



Gender-based violence perpetrated against migrant women during lockdowns: A pastoral care challenge

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Background: The article unpacks the complexities of gender-based violence (GBV) against illegal migrant women during lockdowns and contributes to the broader discourse on gender equality, human rights and social justice within the Pentecostal or Charismatic pastoral praxis. The geographical demography was a semi-formal area located between South Africa's Gauteng and Northwest provinces. The period for the inquiry was South Africa's coronavirus disease 2019 (COVID-19) induced lockdowns that began on 27 March 2020 until 05 April 2022.

Objectives: The study aimed to shed light on the unique challenges faced by this vulnerable population, exploring the intersectionality of their undocumented status, gender and the socio-economic impacts of restrictive measures and the challenges to pastorally care for them.

Method: The qualitative approach and case study were used to select two sets of participants; 13 illegal Zimbabwean Migrant Women (ZMW) and 3 Pentecostal or Charismatic clergy.

Results: There was a disturbing prevalence of GBV incidents, ranging from physical, sexual to psychological abuse. The illegal status of migrant women exacerbated their vulnerability and reluctance to seek help due to fear of deportation and societal stigmatisation. The lockdown-induced economic strain further compounded their susceptibility to GBV.

Conclusion: There was nonexistent pastoral care policy or praxis within the Pentecostal or Charismatic church for illegal ZMW who were victims of GBV during the lockdowns. These themes emerged: (1) high incidents of GBV perpetrated against illegal ZMW during lockdowns; (2) barriers to seeking pastoral care were lack of trust, migration status, fear of deportation, fear of infection and (3) no physical virtual pastoral care.

Contribution: This article is embedded in the Pentecostal or Charismatic practice of care; postmodern, using the interpretive narrative framework to highlight the narratives of illegal Zimbabwean Migrant Women (ZMW) who were victims of gender-based violence (GBV) during South Africa's COVID-19 lockdowns and the challenges of pastorally caring for them.

Keywords: gender based violence; Zimbabwean migrant women; pastoral care; COVID-19; lockdowns; intersectionality; migration; Pentecostal; Charismatic; African psychology.

Introduction

The study encompassed practical theology (Clebsch & Jaeckle 2022:283–293; Van Aarde 2012; 43–68), psychological (Becker 2021; Morgan 2000;n.p.) and socio-ecological theories to explore the lived experiences of Zimbabwean Migrant Women (ZMW) who were victims of gender-based violence (GBV) during the coronavirus disease 2019 (COVID-19) pandemic (Baloyi 2013:1–10). The interpretivist paradigm epistemology was interfaced with the narrative approach (Morgan 2000) to understand the complex interplay of migration, COVID-19 pandemic, cultural values in the magnitude of GBV perpetrated against ZMW. Issues of migration status, understanding cultural norms, dynamics of GBV and gender roles were quizzed out to shape the pastoral care framework that would counsel ZMW who are victims of GBV. Throughout this article, the ZMW will be referred to as ZMW and GBV will be referred to as GBV. Examining the intersection (Crenshaw 1989:136–168, 1991:1241–1299) of migration and GBV during the pandemic allows researchers to explore how factors such as displacement, acculturation stress and economic challenges contribute to vulnerability.

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Statistics South Africa (STATSSA) released a preliminary report that indicated that between 2018/19 and 2021/22, there was a 9.1% point increase in the proportion of individuals who experienced one form or another of disputes (STATSSA 2022). Following a telephone conversation with an enumerator (anonymous) during the Census, this researcher was made to understand that the STATSSA enumeration process does not look at actual figures of victims of GBV who are illegal migrants because the illegal migrants fear being deported. The recent STATSSA Census 2022 report gave an updated population of the migrant demography that highlighted that the issue of migrants is a perpetual reality for South Africa. South African Census 2022 indicated that international migration was 835 216 in 1996 and increased to 2 418 197 in 2022 (Census 2022:40–43). This highlights the fact that the issue of migrants needs to be taken seriously by everyone, including the Pentecostal or Charismatic church. Statistics South Africa also highlighted the fact that more than 40% of the enumerated migrants were from Zimbabwe. This figure does not include illegal migrants.

Furthermore, Statistics South Africa's recent Census 2022 report highlighted that 50% of the migration population in South Africa is based in the Gauteng province and 16% migrants are found in the Western Cape province (STATSSA 2022:38–44). These figures from Statssa highlight the fact that the issue of migration needs to be addressed by all and sundry, hence, this research endeavour. Of the 15 languages that were listed by Statssa during the Census 2022, the Shona language was indicated to be spoken by 0.6% in Gauteng province (STATSSA 2022:35), thus making Gauteng the highest province with a concentration of Shona-speaking migrants. Previous studies highlighted the fact that illegal migrants remain under-reported, marginalised and difficult to integrate into their host nations due to their fear of deportation and continued mistrust of authorised institutions like churches, police, etc. The issue of illegal ZMW who are victims of GBV during the COVID-19-induced lockdowns was not different; hence, this study concentrated on their lived experiences of GBV.

Pre-COVID-19 literature (e.g. Chin & Wilson 2018; Lau et al. 2005; Sardinha et al. 2018; Scheper-Hughes & Bourgois 2004) on GBV catered to women and children generally and any migration centred literature with a bias to GBV looked at refugees and other legal migrants. There is also extensive GBV-centred research (Piret & Boivin 2021; Rees et al. 2011; Schjonberg 2017) conducted over the past 30 years and has been carried out on many pandemics (Ebola, AIDS, H1N1 Flu, etc.), wars and natural disasters, and their influence on women and children has been studied. No single study exists, which looked at the COVID-19 pandemic and the ZMW. During COVID-19, the South African president kept his fellow countrymen and women informed about Government disaster-management guidelines and changes and always addressed the people as 'Fellow South Africans'. He never addressed migrants who were living within the South African borders during the pandemic. All these

highlight the fact that illegal migrants were not catered to by the existing institutions, including the Pentecostal or Charismatic church.

The scientific value of studying GBV perpetrated against migrant women during the COVID-19 pandemic lies in its potential to inform evidence-based interventions, policies and advocacy efforts that address the unique challenges faced by this population, contributing to the overall well-being and safety of migrant women. Researching GBV perpetrated against migrant women during lockdowns served as a foundation for creating informed and targeted pastoral care responses. It not only highlighted the socio-cultural challenges faced by this vulnerable demographic but also provided an opportunity to develop effective strategies for support, prevention and community empowerment. The knowledge about the immediate and long-term trauma on the physical and mental well-being of the migrant women is essential for pastoral care professionals and policymakers to prioritise resources and support services.

Inter-sectionality (Crenshaw 1991:1241–1299) highlighted the socio-structural roots of GBV and gender inequality among illegal migrants thus providing a more nuanced understanding of the experiences of illegal migrant women who were victims of GBV during the lockdowns. Furthermore, migration studies (e.g. Falicov 2007; Narlı, Özaşçılar & Turkan İpek 2020; Sapia et al. 2020) contributed to the analysing the specific vulnerabilities and challenges faced by migrant women (e.g. their legal status, labour conditions, nonexistent social integration). Thus, the scientific value of studying GBV against illegal migrant women during the COVID-19 pandemic lies in its potential to inform evidence-based pastoral care interventions, policies and advocacy efforts that address the unique challenges faced by this population, contributing to the overall well-being and safety of migrant women.

The aim of this research study was to understand the illegal ZMW's GBV trauma and pastoral care challenges of caring for migrant women who are victims of GBV during the pandemics. The following objectives were met:

1. To investigate the depth of trauma caused by GBV perpetrated against migrant women with a special focus on ZMW.
2. To highlight the importance of understanding Western and African psychology with regard to women's lived experiences of GBV.
3. To learn from literature, the depth of GBV faced by migrant women during the COVID-19 pandemic.
4. To find a healing method that will facilitate healing of migrant women who are traumatised by intimate partners during the pandemics.
5. To develop a Pastoral Care Monitoring and Evaluation Methodology for assessing the effectiveness of pastoral care among GBV victims who are migrant women in semi-informal settlements.

Walker (1979:55–70) highlighted the fact that intimate partner violence or GBV has a lifecycle that takes different forms and these different forms contribute to trauma. Walker's 'circle of violence' highlighted the stages that occur prior to or after a GBV episode, thus affirming the narratives of the ZMW. One participant (Nyaradzo) indicated that her husband would be apologetic and very loving after physically abusing her. Nyaradzo (not her real name) shared that she lost her unborn child after her husband beat and kicked her in the stomach until she lost consciousness and she said that she is not even sure what triggered the violent beating. She was helped by her South African landlord to go to the hospital when she was scared to go there for fear of deportation. She also indicated that she had to lie and say that she fell in order to avoid registering a police report (which is a requirement when seeking hospital treatment). Nyaradzo did not report the GBV to the police because she feared being deported and also her husband being arrested as he was the breadwinner. She further did not seek pastoral care to heal from the trauma of GBV and losing her unborn child, her Shona culture did not encourage including 'outsiders' in family matters. Her story and many others like her, highlights the trauma of many unreported GBV cases perpetrated on illegal migrant women. Fear of deportation, their illegal status and being financially dependent were some of the barriers to seeking pastoral care that the ZMW indicated. Leviticus 19:34–35 invited the children of Israel to love and care for the 'stranger who dwells among them', and while this was an invitation for Israel's social responsibility, it is an invitation for every pastoral caregiver and congregant. The issue of migrants (legal or illegal) is a challenging constituent that requires the involvement of the church to buttress already existing government efforts. The Pentecostal or Charismatic church should establish their pastoral care policies and praxis in the context of illegal migrants. Findings highlighted the fact that there was no pastoral care footprint among illegal ZMW who were victims of GBV during the lockdowns. While the COVID-19 pandemic (Adebiyi et al. 2021) brought its own challenges globally, the Pentecostal or Charismatic at the semi-formal resettlement area between Gauteng and Northwest provinces of South Africa did not have pastoral care footprint among illegal migrants prior to the COVID-19 pandemic. This nonexistent pastoral care footprint was attributed to the mistrust that illegal migrants have regarding any recognised institutions. Furthermore, the Pentecostal or Charismatic clergy did not fully understand the socio-cultural and migration contexts of illegal migrants to make inroads to care.

Theoretical frameworks

This was a gender framework that considered the intersections of migration status, gender and other social factors, in an effort to contribute to a more nuanced understanding of GBV against illegal migrant women during the COVID-19-induced lockdown. Pastoral care for illegal migrant women who are victims of GBV involved seeking to understand the challenges of providing support and assistance with a focus on the spiritual, emotional and practical needs of this

marginalised and vulnerable group. Furthermore, the theoretical framework for such care is often rooted in principles of compassion, justice and human rights. The study was undergirded by the migration theoretical framework that explored the lived realities of illegal migrant women from Zimbabwe who are victims of GBV during the COVID-19-induced lockdowns. The sociological imagination theory (Mills 1959:8–10) established a link between the increase in GBV cases amongst the ZMW, illegal status, social stigma and cultural factors. These links became an enabling ground for the continued abuse of the ZMW as their migration status exacerbated the barrier to reporting GBV caused by the lack of knowledge among migrants of an existing institutional support system and also the lack of trust of any authorised institutional frameworks.

Practical theological framework

Within the practical theological framework, the study was undergirded by the employed Osmer's (2008:11) approach of: (1) a descriptive – empirical task, (2) interpretive task, (3) normative task and (4) pragmatic task. Undergirded by Osmer's (2008:11) tasks, the process involved open-ended interviews of 13 participants and three clergy within their setting. The pastoral care framework for counselling ZMW who are victims of GBV was undergirded by consideration of issues of migration status, understanding cultural norms, dynamics of GBV and gender roles. South African government's (2015:n.p.) 'operation fiela' responded to the 2008 and 2015 public hostility towards migrants; however, it did not include 'illegal migrants'. Recent groups like Operation Dudula, which was very vocal to the effect that one Zimbabwean man was burnt alive (News24 2022), made these matters worse for the illegal migrants. The political narrative of some of South Africa's politicians like the Former Mayor of Joburg, Herman Mashaba and Patriotic Alliance's Gayton McKenzie has elevated the hate towards illegal migrants such that the illegal migrants are afraid to approach any organisation including the church. The ZMW constructed the meaning of GBV in the context of their migrant status, lockdown regulations, cultural socialisation and financial dependency. Their response to GBV was filtered through these social constructs, thereby causing all to prefer living with the abuser than being deported. To think that a woman could lose an unborn child because of GBV, but somehow chose to hide that reality rather than leave their native country is an indictment on her native country.

According to Osmer, the descriptive-empirical task poses the question: 'what is going on?' as an enquiry that seeks to understand the research problem (Osmer 2008:10). The answer to this question was answered by the narratives of the ZMW who were victims of GBV during the lockdowns. Walker's (1979) circle of violence was given credence when 13 illegal ZMW explained their diverse versions of the 'circles of violence'. One of the GBV victims explained that she was beaten and left for dead while unknown to her she was slowly bleeding internally because of the beating. While the stories varied in their expressions of GBV, their narratives

highlighted the details of GBV that were further propounded by their illegal migration statuses. From the descriptive-empirical task of the research problem, the literature (Walker 1979) explained what happened in enclosed spaces during the COVID-19-induced lockdowns. Their illegal migration statuses became barriers to reporting GBV while also according to them their violent partners who used their illegal status to control them. Furthermore, they could not seek pastoral care during the lockdowns as they were unfamiliar with the lockdown protocols for illegal migrants. The Pentecostal or Charismatic pastoral caregivers who were interviewed indicated that they could not offer pastoral care to their members and that their churches did not have policies or praxis of care for illegal migrant women who were victims of GBV. Both sets of participants highlighted the fact that the lockdown regulations and fear of infection and possible death kept them away from any social gatherings during the lockdowns.

Based on the Osmer's (2008:10) 'interpretive task' that asked the question 'Why is this going on?', the study discovered that GBV perpetrated against the ZMW was aggravated by their unique challenges of being illegal migrants, gender inequalities that existed within the Shona culture (all of them were of Shona origin) and also confinement regulations. Gender-based violence perpetrated against ZMW was very high during the lockdowns as shown by existing literature (Narlı et al. 2020:1–20; Peterman et al. 2020:3–12), and the reasons for the high incidences of GBV were narrated by the ZMW as arising because of financial struggles, limited mobility because of the lockdowns and socio-cultural influences. The reason for their not seeking pastoral care was attributed to fear of deportation, social stigma associated with being an illegal migrant and lack of trust in authorised institutions. Their intimate partners were aware that the ZMW will not approach authorised institutions like police and the church, thereby beating their wives and girlfriends with impunity. One of the reasons for the lack of pastoral visibility among Pentecostal or Charismatic clergy was attributed to churches and religious organisations facing financial difficulties during the pandemic, which then limited their ability to provide resources and support to GBV survivors. Furthermore, Pentecostal or Charismatic clergy faced a unique set of constraints that affected how they dealt with GBV. These constraints varied from lockdown regulations, limited resources and the specific circumstances of the illegal ZMW who did not trust any authorised organisation for fear of deportation.

The normative task (Osmer 2008:11) asked the question: 'What ought to be going?', and to answer this question, the study engaged the Pentecostal or Charismatic clergy who then suggested that there was a need to educate clergy on the practice of caring for illegal migrants. Clergy needed to prophetically recognise the potential trauma experienced by the victims of GBV and approach care with sensitivity to their emotional and psychological well-being. This involved the clergy also understanding the impact of migration-related stressors on mental health and thus promote repertoire by

building trust. The migrant women ought to be made to feel safe and validated for them to find comfort in seeking pastoral care. While there had been factors that were barriers to seeking pastoral care, the most needed remedy to that was for the pastoral caregiver to deliberately build trust. One clergy suggested that churches that were situated in areas where there was high migrant demography, needed to employ pastors who would appeal to that demography (e.g. a Shona pastor could be employed to care for the Shona demography in the community).

The final task in Osmer's theory of care is the pragmatic task (Osmer 2008:11), and it provokes a response by asking 'How must we respond', and by we, the study proposed that three sociological ecologies needed to be invited to the boardroom of responsive discussion. These ecologies are namely, the individual (ZMW) who must be given the platform to express their pain using the narrative approach (Epston & White 1994; Morgan 2000). The second of the three sociological ecologies is the family who in this case would be the violent partner. Most of the ZMW indicated that they did not want their partners to be arrested but be helped to stop abusing them. The Duluth model was incorporated as one of the suitable tools to rehabilitate abusive partners, and the core of this model was the involvement of the final ecology, which is the community. The community in this context involves the migrant, the citizens and Pentecostal church, with the clergy leading such a trauma-informed community response. Through the church's outreach, the community would be educated on how to integrate migrants in their social programs and also understand the complex realities of GBV perpetrated against migrant women.

Research methods and design

A qualitative method of inquiry was used during this research to interrogate the lived experiences of ZMW who were victims of GBV during the COVID-19 pandemic as well as enquire about their reasons for seeking or not seeking pastoral care. Creswell (2014) pointed out that 'the qualitative method of inquiry explores the meaning of a human or social problem' (Creswell 2014:32). Initially, the research had intended to interview 20 ZMW who were victims of GBV during the COVID-19 pandemic; however, because of the hesitancy of some of the migrant women because of a public outcry about migrants taking jobs for the locals, the researcher was left with 13 women and others withdrew their participation. Ranjit Kumar (2011) defined qualitative research as a study that is used to primarily describe a problem, event or phenomenal situation (Kumar 2011:32). The study's primary focus was to understand the lived narratives of GBV victims who were illegal ZMW during lockdowns using face-to-face interviews. Furthermore, narratives of Pentecostal or Charismatic clergy as pastoral caregivers highlighted the challenges of caring for illegal migrants during the COVID-19 pandemic in between Gauteng and Northwest provinces of South Africa. Narrative therapy (Epston & White 1994:13–14; Morgan 2000:2) introduced a possibly suitable pastoral care healing method

that helped restore their dignity. The study qualitatively attempted to describe the GBV phenomenon among illegal ZMW during the lockdowns by incorporating migration, GBV contexts, African psychology and pastoral care (Kumar 2011:32).

A case study was used as a design of inquiry as a descriptive-empirical task that answers Osmer's (2008:32) question: 'What is going on?' The qualitative research study explored the lived experiences, feelings and attitudes of participants by conducting face-to-face interviews. The detailed presentation of all results was deemed not feasible in this article because of space limitations; however, the findings indicated that cases of GBV were high among illegal migrants during lockdowns. The informal settlement was a safe place for them to ride the COVID-19 storm without being dictated or deported.

All the participants shared their narratives about their lived experiences of GBV during lockdowns (ZMW) and the clergy also shared their narratives of the pastoral care challenges of offering pastoral care to illegal migrant women who were victims of GBV. The researcher read and reread, clarified and discussed the interviews with the participants until there was a mutual consensus on the interpretations of the narratives. The coding categories were defined by the questions asked, the similarities and variances of responses to influence interpretation. The narrative units were grouped on the basis of similarities and variances to conclude results' presentation. All the ZMW held the view that it was not culturally acceptable to 'fukura hapwa' (expose stinky armpits) to strangers. The identity of a stranger was at the discretion of the ZMW, thereby challenging the process of pastoral care. There is a literary consensus (eds. Duncan & Lazarus 2001; Rappaport 2000) that postulates that there is a need to help people 'in context' and proposes that social determinants to a human problem must be considered as a way of beginning the process of care.

Results

According to Walker (1989:695–702), the DNA of GBV has different stages of abuse that range from verbal, psychological, financial and physical abuse. Walker (1989:695–702) refers to these stages as different 'Circles of Violence', and these stages helped to analyse the narratives of the illegal migrant women from Zimbabwe who are victims of GBV. The 'circle of violence' emphasised the power and control that the perpetrator has on his or her victim. The issue of the illegal status of these women, their financial dependence, fear of deportation, social stigma and lack of trust of authorised institutions contributed to the perpetuation of GBV and was used as a control tool. In 2020, the World Health Organization reported that between 13% and 60% of the GBV cases that were reported, the victims indicated that they had been physically abused. This number corresponds to the known cases of GBV that were narrated by the ZMW; however, this number does not take into cognisance the under-reporting of the population of illegal migrants (STATSSA, Census 2022).

Furthermore, the World Health Organization also reported that between 4% and 49% of the global GBV cases were of severe physical abuse. The 13 ZMW that were interviewed highlighted the fact that GBV before the COVID-19 pandemic was moderate compared to the severity and frequency of GBV during the COVID-19-induced lockdowns between the Gauteng and Northwest province of South Africa. The Pentecostal or Charismatic clergy that were interviewed highlighted the fact that in their churches there were no existing pastoral care praxis and policies that catered to GBV victims who are illegal migrant women. The study also discovered that the Pentecostal or Charismatic church's policies did not cater to the members of society who were not their congregants, thereby positioning the illegal ZMW among those who were not eligible to be pastorally cared for.

A summary of the results is discussed further in the text. The lived experiences of the ZMW were described as 'circles of violence' that involved episodes of physical, verbal, psychological abuse in varied degrees depending on what would have provoked the perpetrators. They expressed moments of despair and torment because of not knowing what would trigger the GBV; in some cases, it was triggered by financial stress, and at other times, some perpetrators would be drunk. They comparatively indicated that GBV intensified during the lockdowns, with some claiming that when their spouses lost their sources of income, they became more violent. One of the victims had a miscarriage because of the intensity of the beatings and kicking on her protruding stomach. They further described the types of violence ranging from psychological and financial control to verbal insults and psychological body shaming to full-blown physical assaults.

Discussion

Gender-based violence among the illegal ZMW had these contexts: the Zimbabwean cultural, societal and migration's role in silencing the migrant women. The social stigma associated with being illegal foreigners (commonly called the derogatory title 'amakwerekwere' by some South African natives) has contributed to seeing themselves as a homogenous entity whose social issues should be dealt with outside of 'outsiders'. This concept of seeing themselves as a separate homogenous entity lies within the Shona cultural idiom that emphasises that 'kufukura hapwa haakutenderwi kuvanhu vekunze' (meaning one does not expose their armpits to outsiders). The 'outsiders' include anyone who is not part of their immediate sphere of family support. This concept positioned the Pentecostal or Charismatic clergy as 'outsiders' who must not be approached for pastoral care to deal with GBV and was core to the ZMW's hesitancy to seek pastoral care. It was also because of this idiom's cultural context that it took more than a year for the researcher to gain the trust and acceptance. Pastoral caregivers were seen as 'vanhu vekunze' (outsiders or strangers); thus for any form of therapeutic purpose to be implemented, a pastoral caregiver would have to build trust and consistent repertoire.

Researching such a closed, vulnerable and suspicious community needs months of dialogue and trust building before the issue of a research study is introduced.

The second context was that of illegal migration status as a barrier to reporting GBV because of fear of possible deportation. The social stereotypes associated with being an illegal migrant as evidenced by the public use of the derogatory term 'Amakwerekwere' by some South Africans also played a significant role in building a homogenous community that seeks to remain anonymous. Morgan (2000:17–32) posited that during therapy, externalisation as a healing technique entails a process of separating 'the problem or phenomenon' from the person. In the context of illegal migrant women who were victims of GBV, externalisation would start from them being able to separate their migrant status from GBV. The technique of externalising would separate the problem of GBV from the identity of being an illegal immigrant. Their migration status should be separated from them, in order to see people (Imago Dei or Image of God) in need of pastoral care in spite of their illegal status. Any form of pastoral care should not be denied to someone because of societal stereotypes and pastoral caregivers should concentrate on the trauma caused by GBV and seek to rehabilitate them. The language and demeanour during the therapy sessions should therefore affirm their Imago Dei as worthy of pastoral care without seeking to know their immigration status.

An understanding of the socio-cultural complexities associated with being an illegal migrant woman (Polzer 2008, 2009) who is a victim of GBV during a pandemic would leverage the informed GBV mitigation praxis and policies. The complexity of the combination of migration, GBV, COVID-19 pandemic protocols of mobility and social stereotypes of illegal migrants was some of the influences that enabled inability to offer pastoral care to ZMW. Despite the hesitancy of the illegal ZMW to seek pastoral care or other GBV mitigation services available in South Africa, pastoral care among Pentecostal or Charismatic clergy has to be embedded in the understanding of the GBV phenomenon among illegal migrant communities. Pastoral care has to interact with this socio-cultural context to bring healing and restoration and be positioned to offer a trauma-informed care. From the narratives of the Pentecostal or Charismatic clergy participants, there was no consideration of the socio-cultural contexts of illegal migrants to engage the ZMW. Furthermore, very little was understood about the socio-cultural influences that undergirded hesitancy to report GBV or seek pastoral care interventions among illegal ZMW. The lockdown protocols further exacerbated the unavailability of pastoral care services to citizens and migrants alike. Chisale highlighted the fact that caregiving is difficult and impractical for GBV victims who have self-silenced (Chisale 2018:5; Cramer & Thoms 2003:525–535). In the context of this article, the illegal ZMW were 'silenced' by socio-cultural dogmas that included patriarchy, migration status, social stereotypes and lockdown protocols, thus making pastoral caregiving difficult, impractical and totally untenable. To further

propound the untenability of pastoral care was the 'cognitive activity' that proposed that women have a moral imperative to consider other's needs at the expense of self-interest (Chisale 2018:7). Zimbabwean Migrant Women showed a moral imperative by considering the needs of their children for sustenance at the expense for the ZMW's needs for a safe and non-toxic environment.

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The authors declare that they have no financial or personal relationships that may have inappropriately influenced them in writing this article.

Authors' contributions

N.N.M., and M.J.M. contributed equally to this work.

Ethical considerations

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Data availability

The data that support the findings of this study are available from the corresponding author, N.N.M., upon reasonable request.

Disclaimer

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