to support family members who had experienced loss of income. Participants reported that their families coped with financial pressure by "not spending unnecessarily, and going without things if need be" (26-year-old female law student), by attempting to "understand and realise exactly what it is we need in order to survive" (46-year-old female monitoring and evaluation officer), and by "avoiding impulsive buying" (30-year-old male PhD graduate). Also, "If a family knows that they are getting a food parcel at a particular time of the month, they did not have to spend money on those food items, then they can cope relatively well" (46-year-old female monitoring and evaluation officer). Some family members relied on their savings and others relied on their banks to accommodate their situation. As 28-year-old female research assistant explained, "Fortunately, a lot of the banks and stuff gave us a, a payment holiday."

Maintaining Hygienic Practices

Practising hygiene and wearing personal protective equipment have helped families within this study sample to have a sense of control and feel protected to some extent against the COVID-19 pandemic. A 33-year-old female counsellor explained how her family ensured that they kept safe:

So we have like an alarm structure in place so that we can get a routine in order. So ten o' clock, twelve o' clock and three o' clock my phone would go off and we would know, "Okay, this is now time that we need to sanitise, we need to wipe off, we need to be mindful before we come into the house, we remove our mask and then our top layer of clothing and then we go wash our hands." In the beginning we were quite frantic about it because whatever came into the house we made sure this needs to wipe down, this needs to go there, this needs to be cleaned. But I think now that we have a sort of routine, we are not so on top of it all the time. We know we need to sanitise and we do it all the time.

Spirituality and Self-Reflection

Participants reported that families found spirituality and religion to be uplifting during the pandemic. In this study, "religion" was used to refer to a specific set of organised beliefs and practices, and "spirituality" to a more individual practice that shapes attitudes and beliefs and provides a sense of peace and purpose. A participant remarked that, during the pandemic, "I've noticed my brother and my mother have become a bit more spiritual" (26-year-old male human resource management associate). Such beliefs also provided a sense of hope. A 70-year-old female said, "When we spoke to each other we used to say, oh well God will make another way." The pandemic allowed people to reflect on their lives; for some, this was a means of coping. A 26-year-old female graduate intern stated, "We were dealing with a lot of things. We needed the world to like keep quiet so that you can find yourself."

Discussion

This study focused on COVID-19 and the family, with the primary aim of exploring how South African families coped during the pandemic. The results indicated challenges that families encountered and various ways in which families coped with them during the pandemic. According to participants, the two main challenges families faced were (a) financial strain and (b) online schooling and remote working. These results accord with the myriad challenges other families are reported to have faced during the pandemic (e.g., Hood et al., 2021). On the other hand, the study also yielded a number of coping mechanisms: (a) social support (spending time with family and enhancing relationships, keeping in touch, engaging in children's schoolwork and splitting the related responsibilities, and charity); (b) an attitude of gratitude; (c) budgeting and financial management; (d) maintaining hygienic practices; and (e) spirituality and self-reflection.

Working toward a richer understanding of the value of coping mechanisms, theorists such as Lazarus and Folkman (1984) endeavoured to explain the idea of coping mechanisms and their utilisation. These understandings are important, particularly during volatile times such as during the pandemic (Salin et al., 2020). Coping mechanisms are fundamental processes individuals employ to manage stress, adversity, and challenging situations in their lives. These mechanisms are elucidated through various psychological theories that offer insights into the cognitive, emotional, and behavioural strategies individuals use to navigate stressors (Wu et al., 2020).

One prominent theory, the cognitive theory of stress and coping proposed by Lazarus and Folkman (1984), underscores the significance of cognitive appraisal in shaping coping strategies. According to Lazarus and Folkman's transactional theory of stress and coping, individuals are constantly appraising stimuli within their environment. This appraisal process generates emotions, and when stimuli are appraised as threatening, challenging, or harmful (i.e., stressors), the resultant distress initiates coping strategies to manage emotions or attempt to directly address the stressor itself (Biggs et al., 2017). Within Lazarus and Folkman's (1984) framework, individuals engage in cognitive reappraisal, in which they reinterpret the meaning of a stressor to diminish its emotional impact. For instance, people in the current sample began considering the positive elements of working from home, such as saving money on travelling and being in the comfort of their own home whilst still meeting occupational requirements. They also employed an attitude of gratitude and began considering ways to learn new skills and budget effectively. In a Mexican study, Garza Varela et al. (2022) noted that optimistic bias and positive reappraisal (focusing on positive information in a stressful situation and thus perceiving it as less unpleasant) were reported to increase with age. Folkman and Lazarus (1984) identified two primary coping strategies: problem-focused coping and emotion-focused coping, both of which were seen in our study. Problem-focused coping entails addressing the stressor directly by taking practical steps to mitigate its impact; for instance, sanitising regularly to avoid contracting COVID-19. Conversely, emotion-focused coping involves managing the emotional distress associated with the stressor, often through seeking social support or engaging in relaxation techniques. This dichotomy underscores the multifaceted nature of coping, wherein individuals employ different strategies depending on the nature of the stressor and their perceived ability to influence it (Garza Varela et al., 2022).

In the area of social support, our findings indicate that spending time with family, participating in activities together, and communicating with family via telephone and online platforms acted as coping mechanisms. Similar results have been found in studies conducted in developed countries (Arpino et al., 2021a; Arpino et al., 2021b; Evans et al., 2020). While these findings highlight the importance of social support in relation to stressors, they also highlight how the stressors have affected the relationships among family members. Additionally, it is noteworthy to mention that the participants' coping mechanisms are more useful for day-to-day living during the pandemic than for coping with the loss of family members. A study conducted among Australian parents by Evans et al. (2020) focused on the impact the COVID-19 pandemic had on family life, and found

that being restricted in interactions with family members outside of the household caused tension within the family. Meanwhile, a South African study found that the lockdown restrictions, whereby daily routines were altered or families could no longer get together, had both positive and negative effects on families (October et al., 2020). This illustrates that it is important to consider the national contexts of the pandemic, as these affect the types of coping mechanism that are utilised.

Findings from the current study suggest that families were able to cope with the COVID-19 restrictions by communicating either telephonically or via online platforms. This agrees with Arpino et al. (2021a) and Arpino et al. (2021b), who found an increase in video calls and use of social media among participants residing in developed countries such as Spain, Italy, and France who were using the online platforms to increase social support as a way of managing the negative effects of the pandemic. Other studies found that these platforms were being used to ascertain available resources or to contact family members when they were in need, which in turn aided in feeling supported (see Anyira & Udem, 2020; Gabbiadini et al., 2020; Rosen et al., 2022; Serra et al., 2021).

Social cognitive theory, proposed by Bandura (1986), highlights the role of observational learning, self-efficacy beliefs, and outcome expectancies in shaping coping behaviours. Through modelling, individuals observe and imitate coping strategies demonstrated by others, thereby expanding their repertoire of adaptive responses (Ritchie et al., 2021). This effect was demonstrated in our study when dedicated parents who were working from home, showing resilience, and problem-solving modelled the importance of dedication, resilience, and problem-solving to their children who faced the challenge of online learning. Additionally, activities aimed at building self-efficacy, such as setting achievable goals and mastering new skills, bolster individuals' confidence in their ability to cope effectively with stressors; these cognitive processes underscore the importance of perceived control and mastery in navigating challenging circumstances (Ritchie et al., 2021). One of the coping mechanisms utilised by participants' families during the pandemic was to promote familial relationships by participating in shared activities. These findings are supported by a study conducted in Zimbabwe (Chirombe et al., 2020) showing that family members bonded with each other by playing games and watching movies together, which was made possible due to the change in work and school schedules. However, when the COVID-19 lockdown restrictions were imposed and families could no longer visit with those outside the household, they learned to utilise alternative forms of communication instead.

Furthermore, our findings revealed that engaging with the children's schoolwork and splitting related responsibilities was perceived as a coping mechanism. Here, it is important to consider the parents' level of education, as the splitting of responsibilities may be easier to accomplish for those with higher education levels. This is partly due to the flexibility they are afforded with regard to working remotely, which is often aligned with jobs which require a higher level of education (Salin et al., 2020). Earlier research suggests that child-related responsibilities are equally distributed between parents who are highly educated (Rousoulioti et al., 2022); this may help to explain why engaging with children's schoolwork and splitting the related workload was perceived as an

essential coping strategy by many of our participants. However, this finding is relevant only for two-parent households, not for those maintained by a single parent or by children. It is therefore imperative that future research delve into how family structure influences shared household responsibilities.

Contemporary research recognises that in the face of crises there is a general increase in both selfishness and generosity (Rousoulioti et al., 2022). The current study found that at the onset of the pandemic, there was an increase in generosity amongst individuals, family members, and the community, exemplified by buying food for the homeless and offering clothes. Fridman et al. (2022), in an American study, used both a longitudinal dataset ($N = 696,942$) and a game study ($N = 1003$) to investigate the relationship between the threat of COVID-19 and generosity. They found that individuals exhibited greater financial generosity under the COVID-19 threat, with an acceleration in the number of contributions from old and new donors. Similarly, in South Africa, the government allocated 50 billion rand to be distributed to vulnerable households as social relief packages, temporarily increased the existing social welfare grants, and introduced grants for the unemployed (Bhorat et al., 2021). The relief package from the government reached approximately 63% of South Africa's population, underscoring the level of income inequality and the extent of unemployment in the country.

Additionally, as a precautionary measure against the virus, the South African government declared a state of national disaster, which entailed severe restrictions aimed at averting the spread of viruses and protecting the people (National Department of Health, 2020). Some of the measures included social distancing, restricted movement, curfews, no social gatherings, wearing of face masks, regular washing of hands, and sanitising. Betsch et al. (2020) highlighted that using personal protective equipment such as masks and practising good hygiene can be interpreted as a social contract in which compliance leads to “rewards” and not wearing the mask results in “punishment”. In an international study, Martinelli et al. (2021) found that wearing masks is seen as an act of social responsibility that protects others, and the families in our own study kept each other safe with reminders to sanitise. In Burger et al.'s (2021) South African study, 96% of participants reported using masks in answer to closed-ended questions; when the question was open-ended, only 74% of them reported maintaining mask-wearing. The same authors noted that more individuals from the most affluent socioeconomic group perceived themselves as susceptible to COVID-19 than did the least affluent — and actually most vulnerable — individuals. Considering the extent of inequality in the Western Cape, we recommend investigating how families living in informal settlements and the homeless navigated the space of hygiene and wearing personal protective equipment during the pandemic.

Another coping strategy participants used during the pandemic was being reflective and spiritual, and depending on God. This finding is in line with Choi and Hastings (2019), who found that resorting to religion and spirituality when ill can be instrumental to recovery, and with other studies that found religion or spirituality to be important for coping during the pandemic (Fekih-Romdhane & Cheour, 2021; Knight et al., 2021; Roman et al., 2020; Saud et al., 2021).

Also, Javed and Parveen's (2021) study with 475 participants, where 76% of the participants were Muslims from India and 14% were from European countries and various religious groups, found that the unemployed were intentional in trusting God, and those living with their family coped by being reflective and trusting in God. In our study, this was corroborated by the 70-year-old female who would regularly say, "Oh well God will make another way": this statement seemed to impart hope and reflect confidence in God. Communities, families, and individuals facing adversity, widespread anxiety, or disaster have often turned to religious and philosophical beliefs for solace (Roman et al., 2020). Some of our participants expressed that reflecting, and being attuned to a higher power, were helpful for their families when feeling overwhelmed during the pandemic.

Overall, our findings suggest that the coping mechanisms used during the COVID-19 pandemic were often on the macrosystemic level, wherein families supported one another and used their internal resources to cope. Although the government assisted with coping through multiple initiatives, such as the COVID-19 stimulus as social support for families and for businesses, this sample mainly relied on family support as a coping strategy.

Limitations and Future Research

This study explored the coping mechanisms employed by families in one of the most affluent and unequal provinces in South Africa; future research could explore the challenges and coping mechanisms utilised in other provinces. One of the limitations of the study is that it did not include disadvantaged groups. In addition, considering the extent of job loss due to the pandemic and income inequality in the country, further research could investigate how families coped with conflict arising from these stressors. Furthermore, because the practices of social distancing and good hygiene are some of the most effective mechanisms for preventing the spread of the virus, future research could explore how the homeless cope in periods of crisis. With the increased use of technological resources to facilitate online learning and working from home, future research could investigate the effects of screen time on individuals and its effects on family relationships in order to develop guidelines for using devices in a sustainable way.

Recommendations

The COVID-19 restrictions in South Africa have had both positive and negative effects on the cosmopolitan family structure. Whilst some of the negative implications are related to financial strain and the effects of remote working and online schooling, there are many positive outcomes that have the potential to strengthen families. This research demonstrated that lockdown restrictions often strengthened the relationships within families and extended family structures, and allowed for meaningful engagement through game-based activities and increased communication by virtue of the living arrangements. Continuing these engagements after the pandemic should be encouraged, as they may be valuable for the health and well-being of family members.

To address the challenges that come with loss of household income, financial institutions should consider the development of intervention programmes related to financial literacy and financial management in times of uncertainty. These interventions, if planned with the family in mind, may also be useful for post-pandemic financial sustainability. More research should be conducted regarding the impact of financial strain on families during times of uncertainty.

Education departments would do well to offer resource packs to parents for the purposes of home schooling, as this may place parents in a better position to support the educational needs of their children. In addition, the health and well-being of families should be supported with continued education broadcasts in the media regarding hygiene practices.

To address challenges related to food insecurity within communities during times of crisis and beyond, various families could join together to develop a community of practice, actively engaging governmental and non-governmental agencies to co-design and co-create interventions.

Conclusion

The COVID-19 pandemic resulted in many changes that left people feeling uncertain about the future, not just in South Africa but throughout the world. Therefore, it was important to investigate how families cope during challenging and unpredictable times. This study highlights how some South African families coped during a pandemic by, for example, receiving and providing social support, being grateful for what one has, better financial management, practising good hygiene, and engaging in spiritual practices and self-reflection. Within our study sample, these coping mechanisms ultimately resulted in a positive increase in family and social cohesion and improved familial relationships. Although the families in our study did find ways to cope within their family environment during the COVID-19 pandemic and lockdown, interventions and support programmes aimed at families should encourage them to cultivate coping mechanisms for dealing with both day-to-day challenges and unpredictable adversity.

References

- Adebiyi, B. O., Donga, G. T., Omukunyi, B., & Roman, N. V. (2022). How South African families protected themselves during the COVID-19 Pandemic: A qualitative study. *Sustainability*, 14(3), Article 1236. <https://doi.org/10.3390/su14031236>
- Adonis, C. K. (2017). Generational victimhood in post-apartheid South Africa: Perspectives of descendants of victims of apartheid era gross human rights violations. *International Review of Victimology*, 24(1), 47–65. <https://doi.org/10.1177/0269758017732175>
- Anyira, I. E., & Udem, O. K. (2020). Effect of social media addiction on reading culture: A study of Nigerian students. *Library Philosophy and Practice (e-journal)*. Article 4170. <https://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=7797&context=libphilprac>
- Arpino, B., Pasqualini, M., & Bordone, V. (2021a). Physically distant but socially close? Changes in non-physical intergenerational contacts at the onset of the COVID-19 pandemic among older people in France, Italy and Spain. *European Journal of Ageing*, 18(2), 185–194. <https://doi.org/10.1007/s10433-021-00621-x>
- Arpino, B., Pasqualini, M., Bordone, V., & Solé-Auró, A. (2021b). Older people's nonphysical contacts and depression during the COVID-19 lockdown. *The Gerontologist*, 61(2), 176–186. <https://doi.org/10.1093/geront/gnaa144>
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory* (pp. 23–28). Prentice Hall.
- Betsch, C., Korn, L., Sprengholz, P., Felgendreff, L., Eitze, S., Schmid, P., & Böhm, R. (2020). Social and behavioral consequences of mask policies during the COVID-19 pandemic. *Proceedings of the National Academy of Sciences*, 117(36), 21851–21853. <https://doi.org/10.1073/pnas.2011674117>
- Bhorat, H., Oosthuizen, M., & Stanwix, B. (2021). Social assistance amidst the COVID-19 epidemic in South Africa: A policy assessment. *South African Journal of Economics*, 89(1), 63–81. <https://doi.org/10.1111/saje.12277>
- Biggs, A., Brough, P., & Drummond, S. (2017). Lazarus and Folkman's psychological stress and coping theory. In C. L. Cooper & J. Campbell Quick (Eds.), *The Handbook of Stress and Health: A Guide to Research and Practice* (pp. 349–364). John Wiley & Sons. <https://doi.org/10.1002/9781118993811.ch21>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>

- Burger, R., Christian, C., English, R., Maughan-Brown, B., & Rossouw, L. (2022). Predictors of mask-wearing during the advent of the COVID-19 pandemic: Evidence from South Africa. *Translational Behavioral Medicine*, 12(1), Article 132. <https://doi.org/10.1093/tbm/ibab132>
- Cassinat, J. R., Whiteman, S. D., Serang, S., Dotterer, A. M., Mustillo, S. A., Maggs, J. L., & Kelly, B. C. (2021). Changes in family chaos and family relationships during the COVID-19 pandemic: Evidence from a longitudinal study. *Developmental Psychology*, 57(10), 1597–1610. <https://doi.org/10.1037/dev0001217>
- Chrombe, T., Benza, S., Munetsi, E., & Zirima, H. (2020). Coping mechanisms adopted by people during the COVID-19 lockdown in Zimbabwe. *Business Excellence and Management*, 10(1), 33–45. <https://doi.org/10.24818/beman/2020.S.I.1-03>
- Choi, S. A., & Hastings, J. F. (2019). Religion, spirituality, coping, and resilience among African Americans with diabetes. *Journal of Religion & Spirituality in Social Work: Social Thought*, 38(1), 93–114. <https://doi.org/10.1080/15426432.2018.1524735>
- Donga, G. T., Roman, N. V., Adebisi, B. O., Omukunyi, B., & Chinyakata, R. (2021). Lessons learnt during COVID-19 lockdown: A qualitative study of South African families. *International Journal of Environmental Research and Public Health*, 18(23), Article 12552. <https://doi.org/10.3390/ijerph182312552>
- Engelbrecht, M. (2023). Factors associated with COVID-19-related stress among female primary caregivers in vulnerable families in South Africa. *European Journal of Investigation in Health, Psychology and Education*, 13(2), 377–390. <https://doi.org/10.3390/ejihpe13020028>
- Evans, S., Mikocka-Walus, A., Klas, A., Olive, L., Sciberras, E., Karantzas, G., & Westrupp, E. M. (2020). From “It has stopped our lives” to “Spending more time together has strengthened bonds”: The varied experiences of Australian families during COVID-19. *Frontiers in Psychology*, 11, Article 588667. <https://doi.org/10.3389/fpsyg.2020.588667>
- Fekih-Romdhane, F., & Cheour, M. (2021). Psychological distress among a Tunisian community sample during the COVID-19 pandemic: Correlations with religious coping. *Journal of Religion and Health*, 60(3), 1446–1461. <https://doi.org/10.1007/s10943-021-01230-9>
- Ferguson, N., Laydon, D., Nedjati-Gilani, G., Imai, N., Ainslie, K., Baguelin, M., Bhatia, S., Boonyasiri, A., Cucunubá, Z., Cuomo-Dannenburg, G., Dighe, A., Dorigatti, I., Fu, H., Gaythorpe, K., Green, W., Hamlet, A., Hinsley, W., Okell, L. C., van Elsland, S., ... Ghani, A. C. (2020). *Report 9: Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand*. Imperial College London. <https://doi.org/10.25561/77482>
- Fridman, A., Gershon, R., & Gneezy, A. (2022). Increased generosity under COVID-19 threat. *Scientific Reports*, 12(1), Article 4886. <https://doi.org/10.1038/s41598-022-08748-2>

- Gabbiadini, A., Baldissarri, C., Durante, F., Valtorta, R. R., De Rosa, M., & Gallucci, M. (2020). Together apart: The mitigating role of digital communication technologies on negative affect during the COVID-19 outbreak in Italy. *Frontiers in Psychology, 11*, Article 554678. <https://doi.org/10.3389/fpsyg.2020.554678>
- Garza Varela, J. P., de la Cruz-de la Cruz, C., Leija Guerrero, J. G., Sánchez Rodríguez, K. E., & Kawas Valle, O. (2021). Positive reappraisal as a stress coping strategy during the COVID-19 pandemic. *Salud Mental, 44*(4), 177–184. <https://doi.org/10.17711/SM.0185-3325.2021.023>
- Groenewald, C., & Bhana, A. (2016). Substance abuse and the family: An examination of the South African policy context. *Drugs: Education, Prevention and Policy, 25*(2), 148–155. <https://doi.org/10.1080/09687637.2016.1236072>
- Harker, N., Johnson, K., Erasmus, J., & Myers, B. (2022). COVID 19: Impact on substance use treatment utilisation and provision in South Africa. *Substance Abuse Treatment, Prevention, and Policy, 17*(1), Article 15. <https://doi.org/10.1186/s13011-022-00446-6>
- Hood, R., Zabatiero, J., Silva, D., Zubrick, S. R., & Straker, L. (2021). “Coronavirus changed the rules on everything”: Parent perspectives on how the COVID-19 pandemic influenced family routines, relationships and technology use in families with infants. *International Journal of Environmental Research and Public Health, 18*(23), Article 12865. <https://doi.org/10.3390/ijerph182312865>
- Humphreys, K. L., Myint, M. T., & Zeanah, C. H. (2020). Increased risk for family violence during the COVID-19 pandemic. *Pediatrics, 146*(1), Article e20200982. <https://doi.org/10.1542/peds.2020-0982>
- Javed, S., & Parveen, H. (2021). Adaptive coping strategies used by people during coronavirus. *Journal of Education and Health Promotion, 10*(1), 122–129. https://doi.org/10.4103/jehp.jehp_522_20
- Killgore, W. D. S., Taylor, E. C., Cloonan, S. A., & Dailey, N. S. (2020). Psychological resilience during the COVID-19 lockdown. *Psychiatry Research, 291*, Article 113216. <https://doi.org/10.1016/j.psychres.2020.113216>
- Knight, D., Dudenkov, D. V., & Cheshire, W. P. (2021). Religion in the US during the time of a pandemic: A medical perspective. *Journal of Religion and Health, 60*, 3177–3192 (2021). <https://doi.org/10.1007/s10943-021-01366-8>
- Konopásek, Z. (2007). Making thinking visible with Atlas.ti: Computer assisted qualitative analysis as textual practices. *Historical Social Research/Historische Sozialforschung. Supplement, 276–298*.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.

Lund, C., & Cois, A. (2018). Simultaneous social causation and social drift: Longitudinal analysis of depression and poverty in South Africa. *Journal of Affective Disorders*, 229, 396–402. <https://doi.org/10.1016/j.jad.2017.12.050>

MacMillan, T., Corrigan, M. J., Coffey, K., Tronnier, C. D., Wang, D., & Krase, K. (2021). Exploring factors associated with alcohol and/or substance use during the COVID-19 pandemic. *International Journal of Mental Health and Addiction*, 20, 1814–1823. <https://doi.org/10.1007/s11469-020-00482-y>

Mahlangu, P., Gibbs, A., Shai, N., Machisa, M., Nunze, N., & Sikweyiya, Y. (2022). Impact of COVID-19 lockdown and link to women and children's experiences of violence in the home in South Africa. *BMC Public Health*, 22(1), Article 1029. <https://doi.org/10.1186/s12889-022-13422-3>

Martinelli, L., Kopilaš, V., Vidmar, M., Heavin, C., Machado, H., Todorović, Z., Buzas, N., Pot, M., Prainsack, B., & Gajović, S. (2021). Face masks during the COVID-19 pandemic: A simple protection tool with many meanings. *Frontiers in Public Health*, 8, Article 606635. <https://doi.org/10.3389/fpubh.2020.606635>

Mazza, M., Marano, G., Lai, C., Janiri, L., & Sani, G. (2020). Danger in danger: Interpersonal violence during COVID-19 quarantine. *Psychiatry Research*, 289, 113046. <https://doi.org/10.1016/j.psychres.2020.113046>

Mbaka, N., & Isiramen, O. M. (2021). The changing role of an exploratory research in modern organisation. *GPH-International Journal of Business Management*, 4(12), 27–36. <https://doi.org/10.5281/zenodo.6992256>

McRae, C. S., Overall, N. C., Henderson, A. M. E., Low, R. S. T., & Chang, V. T. (2021). Parents' distress and poor parenting during a COVID-19 lockdown: The buffering effects of partner support and cooperative coparenting. *Developmental Psychology*, 57(10), 1623–1632. <https://doi.org/10.1037/dev0001207>

National Department of Health. (2020). *COVID-19 South African coronavirus news and information 2020*. <https://sacoronavirus.co.za/>

National Institute for Communicable Diseases (2020, December 23). *Latest confirmed cases of COVID-19 in South Africa*. <https://www.nicd.ac.za/latest-confirmed-cases-of-covid-19-in-south-africa-23-dec-2020/>

October, K. R., Petersen, L. R., Adebisi, B., Rich, E., & Roman, N. V. (2021). COVID-19 daily realities for families: A South African sample. *International Journal of Environmental Research and Public Health*, 19(1), Article 221. <https://doi.org/10.3390/ijerph19010221>

- Rich, E. G., Butler-Kruger, L., Sonn, I. K., Kader, Z., & Roman, N. V. (2022). Family resilience and the COVID-19 pandemic: A South African study. *Social Sciences, 11*(9), Article 416. <https://doi.org/10.3390/socsci11090416>
- Ritchie, L., Cervone, D., & Sharpe, B. T. (2021). Goals and self-efficacy beliefs during the initial COVID-19 lockdown: A mixed methods analysis. *Frontiers in Psychology, 11*, Article 559114. <https://doi.org/10.3389/fpsyg.2020.559114>
- Roman, N. V., Mthembu, T. G., & Hoosen, M. (2020). Spiritual care—‘A deeper immunity’: A response to COVID-19 pandemic. *African Journal of Primary Health Care & Family Medicine, 12*(1), Article 2456. <https://doi.org/10.4102/phcfm.v12i1.2456>
- Rosen, A. O., Holmes, A. L., Balluerka, N., Hidalgo, M. D., Gorostiaga, A., Gómez-Benito, J., & Huedo-Medina, T. B. (2022). Is social media a new type of social support? Social media use in Spain during the COVID-19 pandemic: A mixed methods study. *International Journal of Environmental Research and Public Health, 19*(7), Article 3952. <https://doi.org/10.3390/ijerph19073952>
- Rousoulioti, T., Tzagari, D., & Giannikas, C. N. (2022). Parents’ new role and needs during the COVID-19 educational emergency. *Interchange, 53*, 429–455. <https://doi.org/10.1007/s10780-022-09464-6>
- Salin, M., Kaittila, A., Hakovirta, M., & Anttila, M. (2020). Family coping strategies during Finland’s COVID-19 lockdown. *Sustainability, 12*(21), Article 9133. <http://doi.org/10.3390/su12219133>
- Saud, M., Ashfaq, A., Abbas, A., Ariadi, S., & Mahmood, Q. K. (2021). Social support through religion and psychological well-being: COVID-19 and coping strategies in Indonesia. *Journal of Religion and Health, 60*(5), 3309–3325. <https://doi.org/10.1007/s10943-021-01327-1>
- Serra, G., Lo Scalzo, L., Giuffrè, M., Ferrara, P., & Corsello, G. (2021). Smartphone use and addiction during the coronavirus disease 2019 (COVID-19) pandemic: Cohort study on 184 Italian children and adolescents. *Italian Journal of Pediatrics, 47*(1), Article 150. <https://doi.org/10.1186/s13052-021-01102-8>
- Stiegler, N., & Bouchard, J.-P. (2020, September). South Africa: Challenges and successes of the COVID-19 lockdown. *Annales Médico-Psychologiques, Revue Psychiatrique, 178*(7), 695–698. <https://doi.org/10.1016/j.amp.2020.05.006>
- Taylor, S., Paluszek, M. M., Rachor, G. S., McKay, D., & Asmundson, G. J. G. (2021). Substance use and abuse, COVID-19-related distress, and disregard for social distancing: A network analysis. *Addictive Behaviors, 114*, Article 106754. <https://doi.org/10.1016/j.addbeh.2020.106754>

- Usher, K., Bradbury Jones, C., Bhullar, N., Durkin, J., Gyamfi, N., Fatema, S. R., & Jackson, D. (2021). COVID-19 and family violence: Is this a perfect storm? *International Journal of Mental Health Nursing*, 30(4), 1022–1032. <https://doi.org/10.1111/inm.12876>
- Weeland, J., Keijsers, L., & Branje, S. (2021). Introduction to the special issue: Parenting and family dynamics in times of the COVID-19 pandemic. *Developmental Psychology*, 57(10), 1559–1562. <https://doi.org/10.1037/dev0001252>
- Wu, W., Zhang, Y., Wang, P., Zhang, L., Wang, G., Lei, G., Xiao, Q., Cao, X., Bian, Y., Xie, S., Huang, F., Luo, N., Zhang, J., & Luo, M. (2020). Psychological stress of medical staffs during outbreak of COVID-19 and adjustment strategy. *Journal of Medical Virology*, 92(10), 1962–1970. [http://doi: 10.1002/jmv.25914](http://doi:10.1002/jmv.25914)
- Zaami, S., Marinelli, E., & Vari, M. R. (2020). New trends of substance abuse during COVID-19 pandemic: An international perspective. *Frontiers in Psychiatry*, 11, Article 700. <https://doi.org/10.3389/fpsy.2020.00700>
- Zhang, H. (2020). The influence of the ongoing COVID-19 pandemic on family violence in China. *Journal of Family Violence*, 37, 733–743. <https://doi.org/10.1007/s10896-020-00196-8>
- Zsilavec, A., Wain, H., Bruce, J. L., Smith, M. T. D., Bekker, W., Laing, G. L., Lutge, E., & Clarke, D. L. (2020). Trauma patterns during the COVID-19 lockdown in South Africa expose vulnerability of women. *SAMJ: The South African Medical Journal*, 110(11), 1110–1112. <https://doi.org/10.7196/SAMJ.2020.v110i11.15124>