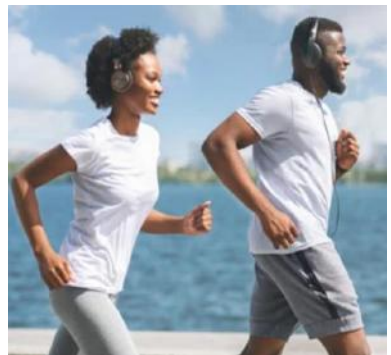


The COVID-19 Pandemic: Impacts of the Coronavirus on Sport and Society

Editor: Urmilla Bob



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Preface

Sport is one of the most important fitness, leisure as well as income generating systems for people globally. For the corporate world, it is also a global sponsorship, advertising and branding vehicle, and for governments, apart from sponsorships, also revenue generating systems. Sport team brands, in addition to sports clothing brands have also become worldwide phenomena.

So, with the advent of COVID-19, and the resultant lockdowns of communities globally, since the beginning of 2020, to prevent the spread of the virus, the ceasing of sport events and activities globally, severely disrupted the sporting world. From the world's highest paid athletes, to the brand values of sporting codes and to individual world class athletes and the millions of sports men and women, all were impacted by COVID-19 and it is a sample of these impacts that this study examines. Yet, the impacts were not only on the sporting fraternity, but also global, national and local societies and communities. Sporting franchises also have their supporters and spectators and these have also been impacted with numerous innovative initiatives taken by communities

This volume, edited by the renowned sport researcher, Prof. Urmilla Bob, represents a sample of the numerous challenges this event caused for communities globally, as well as innovative and imaginative initiatives amidst the pandemic. It researches challenges differently abled persons and sporting communities have had to engage, the organising of training and sporting activities that have had to accommodate lockdown restrictions and regulations, and the transfer of sport fan and spectator interaction onto digital and social media platforms. It also includes research on personal sporting experiences and institutional strategies to organise and in many cases re-plan and postpone national and international sporting events to the post-COVID era.

The COVID-19 Pandemic: Impacts of the Coronavirus on Sport and Society is a welcome contribution to the growing body of scholarship on COVID. It succeeds in thematising crucial aspects of the impacts of the coronavirus, and the resultant lockdowns, as well as seminal responses by both local and global sporting bodies. It bristles with relevant data, and also provide windows on very significant societal innovations and critical and constructive scholarly reflections on this very significant event at the

beginning of the 21st century. In some analyses these are truly heroic and in others the importance of healthy living and physical exercise of all are emphasised. The social importance and also the significance of social isolation, not least as an impact on the elderly, are also addressed. The social role of clubs and societies are key to societal wellbeing and very often also active athletes. Athletes thrive on sport fan and spectator support, not least the shouting and cheering who will their champions to the finishing line or to victory. And sporting coaches and managers love to coach and manage winners.

This is a winning book and both the sporting fraternity and the clubs, spectators and society at large, will find much helpful data, and implementable research ideas and approaches, as well as guidelines, recommendations, support, and advice for their own sporting and sporting fraternity endeavours.

Impacts is published in the change from the fully lockdown period, to the partial lockdown and hopefully, in the near future, the lifting of lockdown restrictions both locally and globally. It importantly adds approaches and methodologies to our growing cluster of research approaches, and tools, in respect of the research on, and related to the wide variety of impacts on life, society, and sport and sporting codes, of the Coronavirus.

Professor Johannes A. Smit
Chair: Humanities Institute

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Editorial: The COVID-19 Pandemic: Impacts of the Coronavirus on Sport and Society

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The Coronavirus 2019 (COVID-19), is an infectious disease caused by the SARS-CoV-2 virus. It has had and continues to have devastating impacts on almost every aspect of life globally. The sports sector, in particular, being closely linked to travel and tourism, has experienced devastating impacts given that most of the world's global (and domestic) travel had come to a halt with travel bans, shutdowns, lockdowns and various other forms of travel restrictions. Travel had almost come to a standstill globally with cancellation of flights and events/ activities (Hoque *et al.* 2020).

Chinazzi *et al.* (2020) and Hoque *et al.* (2020) assert that travel restrictions and social distancing were imposed and continue to be enforced globally primarily to curb and stop the spread of the virus, which remains a socio-economic and health threat. Sectors such as the sport industry are particularly impacted because they are associated with social gatherings in terms of consuming and participating in events and activities (Glebova *et al.* 2022; Parnell *et al.* 2020). Several sporting events and activities were and continue to be cancelled or postponed/ suspended, include-ing major sports events (the most notable being the 2020 Tokyo Summer Olympics Games) as well as sport exhibitions and conferences.

Gough (2020: 1) states that the COVID-19 pandemic had 'wreaked havoc to the sporting calendar'. It is also important to note that training was severely disrupted, that substantially impacts on athletes at different levels, as shown by Wiltshire *et al.* (2022) in relation to COVID-19 impacts on the economic viability sports sector and athletic performance. They caution that

several sports companies will not be able to survive, which will have severe impacts economically since sports is a major economic contributor in many parts of the world. The extent to which sports organisations and businesses have been supported to deal with the pandemic disruptions is, therefore, also an important aspect to consider. Additionally, sports businesses, organisations and personalities (especially players and athletes in the sports sector) contributed to raising awareness about the virus, leveraging funding and resources, and using facilities to deal with the pandemic.

The COVID-19 impacts are wide-ranging and include socio-economic, political, environmental and health-related effects. The sports sector, which has several codes at different levels (professional, amateur and recreational), has experienced varied impacts. The disruptions to sports continue. As Glebova *et al.* (2022) note, the COVID-19 pandemic has created both challenges and opportunities for professional and social sports events and activities to transform and grow. They assert that the pandemic has initiated new sporting and exercise lifestyles, particularly noting the importance of the sports sector in responding to the demand for new technologies and services. For example, Martins *et al.* (2022) indicate the growing prominence of e-sports. Thus, the COVID-19 pandemic has changed considerably how people view and engage in sports activities. Additionally, several stakeholders are affected, such as spectators (including how the pandemic will influence future travel plans), players and athletes, employees, supply and demand-side sports businesses, sports agencies, managers and owners of facilities and sports clubs, sports public sector/ government departments, etc.

The sports sector (especially as a sub-sector of tourism with sports tourism being a major motivation for travel) is directly and indirectly impacted on by major global events such as the 9/11 terrorist attacks in the United States of America (USA), the 2008 economic recession and other health outbreaks such as the 2002-2003 severe acute respiratory syndrome coronavirus (SARS-CoV) noted by Strielkowski (2020). Thus, the tourism and sports sectors are not unfamiliar with responding to global upheavals and catastrophes. However, the COVID-19 pandemic poses challenges and impacts not experienced previously, with devastating impacts on the sports sector.

This AASBS Special Volume adopts a multidisciplinary and inter-sectorial stance to examine the range of sports-related impacts, responses and challenges to the COVID-19 pandemic adopting varied methodological approaches, including ethnographic and empirical research.

Key questions that frame the volume are:

- What do the current experiences reveal about the sports sector's preparedness to deal with the pandemic, and how can COVID-19 inform future levels of preparedness and dealing with risk? This is an important consideration since there is growing consensus that there are high levels of unpredictability and disruptions that will characterise the world today. These can be linked to social, health, economic and environmental (including the extreme weather events being experienced globally as a result of climate change) crises.
- How is the COVID-19 pandemic likely to change the sports sector? What innovations and interventions are emerging? The responsiveness of a sector links to long-term sustainability and the ability to adapt to changes.

The COVID-19 pandemic has disrupted participation in sports activities, including sport therapy. Measures to curb the spread of the virus (including the lockdown and social distancing) has placed persons with disabilities at a higher level of risk of being further excluded from participation in sport-related activities, which are often central to maintaining their health and well-being. In **'Sport Participation among Persons with Disabilities during the COVID-19 Pandemic'**, **Suveshnee Munien** presents a desktop analysis approach to examine how the COVID-19 pandemic has impacted persons with disabilities in relation to the requisite sporting activities, inclusion and participation, types of activities involved, and identification of specific needs. Additionally, the closure of specialised sports facilities, lack of access to trainers and sports therapists and the concomitant effects on physical and psychological health and well-being are assessed. While many trainers have been offering online training, this poses challenges for persons with different disabilities, which are examined as well. Responses to address the sporting needs of persons with disabilities are also identified. Finally, the chapter forwards recommendations about how the needs of persons with varying disabilities should be catered for as restrictions ease, including how to ensure their safety as facilities re-open and facilitate opportunities to encourage participation in sports activities.

Many people believe that as long as they are healthy and asymptomatic

matic, their conditioning programme may begin where they had left off before the coronavirus lockdown. This is fallacious thinking, as this long layoff may lead to injuries, overtraining and staleness. It is, rather, a progressive process where the principles of exercise science need to be heeded when athletes start a training programme after the layoff, as well as preventative measures. Further, it is not only fitness that needs to be considered, but also the conditioning skills that may have also regressed with lockdown as a result of COVID-19. The psychosocial factors of not training may also impact progress towards total fitness. In **‘Guidelines for Physical Activity and Return to Training during and After Lockdown’**, Yoga Coopoo and Habib Noorbhai provide such guidelines for athletes and recreational persons who have had a layoff or have been injured for a prolonged period of time. They provide fundamental principles that need to be considered. Finally, guideline tables are provided to assist all stakeholders with risk and gauging where to begin (with respect to the intensity and duration for a safe return to activities, match training or performance). Players, coaches and support staff are encouraged to take cognisance from the guidelines and recommendations in this chapter for prevention from COVID-19 and return to athletic and fitness activities.

The chapter, **‘Heroic Actions by Sports Personalities, Clubs and Associations in Response to the COVID-19 Pandemic’**, by Sogo France Matlala, focuses on the heroic philanthropic, educational and socially responsible responses to the COVID-19 pandemic by sports personalities and sporting bodies in the African context. Heroic actions can take the form of messages of encouragement, material donations from personal resources, fundraising, the mobilisation of other resources and behaving in a socially responsible way so as to model expected behaviour such as hand washing, physical distancing and respecting lockdown rules. Fans and spectators see sports personalities as celebrities and role models. This places an obligation on celebrities to return the favour. Some fans support their favourite sports personalities and their clubs even when they experience poor performance as it happens even to the best sports teams or clubs. Through narrative review of both news media and scholarly literature, the chapter identifies and describes philanthropic, educational and responsible behaviours by sports personalities, sport clubs and sport associations in the African context.

The COVID-19 pandemic has had devastating consequences for the sporting sector with cancellations and postponement of sporting events and activities globally. There are dire predictions pertaining to the economic im-

pacts of the pandemic on the sports sector, including the inability of specific sports codes and more locally-based sports clubs and federations to survive. Despite the challenges faced, the sports sector has emerged as a major contributor to efforts to fight the pandemic as well as provide assistance to those most impacted but least likely to respond effectively to the pandemic. In **‘Sports Sector Philanthropic Responses to the COVID-19 Pandemic: Evidence of Global Inequalities’**, **Rivoni Gounden** and **Amanda Gumede** discuss the philanthropic efforts of the sports sector, which include fundraising efforts, procurement and donations of personal protective equipment (PPE), the use of sports facilities (including stadiums as health facilities and to house the homeless) and assets (such as airplanes to transport PPE and health personnel), and the involvement of sports personalities in educational and awareness-raising efforts. The chapter concludes that as the sports sector re-emerges, it is imperative that the philanthropic culture is sustained and inequalities are addressed.

The COVID-19 pandemic (and the concomitant measures to stop the spread of the virus) has had devastating impacts on the lives of the elderly. There is consensus that the elderly is the most vulnerable group, with high levels of risk and associated disproportionate rates of infections and deaths. There is, therefore, a considerable focus on the health impacts of the virus on the elderly. An important aspect of overall health is also participation in sports and physical exercise activities among the elderly. Limited attention has been paid to how the COVID-19 pandemic has impacted participation in sport. In **‘Social Isolation, Sport and Exercise Disruptions, and Impacts on the Elderly as a Vulnerable Group’**, **Vadivelu Moodley** and **Dinolen Gounden** draws on secondary sources to examine impacts of the COVID-19 pandemic on the elderly, with a specific focus on their ability to participate in sports and exercise activities, and their social isolation due to severe restrictions on their mobility and closure of facilities. The chapter concludes that participation in sport and exercise are important for the overall health of the elderly, including addressing social isolation, which needs to be considered during this crisis.

When Zimbabwe introduced the COVID-19 induced lockdown on the 30th of March 2020 as a World Health Organisation (WHO) recommendation to curb the spread of the pandemic, it meant that no football matches were going to take place until the lockdown was over. All along, the Highlanders Football Club (Highlanders FC) fans have been gathering at stadiums across the country, particularly Babourfields Stadium in Bulawayo to support their

team. However, when the matches were banned the supporters conceived a new paradigm where they increased their engagement as fans on Facebook to discuss issues that relate to their team in particular and soccer-related issues in general. **‘From the Terraces to Social Media: Reflections of Highlanders Football Club Supporters’ Engagement on Facebook during the COVID-19 Lockdown**, by **Raphael Nhongo** and **Baba Primrose Tshotsho**, adopts an interactionist theory approach, and was carried out by analysing topics and discussions that appear on the 3 High-landers Facebook platforms. The conclusion is that Highlanders FC supporters are a community that lives its life even beyond the terraces and its culture is not only limited to football but also other social activities of humanness.

Terence Tapiwa Muzorewa and **Aaron Rwodzi**’s **‘Southern Africa Pandemic Management in Sports: Observations from the 1918 Influenza and Covid-19’**, evaluate pandemic management systems adopted by southern African sporting communities in responses to the 1918 ‘Spanish’ Influenza and the novel Corona virus pandemic. The two pandemics which occurred in two different historical epochs disrupted sporting activities world-wide, upset social relations, triggered community anxieties, and resulted in shutdown of all sporting activities. This study serves as a litmus test of the current sporting communities in southern Africa to adopt, in unison, effective and timely disaster response mechanisms in order to save human lives from devastating natural phenomena while guaranteeing livelihoods of sports women/ men. Following a comparative analysis of the two pandemics, the chapter argues that although the pandemics occurred during two astronomically different periods, there have not been many significant changes in pandemic management systems.

The Coronavirus outbreak has had wide-reaching impacts on society globally. Nowhere is it more apparent than in sport, and sporting events in particular. In an effort to limit the spread of the virus and to conform with social distancing regulations, major and mega-sport events across the globe have been cancelled, postponed or rescheduled including the biggest sporting event to have been hosted in 2020, the Tokyo Summer Olympic Games. While the other sport mega-event of a similar magnitude as that of the Olympics, the FIFA World Cup is only scheduled for 2022 in Qatar, it has also been impacted by the COVID-19 pandemic. The Qatar Airways International Tournament featuring four European countries which was due to take place before Euro 2020 was cancelled. **‘Planning a FIFA World Cup amidst a Pandemic –**

The Case of Qatar 2022', by **Kamilla Swart** and **Rauf Mammadov**, explores some of the challenges of planning a sport mega-event amidst the pandemic. It draws on both primary and secondary data. Primary data included an online interview schedule with key informants regarding how they are adapting to planning the 2022 World Cup within the current context. Challenges and opportunities are also explored.

The COVID-19 pandemic has had devastating and widespread impacts on the sports sector, ranging from professional and amateur to recreational sports as well as from local to global levels. Cancellations and rescheduling of sports events and activities, as well as the closure of sports facilities and gyms are aimed at enforcing social distancing measures to reduce and stop the spread of the virus. Different types of sports activities have had differential impacts and responses which have brought to the fore that the sports and exercise sector is a key job creator and contributes socially and economically in a number of ways. The general public has responded to the changes brought about by the pandemic in different ways. **Urmilla Bob's 'Differences in Levels of Participation and Responses to the Lockdown among Selected Sporting Codes in South Africa'**, draws on primary research undertaken, based on public online survey results. A sub-set of 546 surveys where respondents indicate that they regularly participate in selected codes of sports was extracted. The sporting codes were purposively selected to represent codes that have high participation and consumption rates that are team and spectatorship-based (soccer and rugby), is a more individual-orientated sport (golf), and a sport that has high participation rates that include moving geographically (running). The demographic profiles of the respondents are presented. Thereafter, participation and consumption trends in relation to the different sporting codes are discussed. This is followed by comparative analyses that are undertaken to examine if and how participation rates have changed as a result of the COVID-19 pandemic disruptions. Thus, the study is aimed at exploring how the COVID-19 pandemic had impacted on different codes of sports in terms of participation and consumption patterns.

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Sport Participation among Persons with Disabilities during the COVID-19 Pandemic

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Abstract

The COVID-19 pandemic has disrupted participation in sports activities, including sport therapy. Measures to curb the spread of the virus (including the lockdown and social distancing) has placed persons with disabilities at a higher level of risk of being further excluded from participation in sport-related activities, which are often central to maintaining their health and well-being. This paper undertakes a desktop analysis approach to examine how the COVID-19 pandemic has impacted persons with disabilities in relation to the requisite sporting activities, inclusion and participation, types of activities involved, and identification of specific needs. Additionally, the closure of specialised sports facilities, lack of access to trainers and sports therapists and the concomitant effects on physical and psychological health and well-being are assessed. While many trainers have been offering online training, this poses challenges for persons with different disabilities, which are examined as well. Responses to address the sporting needs of persons with disabilities are also identified. Finally, the paper forwards recommendations about how the needs of persons with varying disabilities should be catered for as restrictions ease, including how to ensure their safety as facilities re-open and facilitate opportunities to encourage participation in sports activities.

Keywords: COVID-19, disabilities, sports participation, health and well-being, physical activity

Introduction

Unquestionably, the Coronavirus Disease 2019 (COVID-19) pandemic has sparked large scale impacts globally; the rise in infection and death rates has catapulted the world into a new state of isolation and growing paranoia, coining the term *social distancing*. Further restrictions associated with trade, socialising, travel and sport have had unparalleled impacts on socio-economic well-being. These impacts are experienced disproportionately across the globe (Ataguba 2020; Cash & Patel 2020; Millett, Jones, Benkeser, Baral, Mercer, Beyrer, Honermann, Lankiewicz, Mena, Crowley & Sherwood 2020), with rapid spikes in infection and death rates across developed nations. In contrast, developing nations display delayed yet equally devastating figures, which is compounded by further complexities associated with limited economic activity and historic poverty-related challenges (Watermeyer, Swartz, Lorenzo, Schiender & Priestley 2006). Amidst these tangible outcomes, concerns over the psychosocial impacts are steadily escalating (Bhuiyan, Sakib, Pakpour, Griffiths & Mamum 2020; Brooks, Webster, Smith, Woodland, Wessely, Greenberg, & Rubin 2020; Karnon, 2020; Kazmi, Hasan, Talib & Saxena 2020; Hao, Tan, Jiang, Zhang, Zhao, Zou, Hu, Luo, Jiang, McIntyre & Tran 2020; Sood 2020; Wang, Pan, Wan, Tan, Xu, McIntyre, Choo, Tran, Ho, Sharma & Ho 2020). The COVID-19 pandemic has and continues to transform all aspects of life, highlighting the need for social distancing and other restrictions (Swenor 2020; United Nations [UN] 2020a; World Health Organisation [WHO] 2020). However, the prolonged isolation, restrictions, and social distancing may have unwanted consequences, especially among marginalised, especially persons with disabilities (Armitage & Nellums 2020; den Houting 2020; Lund & Ayers 2020; Singh 2020; UN 2020a; 2020b; WHO 2020).

The looming reality that social distancing and associated restrictions may be the ‘new normal’ in these COVID-19 moments are undeniable. This raises concern since the lived experiences of the ‘new normal are varied because even under pre-COVID-19 circumstances, persons with disabilities experienced exclusionary arrangements (Barnes & Mercer 2005; Chermak 1990; Van De Ven, Post, De Witte & van den Heuvel 2005; Ware, Hopper, Tugenberg, Dickey & Fisher 2007). This critical is affording adequate support and representation of persons with different disabilities, especially given the calls for preparedness and response plans to be inclusive and ‘leave nobody behind’. In addition, the stigmatisation of COVID-19 is widespread; this could worsen the experiences of many disabled groups who are already subjected to

various forms of social exclusion, discrimination and stigmatisation (Armitage & Nellums 2020; Banerjee 2020; Lin 2020). There is also a tendency to homogenise types of disabilities when designing effective policies, management and response plans (McMaugh 2011). In this regard, the diversity of disabilities may be underrepresented in preparedness and response plans. Further restrictions and continued social distancing may have devastating impacts on the health and well-being of persons with disabilities (UN 2020a; 2020b; WHO 2020). In this regard, the UN (2020a; 2020b) and WHO (2020) set out various guidelines for the care, treatment, protection and promotion of rights, inclusion and, prioritisation of persons with disabilities. The recognition that these individuals may be classified as having higher levels of risk during the pandemic is echoed across various social, political and government agencies (Shakespeare, Ndagire & Seketi 2021; United Nations International Children's Fund [UNICEF] 2020). The concerns over adequate and appropriate representations of persons with disabilities stem from the historic inadequacies witnessed in relation to pandemic preparedness and response plans (Campbell, Gilyard, Sinclair, Stenberg & Kalies 2009; Singh 2020; UN 2020a; WHO 2020). Campbell *et al.* (2009) highlight that emergency planning and preparedness plans inadequately represent the needs of persons with disabilities, which is worsened in developing countries due to inadequate public and clinical health infrastructure (Oshitani, Kamigaki & Suzuki 2008).

Aside from the many COVID-19-related restrictions and regulations, engagement in sport is severely limited and, in most cases, prohibited. As a result, a series of challenges arise for persons with disabilities, specifically those dependent on physical activity and sport therapy as rehabilitation. Participation in sport-related activities highlights a positive impact on the holistic well-being of persons with disabilities (Kesumawati, Rahayu & Rahayu 2018). In addition, sports participation is claimed to enhance social cohesion and integration (Blauwet & Willick 2012; Seeland & Nicolè 2006; Southby 2013; Ware, Hopper, Tugenberg, Dickey & Fisher 2008). Thus, further restrictions due to COVID-19 may lead persons with disabilities into further isolation.

The impacts of COVID-19 are still poorly understood, and although research highlights some of the more immediate experiences (McKibbin & Fernando 2020; Wenham, Smith & Morgan 2020), the long-term consequences are yet to be unpacked. This article argues that restricted access and participation in sport-related activities have and will continue to have severe

consequences on the health and well-being of persons with disabilities. Through a desktop analysis focusing on persons with disabilities, this article highlights the challenges associated with accessing some of the interim and remedial measures and forwards recommendations.

Disabilities in the Time of COVID-19

There are more than 1 billion people with disabilities across the world (Armitage & Nellums 2020), with more than 690 million located in Asia and the Pacific (UN Economic and Social Commission for Asia and the Pacific [UNESCAP] 2020). It is concerning to note that these areas also show alarming rates of COVID-19 infections and deaths. During a rapidly intensifying global pandemic such as COVID-19, concerns over the well-being of marginalised groups are justifiable. The UNICEF (2020) further acknowledge that persons with disabilities are underrepresented among marginalised groups living in poverty. This raises grave concern over the well-being of persons living with disabilities and in poverty. Campbell *et al.* (2009) rightfully point out that there is limited data unpacking the experiences of pandemics among persons with disabilities, and they further argue that these individuals may be at higher risk given the disruptions to their care.

In relation to COVID-19, unlike the Severe acute respiratory syndrome (SARS) and the Middle East respiratory syndrome (MERS) outbreaks, the WHO and UN have released several guidelines on the rights, treatment and care, and protection of persons with disabilities (United Nations Conventions of the Rights of Persons with Disabilities [UNCRPD] 2006 UN 2020a; 2020b; WHO 2020). However, the extent to which these are incorporated into national emergency response and preparedness plans will differ across countries and is informed by socio-economic well-being, governance structures, and available resources and infrastructure. The WHO guidelines recommend interventions to ensure that persons with disabilities are always able to access ‘healthcare services, water and sanitation services and public health information they require’ (WHO 2020:1). Interestingly, the WHO (2020) further highlight the following reasons for persons with disabilities being at higher risk to COVID 19 infections:

- barriers to practising basic hygiene, regular sanitisation and compliance with safety regulations;

- limited ability to maintain social distancing as a result of residing in care facilities or being dependent on live assistance;
- reliance on touch for mobility and communication;
- disruptions to the care and management regimes due to COVID-19 restrictions and regulations;
- previous health conditions; and
- physical and institutional barriers constraining access to public health facilities and information.

In countries like South Africa, many communities (especially the informal and rural) still do not have access to adequate water and sanitation, making them more vulnerable due to limited capacity to practice basic hygiene. For example, in instances where water has to be acquired (from communal/shared stand-pipes and boreholes, rivers etc.), persons with physical disabilities that have limited mobility may face an unfair burden in protecting themselves against COVID-19. Similar challenges are noted with accessing health care, basic services, personal protective equipment (PPE), food and other medical supplies (Buckley 2020; Hopman, Allegranzi & Mehtar 2020; McKibbin & Fernando 2020; Siedner, Kraemer, Meyer, Harling, Mngomezulu, Gabela, Dlamini, Gareta, Majozi, Ngwenya & Seeley 2020). Other issues are raised by Lund & Ayers (2020), who warn of possible health care rationing since COVID-19 infections grow at alarming rates across the globe, where even developed and well-resourced countries have surpassed the ability to meet the demand of health care and supplies. The authors also caution that should the rationing be formalised, persons with disabilities may be severely under-represented.

Singh (2020) draws our attention to disability ethics by emphasising structured discrimination in COVID-19 responses, where the lives of persons who are elderly, disabled, immunocompromised, and those with comorbidities were given less attention in comparison to persons who are younger, able-bodied and those persons without comorbidities. This is further evidenced by the accounts in mainstream media of patient profiling when administering care within the COVID-19 hotspots across the world (Arora & Arora 2020; Leclerc, Donat, Donat, Pasquier, Libert, Schaeffer, D'Aranda, Cotte, Fontaine, Perri-gault & Michel 2020). Equally important are issues of equity and equality when accessing health care and other supplies; these debates become more complicated in developing countries that are grappling with historic and geographic

resource disproportionality (Singh 2020). Risk across disability types may also differ, for example, persons with developmental disabilities are characterised as being the most vulnerable due to comorbidities, such as diabetes, respiratory diseases and the long-term use of psychotropic drugs, thus, increasing their vulnerability and severity of COVID-19 (Hassiotis, Ali, Courtemanche, Lunsky, McIntyre, Napolitano, van der Nagel & Werner 2020). Clearly, there are differences within categories; yet the plight of persons with disabilities are homogenised within response plans. This demonstrates our under-preparedness and shows that marginalised groups are still plagued with services that fail to recognise and respond adequately to their heterogeneity, especially during crises such as the covid-19 pandemic. The following sections highlight the foremost impacts on persons with disabilities during COVID-19 related regulations and in relation to physical activity and sports participation in particular.

COVID-19 Regulations and Well-being

The impacts of COVID-19 restrictions and regulations are grossly underestimated¹. Amidst the fear and anxiety over the pandemic, there was a wave of activity around acquiring food, medical supplies, and PPE in preparation of lockdowns. Undoubtedly, many persons with disabilities may have been sidelined in this process. Swenor (2020) indicates that most communication around COVID-19 risks, regulations, inventions and available support, amongst others, in mainstream media may not have been accessible or suitable for individuals with specific disabilities. Swenor (2020) draws particular attention to persons with hearing, sight, and speech-related disabilities. The UNICEF (2020) warns that some groups may not have received adequate, accessible information on the prevention and protection against the virus, thereby increasing the risk of exposure to the pandemic.

Another example is the prescribed use of PPE, such as masks and gloves (key recommendations to curtail the spread of COVID-19), which are physically practical and feasible for many persons with disabilities (UNICEF 2020). Likewise, regulations suggesting the practice of regular basic hygiene and sanitation (for example, washing and sanitising hands) is a challenge for

¹ The UN highlights the case of a 16 year old cerebral palsy child in China who died due to being left alone after both parents were quarantined (UN 2020a).

many with limited mobility (Swenor 2020; UN 2020a; WHO 2020). More concerning are the impacts of the social distancing regulations since many individuals with disabilities are dependent on live assistance for activities of daily living and treatment for their physical and mental well-being (UNCRPD 2006). There are reports of significant disruptions in the care and management of persons with disabilities during periods of social distancing (WHO 2020; UN 2020b). These disruptions contributed to the challenges in accessing medical care and supplies, physical therapy, assistance with essential purchases, personal hygiene and communication. Falvey, Krafft & Kornetti (2020) describe the closure of clinics and care centres as paradoxical since the services offered by these facilities may, in fact, lessen the burden of the pandemic. This applies to persons with disabilities who experience significant disruptions to care and treatment, concomitantly rendering them more susceptible to the virus.

den Houting (2020) highlights the challenges experienced by persons with disabilities as a consequence of change of routine, panic over supplies and assistance, and increased isolation due to social distancing. Lee (2020) argues that the plight of children, especially those with mental and physical disabilities, amidst these disruptions is severely neglected and underestimated in COVID-19 emergency preparedness and response plans. Additionally, disruptions to treatment and care may be more pronounced among children with special needs. The closure of schools, gyms, public sport facilities, and treatment centres may have resulted in significant disruptions to their care and therapy routines. In the absence of temporary and ad hoc support and care measures, their well-being and human rights may have been compromised. Similarly, it is noted that the plight of athletes with disabilities may be worsened due to limited participation in sport and physical therapy (Dantas, Dantas, Dantas Júnior, Oliveira Neto & Gorla 2020). In addition, to the higher risk of infections due to their pathologies, comorbidities, and immunosuppressive medication, persons with disabilities may also experience unique and devastating manifestations of COVID-19 (Dantas *et al.* 2020).

Other studies purport increased levels of stress and anxiety, depression, and suicide due to social distancing, lockdowns, and the pandemic in general (Brooks *et al.* 2020; Catty 2020; Karnon 2020; Kazmi *et al.* 2020; Millet *et al.* 2020). Brooks *et al.* (2020) use evidence from past pandemics to warn that staying home during the pandemic for lengthy periods is likely to cause long-term distress, anger and confusion. Hassiotis *et al.* (2020) suggest

that persons with developmental disabilities may experience these psychosocial dysfunctions at increased intensity, given their inherent cognitive and conception difficulties. Clearly, the psychological impacts may be worsened among persons with disabilities, especially those with limited support systems and dependent on live assistance, and those who are in complete isolation. The UNICEF (2020) draws our attention to persons in abusive relationships and emphasise that these individuals may experience enhanced psychological distress due to lockdowns; in these instances, persons with disabilities are seen to be at higher risk of danger since their ability to protect themselves or seek help may be severely constrained by the type of disability.

Sport Participation during COVID-19

The UN (2020b:1) underscores the importance of sport and asserts: ‘Through sport, various social groups are able to play a more central role towards social transformation and development, particularly in divided societies. Within this context, sport is used as a tool for creating learning opportunities and accessing often marginal or at-risk populations’. Adaptive sport for persons with disabilities is a rapidly growing sector and includes activities such as tennis, wheelchair basketball and volleyball, golf, swimming, paddling and skiing. Blauwett and Willick (2012) emphasise participation in such sport as a stimulus for self-confidence and efficacy as well as improvements in morale and perceived quality of life amongst persons with disabilities. Sport can be used as a tool to promote social integration and the rights of persons with disabilities (Blauwett & Willick 2020; Murphy & Carbone 2008). Southby (2013) suggests that sport fandom, that is, attending and/or viewing live events can be a valuable tool to establish social identities, belonging and facilitating social inclusion, especially among scholars with learning disabilities. Ion-Ene, Roşu and Neofit (2014) highlight improved development, motor and tactile-kinesthetic skills; social integration; and self-worth as some of the many benefits of Judo amongst children with visual disabilities. Murphy and Carbone (2008:1057) state that ‘the participation of children with disabilities in sports and recreational activities promotes inclusion, minimises deconditioning, optimises physical functioning, and enhances overall well-being’.

The importance of sport participation, particularly amongst persons with disabilities, has been widely acknowledged with several benefits. However, little consideration for these aspects is reflected in COVID-19

responses. In relation to COVID-19, Falvey *et al.* (2020) suggest that participation in rehabilitative physical and adaptive sport may improve functional activities and could potentially make a difference in surviving or succumbing to COVID-19 infections. They further argue that providing these services as part of the care and treatment regimes of persons with disabilities can reduce the risk of COVID infection and hospitalisation (Falvey *et al.* 2020). While the risk of contact-based sport and physical therapy is acknowledged, alternative measures can provide some relief in the interim to lessen the burden of disruptions in care and therapy.

Chen, Mao, Nassis, Harmer, Ainsworth and Li (2020) indicate that there has been an increase in online guided fitness programmes. Some level of creativity is required in establishing routines and programmes across disability types due to social distancing. In this regard, recorded messages, do-it-yourself videos on yoga, Judo, taekwondo, aerobics, and functional training may assist in encouraging home-based therapy and physical activity. This could also assist in lessening the effect of emotional disorders. Shahidi, Williams and Hassani (2020) show that the introduction of circus arts offers a fun alternate to maintaining musculoskeletal and cardiovascular health. Other opportunities for sport participation during COVID-19 include *Twitch*, an online gaming platform to view and engage in sport-related activities, including football and Formula One racing. Via the *Twitch* platform, participants can view and engage with other users, which could assist in providing some level of support and social interaction. Initiatives such as ‘Appetite for Life’ and ‘SIMPLE Movement’ are programmes specifically designed to provide support for physical activity among children while at home (Shahidi *et al.* 2020); however, representation of children with disabilities is limited. It should also be noted that the use of online tools and social media may be determined by the availability of family and support systems to facilitate use and the level and type of disability (WHO 2020). Furthermore, online tools and videos should be used with caution and based on the guidance of trained professionals since some applications may be inappropriate or even harmful for specific disabilities (Murphy & Carbone 2008; Shahidi *et al.* 2020; Wilhite & Shank 2009).

Reflections and Recommendations

Often in crises situations, the complexities and gaps in our societies become more apparent. With regard to COVID-19, the efficacy and functionality of

health infrastructure were crucial. Access to health care has and continues to plague many developing countries. The COVID-19 pandemic has exacerbated these challenges and reinforced negative effects for persons with disabilities. Unsurprisingly, access to health care services remains a critical factor in all preparedness and response plans. While the limited number of hospitals, clinics and health care professionals are acknowledged, an important recommendation is to increase investment in health care facilities. In this regard, the provision of mobile health care services that cater for the needs of persons with disabilities may offer some much-needed relief, especially to those who are immobile, dependent on public and assisted transport services, and in remote and rural communities. This option could be more easily attainable in comparison to increasing the number of constructed hospitals and clinics. Part of the mobile health care services portfolio offering should include accessible information on participating in sport and physical exercises. This will require trained health care professionals to provide the relevant support, inclusive of being sensitive to different disabilities. It would be helpful to include trained physical and psychotherapists in the health professional team staffing these mobile health centres.

According to Campbell *et al.* (2009), few emergency plans adequately meet the needs of persons with disabilities before, during and after a crisis. Similarly, Singh (2020) argues the importance of social justice and ethics, advocating for improved representation of all groups, especially persons with disabilities, in relation to emergency plans. Sport-related activities, particularly sport therapy during lockdowns and in the context of physical and social distancing, needs specific attention. The needs of those in fragility and care facilities may have been compromised by these regulations. The need for participation in sport-related activities for the treatment of persons with disabilities was not appropriately unpacked in the regulations. Consequently, these impacts are still being experienced and suggest that long-term implications for persons with disabilities have not been considered in the response plans. Since the duration of the pandemic and associated disruptions is unclear, policies and interventions to curb the spread of the virus and enforce social distancing protocols need to be revised to ensure sensitivity to disability issues. From the perspective of sports and physical activity participation, mechanisms need to be in place to assist persons with disabilities in continuing with these activities, especially when it is part of their treatment. Inclusive post-pandemic plans should, therefore, prioritise the needs of these individuals

whose care and treatment was interrupted. Moreover, the importance of sport in relation to psychological wellness has been wholly underestimated amidst this pandemic. Participation in sport-related activities should be seen as necessary in rehabilitation and remedial plans during and post the COVID-19 pandemic.

The UNESCAP (2020:1-2) highlight the links with the Sustainable Development Goals (SDGs) 1, 3 8, 10, 11 and 16, specifically, in the following recommendations for improved representation of persons with disabilities:

- Disability-inclusive responses through improved consultation and partnerships;
- Continued access to all goods and services that support the well-being of persons with disabilities;
- The delivery of all public information in accessible formats; and
- Mechanisms to safeguard income security and livelihoods of persons with disabilities.

It is imperative to have adequate representation of persons with disabilities in planning committees to prioritise the integration and adaption requirements of persons with disabilities in COVID-19 emergency response and preparedness plans as well as post-COVID-19 recovery plans. Creating spaces (including virtual interactions) to engage with persons with disabilities is essential to frame sports and physical activities that meet the needs of persons with disabilities. Additionally, persons with disabilities can be provided with the necessary infrastructure and support to facilitate some of the online training. Persons with disabilities can also be involved in developing and implementing appropriate videos, programmes and, training routines to enable participation. This could include contributing to innovations and technology development that will be of benefit even after the pandemic.

The plight of children and women with disabilities is underscored by Wenham *et al.* (2020). Given that resources may be severely constrained during these times of the state of disasters and emergencies, particularly within developing countries, establishing community-based response systems may lessen the burden on the state and concomitantly assist in establishing social networks and support systems. As a result, specific plans that focus on making social services, health care and sites of recreation more accessible to all persons with disabilities, inclusive of children and women. However, this will involve

some initial investment in training and skilling local communities on how to better respond to such pandemics in the future. Establishing community-based systems may also provide improved surveillance on the spread of such pandemics, especially in remote areas (Campbell *et al.* 2009).

Swenor (2020) shows that telehealth was effective in the United States of America in providing some persons with disabilities access to health care during the COVID-19 outbreak. The ability to communicate with trained health care professionals may provide some remediation to the varied impacts, especially stress, anxiety and depression. Likewise, telehealth may be expanded and used to guide home-based sport and/ or physical therapy, especially among persons who have daily treatment requirements; however, this form of assisted therapy may only be suitable to a select few (Falvey *et al.* 2020).

Equally important are including persons with disabilities who reside in specialised facilities. It is disturbing to note that in many countries, the rates of COVID-19 infections within these care facilities were alarming (McMichael, Currie, Clark, Pogojans, Kay, Schwatz, Lewis, Baer, Kawakami, Lukoff & Ferro 2020; Remuzzi & Remuzzi 2020; UNICEF 2020; Wang, Li, Barbrino, Gauthier, Brodaty, Molinuevo, Xie, Sun, Yu, Tang & Weidner 2020). Future planning and preparedness plans should prioritise facilities that cater for the specialised needs of all persons with disabilities (Hussain 2010; Kools, Chimwaza & Macha 2015; UN 2020b; Wenham *et al.* 2020; Weis & Murdoch 2020). The WHO (2020) highlights the following considerations for the management of persons with disabilities during and post COVID-19:

- Public health information should be accessible and in formats that cater for a diverse range of disabilities.
- Financial support and work-related flexibility for families and caregivers to ensure that the needs of persons with disabilities are timeously and continuously managed.
- Greater support for agencies that recruit caregivers and/or live assistance to ensure safety and continuity plans
- Prioritise caregiver access to free PPE such that the management of persons with disabilities remains uninterrupted through various stages of the pandemic

In specialised facilities, physical activities need to be integrated into programmes while ensuring that health and safety protocols are being adhered

to. This again may require investment in employing persons with the requisite expertise, training, equipment and infrastructure in these facilities. Furthermore, the lack of institutional support and representation of persons with disabilities must be remedied through awareness and sensitisation programmes on the specialised needs of persons with disabilities during and after crises. Proactive training, information campaigns and mechanisms for support should be a clear agenda for all. Ng (2020) calls for early preparations for COVID-19 exit plans, specifically practitioners involved in physical therapy, given the backlogs and disruptions due to social distancing and lockdowns. Although response plans may not have been proactive in relation to the needs of persons with disabilities, this can be remedied by improving representation and interventions that address the varying needs of persons with different disabilities in post-pandemic strategies. The reactive approach to disaster relief and pandemics places the most vulnerable persons at risk and violates their fundamental human rights.

Conclusion

The impacts of COVID-19 are devastatingly far-reaching, and the long term impacts are yet to be unpacked. It can be argued that COVID-19 has showcased our under-preparedness in responding to pandemics at the global level. Furthermore, despite the many responses and calls to ‘leave nobody behind’, this article underscores the challenges that persons with disabilities face in relation to sports and physical activity participation, which can be extended to other aspects of their lives as well such as studying online, seeking health care and being able to socialise (even virtually). Our current responses to the COVID-19 pandemic demonstrate that both responses and impacts disproportionately burden persons with disabilities. More importantly, the impacts may be experienced differently across diverse disabilities.

Poignant lessons can be learnt from the many efforts in how best each country can respond to such pandemics, given their resource and infrastructural constraints. Participation in sport-related activities has the potential to improve physical and mental well-being across disability groups and should, therefore, appear more prominently in current and future pandemic response plans and post-pandemic treatment. The importance of planning at various stages during pandemics is also brought to the fore. In this regard, the significance of post-COVID planning is emphasised, especially in relation to persons with disabili-

ties who have specialised needs. The recommendations for COVID-19 responses during and after the pandemic establish the importance of instituting robust plans that address long and medium-term socio-economic, physical, and psychological well-being emerging from the voices of persons with disabilities.

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Guidelines for Physical Activity and Return to Sport after COVID-19 Lockdown and Future Societal Restrictions

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Abstract

Many people believe that as long as they are healthy and asymptomatic, their conditioning programme may begin where they had left off before the coronavirus lockdown. This is fallacious thinking, as this long layoff may lead to injuries, overtraining and staleness. It is, rather, a progressive process where the principles of exercise science need to be heeded when they start a training programme after the layoff, as well as preventative measures. Further, it is not only fitness that needs to be considered, but also the skills that may have also regressed with lockdown as a result of COVID-19. The psychosocial factors of not training may also impact progress towards total fitness. This chapter provides such guidelines for athletes and recreational persons who have had a layoff or have been injured for a prolonged period of time. It provides fundamental principles that need to be considered. Finally, guideline tables are provided to assist all stakeholders with risk and gauging where to begin (with respect to the intensity and duration for a safe return to activities, match training or performance). Players, coaches and support staff are encouraged to take cognisance from the guidelines and recommendations in this chapter for prevention from COVID-19 and return to athletic and fitness activities.

Keywords: Physical activity, return to sport, guidelines, COVID-19, lockdown

1 Introduction

In a number of sectors, particularly in sport and physical activity, we have come to understand that change is inevitable. There has never been a time when athletes and those who worked with them needed to be more flexible and creative. The current pandemic offers opportunities that recreational persons, athletes and their providers will (and must) find in order to pave an ideal pathway for preparation and/or team success (Schinke *et al.* 2020)¹.

Despite rigorous global containment and quarantine efforts, the incidence of the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), also known as COVID-19, continues to surge, with more than 28 million laboratory-confirmed cases and over 900,000 deaths worldwide (as of 13 September 2020) (Noorbhai *et al.* 2020; Sohrabi *et al.* 2020). While the trajectory of this outbreak is impossible to predict, effective response requires prompt action from the standpoint of classic public health strategies to the timely development and implementation of effective countermeasures (Paules *et al.* 2020).

While the numbers of confirmed cases and deaths have risen drastically, globally, people are taking brave actions to mitigate transmission and save lives, with a reduction of COVID-19 cases in most countries. However, the role that sport and physical activity play in this pandemic is unprecedented, fascinating, and reveals the immense impact that exercise has on every aspect of our lives (Gilat & Cole 2020).

From a sports perspective, literature has begun to shed light on athlete behaviours within a community, as well as the health implications due to the uncertainty of returning to play during mega-events (or how a return to sport may even be seen in the future due to the emphasis of physical distancing) (Mann *et al.* 2020). Stakeholders are also treading a fine line between prosperity and the protection of global health. The examination of sports actions related to COVID-19 is imperative, as there are important lessons to be taught (Parnell *et al.* 2020). Under lockdown, such lessons include a guideline for training, physical health and mental health (WHO 2020). There has also been

¹ Please note that this paper was submitted in July 2020 during the beginning of the COVID-19 lockdown. Much of the paper is relevant to COVID-19 but can also be applied to future societal restrictions for athletes/ persons participating in sport or physical activity.

a call to action for sports, particularly in football, to recommend maximal caution on the decision when to restart sport activity. Furthermore, a specific protocol to assess cardiological, pulmonary and, systemic sequelae of COVID-19 before resuming sporting activities has been suggested to be considered (Corsini *et al.* 2020).

The methodology used in this commentary involved the collation of data from primary and secondary resources into a summarised document. Most of the literature was published in 2020 as this was the period of the greatest infection.

It is important to be aware of the ramifications that people will face after a long layoff from sport or physical activity, due to lockdown or a major injury. Simultaneously, the person may be active with home exercise programmes or rehabilitation routines (Hammami *et al.* 2020). In both cases, the stimulus of the training is not high enough to maintain match fitness levels. The lag in fitness becomes greater, if the break from sport-specific conditioning programmes is long, including skill development. In simple terms, a player can get ‘rusty’ and lose their form. In order to alleviate players from being out of form, it will take a number of weeks which depends on the players’ absence from specific conditioning and skill programmes as delivered by sports coaches and conditioning coaches (NSCA 2020). Aside from the fitness that deteriorates, the physiological parameters in the body also returns to untrained or slightly higher than untrained persons. It is advised that one needs to observe the commencement of training close to or a little more than pre-season training. Therefore, this chapter aims to provide guidelines for prevention of COVID-19 and principles to return to play for athletes and recreational persons, amid lockdown and the COVID-19 pandemic. It is also important to emphasise that guidelines may differ depending on the level of athlete (elite, competitive, recreational, youth sport, etc), as well as the type of sport being played (individual or team sports).

The first table (Table 1) shows how the bodily functions decrease over time with little or no training. This provides an understanding of how the human body is affected having little or no training, which will impact on what intensity and duration the athlete or recreational person will have to commence with. This table in conjunction with Table 2 will be looked at together in order

to determine the intensity and duration of training after a long or short layoff as a result of COVID-19.

Table 1. The effects of non-training on specific physiological parameters over various time frames

Duration of break	Musculo-skeletal	Cardio-respiratory	Metabolic	Body Mass
0 to 2 weeks	Not likely to disrupt previous fitness development	Not likely to disrupt previous fitness development of VO_2max	Not likely to disrupt previous fitness development	No likely to increase body weight
2 to 4 weeks	Muscle tone begins to be less - no significant loss	4% loss in oxygen uptake	Insulin sensitivity is reduced. Lactate levels take slightly longer to dissipate from the body	Body weight can show increases, particularly if diet was not monitored
4 to 6 weeks	Muscle mass loss is noticeable - lean body mass loss is great	7 to 12 oxygen uptake percent loss	Density of capillaries get smaller - because less is required	An increase of between 2 to 3 kg in weight. Loss in lean body weight
6 to 8 weeks or more	Muscle strength levels are at pre-training levels, yet, higher than untrained 20 percent of	Cardiorespiratory- about 13-15 percent of VO_2 max – individual's levels equals to untrained state	The mitochondrial enzymes begin to decrease, which was required to release more oxygen to the	Body weight increases can be substantial, if a eating plan was not taken into account

	VO ₂ max individuals		body during exercise	
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Adapted from: Hughes *et al.* (2020) and Hamilton (2020).
(<http://www.220triathlon.com/training/what-happens-to-your-body-if-you-suddenly-stop-training/12732.html> - Andrew Hamilton in [Base Endurance Training](#), [Endurance Health and Lifestyle](#), [Endurance Injuries and Health](#).)

Armed with this knowledge, one is able to make adequate choices as to where to start with training programmes for preparation to full fitness readiness. It should be emphasised that the skill levels must also be concentrated on with movement in order to enhance the time for return to sport, match play or fitness. Individual differences is also important and should be taken into account as two people may not be at the same level of skill or fitness to start off with. For example, one person may need to start at 50% intensity, while another person may have to begin at a 40% intensity level. This is a larger challenge for the conditioning coach or trainer, because if the starting level is too intense, injuries may occur. Similarly, if too low, it is of minimal value for the person to improve fitness. Ultimately, the aim is for athletes and recreational persons is to get back to full fitness so that activities may begin.

It is also important to consider the following, in reference to Table 2. Firstly, athletes and recreational persons are not totally inactive during lockdown. As a result, the loss in maximum oxygen will be less. Strength losses is also significant, however, it would be better than baseline values. Lastly, body mass can increase by two to three kilograms, which also depends on inactivity levels.

Table 2. Intensity for getting back to match training

Duration of no or very little training	Where do you start?
If you're off one week or less	Begin your plan where you left off
If you're off up to 10 days	Start training 70 percent of the previous intensity
If you're off 15 to 30 days	Start training at 60 percent of previous intensity

If you're off 31 days to 12 weeks	Begin training at 50 percent of previous intensity
If you're off 12.1 weeks or more	Start as an untrained person

Adapted from: *Runners World* (2020)

For example, (Table 3), a modified training period will need to be adhered to on return from reduced training. After having two weeks of reduced load (40%), the athlete would require 2.5 weeks of incremental training to return to full training. Returning quicker than this period exposes the athlete to increased risk of injury. The time away from full training is approximately 4.5 weeks.

Table 3. Modified training period on return from reducing training

		Weeks of modified training required to return to full training (total weeks of modified training)				
Weeks of training at a reduced load	8	8 (16)	6.9 (14.9)	5.8 (13.8)	4.8 (12.8)	3.7 (11.7)
	7	7.4 (14.4)	6.3 (13.4)	5.3 (12.3)	4.2 (11.2)	3.1 (10.1)
	6	6.9 (12.9)	5.8 (11.8)	4.7 (10.7)	3.7 (9.7)	2.6 (8.6)
	5	6.3 (11.3)	5.2 (10.2)	4.2 (9.2)	3.1 (8.1)	2.0 (7.0)
	4	5.7 (9.7)	4.7 (8.7)	3.6 (7.6)	2.5 (6.5)	1.5 (5.5)
	3	5.2 (8.2)	4.1 (7.1)	3.1 (6.1)	2.0 (5.0)	0.9 (3.9)
	2	4.6 (6.6)	3.6 (5.6)	2.5 (4.5)	1.4 (3.4)	0.4 (2.4)
		0%	20%	40%	60%	80%
		Percentage of training of normal training load completed				

The Australian Sports Commission (Purdam *et al.* 2015)

2 Training Principles to be Taken into Account during Reclaiming Fitness

The FITT principles, namely: frequency, intensity, time, and type of exercise:

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- Frequency is how often one is training.
- Intensity is how hard one is training as a percentage of one's heart rate.
- Time is the duration of one's training session or match sessions.
- Type is what fitness methods one is using, e.g. HIIT, intervals or sprints, etc.

Specificity of training means that the training methods should be specific for the sport type.

The Progression principle is related to the increase in intensity or load in order to achieve improvement, while Periodisation (through various meso- and macro-cycles) is important in order to titrate a training programme in high, moderate and low intensity and duration sessions of the training season. This will prevent overtraining and burn out in athletes.

Reversibility, is a concept illustrating that fitness cannot be banked. Training needs to be regular or else the fitness is lost with rest or inactivity.

Individuality relates to the fact that no two persons are alike and that their training responses will differ. Thus, individualised fitness programmes are essential.

Overtraining means that if too much is done too soon, for a prolonged period of time, staleness could be a factor in slow improvement or no improvement in fitness. Factors such as poor sleeping patterns, poor eating, unwarranted stress, and irritability or mood changes are some of the symptoms of overtraining. In most cases if the athlete takes a rest period to recover, it will accelerate healing.

2.1 Other Factors to be Taken into Account during Athlete Lockdown

There are a number of factors that are important to take into consideration for

the athlete during a prolonged period of rest, as experienced during lockdown. The authors have selected the important factors that would affect athletes return to play. Hence, the coach and athlete must take these factors into account, before match readiness is proclaimed. Some of these factors will be briefly described.

Psychosocial factors relate to athletes becoming anxious about training and competition. If this is not controlled, it may lead to reduced self-esteem, a lack of confidence and even depression in extreme cases. Lack of social support applies to athletes living alone during lockdown and have very little social support as they are away from home, this can affect the athlete's adaptation to lockdown, and this may induces anxiety, depression and lack of self-esteem. Another factor is reduced motivation as the interaction with coaching staff reduces the athlete interacting with coach to redesign aspects such as goal setting in order to focus towards the future. However, the uncertainty of competition may affect the athlete's motivation and no teammates around the athlete for up-liftment. In a study conducted by Chand (2015), it was demonstrated that high achiever people with superior achievement motivation possessed enhanced excellence to tolerate frustrating conditions as compared to low achiever people with poor achievement motivation.

Most athletes forget about skill execution after a layoff as they do not consider it as a factor for deterioration during a layoff. There will be little or no skill practice during this time and this will affect the person's confidence and doubt their ability. The longer the lack of skill execution, the greater the decrements in confidence.

The performance expectations may not have been set by the coaching team and, as such, the goal setting of a person will be affected, and the under or over estimation of a person's performance may be affected. With little or no interaction and support from staff or medical team, an injury may deteriorate as a result during lockdown, and such people may not be able to get the attention of the medical team for consultation; despite telemedicine measures that are put in place during this period.

Little or no interaction with the coach and is not in constant contact, the athlete may be left in the lurch with no communication and training updates. Insufficient training stimulus while training at home may not be of the same intensity standard in order to provide a training stimulus. This implies that a person will have to train harder in order to return to training fitness (Lim & Pranata 2020).

3 Precautions

3.1 Exercise and Sport during Lockdown

In a recent article, Roberts (2020) states that walking, running and cycling are optimal activities that can be performed outdoors during the lockdown period. Performing these activities in a rural area is not much of a problem, however, this is a bit more restrictive in a city or urban area. For walking, the physical distancing should be two meters apart while wearing masks. For cycling or running, this is a bit more difficult in which the guidelines from the Dutch and Belgium researchers were quoted. They had indicated physical distancing of between six to nine meters apart. Roberts (2020) further indicates that the two-meter safety bubble assumes static air. Based on the running and cycling data modelling, it may be more serious when walking, cycling or running behind a person downwind. At casual physical activity, conversational walking pace with no forced breathing, there is probably less virus molecules in exhaled air, compared at rest. Running will potentially breathe more droplets and viral particles in the air as harder breathing is associated with more vigorous activity.

3.2 Exercise and Sport during the Aftermath

Aside from the environment, one also needs to consider the commercial interests, which has placed unprecedented pressure on certain sporting codes to begin competition prematurely. However, there are health risks associated, especially if one is a recovered COVID-19 patient. This could include a number of cardiovascular complications as COVID-19 is a viral infection. Cardiologists have indicated that it may take between three to six months to be free of the virus, if the patient had complications such as myocarditis or pericarditis (Dores & Cardim 2020). The most common ailment facing most elite athletes are respiratory tract infections causing a significant loss in training and competition time (Hull, Loosemore, and Schwellnus 2020). Care needs to be taken when beginning exercise after lockdown, as athletes would have had minimal equipment and trained at a lower intensity during lockdown. As a result, many elite athletes are at risk, if their intensity of exercise is too high when beginning exercise after lockdown (Paoli & Musumeci 2020).

4 Mitigating Risk for Both Sport and Fitness/ Fun Activities

The Aspen Institute in collaboration with relevant stakeholders and medical

experts had formulated a risk assessment tool. Although there were a number of other sources that were analysed for risk classifications (Ramagole *et al.* 2020; Hughes *et al.* 2020), the below tables present the following risk categories: lowest, medium and highest risk. This was designed to help people of all ages assess risk in a variety of common sports and recreational activities (Tables 4 and 5). A majority of the sporting codes, fitness and activities that have been presented are relevant, mainly, to the South African context. Each country will be different in assessing the relative risks for each sporting code or activity. As such, it is important to mitigate the risk on a case-by-case basis as well as according to the various lockdown levels that each country adopts. At present, this is the best available evidence to guide participation and return to play for both athletes and recreational persons.

Table 4. Risk categories for participation and return to play (fitness and fun activities)

Fitness/Fun Activities	Lowest Risk	Medium Risk	Highest Risk
Bicycling	Use your own indoor cycle; ride outside alone or with household members with your own equipment in less populated setting.	Ride alone or with household members outside with your own equipment (only ride in a pace line or close group/pack with household members) in more populated setting, remaining physically distant from any non-household members.	Join group ride; ride with non-household members not keeping recommended physical distance; indoor cycle at public gym; cycle with shared equipment (e.g., bike, pump, rented bike, etc).
Sources and Resources: https://www.usacycling.org/blog			
Climbing	Perform individual skill development activities	Perform individual skill development	Perform climbing activities at indoor facilities or at

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	(general fitness, strength training, hangboard workouts) at home (backyard, inside home, at-home climbing wall), alone or with household members.	activities in public spaces alone or with household members, or with non-household members maintaining recommended physical distancing.	your local crag with non-household members not maintaining recommended physical distancing or in groups.
Sources and Resources: http://www.usaclimbing.org/Education/Training_At_Home.htm https://climbingwallindustry.org/page/Coronavirus			

Dance	Dance at home alone or with household members.	Dance in public outdoor spaces alone or with household members while maintaining recommended physical distance from non-household members.	Dance in public studio; not maintaining recommended physical distance from non-household members.
Sources and Resources: https://usadance.org/ https://www.danceusa.org/resources-preparing-potential-impact-coronavirus			

Running	Run on personal equipment (e.g. treadmill in your home); do sprints at home; run alone or with members of household in uncrowded nature	Run alone or with members of household in more populated rural/suburban/urban setting, remaining physically distant	Run in crowded areas; run with non-household members in close proximity; run indoors on shared equipment (e.g.,
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	area/roads/sidewalks with wide paths (keep recommended physical distance).	from any non-household members.	treadmill in a shared gym).
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Sources and Resources:

<https://www.nyrr.org/youth/active-at-home>

<https://runningusa.org/RUSA/News/2020/Running-Industry-Response-to-COVID-19.aspx>

Walking/ Hiking	Walk/hike alone or with members of household in uncrowded space with wide paths/roads/sidewalks (keeping recommended physical distance); walk on personal equipment (e.g. treadmill in your home).	Walk/hike alone or with members of household in more populated rural/suburban/urban setting, keeping recommended physical distance from non-household members.	Walk/hike in crowded areas; walk/hike with non-household members without keeping physical distance; walk indoors on shared equipment (e.g., treadmill in a shared gym).
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Sources and Resources:

<https://www.nrpa.org/about-national-recreation-and-park-association/press-room/NRPA-statement-on-using-parks-and-open-space-while-maintaining-social-distancing/>

Resistance Training	Train at home alone or with household members; using personal equipment or household objects.	Train in outdoor spaces alone or with household members while maintaining recommended physical distance from non-household members; sanitize personal	Training public gym, not maintaining recommended physical distance, not sanitizing personal or shared equipment, not using personal chalk.physical distance of non-
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		equipment; use personal chalk.	household members; using shared equipment.
Sources and Resources: https://www.teamusa.org/USA-Weightlifting/Resources/COVID19-Updates/Programs-and-Shared-Resources https://www.nasca.com/education/tools-and-resources/covid-19-return-to-training/			
Yoga	Practice yoga alone or with household members at home.	Practice yoga alone or with household members in outdoor public space, or with non-household members physically distant and with no physical contact and use of your own sanitized equipment (mat, blocks, straps, blankets, etc.).	Participate in indoor or outdoor yoga class not maintaining recommended physical distance of non-household members; using shared equipment.
Sources and Resources: https://www.yogaalliance.org/			

Adapted from: Aspen Institute (2020). Key: Lowest Risk - Individual exercise or training at home, alone or with shared household members, with owned and sanitized equipment; Medium Risk - Individual exercise or training in public, alone or with shared household members, with owned and sanitized equipment; individual exercise or training in public with non-shared household members physically distant; Highest Risk - Any group play or training with non-household members not physically distant in private or public; any usage of shared equipment.

It must be noted that it has not been possible to include every activity in this table. For activities that are not listed in the table, please base your activities on the recommendations made for a similar activity.

Table 5. Risk categories for participation and return to play (sports activities)

Sports Activities	Lowest Risk	Medium Risk	Highest Risk
Cricket	Running/aerobic training (solo), resistance training (solo), skills training (solo).	Nets - batters facing bowlers. Limit bowlers per net. Fielding sessions - unrestricted. No warm up drills involving unnecessary person to person contact. No shining cricket ball with sweat/saliva during training.	Full training and competition. No ball shining with sweat/ saliva
Sources and Resources: Hughes <i>et al.</i> (2020).			

Field Hockey	Perform individual skill development activities (dribble, passing, footwork/agility drills, shooting drills, etc.) alone or with household members at home with your own	Perform individual skill development activities alone or with household members, in an outdoor public venue with your own sanitized equipment while exercising appropriate	Participate in any group, team, or multi-team structured or pick-up play, with non-household members; using shared equipment; not sanitizing shared or personal equipment (e.g., cages, balls, cones); not
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	sanitized equipment.	physical distancing.	maintaining recommended physical distancing guidelines
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Sources and Resources:

<https://www.teamusa.org/USA-Field-Hockey/Features/2020/May/21/USA-Field-Hockeys-Return-to-Play-Guidelines>

Golf	Putt or chip balls at home.	If on golf course; carry own clubs or ride alone in sanitized golf cart and abide all updated club and/or US Golf Association (USGA) guidelines; maintain recommended physical distance from non-household members; keep golf bag in your possession at all times; use remote check-in; no bunker rakes; modified flagsticks and cups; with no common use distribution of tees/scorecards/pencils/ball markers.	Play with non-household members not maintaining recommended physical distance; make physical contact (e.g., handshake, high-five, fist bump), and ignore club and/or USGA guidelines using shared equipment
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Sources and Resources:

<https://www.gcsaa.org/resources/covid-19-pandemic-resources>
<https://www.usga.org/content/usga/home-page/course-care/covid-19-resource-center.html>

Gymnastics	Perform individual skill	Perform individual skill	Perform team or group activities
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	development activities (general fitness, strength training, flexibility/holds, tumbling) at home (backyard, inside home), alone or with household members.	development activities in public outdoor spaces alone, with household members or with non-household members, maintaining recommended physical distancing; sanitize any personal equipment.	using shared equipment in gym; not sanitizing personal or shared equipment; not following recommended physical distancing guidelines share chalk
Sources and Resources: https://usagym.org/pages/aboutus/pages/coronavirus.html			

Martial Arts	Perform individual skill development activities at home alone or with household members.	Perform individual skill development activities in outdoor public spaces alone or with household members while maintaining recommended physical distance from non-household members. Sanitize any equipment.	Participate in any martial arts with non-household members; practice in public gym; not maintaining recommended physical distance from non-household members; not sanitizing shared or personal equipment.
Sources and Resources: https://www.teamusa.org/USA-Judo/Go/2020/USA-Judo-Coronavirus-Update			

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<https://www.teamusa.org/USA-Karate/Coronavirus-Information>

<https://www.teamusa.org/USA-Taekwondo/V2-Resources/Coronavirus-Updates>

Netball	Running/aerobic/agility training (solo), resistance and skills training (solo), shooting (outdoor or own ring) or ball skills (e.g. against a wall to self).	Skills using net-ball passing, shooting, defending. Small group training (not more than 10 athletes/staff in total) based on skills with set drill, but no close contact play drills.	Full training including matchplay
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Sources and Resources:

Hughes *et al.* (2020)

Rowing	Row/erg on personal equipment (e.g. ergometer at your home); perform individual skill development activities at home alone or with household members.	Row on personal equipment (e.g. ergometer or single) in public alone or with household members; perform individual skill development activities in public spaces alone or with household members or with non-household members	Rowing in crowded areas; rowing with non-household members in close proximity or same boat; erg indoors on shared equipment
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		following recommended physical distancing; sanitize any equipment.	
Sources and Resources: https://usrowing.org/sports/2020/3/4/usrowing-coronavirus-information-and-updates.aspx			

Rugby	Running/aerobic/agility training (solo), resistance training (solo), skills training (solo) including kicking, passing, ball skills (e.g. against wall to self).	Skill drills using a ball, kicking and passing. No tackling/wrestling. Small group (not more than 10 athletes/staff in total) sessions.	Full training and competition
Sources and Resources: Hughes <i>et al.</i> (2020).			

Soccer	Train or enjoy exercises at home (e.g., juggle, cone drills, footwork, and passing) alone or with household members and with your own equipment.	Engage in any activities in public spaces alone or with household members, and with sanitized balls.	Engage in team or large group pickup play with non-household members and shared balls
Sources and Resources: https://www.ussoccer.com/stories/2020/04/us-soccer-launches-bend-the-curve-stay-at-home-campaign https://ussoccerfoundation.org/athome/			

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<https://parents.dcscores.org/covid-19>

Swimming	Swim in your own chlorinated pool (laps, tread water); engage in dryland training at home alone or with household members.	Swim in chlorinated public pool as long as proper steps are taken by the operator to reduce the spread of the virus, and recommended physical distancing is practiced; swim, snorkel, surf in open salt or freshwater alone or with household.	Use of water parks and water playgrounds, venues where physical distance is difficult to control; swim, snorkel, surf in open salt or freshwater with non-household members; dryland training within six feet of non-household members
Sources and Resources: https://www.usaswimming.org/utility/landing-pages/coronavirus			

Tennis	Train or engage in activities alone or with household members at home (wall rally, hot hands, shadow swing, footwork) with own equipment.	Play or train on public or shared court with household members.	Play or train on public or shared court with non-household members, and with no measures taken to minimize touching of shared objects.
Sources and Resources: https://www.usta.com/en/home/usta-covid-19-updates.html			

Volleyball	Perform individual skill development activities (passing drills, blocking, hitting, setting, serving, general fitness, strength training), at home (backyard, driveway, in-home), alone or with household members; use personal net at home to play with household members.	The above individual skill development activities in public spaces alone or with household members or individual skill development with non-household members following recommended physical distancing; sanitize volleyballs.	Participate in any team or group play; not maintaining recommended physical distancing guidelines; not sanitizing volleyballs
Sources and Resources: https://www.teamusa.org/usa-volleyball/features/usa-volleyball-response-on-coronavirus			

Adapted from: Aspen Institute (2020)

Key: Lowest Risk - Individual exercise or training at home, alone or with shared household members, with owned and sanitized equipment; Medium Risk - Individual exercise or training in public, alone or with shared household members, with owned and sanitized equipment; individual exercise or training in public with non-shared household members physically distant; Highest Risk - Any group play or training with non-household members not physically distant in private or public; any usage of shared equipment.

Note: No risk categories were allocated to cricket and rugby - risk categories for such sporting codes should be developed (despite their complexity).

It must also be noted that it has not been possible to include every sporting code in this table.

5 Guidelines for Prevention of COVID-19 and Return to Play

To protect the well-being and health of people, it is imperative to consider important steps to prevent the spread of COVID-19. The South African government has imposed rules and regulations while in public spaces. In addition, guidelines from the National Institute for Communicable Diseases (NICD) and the Department of Health (DoH) in South Africa also refer to general public health with nothing particularly related to sport and physical activity. There is an absence of conclusive evidence on the prevention of COVID-19 during sport and exercise (van Rensburg *et al.* 2020).

5.1 Preventative Measures

Athletes and teams can be supported during the COVID-19 pandemic by advocating the following preventative measures:

Hand hygiene: General guidelines include washing hands often with soap and water for at least 40-60 seconds or using hand sanitizer (at least 70% alcohol) if soap and water are not available. As the virus can survive for days on surfaces, frequently touched objects and surfaces should be regularly cleaned and disinfected (van Doremalen *et al.* 2020). Regular disinfection of heavily used areas and surfaces are also required. One should avoid touching their eyes, nose and mouth; while also adhering to hygiene rules and guidelines.

Physical distancing: The Centers for Disease Control and Prevention (CDC) describes social distancing as remaining out of congregate settings, avoiding mass gatherings and celebrations, and maintaining distance (approximately one-two meters) from others when possible (CDC 2019). This practice is being advocated by governments and promoted by professional athletes as well (Bumbaca 2020; NYC Health 2019). One should also reduce the size of training groups and gatherings.

Travel: To slow down transmission, many countries have imposed travel restrictions. Measures have ranged from suspending flights, to banning travelers from affected countries, to in-home isolation for 14 days after returning from specific destinations. Countries are also performing entry screening, including measuring body temperature and assessing for signs and symptoms

of COVID-19. Domestic travel has become challenging as busy airports can be a common site of person-to-person spread. However, as a result of the sweeping suspensions and cancellations of sports leagues and tournaments, many athletes are not needing to travel beyond returning home from where they were training or competing (Toresdahl & Asif 2020).



Figure 1. An illustration documenting the practicalities of wearing a face mask during and after exercise
BJSM Blog (Blanco & Janse Van Rensburg 2020)

Face mask: All athletes should be advised to wear a cloth mask to prevent becoming infected with COVID-19 in the community setting or while traveling (CDC 2019; Greenhalgh *et al.* 2020). Inappropriate use of medical masks can affect supply and demand to the point where athletes and recreational persons will have inadequate protection shields (van Rensburg *et al.* 2020). Wearing masks for a prolonged period makes breathing during

training or exercise difficult and can also cause potential respiratory distress or pulmonary conditions (also see Figure 1). It is suggested that masks for athletes and recreational persons are innovated in a way where protection from the virus is still provided while breathing is also viable. In the interim, athletes can also use face shields.

5.1.1 Additional Guidelines

- One should use the crook of one's elbow or a tissue (always dispose of used tissues) when coughing or sneezing and greeting fellow athletes
- Do not share water bottles and/or use team water bottles.
- Avoid spitting (more research required among cricketers who shine the ball using saliva and whether transmission increases among asymptomatic players).
- Do not use communal nutritional supplements.

Exercising at home (or within immediate surrounding areas in one's neighbourhood; if the area is deemed safe or is not a hotspot) will be the safest option under such circumstances. Keeping fit for health at this stage is more important than for sport performance.

5.2 Return to Training Guidelines

According to Toresdahl and Asif (2020), for athletes with confirmed or presumed COVID-19, training can begin once symptoms completely resolve and energy levels return to normal. Since in-home isolation is necessary for at least 72 hours after resolution of symptoms, low-intensity indoor training may be attempted during that time. After discontinuing in-home isolation, an athlete can gradually return to training as tolerated. For asymptomatic athletes who are isolated due to recent travel or close contact with an individual with COVID-19, maintaining cardiovascular fitness may be difficult. Exercise that is recommended during the in-home isolation period is dependent on the available equipment, which may include a stationary bike, treadmill, and resistance training. Guidance and monitoring by a strength and conditioning coach or exercise physiologist can be provided remotely.

Recreational Athletes Guidelines

The urgency to train at high intensities are not urgent for these persons. These recreational athlete's must follow the same preventive guidelines as the elite athletes as listed above. These persons should train alone, jog in the streets, dance at home, and use dumbbells if so available. The maintenance of fitness for health and wellness is the highest imperative (Lim & Pranata 2020).

6 The Alteration of Lifestyle Modifications during COVID-19

According to Hall *et al.* (2020), during 2020, it was indicated we were currently confronted with two pandemics simultaneously (COVID-19 being one, and physical inactivity together with sedentary behaviour being the other). The latter still being a worrying pandemic, in which many people have increased their BMI, been diagnosed with chronic disease or co-morbidities, as well as experienced symptoms or illnesses of mental health. Globally, many have resumed to normality post COVID-19, however, the physical inactivity and sedentary behaviour pandemic will continue and, more concerningly, we are at an alarming risk of the obesity and physical inactivity pandemic worsening, as a result of COVID-19. Modifiable lifestyle factors such as diet and physical activity should not receive less attention. There are decades of empirical evidence that have supported these key factors as promoting health and wellness, even in times of crisis or pandemics (Carter *et al.* 2020). As a result of this dual-pandemic and the importance of lifestyle factors, we emphasise that this chapter also starts to shed light of how the general population can be active and healthier during future societal restrictions (and not just athletes and recreational persons).

7 Conclusion

It is important to take note of a number of factors that play an important role in one's fitness for full training readiness. This may take longer than anticipated and if this is not conducted scientifically or with careful caution, there may be a setback (e.g. injury or cardiovascular complications) on the road to reconditioning. It is essential to consider that full fitness is different to match readiness. Players, coaches and support staff are encouraged to take heed from the guidelines and recommendations in this chapter for return to sport participation. These guidelines are essential in order to reduce or prevent infection

during training or match play. It is important to note that one of the reasons for sport participation, is to improve health and wellness. As such, it does not make sense to train or play sport without taking precautions resulting in infection of the COVID-19 virus. This infection will delay the return to play for various athletes. All athletes and recreational persons should take precautions, be sensible, responsible and make the prudent decisions. It is also recommended that relevant stakeholders pay attention to the adoption of these guidelines in the event of future societal restrictions.

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Heroic Actions by Sports Personalities, Clubs and Associations in Response to the COVID-19 Pandemic

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Abstract

This chapter focuses on the philanthropic, educational and socially responsible responses to the COVID-19 pandemic by sports personalities and sporting bodies in the African context. The chapter contributes to knowledge by showing that sports personalities and sporting bodies have an obligation to help communities in times of pandemics such as COVID-19 and other forms of disasters. It is from these communities that fans and spectators come. These fans and spectators have legitimate expectations on their favourite players and athletes, their teams or clubs and the associations to which these teams and clubs affiliate to do heroic actions in times of need. These heroic actions can take the form of messages of encouragement, material donations from personal resources, fundraising, the mobilisation of other resources and behaving in a socially responsible way so as to model expected behaviour such as hand washing, physical distancing and respecting lockdown rules. Fans and spectators see sports personalities as celebrities and role models. This places an obligation on celebrities to return the favour. Some fans support their favourite sports personalities and their clubs even when they experience poor performance as it happens even to the best sports teams or clubs. Through narrative review of both news media and scholarly literature, the chapter identifies and describes philanthropic, educational and responsible behaviours by sports personalities, sport clubs and sport associations in the African context. Scholarly literature suggests reasons for heroic actions during disasters, while news media demonstrate the types of these heroic actions. Celebrities use news media to show fans their heroic actions, and sports journalists are willing to report these heroic actions as there are no live sports to report.

Keywords: coronavirus, celebrity, constant comparison analysis, food security, health ambassador, health system, lockdown, narrative review, protective gear for health workers

1 Introduction

Most African countries introduced lockdown which involves strict regulations in order to delay the spread of the novel coronavirus (SARS-CoV-2) as recommended by the World Health Organization (WHO). Lockdown refers to a non-pharmaceutical intervention which involves the implementation of physical distancing by prohibiting public gatherings; closing schools, universities and churches; and preventing people working in non-essential services from going to work (Neil, Ferguson, Laydon & Nedjati-Gilani 2020). Physical distancing, as part of lockdown, means keeping a space of between one and two metres between people who are not sharing a living space, or are not from the same household to prevent the spread of the virus. Health experts admit that the spread of the virus cannot be prevented but can be delayed. This will help countries to prepare their health systems in order to manage the novel 2019 coronavirus disease (COVID-19) and minimise the damage that it can cause to people. Piryani, Piryani, Piryani, Shakya and Huq (2020) argue that lockdown is implemented to flatten the curve by containing the virus from spreading to other parts of a country and in the meantime, get the health system ready to test, prevent and treat people. Flattening the curve is a public health strategy implemented to slow down the spread of the virus during a pandemic to ensure that the health system is able to cope with the demand of its services.

The WHO (2020) advised sporting bodies to continually assess risks of infection when organising events, to identify mitigation activities and to make informed evidence-based decisions about continuing with the events. As risks increased, almost all sporting bodies suspended their activities. Sports, like other social activities, was subsequently affected; and players, athletes, coaches and club officials had to be released to their families. As players, athletes, coaches and other officials stay away from sports activities, they witness suffering amongst their people and therefore feel obliged to give money, food and time according to their means. Fans and spectators are affected by the absence of live sports while also feeling the suffering induced by lockdown. They then develop expectations that their sports idols and heroes

will help them as most sports personalities and clubs have resources. Besides lockdown, countries should implement infection control and preventive measures such as robust testing, isolating and treating those who tested positive as well as tracing and quarantining their contacts (Piryani *et al.* 2020). Some African players, athletes, coaches and club officials also lent their helping hands in these activities.

This chapter discusses obligations that players, athletes, coaches and club officials have to assist communities that suffer as a result of COVID-19 pandemic. The chapter starts with a short discussion of the research method used. This is followed by theories that explain the obligation to give as well as the type of donations made. Giving is described in terms of issues that the donations support such as food and nutrition security as well as the health system. A discussion on sports personalities as role models is also presented by showing some of them role modelling expected behaviours necessary to prevent and control COVID-19.

2 Method

This chapter used scholarly literature and news media as sources of information. In modern times, people are repeatedly exposed to news media through various channels such as television, radio, newspapers, magazines and the internet. Rowbotham, Astell-Burt, Barakat and Hawe (2020) posit that this repeated exposure has potential to influence people to adopt behaviours that contribute to the prevention of diseases. Many people have access to news media anytime and anywhere due to the increasing availability of digital technologies. They use these technologies to access media platforms and blogs, and to share content across social networks. The Media Monitoring Africa indicates a dramatic increase in news reporting of COVID-19 and lockdown since the first positive case was confirmed in South Africa in March 2020 (Danyile 2020). By reviewing both scholarly and news media, the study identifies and describes philanthropic, educational and responsible behaviours by sports personalities, sport clubs and sport associations in Africa. Scholarly literature suggests reasons for heroic actions during disasters while news media in the form of online newspapers and websites show the types of these heroic actions. When reviewing literature, a researcher searches databases, retrieves information and synthesises findings into themes (Green, Johnson & Adams 2006). This chapter used narrative review of literature as research design.

Narrative review is a literature review design in which a researcher identifies themes from literature on a specific subject. It enables a description of selected studies on a specific topic. Researchers use narrative review to identify few studies that describe a problem of interest and read them to extract themes. The narrative review method was selected because it allows for the consolidation of existing literature on heroic actions by sports personalities, clubs and associations in order to have a general idea of the topic. In this chapter, the steps described below were followed as guided by Demiriz, Oliver and Washington (2019), Green, Johnson and Adams (2006), Record-Lemon and Buchanan (2017), University of Texas Arlington (2020) and Springer (2020).

- Formulate a title of the chapter: *‘Heroic actions by sports personalities, clubs and associations in response to the COVID-19 pandemic’* was selected as the relevant title of this chapter. Springer (2020) asserts that authors should formulate titles that are concise but accurately describe the contents of a manuscript and make people want to read the whole manuscript beyond the title and abstract. In response to the COVID-19 pandemic, heroic actions are continuing, and others are not reported in the media. This chapter discusses only those that were reported in the media at the time of data collection.
- Identify keywords: Keywords relevant to the topic are important to locate literature, and can be identified through literature, brainstorming or mind maps.
- Database search: These keywords were searched on Google and Google Scholar. The author created a search string which is a combination of keywords, truncation symbols and Boolean operators. Boolean operators are connector words while truncation symbols are asterisk (*), a question mark (?) and others. Combinations used included ‘athletes and role modelling’, ‘hero and obligation’, ‘giving and religion’, ‘ubuntu and suffering’ as well as ‘sports and disaster’.
- Reference list search. The reference lists of articles obtained from database search were scanned for cited articles that were relevant to the topic. Relevant articles were then obtained from Google and Google Scholar databases.

The constant comparison analysis method was used to analyse information extracted from literature review. The author developed codes by doing open coding on the first few sources and then used those codes on the rest of the sources (Leech & Onwuegbuzie 2008; Onwuegbuzie, Leech and Collins 2012). The themes became headings and subheadings which are described below as reasons for and types of heroic actions.

Narrative reviews are weak as they are neither systematic nor follow a specified protocol. As Demir, Olivier and Washington (2019) argue, narrative reviews are guided by a topic of interest with neither predetermined research question nor specified search strategy. Green *et al.* (2006) and Ferrari (2015) posit that narrative reviews may have researcher biases as they are a synthesis of previously published information subjectively chosen by a researcher. Another weakness is that narrative reviews do not yield a comprehensive understanding of the problem, but only a general idea. Demir, Olivier and Washington (2019) are of the view that researchers are divided about critiquing studies reviewed, and suggest that a narrative review should critique all studies included. Others suggest that critiquing studies is not a requirement of narrative reviews.

As celebrities, sports personalities use news media to show fans their heroic actions. At the same time, sports journalists are willing to report these heroic actions as there are no live sports to report during a lockdown.

3 Reasons for Heroic Actions during Disasters

Sports personalities and sporting bodies are obliged to help communities in times of pandemics like COVID-19 and other forms of disaster. It is from these communities that fans and spectators come. These fans and spectators have legitimate expectations of their favourite players and athletes, their teams or clubs and the associations to which these teams and clubs affiliate to do heroic actions in times of need. They see sports personalities as celebrities and role models. This puts obligations on sports personalities to return the favour. Some fans support their favourite sports personalities and their clubs even when they experience poor performance as it usually happens to the best sports teams or clubs. The need to help can be explained in terms of theory of obligation, ubuntu, religion and the motivational theory of role modelling as discussed below.

3.1 Theory of Obligation

The theory of obligations is described by Van Arsdale and Nockerts (2008) as an assumption that people have a moral obligation to help those in need. There is an obligation to those with resources to give to those in need. A moral obligation implies that people with resources have to accept the burden that they have to carry, which motivates caring and compassionate responses to those in need. A compassionate response to needs is stimulated by selfless awareness and appreciation of the suffering of others and a desire to relieve the suffering. Van Arsdale and Nockerts (2008) further argue that the obligation to give to those in need devolves onto individuals. As a result, some will give while others may not, although all are aware of the suffering or needs of others.

3.2 Ubuntu

Ubuntu is a way of living for people in almost all African countries. People call ubuntu differently according to the language of their country, but its meaning is the same (Jowah 2015; Ibnouf 2020). Some call it unhu, hunhu, obuntu, botho, vumunhu or ubunthu in their languages, but the word commonly used in many writings is ubuntu. Ubuntu encourages collective interests over individual interests as it assumes that a person exists in relation to others in the community. In communities with ubuntu, people see themselves as having an obligation or a duty to support each other for the wellbeing of the whole community. Ubuntu guides people to see other people's lives as valuable as their own (Ibnouf 2020). It makes it possible for those with resources to give those in need. This giving becomes more important during a disaster.

3.3 Religion

Africa is a big continent with different religious practices. According to Wikipedia (2020), the three main religions are Christianity, Islam and African Traditional religion. Of course, there are many other minor religions to choose from. The words 'main' and 'minor' are used in this chapter to refer to the number of followers and not to the importance of each religion. Religions such as Islam, Sikhism, Judaism, Christianity and Buddhism influence people's

way of life and how they live with others in the community (Hegarty 2020). According to Einolf (2011), religion teaches people about the shared humanity of all people and therefore the need to help each other. Religious people are inspired by Jesus Christ's teachings, his life of helping the needy and for sacrificing his life on the cross for all people. Those who have material resources are aware that they have obligations to care for all members of the community and to share with those in need. Religion inspires Africans to be aware of the needs of their fellow community members and to willingly give in order to meet the identified needs (Agbiji & Swart 2015; Beyers 2017). As Einolf (2011) would argue, religion makes people kind and caring. This motivates people to help those in need. Furthermore, religion makes people feel that they have a duty to serve God. Giving the needy is one of the ways of fulfilling this duty. People who give expect that salvation and divine reward will follow as a consequence. Others feel that God inspires them to give willingly; they see themselves as under his control or under his divine command (Beyers 2017).

3.4 The Motivational Theory of Role Modelling

Role models are people who motivate others to take right decisions in life. Morgenroth, Ryan and Peters (2015) contend that role models are people that others look up to and base their own characters, values and aspirations. Furthermore, role models are sources of social influence and inspirations as they can make a particular behaviour desirable. Human beings need heroes or idols who are ideals to provide direction of how people should conduct themselves (Biskup & Pfister 1999). People model their behaviours by emulating the conducts of popular people or those that are associated with victory. Sports personalities such as players and athletes are idols admired by people because sports shows instances of phenomenal achievements and commitment resulting in victories and successes for players, athletes or their teams and clubs. In public health, sports celebrities have been used as ambassadors to support public health issues by encouraging testing campaigns and living ideal lives as the messenger is as important as the message they deliver (Delate, Bessenaar, Hajiyanis, Myers, Maxwell & Ndlovu 2011). Various sports personalities such as Teko Modise, Graeme Smith, John Smit, Anthony Johnson, Ryan Giggs and Matthew Booth were used by Brothers for Life as health ambassadors to motivate people to use HIV prevention, counselling and testing servi-

ces. Brothers for Life is a national HIV/AIDS campaign that primarily targets men over the age of thirty in South Africa. The campaign uses sports ambassadors to reach secondary audiences of younger men and women.

Some sports personalities are celebrities. Celebrities such as athletes and players are famous and highly noticeable people in society with social capital resulting from media visibility and recognisability. People wish to be like celebrities that they admire. Celebrities activate people's natural tendency to make decisions based on how the former act in similar situations. Celebrities have influence on people's knowledge, attitudes and behaviours regarding health issues as they are conditioned to react positively to celebrity advice. Such advice on public health issues has the ability to change how they perceive health information and how the media reports on a particular health condition with which a celebrity was recently diagnosed (Hoffman, Mansoor, Natt, Sritharan, Belluz, Caulfield, Freedhoff, Lavis & Sharma 2017).

4 Types of Heroic Actions

The world governing body for athletics, the International Association of Athletics Federations (IAAF), advised its member associations to suspend events. All sporting bodies such as the Fédération Internationale de Football Association (FIFA), the International Olympic Committee (IOC) and the Global Association of International Sports Federations (GAISF) followed suit. The international governing body of football (FIFA) recommended the suspension of organised soccer for member associations as this is a contact sport. FIFA also committed itself to use soccer to fight COVID-19 pandemic, and encouraged member associations, clubs and players to also get involved (FIFA 2020). The message filtered down through federations to clubs and players. The football governing body in Africa, the Confederation of African Football (CAF), issued a statement to all member associations to suspend football activities until the COVID-19 pandemic is under control (Dove & Ndumo 2020). As a result, the South African Football Association (SAFA) took a decision to suspend all football activities in the country until government allowed and made a recommendation to the Professional Soccer League (PSL) to postpone all matches (Baleka 2020). The PSL complied with SAFA recommendations and informed all clubs to respect the decision (Kelly-Klate 2020). Ultimately, all football activities were suspended throughout the continent.

Heroic actions can take the form of messages of encouragement, material donation from personal resources, fundraising and the mobilisation of other resources. Furthermore, behaving in a socially responsible way such as hand washing, physical distancing and respecting lockdown rules as a way of modelling expected behaviour is a heroic action.

4.1 Modelling of Expected Behaviour

According to Hall (2020), the spread of COVID-19 can be prevented by following certain behaviours. These include frequent and proper washing of hands with soap and water; covering of mouth with a flexed elbow when coughing or sneezing; avoiding close contact with people suspected or already infected with the coronavirus; using a liquid containing 70% alcohol to clean or sanitise cell phone screens at least twice a day; and avoiding touching our faces with unwashed hands as the mouth, nose, eyes and ears are routes for viruses into the body when fingers touch surfaces that may contain viruses. People can sanitise hands if washing them with soap and water is not convenient. Other important behaviours are to go for testing and treatment if a person does not feel well or if he or she has been in contact with a person who has tested positive for coronavirus, and the wearing of face masks when leaving homes to go to public spaces. Adopting these behaviours is generally referred to as ‘the new normal’ as people have to learn new behaviours to prevent the spread of coronavirus. Expected behaviour refers to these infection prevention practices and respecting lockdown rules.

Some soccer coaches, players and officials shared their videos of handwashing, and encouraged other people to wash their hands regularly as a behaviour to prevent the transmission of coronavirus. These include award winning South African soccer coach, Pitso Mosimane; a league official, Nande Becker; and players such as Reyaad Pieterse and Peter Leeuwenburgh (Ditlhobolo 2020). Other soccer players such as Khama Billiat from Zimbabwe, Samuel Eto’o from Cameroon and Ben Motshwari from South Africa showed respect for lockdown regulations and encouraged people to do the same (Mphahlele 2020). Khama Billiat is popular in South Africa, and in Zimbabwe where he plays for the national team. He is currently playing for Kaizer Chiefs in South Africa and played for other popular clubs as well. Samuel Eto’o is a retired player who played for many teams outside Africa and for the Cameroon national team, the Indomitable Lions. During his

playing days, Samuel Eto'o was referred to as one of the best strikers in the world and the greatest African player of all time.

Many players and athletes who donated food parcels and medical supplies also participated in the distribution and handing over of these food parcels and medical supplies to various organisations and communities. While doing so, they took photos and shared them on social media platforms. Most are seen wearing face masks as a way to model expected behaviour. Besides making donations, others also posted or sent messages of encouragement to people to take COVID-19 pandemic seriously and to follow preventive measures.

4.2 Food and Nutrition Security

The concept 'food and nutrition security' refers to a situation where all people have access to sufficient, safe and nutritious food to satisfy hunger, their food preferences and health needs. Hwalla, El Labban and Bahn (2016) argue that in a food and nutrition secure environment, access to food should be guaranteed even during a disaster. Having access to nutritious food is an important public health concern as nutrients strengthen the immune system to fight infections and repair body tissues damaged by diseases. Nutritious food is needed as it leads to a stronger immune system, lower risk of developing comorbidities and of getting infectious diseases, including COVID-19 (Galanakis 2020; Matsungu & Chopera 2020).

In South Africa, many households access food by buying from shops (Drysdale, Moshabela & Bob 2019). This is possible for people with income, and therefore are able to afford a daily meal. Most economies in Africa are largely informal, with many people living from hand-to-mouth. As such, lockdown affects their capacity to earn an income. The lockdown restrictions introduced in almost all African countries to control COVID-19 pandemic threatens food security because people cannot earn income, and children can no longer access nutritious food provided by school feeding schemes (Mukiibi 2020; United Nations 2020). Lockdown threatens food security as it restricts movements, disrupts food supply and limits access to nutritious food for people in Zimbabwe (Matsungu & Chopera 2020; Dzobo, Chitungo & Dzina-marira 2020). It also leads to an increase in food prices which reduces access to preferred and nutritious food for low income households. This is true for all African countries that implemented the lockdown. Matsungu and Chopera

(2020) claim that as there is currently no cure for COVID-19, nutritious food can be regarded as medicine as it strengthens the immune system and repairs damaged body organs.

The Comrades Marathon Association (CMA) and the South African Cricket Association (SACA) donated money to a non-government organisation (NGO) for distribution to beneficiaries. The CMA has been made popular for hosting the annual Comrades Marathon in South Africa. It is hailed as the world's largest and oldest ultramarathon race, attracting many local and international runners. Lawrence Cheronu, a long-distance runner from Kenya, donated food parcels to the needy in his community (Mulkeen & Ramsak 2020). Besides the donation that they made through SACA, popular cricket players such as Faf du Plessis, Vernon Philander and Temba Bavuma donated their time and resources to needy people in their communities. Temba Bavuma donated and distributed food parcels through his foundation (Mkhize 2020). Faf du Plessis, the former captain of the South African national cricket team (the Proteas), partnered with Siya Kolisi, captain of the national rugby team in South Africa (the Springboks), and their families, to donate and distribute food parcels in various communities (Nkanjeni 2020). Protea cricket star, Vernon Philander, partnered with other famous people to donate and distribute food parcels amongst the needy (Karrim 2020). Baroka Football Club, which gained popularity after defeating Orlando Pirates in a cup final, also donated and distributed food parcels. The Stormers rugby club also donated food parcels, where players personally donated and the club partnered with a food retailer to distribute among needy people throughout South Africa. Another former Springbok captain, Jean de Villiers, also made a donation to an NGO. Adrian van Westenbrugge, a popular adventure swimmer, and cyclist, Gavin Brophy, raised funds and donated it to an NGO. George Matthys Beukes, a famous mountain biker, also raised funds and donated it to an NGO (Ephraim 2020; Silo 2020).

Many South African soccer players such as Aubrey Modiba, Grant Kekana and Ronwen Williams of Supersport United Football Club teamed up with Ramahlwe Mphahlele of Kaizer Chiefs Football Club to donate and distribute food parcels to communities on their own or through their foundations (Ntsoelengoe 2020). These players are popular amongst South Africans as they play for award-winning clubs and represented the country at under-23 and national senior levels. Gift Motupa, who played for Orlando Pirates Football Club and Baroka Football Club, also represented the country

at under-23 and national senior levels. He followed suit by donating and distributing food parcels amongst the needy in his community.

African soccer players playing outside their countries of birth donated to their home countries (ESPN Cable Company 2020; Hambly 2020). These include Sadio Mane from Senegal, Didier Drogba from Ivory Coast, Willard Katsande from Zimbabwe, Mohamed Salah from Egypt and John Obi Mikel from Nigeria. Sadio Mane is very popular as he won many awards while playing for top clubs in England and the Senegal national team, The Lions of Teranga. Didier Drogba is a retired player and former captain of the Ivory Coast national team, The Elephants. His numerous achievements include being chosen the African Footballer of the Year in 2006 and 2009, footballer of the year and player of the year, and has earned the title of all-time top scorer in his country. Willard Katsande is popular in both South Africa and Zimbabwe as he plays for Kaizer Chiefs and the Zimbabwe national team, The Warriors. Mohamed Salah is popular as he plays for the Egyptian national team, The Pharaohs, and a top international club outside his country. John Obi Mikel is a former captain of the Nigerian national team, The Super Eagles. He won several awards while playing for various clubs outside the African continent.

4.3 Supporting the Health System

According to Chee, Pielemeier, Lion and Connor (2013), supporting the health system means making inputs to improve the functioning of one or more of the building blocks of the health system such as upgrading health facilities, purchasing medical equipment and distributing protective equipment to promote and protect health. This is different from strengthening the health system, which refers to wide-ranging changes to policies, regulations and relationships between the building blocks of the health system to allow effective and efficient use of resources to improve health services. A functioning health system is made of six building blocks which work together to ensure that citizens have access to acceptable, affordable and quality health services. The six building blocks are delivery of health services; health workers; health information; medicine, vaccines and health equipment; health financing as well as management, leadership and governance (Malakoane, Heunis, Chikobvu, Kigozi & Kruger 2020). Due to weakened health systems, many African countries are unable to meet the health needs of their citizens. The

health system in many African countries is described as fragile due to continuing struggles to contain existing public health challenges and diseases such as Ebola, cholera, tuberculosis, HIV/AIDS and malaria. Many African countries rely on donor funding to supplement their public health budgets and remain with underfunded health systems. The challenge during this COVID-19 pandemic is that countries that normally donate funds to African countries are currently struggling to control COVID-19 in their own backyards (Dzinamarira, Dzobo & Chitungo 2020).

Governments have constitutional responsibilities to provide quality health services to all citizens, but they cannot achieve this alone without the involvement of individuals and companies as well as international donors. Health systems of most countries in Africa are weak and do not function adequately. COVID-19 pandemic requires well-functioned health systems. This provides further impetus for the need to donate resources to support health systems.

Sports personalities and federations donate resources to support some of the building blocks of the health system. Sports personalities, clubs and associations donated protective gear for health workers, commonly referred to as personal protective equipment (PPE) and specific health materials. Others donated funds for health facilities to decide how to use them. Through his foundation, Siya Kolisi partnered with another NGO, while two football clubs, Kaizer Chiefs and Orlando Pirates formed a partnership with a sports media company, MultiChoice, to make donations of face and surgical masks, gloves, protective overalls, surgical wipes and shoe covers for health workers (Ndubane 2020). Kaizer Chiefs Football Club, known to its supporters as Amakhosi or the Phefeni Glamour Boys, is a popular South African club. It has won many awards in South Africa and is known all over the continent and beyond. Orlando Pirates Football Club is another popular club in South Africa which also won many awards. It won the CAF Confederation Cup and recruits players and coaches from all over the African continent. MultiChoice is a sports broadcast company and owner of SuperSport United Football Club. Kaizer Chiefs and Orlando Pirates are called Soweto Giants as they both come from Soweto. When they play against each other, they fill the biggest stadium in Africa due to their popularity. Many other people watch them on MultiChoice channels all over the continent and beyond (Sports24 2013).

Although they are playing in other countries, Danny Welbeck, Israel Adesanya, Bismack Biyombo, Didier Drogba and Wilfried Zaha made

donations of funds, PPE and other health materials to health facilities in their countries of birth. Didier Drogba made his foundation's hospital available to the government of his country to use for coronavirus testing (Taiwo 2020a). Danny Welbeck of Ghana, who plays football outside his country, donated hand sanitisers and PPE to health workers in his country (Taiwo 2020b). A popular basketball player, Bismack Biyombo of the Democratic Republic of the Congo, but who plays outside his country, donated face masks and hazmat suits to health workers. Israel Adesanya, a professional mixed martial artist from Nigeria, but who plays outside his country, also donated face masks and eye protection face shields to health workers in his country. Wilfried Zaha, who plays soccer outside his home country of Ivory Coast, donated clothing and soap to facilities in his country (Taiwo 2020c).

5 Discussion

The novel coronavirus (SARS-CoV-2) is a microorganism that infects people, who in turn develop a disease known as novel 2019 coronavirus disease (COVID-19). The virus spread easily when people are close to each other in places of work, education institutions, shopping malls and social gatherings such as weddings, funerals, religious gatherings and sporting events. A lockdown is implemented as a way to minimise contact between people by restricting movement except for few people who are doing services classified as essential. The lockdown gave sports personalities opportunities to take a break from their busy schedule, and to look deeply at realities in their communities and their countries in general. Most were touched by what they saw, and therefore decided to take action, which was motivated by ubuntu, religion and obligation resulting from their status as idols. They donated food and medical supplies; they modelled expected behaviours and encouraged members of their communities to respect lockdown rules. As Manik (2017) shows, supporting the needy with food is a demonstration of ubuntu. It is important to support health systems by donating funds and PPE for health workers. There is a need to protect workers who provide healthcare to COVID-19 patients because there is a shortage of PPE in most African countries. It is, therefore, important for those with resources to donate so that health workers can work without stress of being infected with the coronavirus. There have been cases of health workers being infected with coronavirus and others dying from COVID-19 (Chersich & Gray *et al.* 2020). This has created panic; hence

health workers are increasingly refusing to work if they are not provided with sufficient PPE. The partnership between Kaizer Chiefs, Orlando Pirates and MultiChoice is understandable, given their relationship in which the two popular clubs are given international broadcast when they play against each other. Some players and athletes formed partnerships with existing structures to ensure that donations are coordinated and reach the intended beneficiaries. As Van Arsdale and Nockerts (2008) point out, multiple aid organisations respond to a disaster at the same time. This raises concerns about the need to have the aid coordinated. As a result, players and athletes made their donations using existing structures rather than directly to the people in need.

6 Conclusion

Africa is rich with religious people who love their communities and who do not hesitate to offer help where it is needed. The COVID-19 pandemic has shown that the spirit of ubuntu is alive as sport personalities, clubs and associations donated food parcels, funds and materials to strengthen health systems. Due to poverty and weak health systems in many African countries, the suffering brought by the COVID-19 pandemic is huge, but sports personalities are also doing their part to relieve the suffering. They work alone or in partnerships with other structures to ensure that donations are coordinated and reach the intended beneficiaries. Sports personalities as celebrities and role models use their power and platform to influence people to adopt behaviours that are meant to prevent and control COVID-19 pandemic.

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Sports Sector Philanthropic Responses to the COVID-19 Pandemic: Evidence of Global Inequalities

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Abstract

The COVID-19 pandemic has had devastating consequences for the sporting sector with cancellations and postponement of sporting events and activities globally. There are dire predictions pertaining to the economic impacts of the pandemic on the sports sector, including the inability of specific sports codes and more locally-based sports clubs and federations to survive. Despite the challenges faced, the sports sector has emerged as a major contributor to efforts to fight the pandemic as well as provides assistance to those most impacted but least likely to respond effectively to the pandemic. The philanthropic efforts of the sports sector are discussed in this paper, these include fundraising efforts, procurement and donations of personal protective equipment (PPE), the use of sports facilities (including stadiums as health facilities and to house the homeless) and assets (such as airplanes to transport PPE and health personnel), and the involvement of sports personalities in educational and awareness-raising efforts. Additionally, new sporting activities are emerging as athletes/players compete online to raise funds. The gaming industry was viewed as one which was linked to but separate from sports. Both have now become fundamentally intertwined. A global, a critical assessment of which sports organisations, clubs and individuals have been prominent in being able to provide assistance reveal inequalities that are also critically examined here. Specifically, biases in relation to geographical locations (with Europe and the United States of America (USA) clearly dominating in terms of sports events/

activities and sports organisations/ businesses that can respond to the pandemic, even assisting others, while in the rest of the world sports enterprises are struggling to survive) and the prominence of specific codes of sports (especially athletics, soccer, American football and baseball) are discussed. The paper concludes that as the sports sector re-emerges, it is imperative that the philanthropic culture is sustained and inequalities are addressed.

Introduction

The sports sector has been no exception to the devastating consequences that the COVID-19 pandemic has had on several economic sectors worldwide (Gilat & Cole 2020; Mann, Clift, Boykoff & Bekker 2020; Nicola, Alsafi, Sohrabi, Kerwan, Al-Jabir, Iosifidis, Agha & Agha 2020; Olagbaju, Awosusi & Shaib 2020; Toresdahl & Asif 2020). Due to this pandemic, some of the world's major sporting events such as athletics, golf, basketball, tennis, rugby, boxing, snooker and cycling have either been cancelled or postponed (Gilat & Cole 2020; Nicola *et al.* 2020; Toresdahl & Asif 2020). For instance, Gilat & Cole (2020), Mann *et al.* (2020), Nicola *et al.* (2020) and Parnell, Widdop, Bond and Wilson (2020) state that in response to COVID-19 and at an effort to protect the health of the athletes, mega-events such as the Australian Formula One Grand Prix, the Euro 2020 tournament and the 2020 Tokyo Olympics and Paralympics have been postponed. In addition to events being affected, sports organisations and facilities have also been severely impacted. In this regard, sporting clubs and facilities, parks, gyms, sports venues and organisations have had to close their operations due to COVID-19 regulations (Drummond, Elliott, Drummond & Prichard 2020; Gilat & Cole 2020; Ozili & Arun 2020; Shaw, Kim & Hua 2020). Despite the challenges faced within the sports sector, it has emerged as one of the major contributors to the fight against the COVID-19 pandemic.

The sports sector has always been associated with philanthropic efforts including fundraising efforts; supporting various projects and programmes link-ed to education, environmental awareness, and health and well-being; and supporting communities and individuals in need. These efforts associated with sports teams, associations/ federations, clubs and individual athletes and players reflect the general perception that sports are linked to positive outcomes and support social cohesion efforts. These philanthropic activities also result

in substantial media coverage (especially focusing on the established teams and leagues as well as the internationally profiled superstars), which has economic benefits associated with marketing, brand awareness and reputation building. Thus, philanthropic efforts associated with the sports sector benefits the sector and stakeholders and well as recipients. Philanthropic efforts are also associated with Corporate Social Investment (CSI)/ Corporate Social Responsibility (CSR) goals that are based on the premise that doing good can benefit business enterprises.

In the context of the unprecedented disruptions to socio-economic activities triggered by the COVID-19 pandemic including sports and travel, the sports sector has risen to the occasion; being involved in several philanthropic efforts including raising funds to curb the spread of the virus and assist businesses and individuals severely impacted by pandemic-related disruptions, procurement and donations of PPE, the use of sports facilities (including stadiums as health facilities and to house the homeless) and assets (such as airplanes to transport PPE and health personnel), and the involvement of sports personalities in educational and awareness-raising efforts. New sporting activities are also emerging as athletes/ players compete online to raise funds.

In the above context, this study undertakes a critical assessment of which sports organisations, clubs and individuals have been prominent providing philanthropic assistance, and how these reveal inequalities within the sports sector. Specifically, spatial biases and the dominance of specific sporting codes (and superstars associated with these codes) are examined. The next section provides a brief overview of philanthropy and the particular role it plays in the sports sector. The third section focuses on key philanthropic responses that are emerging in relation to the COVID-19 pandemic. This is followed by a section on the geopolitical inequalities characterising sports philanthropy during the pandemic and finally, recommendations as well as concluding remarks are forwarded in the conclusion section.

Philanthropy and Sports

From the richest companies to the richest celebrities and athletes, philanthropy is an activity that is highly practised and encouraged throughout society. Usually practised by more affluent individuals and organisations, philanthropy can be defined as the act of supporting different services and projects, founded by non-governmental organisations, by the spreading of financial resources

(Maurrasse 2020). A simpler way of understanding this is ‘private giving for public purposes’ (Barman 2017: 1). Recipients of these monetary donations include but are not limited to charities, health and social welfare organisations, non-profit groups and any other type of organisation that aim to mobilise resources to improve society and the situations of individuals in that society (Dobrof 1998 cited in Croucher 2017). However, besides monetary forms, philanthropy can also take the form of blood and organ donations, assisting with disaster relief campaigns and/or creating and participating in educational and social awareness programmes such as efforts to address gender-based violence (Croucher 2017).

Over the years, the sporting industry has grown to such an extent that it is now largely business orientated. Therefore, businesses in the industry must include a CSR plan which, as a result, becomes a form of sports philanthropy. Ratten and Babiak (2010) assert that due to there being increasing concern globally over social and environmental issues, many organisations in the sports industry have tried to reinforce their commitment to socially responsible causes. Thus, by practising philanthropic activities, athletes, sports teams and sports organisations could improve their social position in their community. A good example of sports philanthropy is the ‘LIVESTRONG’ campaign founded by professional cyclist Lance Armstrong to help those affected by cancer. Meyer and Meyer (2017) state that this campaign involved physical participation such as walking, marathons, cycle races, triathlons and other physical activities that are funded by organisations with the aim of raising awareness and/or financial support for cancer research and those impacted by cancer. The ‘LIVESTRONG’ campaign is also a good example of how a philanthropic initiative can be compromised because of the reputation of a key sports personality. After Lance Armstrong’s reputation was damaged as a result of the doping scandal, the ‘LIVESTRONG’ campaign has faded away.

A significant amount of sports philanthropy was found to take place in the USA as the country is one that feeds of sports. Large sports organisations such as the National Football League (NFL) have a long history with United Way (Ratten & Babiak 2010), a non-profit organisation that ‘advances the common good by creating opportunities for all’ and focuses on providing education, income and health as they view it as the building blocks for a good quality of life and a strong community (United Way 2020). Linked to this, the National Basketball Association (NBA) has founded the NBA Cares campaign which aims to bring awareness and provide solutions to various social issues

(Ratten & Babiak 2010). The passion for all types of sports has led to a variety of philanthropic campaigns across the world. This is substantiated by Bunds (2017), Palmer and Dwyer (2019) and Palmer (2020) all of whom give the example of Sport Aid which is a global fundraising event that combined humanitarian aid, sports and united millions of people across five continents in a marathon to assist with famine relief. It was also shown that in the United Kingdom (UK), the Macmillan Cancer Support raised £3.5 million and data collected in 2016 from Australia showed that sports-related philanthropic causes raised AUD\$ 1.3 billion (Palmer 2020; citing, McGregor Lowndes *et al.* 2017).

Whilst these major sports corporations and personalities are helping to improve their communities, it must be noted that these philanthropists have created a ‘win-win’ strategy that also provides them with either a financial, political or social capital benefit (Babiak, Mills, Tainsky & Juravich 2012). ‘While some leaders of sports organisations believe that “doing good is the right thing to do”, others believe that “doing good is good business”’ (Mintzberg 1984 cited in Ratten & Babiak 2010: 484). In this regard, evidence indicates that executives of some major sports corporations discovered that their philanthropic endeavours benefitted their teams by either saving money, creating marketing opportunities and improving their reputation or community image (Trendafilova & Babiak 2013 cited in Thornton-Lugo, Wooldridge & Rupp 2017). Certain philanthropic campaigns also have underlying religious purposes. It was found that the LIVESTRONG organisation, mentioned above, gained such a high attraction and popularity as it was founded on ‘muscular Christian ideals of sports and physical activity’ and placed emphasis on their altruistic ideals and moral values (Meyer & Meyer 2017). Furthermore, Thornton-Lugo *et al.* (2017) state that sports organisations who invested in philanthropic activities gained an increase in viewership due to word of mouth as spectators and supporters had positive responses towards their philanthropic acts and passed on this information. Therefore, whilst the philanthropic endeavours carried out by sports organisations and personalities is commendable, consideration needs to be given that it is also motivated by pragmatic, traditional business, outcomes such as ‘countering negative media scrutiny, to be good corporate citizens worthy of desired tax breaks and subsidies from government (to build or refurbish stadia, build access roads)’ (Ratten & Babiak 2010: 484).

Prior to the COVID-19 pandemic, sports philanthropy was evident in relation to other disease/pandemic relief campaigns. Athletes from various

sporting codes made and continue to make their individual contributions to important health sector initiatives. For instance, Rhonda Rousey, a professional MMA fighter, has created a foundation that contributes money and other resources, in conjunction with Didi Hirsch, towards helping those with mental health issues (Roling 2016). Furthermore, Brazilian footballer Neymar aided during the Ebola outbreak whilst American footballer Eli Manning, has built his own children's clinic in Mississippi which provides outpatient care to over 75000 children each year (Roling 2016). Sports philanthropy also has a crucial role in helping Non-Governmental Organisations (NGOs) to create global health campaigns such as those to help with combatting the spread of the human immunodeficiency virus (HIV) which results in the causation of the acquired immune deficiency syndrome (AIDS) (Banda 2017). It is further asserted that sports settings proved to be helpful environments where information about the virus can be spread to educate on and promote positive individual and community behaviours that decrease situations that lead to infection (Banda 2017).

Philanthropic Responses to COVID-19

Sports personalities as well as organisations have been actively involved in efforts aimed at assisting with the fight against COVID-19 (Leng & Phua 2020). Research shows that since the outbreak of this pandemic several sports personalities, clubs and organisations have contributed vastly in form of monetary support towards relief funds, food for the needy during lockdown periods, PPE as well as spreading awareness and motivating society to work with governments in combating the virus (Leng & Phua 2020; Rakshit & Veeravalli 2020).

Support for the General Public

In many parts of the world, sports personalities, agencies and organisations have been at the forefront of different initiatives to assist at different levels and help the vulnerable and less fortunate individuals and communities to fight the COVID-19 pandemic (Golden 2020; Keohane 2020). Golden (2020) and Keohane (2020) state that some of the biggest sports personalities have united to not only raise funds and food supplies but also awareness for relief during this pandemic. One of the main examples of this, which has gained media

attention has been the charity golf event called The Match: Champions for Charity, between two Professional Golfers Association (PGA) stars, Tiger Woods and Phil Mickelson as well as two NFL quarterbacks, Peyton Manning and Tom Brady where \$20 million was raised for COVID-19 relief initiatives (Ehrmann 2020; France-Presse 2020; Gamble 2020). Gamble (2020) adds that this match was much needed by fans during this pandemic as it was not just entertaining but also fulfilling seeing these legends compete against each other. What is also interesting is how sports personalities have exposed themselves to participate in events that are outside their fields. This is evidenced by Peyton Manning and Tom Brady, who are not golf players but still chose to participate in a golf event to raise funds.

According to Golden (2020) and Keohane (2020), athletes have united in initiatives such as raising money for COVID-19 relief funds, namely, the Centre for Disaster Philanthropy, donating towards assistance with anxiety and other mental issues as a result of the pandemic as well as launching funds to assist those who are financially less fortunate. To raise as much money as possible, fans have also been urged to donate and by doing so stand the chances of winning items such as jerseys signed by their favourite athletes (Golden 2020). More than 100 of the biggest athletes have formed the Athletes for COVID-19 initiative, where they donated signed memorabilia for auction where proceeds will go to the Centre for Disaster Philanthropy (Keohane 2020). Furthermore, according to Keohane (2020), Manchester United's Marcus Rashford has raised approximately £150 000 in efforts to feed children. Manchester United also collaborated with Manchester City in making a £100 000 donation towards food banks which have lost food donations from match days (Keohane 2020). Keohane (2020) reports that in Switzerland, the tennis star Roger Federer and his wife donated \$1 million for vulnerable Swiss families. Keohane (2020) adds that the star also took to his social media platforms to encourage millions of his followers to join in supporting families in need. Similarly, Elkins (2020) reports that American basketball star, Kevin Love encouraged his Instagram followers to support their communities by reaching out to and assisting those in need. Fundraising campaigns for the National Health Service workers as well as individuals whose livelihoods have been affected by the unexpected job losses have been started by several English footballers, rugby and cricket players (Keohane 2020).

Sports personalities have also been utilising their social media platforms to educate people about COVID-19 as well as to encourage and

inspire people with goodwill and consideration content (Ditlo hobolo 2020; Keohane 2020). In South Africa, sports stars such as the Springbok rugby captain Siya Kolisi launched the Kolisi Foundation with his wife which is aimed at providing food parcels to families within poor communities in the country (Ephraim 2020). In the same spirit the local South African football club, Baroka Football Club also pledged to donate food parcels across various communities within the province of Limpopo (Dlala 2020). Moreover, Ephraim (2020) states that Matthys Beukes, a South African mountain biker, is said to be on a 1000 km cycling challenge around his property in attempts to raise funds for COVID-19, a relief initiative called the Humanitarian Empowerment Fund which assists West Rand and Elsies River communities which are poor communities in the Western Cape. Other initiatives across South Africa include an initiative by the adventure swimmer Adrian van Westenbrugge who swam 36 km in his pool while live on Facebook and raised R150 000 for the Clothing Bank Hunger Relief Drive (Ephraim 2020).

Support for the Health Sector

The COVID-19 pandemic has placed severe strain on healthcare systems worldwide (Nicola *et al.* 2020). The healthcare systems in developed and developing countries are experiencing major challenges, from shortages in testing, medical supplies such as ventilators, protective gear such as N95 face masks, hospital and clinic beds and bed space; to expensive healthcare costs and problems with accessing poorer and rural communities (Price 2020). As a result, the health sector has called on governments, major businesses, celebrities, athletes and any individuals and groups willing and able to assist with supplying these crucial resources during this time. Fortunately, some of the biggest names in the sporting industry have answered the call by donating to fund research, pay for PPE and help victims of COVID-19.

Many sports orientated businesses have contributed significantly to help their healthcare systems. Ye and Blatte (2020) provide a few examples as follows: the Brooklyn Nets has partnered with the Chinese government to donate one thousand ventilators to New York City; in addition, the famous athletic brand Nike has donated \$10 million toward COVID-19 first responders and other relief efforts and it was reported that the Chairman and Chief Executive Officer (CEO) of Montler, a luxury sportswear brand donated a sum of €10 million towards the construction of a new hospital in Lombardy, Italy.

Additionally, sporting brand Bauer Hockey has shifted its business function of making helmet visors to producing and supplying medical face shields for first responders and medical professionals (Mueller 2020).

Individual athletes and players around the world have rallied to support to fight the virus. Two of the world's largest football players, Lionel Messi and Cristiano Ronaldo contributed \$1 million each towards the fight against this pandemic (Keohane 2020). Lionel Messi's donation was given to the Hospital Clinic in Barcelona and was specifically allocated for the treatment of victims of the virus as well as for research purposes (Keohane 2020). Cristiano Ronaldo helped to fund the supply of PPE for hospitals in Lisbon and Porto in Portugal and it is also reported that several English athletes from a variety of sports divisions have founded fund-raising campaigns and have made monetary donations to the National Health Service workers in England (Keohane 2020).

According to Nicola *et al.* (2020), the healthcare systems in the USA have been under immense pressure due to its fractured healthcare policies and non-compliant governments. Fortunately, the philanthropic efforts by sports organisations and personalities have assisted significantly. Mueller (2020) lists a few examples, namely, ice hockey captain of the Sabres has donated five thousand masks to hospitals in western New York City, several athletes in the NBA have donated food packages to help feed hospital workers that are in the front lines trying to stop the virus whilst basketball players have funded hundreds of testing kits and PPE for health departments in various states. In addition, Mueller (2020) goes on to state that baseball player Carlos Correa has donated over \$500 000 in medical gear to Houston and has also assisted further to ensure that once the circumstances are controlled in that city, all reusable and new PPE and medical equipment will be donated to hospitals in Central America. Famous NBA player Stephen Curry took a different approach and used his stardom and platform to host Dr. Anthony Fauci - the director of the National Institute of Allergy and Infectious Diseases - where he did a question and answer session on Instagram Live which helped to create awareness and educate over 50 000 viewers (Rogers 2020).

Support for Sports Employees

The cancellation and postponement of events as well as the closure of sports facilities has had devastating impacts on a range of employees within the sports sector, this includes cleaning and maintenance staff, coaches, caterers, etc.

whose jobs and livelihoods were impacted. The sports sector has recognised this and those who can are responding accordingly to assist their colleagues. Golden (2020) reports that top athletes have stepped forward to help sports venue workers. According to Golden (2020) and Wimbish (2020), several teams and players have offered to assist arena and stadium workers who are paid by the hour and are currently not receiving any compensation due to the postponement of games. In this regard, sports personalities such as the all-star baseman Freddie Freeman, New Orleans Pelicans rookie Zion Williamson and the Houston Astros star George Springer pledged financial assistance to affected employees as well as assistance through the programmes such as the Atlanta Food Bank, the Giving Kitchen as well as the Salvation Army (Golden 2020; Wimbish 2020). The Miami Heat owners donated \$1 million towards a fund for assisting part-time workers at the club and the Major League Baseball also donated \$1 million towards emergency food services while all their players pledged a further \$1 million for ballpark workers (Keohane 2020).

Barcelona's Lionel Messi and his teammates further took 70% pay cuts during this period to cover the salaries of the club's permanent employees. Furthermore, Cleveland Cavaliers's Kevin Love pledged to donate \$100 000 to event staff who have lost their earnings during the lockdown (Keohane 2020). Gary Benson who is the New Orleans Pelicans owner gave \$1 million for the establishment of the Gayle Benson Community Assistance Fund, while the De Vos family who are the Orlando Magic owners established a \$2 million compensation fund for the Orlando Magic, Amway Centre, Orlando Solar Bears and Lakeland Magic game-day employees (Keohane 2020).

Athletes have even made this initiative more personal by donating to workers in arenas located within their own communities whose incomes have been discontinued (Golden 2020). In this regard, the Seattle Seahawks's Russell Wilson pledged one million meals through Food Lifeline, while Utah Jazz's Rudy Gobert donated \$500 000 for families in Utah and Oklahoma City which are his native France and Jazz game-day employees (Keohane 2020). Furthermore, teams such as the Bucks, Boston Celtics, Chicago Bulls, Dallas Mavericks as well as the Brooklyn Nets will continue to pay game-day/ night staff until the regular season is over and through the previously scheduled games (Wimbish 2020). Golden (2020) states that athletes pledge donation sums which their colleagues can also match, and thus raising enough to ensure that the affected employees are paid over longer periods. Furthermore, the likes of Zion Williamson, who is an American professional basketball player not

only pledged to cover the salaries of the Smoothie King Centre employees for 30 days, but also used his influence to encourage people to join together to relieve some of the load caused by the COVID-19 pandemic (Cole 2020).

Support for Sports Organisations

Larger organisations also provide support for small local sports organisations. According to Locality (2020), Sport England Funds such as the Sport England Community Emergency Fund have been designed to offer instant funding to physical activity or sports affiliated community organisations whose operations have ceased or are facing financial challenges due to COVID-19. According to the Newcastle-under-Lyme Borough Council (2020), Sport England has made approximately £195 million worth of funding accessible to assist the sports and physical activity sector during this pandemic. Energise Me (2020) and the Newcastle-under-Lyme Borough Council (2020) elaborate that this package includes £20 million Community Emergency Fund, £5 million for existing Sport England partners who are currently facing financial challenges to bid into, £55 million to assist innovative ideas to help people keep active during lockdown restrictions as well as to help businesses adjust post-restrictions and lastly, £115 million which will be carried over into 2021/2022 to assist partners who are involved in sports and physical activity in England. Additionally, Laureus Sport for Good Foundation (2020) has launched a COVID-19 response fund as well as an online platform to disseminate learnings, knowledge and best practises during this period. This COVID-19 response fund is aimed at uniting the world's sports communities to assist vulnerable youth during this pandemic (Laureus Sport for Good Foundation 2020).

Support by the Gaming Industry

Lockdown regulations due to COVID-19 have resulted in an increase in the number of online gaming and related activities such as E-sports viewing as more people are now indoors (King, Delfabbro, Billieux & Potenza 2020). The gaming industry comprises a variety of divisions in which electronic sports (E-Sports) can be found. E-Sports, 'is an activity with the help of electronic technology that has some relevance to sport' (Papaloukas 2018). In the USA, the telecommunications company Verizon has found a 75% increase in online gaming activity ever since the start of lockdown in the country (Shanley 2020).

In Italy it was discovered that the popular game Fortnite increased internet traffic by 70% (Lepido & Rolander 2020). Furthermore, the leading gaming distributor Steam has seen a record-breaking 20 million active users and YouTube gaming and Twitch have had a 10% increase in viewership, respectively (King *et al.* 2020).

The gaming industry has developed itself into becoming recognised as a sports sector with E-sports taking the lead as the main focus. Papaloukas (2018) asserts that the growth of E-sports will take the limelight as a new contender in the Olympic Movement. Therefore, the philanthropic efforts of the gaming industry to help fight this pandemic needs to be highlighted in this Chapter. Social distancing has encouraged the creation of many campaigns that provide support during this time. As such, the gaming community has created the initiative ‘#PlayApartTogether’ that promotes gaming so people are able to socialise and reduce stress and anxiety whilst in quarantine (King *et al.* 2020). This initiative has also been endorsed by the World Health Organisation (WHO), as it encourages its guidelines of social distancing (Maden 2020). Meanwhile, athletes have also taken to online gaming platforms to give back. Athletes from the NBA are participating in online basketball tournaments to raise funds for COVID-19 relief campaigns and it is gaining a significant amount of positive feedback (Russo 2020). Moreover, current and ex-players from the NFL competed in a one-day online Call of Duty tournament where each team was awarded money to donate to any COVID-19 charity of their choosing whilst the winning team received an additional \$5 000 that totalled to \$25 000 being donated to COVID-19 charities across America (Skarekrow 2020).

Presently, COVID-19 is showing no sign of disappearing and with more individuals being confined indoors due to quarantine and social distancing rules, increased online gaming is definitely being viewed as a strong promoter of public health efforts (Businesswire 2020; King *et al.* 2020). Furthermore, with athletes and sports organisations joining in to provide sports entertainment whilst promoting a safe quarantine, the gaming industry has a high potential to become a booming sector, thus encouraging more philanthropic endeavours from within.

Evidence of Global Inequalities

It is evident from the above discussions that the sports sector has made tremendous efforts to assist those impacted but are least likely to respond to the pandemic effectively. However, it is also evident that the majority of the efforts that are receiving global media attention are by the larger operations and mainly within first world countries. This is mainly because this is where sports personalities and corporation elites are located and they are in a better position economically to be able to provide assistance. In this regard, Europe and the USA are seen to be better positioned, while sports stars in other parts of the world do not have the privilege to assist as much. Savarese (2020) reports that unlike their counterparts in Europe (who have taken pay cuts), soccer players from Argentina and Brazil are fighting against pay cuts amidst forced cuts in other leagues within South America. Additionally, Colombian league organisers have reached out to the government to assist clubs by broadening certain economic policies (Savarese 2020). The examination of who is responding reveals inequalities of who can aid and who cannot. For instance, local sports teams are not able to help because they are also facing challenges as a result of this pandemic. The big sports codes and personalities can provide help because they essentially make more money. This reflects the geo-spatial economic inequalities of sports big businesses and sports activities. Jarvie (2011) explains that global inequalities in sports are due to social and historical processes which lead to social class being evident in sports where differences are noted in activities such as those that endorse social change in and through sports. Global inequalities are highlighted in this sector as sports are said to reinforce national, racial and social hierarchies which tend to work unevenly (Spaaij, Farquharson and Marjoribanks 2015). The COVID-19 pandemic has thus further exposed an unequal sports world. Continents such as Africa, for instance, have not been able to compete at that level. For example, while clubs within these areas have generously supported the fight against the COVID-19 pandemic, in Africa none of the clubs have been able to provide as much assistance. For instance, Kaizer Chiefs and Orlando Pirates which are two of the highest-ranked football clubs in South Africa jointly with Multichoice were only able to donate 350 000 surgical masks, 100 000 N95 masks, 10 000 protective overalls, 100 000 gloves, 100 000 shoe covers and 10 000 wipes to the National Health Laboratory Services (Ditlhobolo 2020). The smaller Cape Town City Football Club donated 1 000 medical masks that were given to locals of the Khayelitsha and Hout Bay communities (Gibbs 2020). Furthermore, footballers such as Nigerian Joseph Yobo, Congolese Lamana

Lualaba, Egypt's Ahmed Hassan as well as Tunisia's Karim Haggui participated in the 'Stay safe for Africa' social media challenge aimed at raising awareness about the prevention of the spread of COVID-19 through videos performing 19 kick-ups using the hashtag #19KickupsAgainstCovid19 (SuperSport 2020). In India, individuals such as Diwakar Prasad who is a boxer and also employed with the Indian Railways in West Bengal, has spent the lockdown period recording passengers' destinations for efficient contact tracing and also ensures that social distancing measures are adhered by (Basu & Dua 2020). Due to the political economy of the sports industry, Africa (for example) has not been able to create elite sports organisations/ corporations and personalities. Therefore, there are much fewer sports sector organisations in continents such as Africa that can provide that support. Thus, the philanthropic responses to the pandemic show the geopolitical inequalities in terms of sports and the sports hierarchy globally.

It is also evident that most of the focus of sports organisations and personalities is to assist with the health pandemic, yet there is increasing literature (Gray II, Anyane-Yeboah, Balzora, Issaka & May 2020; Hooper, Nápoles & Pérez-Stable 2020; Patel, Nielsen, Badiani, Assi, Unadkat, Patel, Ravindrane & Wardle 2020) that shows that the health crisis is most noticeable where people are vulnerable because of living conditions associated with poverty, gender and racial inequalities and lack of employment opportunities. Sports organisations need to assist in addressing these systemic challenges that creates vulnerabilities and marginalises specific groups in society. Thus, the real test for sports and philanthropy will be what they continue to do to deal with the societal and economic ills in the world after the pandemic is brought under control. Whether or not they understand and internalise that a substantial proportion of their supporters are made poor and are victims of a global world and economies that create and sustain poverty, and elevate profit-making will guide future efforts. It is also important to note that some sports businesses (especially most of the large enterprises and clubs based in the USA and Europe) have not been immune to economic disparities but in many ways, as this discussion notes, reflects and benefits from these inequalities.

The disparate responses in the sports sector reflect inequalities and vulnerabilities as well. Some of the sports organisations/ businesses have the resources and capabilities to not only assist the general public and the health sector but also to accommodate the disruptions that employees are faced with in relation to losing jobs and not being able to work. They are better positioned

than others to have a comprehensive response and deal with the dire economic conditions that the world is currently experiencing. Most organisations, however, especially at local level do not have this economic privilege and are simply trying to survive, hoping for assistance from government, sports organisations and businesses that can afford to help, other corporations and sponsors, and the general public. Many businesses have already closed and individuals in the sports sector have lost their jobs with no assistance. This is worsened by the fact that government responses have prioritised assisting individuals in specific circumstances, for example, small service-orientated businesses. Many people who work in the sports sector, for example, coaches as well as professional and amateur athletes in selected sporting codes, may be self-employed and therefore not registered and are unlikely to benefit from government programmes. These individuals are also not part of sports companies and federations that can provide them with support as is seen in the USA and Europe. This again reinforces major sports inequalities in the world and within countries at different levels.

Conclusion

This Chapter indicates that the sports sector has been involved in several philanthropic activities that have attracted global media attention. The main areas receiving philanthropic attention are donations (including procurement of PPE and food), fundraising efforts, and the involvement of sports personalities in educational and awareness-raising efforts pertaining to COVID-19. The sports sector, specific sports teams and organisations, and specific players (including retired sports personalities) are benefiting from participating in philanthropic activities which include increased exposure and marketing, brand awareness and improve reputation and image. However, inequalities are evident that reflect some parts of the world, sports codes/organisations and personalities are in a better position to provide assistance, and benefit from the exposure that philanthropic activities and gestures create. Specifically, in relation to geographical locations, Europe and the USA clearly dominate in terms of sports events/ activities and sports organisations/businesses that can respond to the pandemic, even assisting others, while in the rest of the world sports enterprises are struggling to survive. In terms of the prominence of specific codes of sports, athletics, soccer, American football,

motor sports and baseball dominate. These are sports codes with major leagues and a large fan base.

The global inequalities in sports have to be addressed. In this regard, it has been highlighted that the COVID-19 pandemic has uncovered different social justice issues and inequalities such as racism. Therefore, it is vital that responses such as those by the sports sector are self-reflective to establish how various stakeholders may intentionally and unintentionally be underpinning inequalities. Furthermore, the motivations of the sports sector to assist needs to be more critically examined and where biases are revealed, ways in which they operate needs to change. It is of concern how many of the responses by corporations and personalities are associated with responsible parties/ agencies ensuring media publicity. In fact, in many instances, it appears as if the act of donating or providing support is staged to ensure media coverage and that publicity is maximised. This reinforces assertions made that the responses may be more aligned to getting media and branding leverage rather than doing what is right. Thus, it is critically important that research is undertaken to assess whether major sports companies and personalities continue to provide philanthropic support to deal with concerns that are bigger than the pandemic and more systemic. For example, comparisons in relation to the sports sector responses to the anti-racism protests linked to the Black Lives Matter movement will be interesting and important research. Philanthropy should not be overly opportunistic. The core focus should be to make a positive difference and be primarily geared towards improving the lives and conditions of those most impacted by the current pandemic. Additionally, as the sports sector re-emerges, it is imperative that the philanthropic culture is sustained and inequalities are addressed.

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Social Isolation, Sport and Exercise Disruptions, and Impacts on the Elderly as a Vulnerable Group

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Abstract

The COVID-19 pandemic (and the concomitant measures to stop the spread of the virus) has had devastating impacts on the lives of the elderly. There is consensus that the elderly is the most vulnerable group, with high levels of risk and associated disproportionate rates of infections and deaths. There is, therefore, a considerable focus on the health impacts of the virus on the elderly. An important aspect of overall health is also participation in sports and physical exercise activities among the elderly. Limited attention has been paid to how the COVID-19 pandemic has impacted participation in sport. This study draws on secondary sources to examine impacts of the COVID-19 pandemic on the elderly, with a specific focus on their ability to participate in sports and exercise activities, and their social isolation due to severe restrictions on their mobility and closure of facilities. The study also identifies responses, resilience and stigmatization of the elderly and assesses their participation in physical activities despite the challenges faced. Additionally, spaces and ways for the elderly to be physically active such as accessing targeted online classes, guidelines and programmes whilst at home are discussed. The paper concludes that participation in sport and exercise are important for the overall health of the elderly, including addressing social isolation, which needs to be considered during this crisis.

Keywords: COVID-19, elderly, sport and exercise, health impacts, social isolation.

Introduction

We are living in extraordinary times. Some call it the ‘new normal’. To the aged, it is an abnormal situation in the heyday of their lives, and it is a tragedy that they must endure. Globally, countries introduced policy measures to slow the spread of COVID-19, limiting the freedom of movement of their citizens. On the other hand, health experts advised the continuation of exercise during the crisis (Constandt, Thibaut, De Bosscher, Scheerder, Ricour & Willem 2020). In vulnerable populations, especially those over 65 years, lockdown is considered the best option to protect their health (Rodriguez, Crespo & Olmedillas 2020). Lockdown policies vary among different countries, some being more flexible than others to overcome the duality of restricting movement and continuation of physical exercise (Constandt *et al.* 2020) to preserve lifestyles (Rodriguez *et al.* 2020). South Africa was one of the countries that introduced very stringent lockdown rules that restricted the freedom of movement of individuals, constraining sport and exercise activities with little or no consideration for the lifestyle and the value of physical exercise in preventing disease amongst the aged population. This may lead to unforeseen health related problems during and after the lockdown, effecting the well-being of the aged population. The pandemic has clearly revealed the inequalities in the country, making it difficult to apply the rules amongst certain population sectors (for example, residents in the informal housing sector) or vulnerable groups in society. Additionally, the most visible victims are the aged, especially those with some medical or chronic conditions who may be more vulnerable to the COVID-19 virus (United Nations - UN 2020a). There is consensus that the elderly are the most vulnerable group who are prone to high levels of risk and associated disproportionate rates of infections and deaths (Zhang, Wang, Rauch & Wei 2020). This is clearly indicated by the UN Policy Brief 68 which cites the World Health Organisation (WHO) (2020a). They reported that in Europe, 95% of COVID-19 fatalities were persons over 60 years old, highlighting the needs and challenges of the elderly in society (UN 2020a:1). The fatalities amongst the aged could be higher in low income and developing countries with limited resources and poor health care facilities.

There is, therefore, a considerable focus on the health impacts of the virus on the elderly. An important aspect of overall health is also participation in sport and exercise activities among the elderly. Limited attention has been paid to how the COVID-19 pandemic has impacted on this aspect. The imply-

cations of not exercising on an individual's health and well-being during the COVID-19 lockdown are unknown (Zhang *et al.* 2020). According to Zhang *et al.* (2020), evidence indicates that the well-being of quarantined residents during the Severe Acute Respiratory Syndrome (SARS) crisis was affected in a complex manner by reduced mobility. Similar impacts could be experienced during the COVID-19 prolonged lockdown in South Africa, especially amongst the elderly.

This paper draws on secondary sources (peer reviewed and non-peer reviewed) to examine impacts of the COVID-19 pandemic on the elderly, with specific focus on their ability to participate in sport and exercise activities and their social isolation due to severe restrictions on mobility and closure of facilities. The paper also briefly touches on stigmatization of the elderly and identifies responses and resilience among the elderly to ensure that they participate in physical activities despite the challenges faced. Additionally, spaces and ways for the elderly to be physically active such as accessing targeted on-line classes, guidelines and programmes whilst at home are discussed. The paper concludes that sports and exercise participation is important for the overall health of the elderly, including addressing social isolation, which needs consideration during this crisis. Moreover, it recommends further multi-disciplinary studies on the impacts of sport, exercise activities and social isolation on the elderly.

The Elderly as a Vulnerable Group

Despite the implementation of recommended quarantine and lockdown measures being the chosen solution to curb the spread of the virus, secondary effects on other health aspects of the isolated patients may develop. These effects are predominantly observable in those considered high risk of contracting the virus (Jiménez-Pavón, Carbonell-Baeza & Lavie 2020). Previous scholarly literature (for example Fletcher, Landolfo, Niebauer, Ozemek, Arena & Lavie 2018; Honce & Schultz-Cherry 2019; Ozemek, Lavie & Rognmo 2019) on the H1N1 Influenza A Virus pandemic in 2009, indicate that populations with pre-existing health conditions such as chronic lung disease, heart conditions, obesity, diabetes, chronic liver/ kidney disease, hypertension and sarcopenia as well as old age (≥ 65 years of age) are most vulnerable to infectious diseases. Similarly, the WHO (2020a; 2020b) suggest that individuals with underlying health conditions and the elderly are more

susceptible to the COVID-19 virus. Implementing an immediate state of quarantine and lockdown will, in due course, bring about extreme changes in the lifestyle of high-risk individuals. These changes may include, but are not limited to, psychological effects such as confusion, fear, post-traumatic stress symptoms, anxiety, depression, and anger, as well as physical effects because of inactivity (Jiménez-Pavón *et al.* 2020). Due to the shutdown of multiple public services; including gyms, studios and swimming pools, the health of the elderly is being compromised since they are unable to use these facilities for exercise purposes and therefore, may become socially isolated.

Exercise Activities amongst the Elderly

Mooventhan and Nivethitha (2017) state that, in recent years, yoga has become a highly practiced form of exercise among older adults and is effective in improving the quality of life through improved mental (reduced anxiety and depression), emotional (reduced anger, stress and tension), social (improved life satisfaction) and, most importantly, physical (reduced heart rate, blood pressure, fatigue, weakness, mobility, urinary incontinence and flexibility) well-being. According to He, Wei and Can (2018), brisk walking is the easiest form of exercise favoured by the middle-aged and elderly population, which significantly lowered blood pressure in patients with hypertension during exercise of varying intensities. Furthermore, the study indicates that brisk walking was found to reduce the chance of acute cardiovascular conditions in elderly patients (*ibid*). The findings of Nakano (2020) also suggest that light jogging or running among elderly people is significantly associated with a higher quality of life.

According to Hofgaard, Ermidis and Mohr (2020), elderly individuals display a keen interest in activities in which they have had previous experience, such as dancing. Dancing is an activity that enhances social interactions, and irrespective of the style, can improve postural balance, endurance, muscular strength and general fitness amongst the elderly. Regular exercise, especially aerobic activity, promoted mental well-being of the elderly (*ibid*). Moreover, lower risk of dementia and other age associated diseases, were observed in elderly patients who participated more frequently in physical activities that encouraged socialisation and cognitive function (Hekmati Pour & Hojjati 2016; Tyndall, Clark, Anderson, Hogan, Hill, Longman & Poulin 2018). It is possible for the elderly to undertake dancing, aerobic and some physical activi-

ties that do not involve socialisation during the COVID-19 lockdown rules. However, it should be noted that the elderly face age related physical limitations and are unable to enjoy complete well-being (Ruiz-Montero & Castillo-Rodriguez 2016). This, together with a sedentary lifestyle and reduced physical activity may lead to more health problems (Ikezoe, Asakawa, Shima, Kishibuchi & Ichihashi 2013).

United Nations (UN) COVID-19 Related Policy Briefs

In April 2020, the UN (2020b) published a policy brief on the impact of COVID-19 on older persons outlining the risks faced by older persons, namely, life and death, vulnerability and neglect, and impacts on social and economic well-being. According to this brief, persons over 80 years have a five times greater risk of dying of severe diseases when infected by the virus. Additionally, due to underlying conditions, the majority of persons over 70 years, globally (66%) will encounter greater impacts from the virus (UN 2020b: 2). The UN also reports cases of neglect/ mistreatment in nursing homes or older persons locked down with family members confronting violence, abuse and neglect. They also describe precarious conditions (overcrowding, limited access to water, sanitation and health services) in refugee camps, informal settlements and prisons that increases the risk of infection (UN 2020b). Another aspect discussed in the document is social and economic well-being that threatens social networks, access to health services, jobs and pensions through physical distancing and isolation that effects mental well-being. The policy documents elaborate on the impacts discussed above and suggest immediate and long-term policy responses. However, it is evident that the Policy Brief does not specifically focus on the impacts of COVID-19 on the sport and exercise disruptions of the elderly, but they do briefly mention social isolation. This is understandable as it only focuses on broad areas of concern regarding the elderly and the impact of COVID-19 on this cohort.

The UN experience with COVID-19 clearly highlights that most regular aspects of people's lives have been disrupted and this includes exercise, sport and physical activity which has significance, particularly for the elderly (UN 2020c). The UN Policy Brief 73 highlights some of the challenges created by the virus on well-being, physical activity, and sport in general. In addition to providing recommendations to various stakeholders to support the reopening of sporting events, focus is also placed on supporting physical activity during

the COVID-19 crisis (UN 2020c). The latter is relevant to the current discussion in this paper. Sporting events and activities have the potential to cement social cohesion and social and emotional excitement to fans (UN 2020c). Most elderly persons are keen supporters of one or more sports events, actively attending, gathering with friends and strengthening social cohesion or as armchair participants. These activities are now just memories and could have physical, social and emotional/ mental impacts on the aged, since these engagements are key to their sense of identity and purpose.

The closure of sporting facilities resulted in non-participation, outside their homes, in regular sporting activities by individuals and groups; leading to issues such as decreased physical activity, irregular sleep patterns, worsening diets, weight gain, and fitness loss (UN 2020c). The report also raises concerns that the lack of access to routine exercise and sport could affect the immune system, physical health globally, exacerbate existing disease, and have mental impacts (stress, anxiety) due to social isolation (UN 2020c).

There are, however, numerous options available, especially for the aged which include online content, such as free tutorials on stretching, meditation and yoga; videos and audio classes, and fitness demonstrations that incorporate household items instead of specialised equipment (UN 2020c). The problem is that the majority of the aged in developing countries and poor communities do not have access to digital and online platforms and only a minority can benefit. The UN (2020c) policy document suggests that this digital divide can be overcome by radio and television programmes, and printed material distributed to marginalised communities. This should not only be during the COVID-19 pandemic but continued after the crisis for the well-being of those deprived in society.

Social Isolation, Stigmatization, Technology, Exercise and Sport

Lockdown restrictions have disrupted the usual social lives of elderly, isolating them from the public and their loved ones (Aravind 2020). Although there is no consistent or clear definition of social isolation, scholarly literature defines the term isolation as loneliness, with both terms being used interchangeably (Chen & Schulz 2016). Isolation can further be described as an absence of contact with other individuals, such as family, friends, acquaintances, and neighbours (Cotterell, Buffel & Phillipson 2018). According to Chen & Schulz

(2016), social isolation can pose a threat to both the psychological and the physical well-being of the elderly. The results of Chen and Schultz's (2016) research reveal that the effects of social isolation could lead to physical disabilities, increased mortality, depression, self-neglect as well as self-harm (alcoholism, drug abuse and suicide). Moreover, social isolation increases the risk of health problems such as cardiovascular, autoimmune, neurocognitive and mental health problems (Armitage & Nellums 2020).

Although the terms social isolation and loneliness are used interchangeably, it should be noted that they are different concepts and the negative effects of social isolation cannot be applied to all elderly people as they are not a homogenous group. Newall and Menec (2019) found that if the focus is only on social isolation, it fails to observe the differences between the elderly who are socially isolated and lonely compared to the elderly who are socially isolated but not lonely. Portacalone, Perissinotto, Yeh and Greysen (2017) state that those who are isolated but not lonely have high quality existing relationships that align with their needs. These individuals are less likely to suffer from long-term effects of social isolation when compared to the elderly who are socially isolated and lonely because they live alone.

Aged-based discrimination against the elderly such as increased isolation and human rights violations was widespread during the pandemic due to public discourses that portrayed COVID-19 as an elderly persons' disease (UN 2020a). The remarks and hate speech targeting older persons emerging in public discourses and on social media expresses intergenerational resentment (UN 2020d). Thus, the COVID-19 pandemic is entrenching ageism, stigmatization and negative stereotyping of this population cohort (UN 2020a). The crisis has revealed ingrained ageism and age stereotyping ((Morrow-Howell, Galucia and Swinford 2020). According to a policy brief by WHO, UNICEF and IFRC (2020:1), 'social stigma in the context of health is the negative association between a person or group of people who share certain characteristics and a specific disease. In an outbreak this may mean that people are labelled, stereotyped, discriminated against, treated separately, and /or experience loss of status because of a perceived link with a disease'. This type of treatment can have a negative effect on a wide range of individuals especially the elderly whose social cohesion could be undermined, and their social isolation increased (ibid). Breakdown and sometimes, loss of social networks could drastically influence the mental and psychological needs of the elderly impacting social well-being, physical and mental health (WHO, UNICEF and

IFRC 2020; UN 2020 d). In general, it is clear, that the attitudes and actions during the pandemic demonstrate reduced concern for older people and ignores the value that they have and their contribution to society (Morrow-Howell *et al.* 2020). During the pandemic, stigmatization, stereotyping and other negative affects of the elderly could reduce the physical and sporting activities of older persons and add to other underlying health problems they experience.

To overcome the barriers of social isolation during the lockdown, technology can be used with communication and online activities. This can be in the form of texts as well as audio and video calls. Online fitness classes provide a solution to more than just exercise. Additionally, these classes indirectly dismiss the feeling of social isolation, as well as provide hope, comfort and support for people living with chronic ailments and old age (Helmich & Bloem 2020). Chen and Schulz (2016) claim that the use of technology creates a sense of empowerment among older people as it provides them with new skills, allows them to stay socially active, connects them to information and makes them feel young. Furthermore, the use of technology gives rise to self-confidence which in turn creates feelings of positivity toward themselves, their control over life and overall life satisfaction (Chen & Schultz 2016).

In some developed and low income and developing countries access to technology is limited. This could be due to such reasons as socio-economic status, education or other related reasons. According to the UN (2020a), research from the United Kingdom indicates that over 50% of the aged 75 years and above have never used the internet. Similarly, in the United States of America, one third of adults 65 years and above never used the internet (UN 2020a). The technological divide is intensified in low income and developing countries and will affect the use of internet and other social media platforms, by the elderly, for exercise during the COVID-19 pandemic, even if they are available. It is apparent that the lockdown policies did not adequately consider the technological divide challenges faced by the elderly. There is a need to acknowledge and incorporate the conditions and realities of older persons in COVID-19 responses during and post the pandemic in order to improve their well-being and health outcomes (UN 2020a).

Responses and Resilience among the Elderly

During the lockdown, all sporting facilities are closed, depriving individuals from participating in regular sporting activities outside their homes leading to

loss of physical fitness and weight loss and in some cases weight gain (UN 2020c). Much time is spent in a sedentary state during lockdown restrictions and, as Taylor (2014) notes, it is vital that indoor exercise regimes are created and set as a priority for the elderly. A study by Constandt *et al.* (2020) in Belgium, reported that those over 55 years exercised less during the lockdown because they sat more, missed familiar ways and the competitive element of exercising that they normally engaged in.

Lockdown rules tend to negatively affect low income families more than others because of the limited space and substandard homes. Confined spaces make it difficult to exercise. According to the UN Policy Brief 73, the WHO recommends 150 minutes of vigorous-intensity physical activity per week, which helps in times of crisis, fear and anxiety (UN 2020c). During the pandemic, a sedentary lifestyle with lack of exercise can exacerbate existing health conditions, effect physical and mental health and, compromise the immune system (UN 2020c).

It is still possible to exercise at home without any equipment by stretching, doing housework, climbing stairs, dancing, strength training, or using resources available on the internet using household items (UN 2020c). Generally, a person requires 150 minutes per week of moderate intensity aerobic exercise spread out over 3-5-day 30-minute sessions (Taylor 2014). The elderly individuals should also undertake resistance-training exercises, which include 8 to 10 exercises done in sets of 1 to 3 and in repetitions of 10 to 15 per set, at least two times per week (Taylor 2014). Bodyweight exercises may be the best type of exercise to perform currently as many lack training equipment at home. However, the floor, wall and chairs could be used to perform bodyweight exercises (Suzuki, Iijma, Tashiro, Kajiwarra, Zeidan, Shimoura, Nishida, Bito, Nakai, Tatsumi & Yoshimi 2019). According to Laki-cevis, Moro, Paoli, Roklicer, Trivic, Cassar and Drid (2020), to ease the elderly into home exercise regimes, chair-assisted exercises, which enhance balance, strength, range of motion and coordination can be used. Standing exercises that can be done include knee bends, hamstring press backs and achilles stretches. Simple floor or wall exercises such as wall-sits, wall-crawls, wall-push-ups and hip tucks, can also be included into exercise routines (Lakicevic *et al.* 2020). The discussion shows that unless physically distressed or suffering from ailments that do not permit physical activity, there are options at home that enable the elderly to be active. However, many elderly persons may be unfamiliar that there are simple activities they can participate in while indoors

and while restrictions are in place. As restrictions ease, walking while ensuring that social distancing protocols are adhered to, can also be undertaken.

Health Impacts on the Elderly

Some of the health impacts of COVID-19 and the lockdown restrictions have been mentioned in the previous discussion. A more detailed analysis is undertaken below.

Worsening health, physical function reduction, acceleration of the normal ageing process and loss of independent living result from decreased physical activity (Wackerhage, Everett, Krüger, Murgia, Simon, Gehlert, Neuberger & Baumert 2020). This could be overcome by resistance and balancing exercises, and a social element to reduce anxiety and depression, which should be implemented at an early stage to benefit the elderly during the COVID-19 lockdown (Wackerhage *et al.* 2020). Moreover, there is much concern on the effects of physical inactivity by the elderly on immune function and their body's ability to combat both viral and bacterial infections. The growing body of immunology literature (for example, Brolinson & Elliot 2005; Karacabey, Saygin, Ozmerdivenli, Zorba, Godekmerdan & Bulut 2005; Laddu, Lavie, Phillips & and Arena 2020; Simpson, Campbell, Gleeson, Krüger, Nieman, Pyne, Turner & Walsh 2020; Simpson, Lowder, Spielmann, Bigley, LaVoy & Kunz 2012) contend that the immune system is highly responsive to exercise. Exercise and immune health need to be taken into special consideration in older adults as they comprise a growing population who are most susceptible to contracting infectious diseases such as COVID-19 (Simpson *et al.* 2020; WHO 2020a).

Kochanek, Murphy, Xu and Arias (2019) point out that influenza and pneumonia fall within the top ten major causes of death among adults over 65 years. Thus, it is important to maintain functioning of the immune system through exercise, during the ageing process. An extended period of physical inactivity may also compromise vitality resulting in cardiovascular disease, obesity, metabolic deficiencies, and weakness (Hofgaard *et al.* 2019; Upadhyay, Farr, Perakakis, Ghaly & Mantzoros 2018). Immunosenescence is a term used to describe the phenomenon caused by gradual deterioration of the immune system as age increases (Laddu *et al.* 2020). Campbell and Turner (2018) distinguished that regular participation in moderate intensity exercises significantly reduces the effects of age-related oxidative stress. Oxidative

stress is defined as the imbalance between an enhanced reactive oxygen/nitrogen species and the lack of protective ability of antioxidants (Ozsurekci & Aykac 2016). Exercise increases immunity and delays immunoscience and the risk of possible infection (Ozsurekci & Aykac 2016). Participation in regular exercise, among elderly individuals, assists immunity and enhances the system's response to vaccinations (Laddu *et al.* 2020). Physical activity and exercise have been demonstrated to be compelling treatment for chronic diseases amongst the elderly, with positive effects on both mental and physical well-being (Ozemek *et al.* 2019; Fletcher, *et al.* 2018; Ozemek, Laddu, Lavie, Claeys, Kaminsky, Ross, Wisloff, Arena & Blair 2018). It could thus be used as a coping mechanism during the COVID-19 pandemic. Therefore, it remains important that the elderly take care of their lifestyles by engaging in and practicing physical exercise. Given the beneficial impacts of physical activity on the quality of human life, greater efforts are clearly necessary to encourage sport and exercise among the highrisk older population cohorts (Hofgaard Ermidis & Mohr 2019; Upadhyay *et al.* 2018; Gaetano 2016), particularly during the COVID-19 lockdown.

Conclusion

The COVID-19 lockdown has disrupted the lifestyle of the elderly. It has and will continue to affect the health, wellbeing and social life of older persons due to them being isolated, discriminated and stigmatized. More specifically, it has radically changed the way the aged exercise and participate in sporting activities that are primary and essential pillars of a healthy lifestyle (Laddu Lavie, Phillips & Arena 2020). A major challenge is the management of exercise and sporting activities amongst this population cohort given that they are more vulnerable than other individuals and has received inadequate attention (Serafini, Bondi, Locatelli & Amore 2020). To preserve the fitness levels amongst the elderly, it is necessary to introduce simple and safe home exercise programmes that can be implemented easily (Halabchi, Ahmadinejad & Selk-Ghaffari 2020; Serafini *et al.* 2020). The reduction of sedentary behaviour (not sitting for long hours) is critically important (Serafin *et al.* 2020). The simplest course of action by the elderly is to avoid prolonged sedentary behaviour, be active and take breaks at home to overcome some of the adverse effects of the lockdown. Moreover, outdoor exercise programmes could be adapted and modified to suit indoor conditions (Rodriguez *et al.*

2020). Specific risks confronted by the elderly needs to be monitored and addressed (UN 2020d). As much as possible measures should be taken by the public authorities to decrease the social isolation of the elderly to minimise the many health risks it causes. This could be achieved by careful planning during crisis situations such as the current COVID-19 pandemic (Valenzuela 2020), taking into consideration the realities faced by the elderly and the structural weaknesses in South African society. Finally, knowledge on the effects of exercise and sports during the COVID-19 lockdown is limited and there is an urgent need for well-designed, comparative, multidisciplinary empirical studies to inform public policy. As soon as the threat of the coronavirus is over and conditions permit primary research and data collection, case studies in communities should be undertaken that examine how the elderly have been impacted by the pandemic and their responses on how interventions can be put in place to ensure their improved health and well-being.

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From the Terraces to Social Media: Reflections of Highlanders Football Club Supporters' Engagement on Facebook During COVID-19 Lockdown

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Abstract

When Zimbabwe introduced the COVID-19 induced lockdown on the 30th of March 2020 as a World Health Organisation (WHO) recommendation to curb the spread of the pandemic, it meant that no football matches were going to take place until the lockdown was over. All along, the Highlanders Football Club (Highlanders FC) fans have been gathering at stadiums across the country, particularly Babourfields Stadium in Bulawayo to support their team. However, when the matches were banned the supporters took a new paradigm where they increased their engagement as fans on Facebook to discuss issues that relate to their team in particular and soccer-related issues in general. The chapter uses netnography as a research design to discuss the activities of Highlanders supporters as reflected through interaction on three of their Facebook platforms which are *Bosso Siyinqaba 24/7*, *Highlanders FC Bosso* and *Bosso Updates*. The study adopts the interactionist theory and was carried out by analysing topics and discussions that appear on the 3 Highlanders Facebook platforms. The results reflect that Highlanders supporters are a community that lives beyond the stadium where their sense of belonging is not limited by physical space. Discussions that appeared on the three Facebook pages included fundraising for the club, reflecting on the current affairs concerning football in general and Highlanders FC in particular, bringing back some memories about

the club and football in general, reflecting on the career paths of Highlanders FC players, and so on. The conclusion is that Highlanders FC supporters are a community that has its life even beyond the terraces and its culture is not only limited to football but also other social activities of humanness.

Keywords: COVID-19, Highlanders FC, Highlanders FC Facebook page, Highlanders FC fans, Bosso

1 Introduction

Football is the most followed sport in Zimbabwe where teams that are in the premier league play their matches on Wednesdays for mid-week fixtures and weekends. Also known as Bosso, Highlanders Football Club (Highlanders FC) is one of the biggest and oldest teams in Zimbabwe, with a very large number of supporters and is based in Bulawayo, the second largest city. Its colours are black and white and anything with those colours is associated with Highlanders FC. Anyone who dresses in black and white on the day when Highlanders FC is playing is regarded as a member of the Bosso family. Highlanders FC's weekend matches are usually played on Sundays at Babourfields Stadium which is its home ground. The Highlanders fans have become emotionally attached to their team so much that even when it is playing away matches, they follow their team to wherever it is playing. The team spirit displayed by Bosso fans does not end at the stadium but after each match, they would gather at the Highlanders Sports Club, not only to celebrate the team's victory but just to share a moment of togetherness as fans. At the club, the interaction is always joyous whether the team would have won or not and the occasion will be accompanied by Ndebele and Zulu music. The occasion goes beyond football as it turns to be a celebration of the pride of being Ndebele.

The outbreak of COVID-19 and the subsequent lockdown resulted in the banning of soccer matches as part of the regulations. Although Highlanders fans were set apart through physical social distancing, social media emerged as a mechanism that brought their emotions closer together. Although the Bosso fans could no longer meet on the terraces of the stadium, their interaction on social media became accelerated. There are various social media platforms on which Highlanders fans interact. However, this chapter is focusing on three Highlanders Facebook platforms namely, *Bosso Siyinqaba 24/7*, *Highlanders*

FC Bosso and *Bosso Updates*. The conversations displayed on these Facebook pages are analysed from the paradigm of netnography as a research design and the interactionist theory. The idea is to demonstrate that when issues related to soccer are discussed on social media, an online community emerges in the process and the interaction in that online community goes beyond sport to involve other social, economic and political issues.

2 Highlanders FC, Sport and Social Media

Highlanders FC was established in 1926 as Lions Football Club and was renamed Matabeleland Highlanders FC in 1936 (Pindula 2020). Highlanders is one of the oldest football clubs in Zimbabwe and was founded by King Lobengula's sons Albert and Rhodes (Pindula 2020). It is one of the biggest teams in Zimbabwe alongside Dynamos. However, there has been tendency to associate Dynamos with the Shona people and Highlanders with the Ndebele people. Dynamos is based in Harare where Shona is the dominant language, and Highlanders is based in Bulawayo where the population is predominantly Ndebele. Highlanders FC and Dynamos FC matches are a representation of historical and contemporary ethnic conflicts, particularly between the Ndebele and Shona ethnic groups in Zimbabwe (Ncube 2014: 192). Highlanders FC used to be called Matabeleland Highlanders FC, and it was Joshua Nkomo, the former and late Vice President of Zimbabwe, in 1975, who suggested the removal of Matabeleland from the name as the term carried tribal connotations (Pindula 2020). During that time Zimbabwe was Southern Rhodesia and Joshua Nkomo was not yet Vice President but was the leader of Zimbabwe African People's Union (ZAPU), a political party that had strong support in Matabeleland and Midlands Provinces.

Researchers argue that Highlanders FC represents Ndebele identity although some sections of the Zimbabwean society have upbraided that premise. According to Guzura and Ndimande (2015: 2):

Highlanders is viewed by fans as a vehicle of Ndebele expression, it has emerged as the 'only' institution they have following the demise of the monarchy and ZAPU which were representative of Ndebele aspiration and identity. Fans have given Highlanders meaning and shaped it into a club that stands for Ndebele identity and nationalism, captures the Ndebele experience such as Gukurahundi, critique of

Shona triumphalism, imagining Ndebele identity, marginalisation, Ndebele-Shona relations.

Highlanders FC fans find solace in their team in a country where they feel marginalised. Highlanders FC matches have cemented the relationship between the Ndebele people. Meeting in the stadium to watch Highlanders FC matches has transformed into a get-together ceremony. Singing of Nguni songs that were adapted from the traditional ones has become common amongst the fans. Most of those adapted songs are those that are sung during traditional gatherings like ancestral appeasement or other traditional religious ceremonies.

Ncube (2014) argues that researching soccer should not be restricted to sport but should be seen as opening wider avenues to inquiring about everyday life. Ncube (2014) delved into chants and songs by supporters that are used in stadiums to study the interface between football and ethnic identities in Zimbabwe. Ncube studied these chants and songs through critical discourse analysis and the findings revealed that Highlanders and Dynamos FC matches are a representation of historical and contemporary ethnic conflicts, particularly between the Ndebele and Shona ethnic groups in Zimbabwe. Guzura and Ndimande (2015) argued that there is a strong link between Highlanders FC and Ndebele identity which is constructed, mediated and reproduced through support for Highlanders FC. Similar to Ncube (2014), Guzura and Ndimande (2015) conclude that Highlanders FC is more than just a sports team to the Ndebele people but it represents a yearning for self-expression of what it means to be Ndebele within Zimbabwe.

Football in Zimbabwe reflects ethnic rivalry. Choto, Chiweshe and Muparamoto (2019) argue that football between Dynamos and Highlanders FC, in post-colonial Zimbabwe reflect ethno regionalism and rivalry. Football rivalries offer a mirror into the socio-political tensions in society. Football between Highlanders and Dynamos is fraught with ethnic, racial, class and gender identities which often form the basis of rivalries amongst the fans (Choto *et al.* 2019). Ncube (2018) argues that songs by Highlanders FC supporters indicate that they are yearning for an independent Matabeleland as a nation on its own. The Ndebele, through songs that they sing when Highlanders FC is playing advocate for nationalism that challenges state narratives of a 'united Zimbabwe' and advocate for the secession of Bulawayo and Matabeleland provinces into an 'independent Ndebele nation' (Ncube 2018). Ncube (2018) concluded that while discussing secession is criminalized and condemned as 'tri-

balism' in Zimbabwe, Highlanders FC fandom is a critical site where some people express feelings and aspirations towards the establishment of an independent Ndebele nation.

Studies have also indicated that there is a strong relationship between football and politics. Ncube (2016) explores the interface between football discourse and politics during the rundown to July 2013 elections in Zimbabwe. Zimbabwe symbolically became a football pitch where the two main rival political parties MDC and ZANU PF battled to score political points. 'Ordinary' Zimbabweans resembled the fans and/referees in the game whose vote symbolically became the act of scoring goals for ZANU PF; while for MDC-T it was akin to giving a red card to the ZANU PF party (Ncube 2016: 201).

Research by Daimon (2010) indicates that attending soccer matches in Zimbabwe is associated with masculinity where women are marginalised and those who attend these soccer matches as supporters are stigmatised and treated as societal misfits. Daimon (2010) says that while football is the sport with a huge following in Africa as elsewhere in the global North and South, its relations of production and consumption in the continent intertwine with cultural and socio-economic factors which reproduce social inequalities, gender discrimination and exclusion. Soccer is socially constructed as a masculine activity in which women are grudgingly accommodated as supporters (Kuyel 1999; Daimon 2010). Women who attend soccer matches face a lot of physical and verbal abuse when Zimbabwe's biggest teams Highlanders and Dynamos are playing at Rufaro or Babourfields stadium. At Rufaro, there is a wing called Vietnam where women are not allowed and at Babourfields there is Soweto where only those women who are well-known regular supporters are allowed. Those who are not allowed face humiliation, ridicule and physical abuse when they go there and are treated as prostitutes (Daimon 2010). Zimbabwean stadium humour is usually obscene with vulgar language, insults and repugnant songs that usually degrade the female anatomy being common practice (Daimon 2010). The revelation by Daimon indicate that Zimbabwean soccer arenas are gendered and oppressive.

While social media is being used by sports fans and journalists to communicate sports, not much research has been done on social media as a platform that is used in communicating sports-related issues (Sanderson 2015; Vale & Vernandes 2018). Meng, Stavros and Westberg (2015) wrote about the engagement of sports fans by their teams through social media and not about fans of a particular sports team engaging one another like what this study does.

Meng *et al.* (2015) established that social media is an effective platform for sports teams to engage with fans and to enhance the visibility of the team. McLean and Wainwright (2009) examined the impact of digital culture on football supporters through the analysis of social networks and media reports. Vale and Vernandes (2018) carried out a study that was focussed on unravelling how soccer fans engage with clubs on social media. Their research is informed by the idea that soccer fans develop unique and engaging relationships with their favourite football teams, both offline and online (Vale & Vernandes 2018). This chapter is interested in analysing the conversations that takes place as fans interact on 3 Highlanders FC Facebook pages.

It is clear that researches about soccer-related issues have not focused on the field of play but have been more about social, economic, political and cultural issues that relate to soccer. This is a clear indicator that soccer is not all about the game itself but a lot of interest lies in social, political, economic, cultural and historical issues. Evidence from researches done so far indicate that soccer touches all spheres of life that are related to politics, culture, economy and other socio-historical issues.

3 Theoretical Framework

The analysis of conversations that took place through interaction on 3 Highlanders FC Facebook pages was done from the perspective of the interactionist theory. Interactionism focusses on issues relating to meaning, identity and how social groups relate to each other. Interactionism is concerned with interaction, which means action between individuals (Holborn & Haralambos 2004: xix). There was interaction of fans in Highlanders FC Facebook pages where fans engaged in conversations on various social issues. When a particular subject was introduced on any of the 3 Highlanders FC Facebook pages, the fans interacted on that issue. The interactionist theory was therefore appropriate in studying the conversations that take place on social media where Highlanders FC fans interacted.

4 Research Design and Methodology

Netnography, or online ethnography is used in this chapter as a research design. As the number of internet users continue to increase around the world, and individuals' doing most parts of their lives online, the popularity of netnography has increased rapidly among researchers (Heinonen & Medberg 2018).

Netnography is web-based ethnographic research paradigm. With the growing interest of doing research on online communities, various styles of web-based ethnography have been developed, and these have been identified as 'virtual ethnography' (Hine 2000), 'Internet ethnography' (Miller & Slater 2001), 'netnography' (Kozinets 2002), 'cyber-ethnography' (Teli, Pisanu & Kakken 2007), 'digital ethnography' (Murthy 2008), 'ethnography of the virtual worlds' (Boellstorff, Nardi, Pearce & Taylor 2012). Netnography is said to be a synonym of these other methods of online research although it has some advantages that make it distinct from the other approaches. The advantages are that netnographic data is rich and naturalistic, can be conducted in an unobtrusive manner, it is an adaptable and flexible qualitative method, is compatible with other research methods such as interviews, surveys and ethnography, and is faster, cheaper and simpler (Heinonen & Medberg 2018). In this study we prefer to use netnography because of its inherent strengths outlined above.

The researchers applied netnography by joining the 3 Highlanders FC Facebook pages and participating in them as observers of the topics that were introduced and the discussions that followed thereafter. The researchers were interested in how the Highlanders FC fans participated and interacted in the conversations. Identification of major subjects of debate was key as there was a need to systematically analyse the topics that triggered interaction amongst the Highlanders FC fans. The study systematically analyses interactions that took place on 3 Highlanders FC Facebook pages namely, *Bosso Siyinqaba 24/7*, *Highlanders FC Bosso* and *Bosso Updates* during the COVID-19 lockdown. These three Facebook pages constitute online or virtual communities of Highlanders FC fans. The study covered conversations covering social responsibility, dedication to the team, social events, and history about the club and the players. The study was interested in conversations that were posted between the 10th of April and the 15th of June 2020. These 3 Highlanders FC Facebook platforms are not private online networking sites, but they are open to all Highlanders fans who want to join and when they request they get accepted by the administrator of these online communities. Researching these 3 online communities was therefore not violating research ethics since the researchers were also participants in these public platforms.

5 Interaction by Highlanders FC Fans on Facebook Pages

The 3 Facebook platforms where Highlanders FC fans interact have not only

helped with keeping the supporters updated with information pertaining to the team, but has also kept the fans up-to-date with events that are taking place within the Bosso community. The sharing of information and discussion of issues around the events taking place within the club indicates that fans demonstrate allegiance to the team. The sharing of the team's historical encounters and articulating individuals' opinions about a variety of issues on Facebook shows that Highlanders fandom is not only restricted to the stadium but also touches other spheres of the lives of the fans, the players and the team in general.

5.1 Allegiance to Highlanders FC

Highlanders FC fans demonstrated their love and commitment to their team on the 3 Facebook pages in a variety of ways. What they said on Facebook did not remain on social media but was eventually implemented. The lockdown negatively affected the finances of the team since Highlanders FC largely depends on sponsors, with the current main sponsor being NetOne, a mobile network operator in Zimbabwe. It was reported on Bosso Siyinqaba 24/7 that 'Bosso lost their NetOne sponsorship after the mobile network operator decided to switch its support to fighting the COVID-19 pandemic'. Because of the strained finances at Highlanders FC during the lockdown, the club proposed 50% pay-cut for its players and the fans reacted on the 3 Highlanders Facebook platforms with proposals of intervening into the crisis. The issue of pay-cut was reported in various Zimbabwean newspapers. Highlanders FC fans made calls to intervene and help the team in paying the players their full salaries. One of the proposals from one of the fans which appeared on Bosso Updates read:

How many times would you go eBf (to Babourfields Stadium) per month under normal circumstances, 2 tymz I presume given that we play 2 home games, in this time of lockdown why don't we donate at least a ticket's fee worth of amount towards upkeep of the club \$50 a month will go a long way in assisting iteam yezwe lonke (the team for the whole nation) #donateyourticketfund let's have official biller code for the club.

This reveals that Highlanders fans have remained committed to their team even during the lockdown when matches could no longer take place. Their willing-

ness to donate money that they were going to pay as entrance fees if there was no lockdown is a clear indicator that they are dedicated to their team just like congregants will be dedicated to their church. On all the 3 Facebook pages, Highlanders FC fans have also been making a call to clear all the team's debts. It is even more interesting to note that there are Zimbabweans who live in South Africa who contributed to Highlanders FC and sent the money to Zimbabwe. Those who are supporting Highlanders FC from the neighbouring country call themselves the South African Chapter. Their gesture demonstrates that they do not only regard Highlanders FC as a sports team but they have that sense of belonging, that spirit of being one family.

The sense of belonging possessed by Highlanders FC fans saw them coming in to delve into the interior affairs of the team such as its financial soundness. The fans took their time to make suggestions as to how their team could generate income instead of relying on donor funds. One fan wrote on Bosso Siyinqaba 24/7 saying:

Bosso must adapt to changing times and stop asking for donations always. The support base is big and surely something can be done for the team about that to be self-sufficient. Any sponsor who comes will surely have conditions that's a reality. Highlanders is a big brand its time it produces \$\$\$\$ like what other big brands do. I know the economic situation has not been good in Zimbabwe for some time worse now worldwide due to covid-19/lockdowns things are not moving but its high tym we change our ways.

Another fan on Highlanders FC Bosso wrote:

With their huge fan base, Bosso can easily become one of the richest clubs if they can fully harness and translate their following into money. Recently formed FC Platinum which belongs to Mimosa Platinum miners, are now self-sustaining after forming a commercial division, FC Platinum Holdings.

The Highlanders fans saw themselves as having the potential to contribute to the betterment of their team to a level where it will achieve self-sustenance. The spirit that exists within the Bosso family is that the club belongs to them and they have the obligation to see to the survival and success of their team.

Bosso fans cut across all divides from politicians, business people, football legends, to the general populace and all these have the same vision of seeing success in Bosso. A politician and businessman from Matabeleland South donated groceries and money to the Highlanders players during the lockdown amid concerns that the players' salaries were going to be cut by half. The gesture from this Highlanders fan appeared on all the 3 Facebook pages under study. The post on Highlanders FC Bosso read as follows:

As we continue to work with fans, members and corporate partners to battle the Covid-19 effect on incomes, yesterday the club leadership and senior players were invited to Filabusi by Insiza North MP Farai Taruvinga who committed RTGS \$50 000 & 175KGs of beef to the cause. Honorable Taruvinga's constituency is home to the grave of one of Highlanders founding fathers Prince Albert Khumalo. Another businessman who requested anonymity also pledged RTGS \$30 000.

While this was a good gesture from the politician and businessman which earned positive comments from fans, others posted negative comments. One of the negative comments was saying, '*Honourable yani taruvinga yokunuka ematebeleland mxxm*' (Honourable what for stinking in Matabeleland?). This is an indicator that there are some Highlanders fans who still think that Highlanders FC belongs to the Ndebele people only. They associate Highlanders with being Ndebele, yet anyone from any ethnic group has a right to support a team of his or her choice. They also seem not to understand that there are people in Matabeleland who have Shona surnames who were born and grew up there and speak the Ndebele language. The issue of being Ndebele is a controversial one because most people seem not to understand that Ndebele is not an ethnic group but is a conglomeration of people from diverse ethnic backgrounds (Nhongo 2013). It is a multi-ethnic grouping that includes the Kalanga, Nguni, Sotho, Venda, Tonga, Karanga, Nambya and so on. Even some prominent figures from Matabeleland reacted negatively to the donation by the businessman-cum-politician, saying that he was making a donation so that he could hijack Highlanders FC. Bosso Siyinqaba 24/7 and Bosso Updates posted a newspaper article about one of King Mzilikazi's descendants who was fuming over donations that will come to the team and then have those sponsors wanting to 'take-over' Highlanders FC. The statement came out soon after the donation that was made by the politician-cum-businessman. King Mzilikazi,

the founder of the Ndebele nation, is the father to King Lobengula whose two sons formed Highlanders FC in 1926.

During the lockdown, Highlanders FC fans were also making decisions about the team on Facebook. The new Highlanders coach Mark Harrison had to take a break and go back to England, his home country amid the COVID-19 lockdown. In anticipation that he was not going to return back to Zimbabwe, fans were already making suggestions on who was going to take the coaching duties. One fan, on Bosso Updates wrote:

If the current coach doesn't come back After covid-19 I think Beke and Mandla can be given that chance. Let the home grown talent be exposed. Let's invest in our own coaches. Your thoughts...by former bosso player Salexington Mujokoro Zinzo.

The fans went out of their way to make decisions that are not their duty to do since there is a Highlanders FC executive that is supposed to make such resolutions as the appointment of the team coaches.

5.2 Social Responsibility

Highlanders fans became a virtual family through Facebook during COVID-19 lockdown and this was seen through concerns about what was happening on one another's life during the period of social distancing. One of the notable experiences is where deaths of some known Highlanders fans were announced on the Highlanders FC Facebook pages. During the period of study of Highlanders fans as an online community, there are three deaths that were reported on the Facebook pages. On the 13th of April a female supporter of Highlanders FC passed on and the message on the 3 Facebook pages under study read, 'Popularly known as Luba the 35-year-old rarely missed Highlanders' matches and was a member of the club's Team Away group that travelled for all Bosso's games outside Bulawayo'. On the 26th of May, on Highlanders FC Bosso and Bosso Updates one post read, 'Morning *MaBosso amahle* (beautiful Bosso fans) on a sad note we have lost one of us Mr Augustine Moyo Rest in peace *Bosso elihle* (beautiful Bosso fan)'. On June 2, 2020, Bosso Siyinqaba 24/7 reported the passing on of another female supporter, 'We seem to be losing supporters during this hard and painful period of Covid-19 *kunzima bakwethu sekulomonakalo njalo ma-Bosso eish sesitshiyile u Manyo Ntoe* (It's hard

Bosso family we have lost one of our own Manyoe Ntoe)’. The same death was reported on Highlanders FC Bosso on the 2 June, in the words, ‘We have just received sad news of the passing away of one of our own, Ntombiyelanga Nyoni. We would like to convey our condolences to the Nyoni family and the entire Bosso family for this sad loss. RIP Matshelala’. Some Highlanders fans had the opportunity to attend to the burial of these three fans with the first two having been buried in Bulawayo and the third in Marondera. This shows that the relationship between Highlanders FC fans goes beyond Facebook and the stadium to conformity to the spirit of Ubuntu. Attending a burial of a known person in Zimbabwe demonstrates humanness. Although the COVID-19 regulations did not allow more than 50 people to attend a burial ceremony, Highlanders FC fans defied this regulation because of the love for one another.

Highlanders FC has a funeral policy called score pack which is administered by one of the sponsors of the club. This policy is not only for players but for all Highlanders FC fans. During the lockdown, some fans kept on reminding one another about this policy encouraging those who had not yet joined to do so and those who had joined already not to forget to pay their monthly subscriptions. The message ‘Supporting your favorite football team has never been this rewarding! Get your Score Pack Policy today & support your favorite club, Highlanders FC’, was repeatedly posted on Highlanders FC Bosso Facebook page.

When a member of the Bosso family is celebrating a birthday, fans get to know about the event on these 3 Facebook pages. On Bosso Siyinqaba 24/7, a birthday message, ‘Happy bday to our star player Nqobizitha Masuku enjoy your special day stay safe n healthy’ was posted. The post about this player’s birthday who also happens to be the team captain was also posted in Bosso Updates. On the 30th of May Highlanders FC Bosso wrote, ‘Happy Birthday to our former Skipper Gilbert Banda. As we take this opportunity to appreciate his service and loyalty, the club wishes the captain a happy and successful long life’.

5.3 Historical Encounters of Highlanders

Missing action in the stadium as a result of COVID-19 lockdown saw Highlanders fans resorting to taking each other down memory lane reflecting on the historical encounters of the team. On these 3 Facebook pages under analysis the fans were reflecting on the victories and losses that the team experienced in

the past. In one of the posts from May 30, Bosso Siyinqaba 24/7 shared a post of the league matches that Highlanders won since 1958 to date. The post read as follows:

Honours Winners of the RNFL in 1958 and 1975 Chibuku Trophy Winners (1980) Heroes Cup Champions (1980) 7 times winners of the PSL (1990, 1993, 1999, 2000, 2001, 2002, 2006) Mbada Diamond Cup (2013) Chibuku Super Cup Winners (2019) Castle Lager Challenge Cup Finalist.

Bosso Siyinqaba 24/7 also shared another post on the 29th of March indicating Highlanders FC's qualification and participation in Confederation of African Football (CAF) games, 'CAF Champions Appearances CAF Cup Winners' 1986 1987 1992 African Cup of Champions Club 1991 1994 CAF Confederations Cup 2008 2011 CAF Champions League 2000 2001 2002 2003 2007'. Another post from Bosso Siyinqaba 24/7 outlined the list of coaches that Highlanders FC has had over the years.

Memorable matches were also listed on the Highlanders FC Facebook pages during the lockdown. On Bosso Siyinqaba 24/7, matches between Highlanders and Caps United where Bosso beat Caps United on three consecutive matches, two in Zimbabwe and one in the United Kingdom were posted on the 28th of May. The memories that were listed on the 3 Highlanders FC pages were also about the greatest players that the team has had over the years. The posts also talk about the best players for particular positions such as goalkeepers, defenders, midfielders and strikers.

In some instances, a legendary Highlanders player was picked and discussed on these Facebook pages. A player's profile was outlined from birth up to the present moment outlining his achievements, teams that were played for, and even coaching activities if the player ended up being a coach. On the 6th of June 2020, on Bosso Updates and Bosso Siyinqaba 24/7, the Highlanders legend who was discussed was Rahman Gumbo whom it was said was born on 18 November 1963. His career as a footballer and coach in and outside Zimbabwe was outlined. On other posts, even the career paths of those legends who are deceased were outlined on the 3 Highlanders FC Facebook pages. The outlining of the histories of the players have been beneficial to many Bosso fans as they got the opportunity to know more about the current players and the others who played for Highlanders sometime back.

5.4 Opinion Searching about Highlanders FC

Some of the posts that are put on Facebook by group administrators are meant to get fans' opinions relating to Highlanders FC. One of the most opinion seeking and brain teasing post during COVID-19 lockdown was on the *Bulawayo Kasi Battle* which was launched on the 25th of May which sought to compare the number of supporters from each of the suburbs in Bulawayo. Two suburbs were picked on each day and fans had to vote on Bosso Siyinqaba 24/7, Bosso Updates and Highlanders FC Bosso so that at the end of the day it would be determined which of the two suburbs had the most ardent Highlanders supporters. It is important to mention that this *Bulawayo Kasi Battle* challenge was also done on Highlanders Twitter page with the name *@HighlanderBosso*. However, this chapter is only focusing on the 3 Highlanders FC Facebook pages. Bosso Siyinqaba 24/7 posted the following message on the 26th of May:

Highlanders has launched a Bulawayo Kasi Battle to find out which kasi (suburb/ township) has the most ardent Bosso fans. The battles have seen townships being pitted against each other with members of the public voting for their favourite suburb.

This exercise kept Highlanders FC fans occupied by voting online and constantly visiting the page to check on the number of votes for each of the selected suburbs on each particular day. The exercise kept Bosso fans interacting with one another.

Another opinion seeking challenge was where Highlanders FC Bosso would post a player position and fans had to mention the player who has through the history of Highlanders been the best in that particular position. At times the challenge would be requiring fans to mention the player who manages an identified position in a particular described manner. This exercise transformed what fans were seeing all along in the field of play from the terraces into online debates.

6 Conclusion

Although the COVID-19 lockdown was anticipated to be a bad time for Highlanders FC fans, it however proved otherwise for those with access to Facebook as they got to interact with other fans on a variety of issues

concerning their team. The lockdown did not divert Bosso fans from remaining committed as they took to social media to interact about the affairs of their team. This shows that football is not all about watching and being entertained by players in the stadium but it goes beyond that as many Highlanders fans demonstrated passionate concern about social, financial and other affairs of their team. Some tendencies of hooliganism, tribalism and vulgar language that are demonstrated by some fans in the stadium also manifested as comments on Facebook. However, the idea of Highlanders being *ithimu yezwelonke* (the team of the whole nation) was defeated by the sentiments of tribalism as if one has to be Ndebele to be a fan. The posts and the subsequent comments that appeared on Facebook were exclusively in either Ndebele or English in a country with more than fifteen languages. This also defeats the idea of Highlanders being a team for the whole nation, but one that is confined solely to the people of Matabeleland. Although the COVID-19 lockdown resulted in taking support of the team from being physical to social, some of the behaviours that were usually exhibited in the stadium remained conspicuous on Facebook. The posts that were put on Facebook also proved that Highlanders is not just a sports team but it is more of a virtual family or rather a community that shares a homogenous Ndebele identity.

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The data that was used in the writing of this paper was gathered from three High-landers Football Club Facebook pages that include Highlanders FC Bosso, Bosso Siyinqaba 24/7, and Bosso Updates.

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Southern Africa Pandemic Management in Sports: Observations from the 1918 Influenza and COVID-19

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Abstract

This chapter evaluates pandemic management systems adopted by southern African sporting communities in responses to the 1918 ‘Spanish’ Influenza and the novel Corona virus pandemic. The two pandemics which occurred in two different historical epochs disturbed sporting activities world-wide, upset social relations, triggered community anxieties, and resulted in shutdown of all sporting activities. This study serves as a litmus test of the current sporting communities in southern Africa to adopt, in unison, effective and timely disaster response mechanisms in order to save human lives from devastating natural phenomena while guaranteeing livelihoods of sports women/men. The chapter argues that sporting policy interventions and institutional frameworks adopted in an endeavour to curb the spread of the pandemic were either weak or ineffective. The argument is based on an analysis of the various dynamics which shaped the pandemic management systems such as racism, class and *ad hoc* policy (in)consistencies by sporting governments in line with World Health Organisation (WHO) prescriptions. The chapter also has the novelty of exposing the challenges that the poor sporting communities in southern Africa have in procuring resources to survive pandemics. Because Covid-19 is a contemporary phenomenon, the methodological approach is underpinned by a qualitative analysis of data collected through desktop research, government primary documents, virtual interviews and webinar discussions. Both secondary and primary sources are used to derive data on the 1918 Influenza. After

a comparative analysis of the two pandemics, the chapter argues that although the pandemics occurred during two astronomically different periods, there have not been many significant changes in pandemic management systems.

Keywords: Corona, Covid-19, Spanish Influenza, Sports, Pandemic, Management, Southern Africa

1 Introduction

The World Health Organisation (WHO) declared the Coronavirus disease 2019 (Covid-19) outbreak a pandemic on 11 March 2020 (WHO Virtual Press Conference 11 March 2020). This heralded the pronouncement of a Public Health Emergency of International Concern (PHEIC) (Rodriguez-Morales *et al.* 2020). This pandemic was first identified in China where it had killed so many people in Wuhan towards the end of 2019 and in early 2020. China implemented extraordinary public health measures at great socio-economic cost which did not spare sporting activities, moving swiftly and decisively to ensure early identification of cases, prompt laboratory testing, facility-based isolation of all cases, contact tracing, and quarantine (Rodriguez-Morales *et al.* 2020). The response to Covid-19 resonates with the responses the world gave to Spanish Influenza when it occurred in 1918. It is therefore, the purpose of this study to interrogate governments and sporting bodies' responses to the two pandemics which, however, occurred in different centuries. Spanish Influenza originated in Europe and Covid-19 first appeared in China before the diseases spread lethally throughout the whole world.

This study focuses on the 1918-1919 pandemic popularly known as Spanish Influenza and how it intersects with the novel Corona virus. The thrust is on the pandemics management with particular reference to sports in southern Africa. The term 'pandemic' usually refers to diseases that extend over large geographic spaces as highlighted by the World Health Organisation's standard definition of pandemic. It refers to a situation in which a new and highly pathogenic viral subtype, one to which no one (or few) in the human population has immunological resistance and which is easily transmissible between humans, establishes a foothold in the human population, at which point it rapidly spreads worldwide (WHO 2011a). The word is commonly taken to refer to a widespread epidemic of contagious disease throughout the whole country or across continents at the same time (Honigsbaum 2009).

Some of the key features of a pandemic are its wide geographic extension, swift disease movement, novelty, severity, high attack rates and explosiveness, minimal population immunity, infectiousness and contagiousness (Gewald 2007). Therefore, a pandemic is categorised as trans-regional and global (Taubenberger & Morens 2009) and has the capacity to threaten all aspects of the economic and social fabric (Drake *et al.* 2012). This study presents the historical background of sports during the Spanish Influenza pandemic. It further looks at the socioeconomic impact of Spanish Influenza on family households and groups of people whose livelihoods were based on sports as governments promulgated policies to prevent its rapid spread across nations and between people. The chapter discusses sporting in the pandemic era in Southern Africa and makes a comparative analysis of the coping strategies during the eras of Spanish Influenza and Covid-19. The chapter concludes by providing a futuristic perspective on proactive, as opposed to reactive, management strategies in the event of pandemic recurrences.

Chirikure (2020) discusses how ancient African societies used social distancing to manage pandemics such as Black Death. The strategies societies adopted to deal with pandemics involved burning settlements as a disinfectant, shifting settlement to new locations and social distancing by dispersing settlements (Chirikure 2020). Many South Africans during the Influenza pandemic of 1918-1919 responded by self-isolation. Troopships returning to Australia after World War 1 (WWI) are said to have been key to the wide transmission of the Spanish Influenza virus (Phillips 1984).

Social distancing and isolation became the watchwords after Covid-19 hit the whole world. The same practice formed a critical part of managing pandemics in historical African societies. The Shona people of Zimbabwe, for example, isolated those suffering from infectious diseases like leprosy, in temporary residential structures and at times corpses were burnt to prevent people from getting into contact with the dead/sick (Chirikure 2020). Archaeological data show that Indigenous Knowledge Systems (IKSs) helped ancient societies in Africa.

2 Background

Soon after WW1 that ended in 1918, influenza, which became known as Spanish Influenza, claimed more lives than all battlefield deaths and victims were both civilians and the military (Mihaly *et al.* 1998: 4). The Spanish

Influenza virus was a progenitor of the modern Influenza that killed more people than the First World War itself (Tsoucalas *et al.* 2016: 26). The main arena of war was Europe. This deadly strain of influenza struck in March of 1918 in the military training camps of the United States of America where soldiers awaited shipment to the war in Europe. Beginning in Camp Funston in Kansas, the virus spread to other camps and via troop ships to Europe (Gewald 2007: 8). It is still not so clear why the Influenza pandemic was given the name 'Spanish flu'. Whitehouse (2020) argues that it was given that name because Spain was a neutral country during WW1 and produced the most reliable statistics on Influenza victims in terms of morbidity and mortality. The 1918/19 pandemic was particularly catastrophic and evidence abounds to support the supposition that the responsible strain causing that pandemic was super virulent - the intensity of the morbidity and mortality and its effect predominantly in young adults rather than the frailer elderly section of the population would tend to support.

There were three phases or waves of the Spanish influenza. From March to July 1918 it was mild, became worse between August to December 1918 and was more moderate in the third wave of 1919 (Whitehouse 2020). Key to the Spanish Influenza transmission to all parts of the world was human movements and more importantly, troop movements at the end of WW1. In Africa, Spanish Influenza is said to have entered through Cape Town, Mombasa and Freetown as African soldiers were coming back home after their demobilisation in the European war. In Freetown, for example, the Influenza virus came aboard a British Royal Navy warship (Whitehouse 2020). Studies on Influenza transmission established that there are three factors that determine the spread of Spanish Influenza in Africa. These are initial exposure in the most virulent second wave form, being part of the extensive sea or land transport network and being regularly crossed by large numbers of people on the move. SA's developed railway system served as a vector of transmission hence its death rate was highest in Africa (Whitehouse 2020). In response to this Influenza pandemic, many white people in South Africa are said to have elected to support mitigation initiatives suggested by government. Volunteers from municipal authorities opened temporary hospitals and relief depots for food and medicine, disinfected houses where outbreaks had occurred and cleaned up unsanitary areas to promote the much-needed hygiene in line with Non-Pharmaceutical Interventions (NPIs) that are considered to be cost effective especially in poor countries. However, as Correia, *et al.* (2020)

postulate, these NPIs constrain social interactions while they are in place, and thus necessarily depress any type of economic activity that relies on such interactions. In actual fact, sporting activities upon which athletes rely for their livelihood on gate takings from huge crowds of spectators as well as on and promotions are the most affected as social distancing is made mandatory.

Mortality due to the Spanish Influenza scourge in southern Africa, as in many other regions in Africa, was heightened by the mass movement of demobilised soldiers, their porters and other families fleeing from urban centres, railway personnel as well as migrant workers trying to escape from mines and barracks (Whitehouse 2020). It is intimated that it killed 2% of the African population in six months and approximately 50% of the South African population contracted Spanish Influenza in one month (Whitehouse 2020). The African Report on Spanish Influenza in South Africa alone states that the pandemic killed 300 000 people especially working adults between 18 – 40 years (Whitehouse 2020).

Transmission of the 1918 Influenza, because of its severity, became a blame game that bordered on racial prejudice. In South Africa, Europeans blamed Africans for the spread of Influenza and called for a ban on these Africans from boarding trains to prevent transmission as well as to ban inter-racial contact sports such as soccer and rugby among others. Page (2000: 171) writing on Malawians and WW1 noted Malawians' connection between the war and the Influenza pandemic which they felt was not only immediate, but also causal. He added that a common expression was that the 'war air' had brought the new and devastating disease, blown in by winds from the front.

In Namibia, people who were interviewed about this Spanish Influenza recalled that one of the most striking aspects about the epidemic was that the disease did not distinguish between white or black (Gewald 2007). This contrasts sharply with Zimbabwe's Minister of War Veterans, Oppah Muchinguri's remarks when the novel Covid-19 virus began to kill massively in Italy and Spain. She literally politicised Covid-19 and echoed a racist statement on the Zimbabwean state-controlled television that Europeans were destined to suffer the consequences of this pandemic because they imposed sanctions on Zimbabwe (Reuters 15 May 2020). This was outright failure by the Minister to reckon with the fact that the new virus did not discriminate against colour. What made many people especially from Africa to believe that Africans were safe from the Corona virus pandemic was the fact that the African continent was the last to be affected, thereby creating the notion of

Black biological resistance to the virus.

The Influenza of 1918-19 was catastrophic and a direct killer. Gewald (2007: 8) contends that ‘... victims suffered from acute cyanosis, a blue discoloration of the skin and mucous membranes. They vomited and coughed up blood, which also poured uncontrollably from their noses and, in the case of women, from their genitals’. Things that were regularly utilised by the sick people, such as tickets in the tramways, pencils at schools, blankets at hospitals, or in the army, the holy water in the churches, were also considered as means of transmission (Tsoucalas *et al.* 2015: 24). The mayor of the French city of Lyon Eduard Herriot (1872-1957) is said to have been the first person who understood the significance of public hygiene so he took some effective measures to face its extreme contagiousness (Tsoucalas, Karachaliou & Kalogirou 2015: 24). It is averred that he functioned as a kind of one-man sanitary squad, to keep deaths to the minimum by disinfecting the tramways, forbidding public gatherings and funeral processions. He had organised a system of rapid burials, while the holy water was mixed with antiseptics for the protection of believers (Tsoucalas *et al.* 2015: 24). These old-style public health measures have recently been transposed into the new Covid-19 pandemic management system in their original designs and in ways that are more reactionary than proactive.

3 Sporting during the 1918 Spanish Influenza

When the Spanish Influenza pandemic started, the American Medical Society for Sports Medicine confirmed H1N1 infection among athletes and suggested that the athletes who participate in exercise, competitions, or travel and live together are exposed to H1N1 Influenza (Kelsey 2009). The Spokane Regional Health District (2009) emphasised that athletes who engaged in physical contact sport had to wash their eyes, noses, mouths and hands often with soap and water, especially before touching anything. The pandemic management measures applied included social distancing such as the closure of schools, theaters, and churches, the banning of mass gatherings including sporting activities, mandatory mask wearing, case isolation, making influenza a notifiable disease (Correia *et al.* 2020: 20). There were fears of the likely presence of the disease in stadia should the infected individual athletes affected with the Influenza continue to participate in sports. It was also feared that they would be touching their mouths or noses in the sport environment as they were

participating in contact sports such as wrestling, boxing and any other types of sport involving physical contact.

In South Africa, the epidemic led to ‘renewed ‘sanitation syndrome’ fear by white residents that infection was spread by black inhabitants’, and gave further weight to calls for legally enforced racial segregation (Worden 1994: 43). To support the claim that Black people were responsible for the transmission of Spanish Influenza inside South Africa, De Kiewiet (1941) outlines the development of segregationist legislation and the Natives Urban Areas Act in particular. He noted that the Influenza pandemic horribly revealed the disease and misery which was bred and sheltered in windowless shacks and congested unsanitary backyards (De Kiewiet 1941: 231). This view, Eurocentric though, held sway among the white community of South Africa at the time and helped to further entrench the notions around racial superiority, inequality and the apartheid system. This frustrated any efforts to promote inter and multi-racial sports in colonial South Africa. On the other hand, Africans in rural areas believed the disease was a white plot to slaughter them and that hospitals and vaccines had to be avoided at any cost (Whitehouse 2020). In Rhodesia (now Zimbabwe) the Africans were also resisting vaccinations believing that white medicine was meant to harm them, instead they used their remedies which they believed were superior over European medicine (Phimister 1973: 145). One example of the remedies was bathing with cold water in river steams (Phimister 1973). Cold water induced pneumonia and resulted in high deaths among Africans. The suspicion based on race made the pandemic management in sports difficult.

During the Influenza pandemic, just like in the Covid-19 era, sporting preferences were influenced by race and culture which also resulted in deferential impacts among various types of sports. Cheater (1986: 133) argues that in the Zimbabwean African communities, sporting activities like tennis, rugby, cricket, hockey and swimming were regarded as European and affluent people’s sports and it was assumed that the larger African population was not interested in them. In South Africa, rugby was associated with Afrikaner domination and discouraged among black South Africans (Novak 2011: 6). Cricket in particular was the sport of the British, colonial service and pockets of well-connected colonial subjects (Novak 2011). In Rhodesia, elite sports such as cricket and rugby drew the small and scattered white population together and restrictions on these elite sports were lighter (Novak 2011). Hence, sporting activities associated with the black and poor communities such

as soccer were more negatively affected than the elite sports such as cricket, golf and tennis. Influenza mitigation restrictions affected football more, for example, the major cheer and fan base for football came from the Africans who were not allowed to move around while Europeans were allowed to move and use public transport.

South Africa and Zimbabwe, then Rhodesia, were the most dominant colonies in terms of sporting activities during the pre-second World War Period. In other southern African countries such as Mozambique, Malawi, Zambia and Botswana sporting structures during the Influenza pandemic were still at their rudimental state and there is little to discuss on them. In Mozambique for instance, the Portuguese Imperial Government started to consider sports as important in their colonies after the Second World War (Andrade & Bittencost 2016).

4 Sporting in the Covid-19 Era in Southern Africa

Governments and public health authorities in southern Africa responded almost in same manner to Covid-19. Reducing human to human contact was the central measure in an endeavor to limit the spread of the pandemic. Among the measures to reduce human to human contact were quarantine, border closures, school closures, restrictions in gatherings including sports, workplace closures, physical social distancing, wearing masks in public, and sanitising and washing hands. Malawi declared a national emergency in March resulting in a short-lived lockdown which was overturned by the courts after human rights groups complained about its impacts on the poor and vulnerable (Medinilla *et al.* 2020). In South Africa there was mass screening and testing of the virus (Medinilla *et al.* 2020). Other poorer countries of Southern Africa such as Zimbabwe, Zambia, Mozambique and Malawi rolled out testing but not at the same magnitude as South Africa. All the sporting boards and bodies were to comply with national regulations in each country. The International Cricket Council (ICC) for instance, advised all its members to adhere to mitigation measures taken in their countries (ICC 2020).

In Zimbabwe, the Premier Soccer League season scheduled to start in March 2020 was shelved indefinitely. Charles Manyuchi's World Boxing Federation middleweight boxing title bout against Ugandan fighter, Mohamed Sebyla, was also rescheduled (*Southern Times* 2020). The International Handball Federation Zone V1 tournament which was to be held in Harare was

cancelled (*Southern Times* 2020). The Championship of African Nations (CHAN) tournament that was meant to be hosted by Cameroon also suffered another postponement. The World Football Summit, which was supposed to take place in Durban, South Africa, did not take place. Many top sports associations in SA which include the South African Football Association (SAFA), Cricket South Africa (CSA), Athletics South Africa (ASA), Tennis South Africa (TSA), Boxing South Africa (BSA), Netball South Africa (NSA) and golf's Sunshine Tour have all come to a screeching halt because of the Covid-19 pandemic. Priority was to be given to safeguarding the players, fans and the entire sporting community and there was need to adopt a safety-first approach especially for contact sports. The list of sports which can be categorised as non-contact include athletics, basketball, swimming, chess, volley ball, darts, lawn tennis, rugby, body building, aerobics, soccer, squash and taekwondo among others. Contact sport such as soccer, rugby, boxing, athletics are likely to spread the transmission faster than non-contact sport.

Living without sports must be a very frustrating experience for athletes across the globe, but they have heeded the call that there is more to life than just sport. Big sports events that resumed during the midst of the Covid-19 outbreak are now being referred to as huge 'biological bombs' due to spreading of the virus during these events. One example is the soccer game between Atalanta (from Italy) and Valencia (from Spain) that was held in Bergamo, Italy, on February 19, 2020. Experts assume that the 45,792 fans attending this UEFA Champions League exchanged the virus and contributed to the massive outbreak of the virus in Italy and Spain (Gilat & Cole 2020). With the rise in identified cases and death toll, most countries worldwide increased the 'stay at home' restrictions and many citizens are under mandatory confinement especially those who would have crossed borders during the period of the pandemic. Not many possibilities for resuming sports activities are available, given the combination of social distancing with the closure of parks, gyms, and sports venues. Numerous other researches have shown that moderate exercise and physical activity improve immune system against infectious diseases (Pedersen 1998).

The preventative measures adopted by the countries had a huge bearing on all sporting activities. The cancellations of sports and gathering had negative bearing on all stakeholders in sports that include the fans, athletes, and sporting clubs. Sportsmen and women lost their form of livelihood while sports clubs lost sponsorship and other forms of revenue. The world-wide

suspension of sports events has affected the gambling industry, which had turned into a twenty-four-hour daily business in some regions in southern Africa. Consequently, people have discovered the viability of soccer and horse betting as a reliable source of income under the prevailing economic decline in countries such as Zimbabwe and Malawi. By the time South Africa confirmed its first Coronavirus cases, gamblers had already started experiencing the impact of the pandemic. That is because most sports were banned worldwide as part of early efforts to curb the growing pandemic. One gambler in Zimbabwe informed Voice of America (VOA) that for the past ten years on a good month he would get between US\$700 and \$800 from soccer betting (VOA 2020).

The lockdown both directly and indirectly affected stakeholders in the sporting industry and community. Since most of the sponsorship in sports came from the corporate world, it meant that funding got cut because of lack of production in other sectors. Sporting media was also hit hard since there were no sporting activities to report on. In Cape Town, sports journalists had their salaries cut and freelance journalists lost their jobs (Gleeson 2020). However, there was differential impact based on type of sport and country. Sports with huge sponsorship in countries with better economies were cushioned as compared to unpopular sports in countries with poor performing economies. According to Reade and Singleton (2020), elite football clubs are more likely to financially survive the outbreak, given their access to substantial funds besides weekly gate takings. Elite sports clubs have alternative revenue sources and sponsorships that sustain them during the pandemic unlike clubs in lower divisions that rely on gate takings from fans. Popular sports in the region such as football, attracts sponsorship than ‘small’ sports such as hockey, chess, squash and body building. In countries such as Zimbabwe and South Africa, there are special sports such as cricket and rugby that get preferential sponsorship from elite stakeholders (Magonde & Nhamo 2012: 2014). These special sports are usually enclaves for the former colonisers and the rich and they have better coping abilities than the poor-man’s sports such a low league football.

In SA, the suspension of sports due to the Corona virus pandemic induced financial difficulties with long-term negative effects on its sporting fraternity. Some federations seem to have experienced the impact more than others. This is because different federations have experienced varying degrees of financial knocks as their functionality has been impacted upon by the Covid-

19 pandemic. The South African Hockey federation is one of those that have been hardest hit by the Covid-19-induced national lockdown (Daily Maverick 2020). The rugby fraternity in the country agreed to player salary reductions amounting to 12.5% of needed cuts if no rugby is played for the rest of the year (Daily Maverick 2020). In the soccer fraternity, Premier Soccer League teams, if the pandemic continues unabated, are likely to cut on the players' salaries and associated benefits because of sports inactivity. In line with these pay cuts, senior management at the South African Football Association (SAFA) announced 15% pay cuts across the board (Daily Maverick 2020).

Because of the impending bankruptcy within most SA Federations, the Department of Sport, Art and Culture announced a R150-million relief fund and those in the sports and arts sectors could apply and benefit (*Daily Maverick* 2020). The relief fund was meant to bail out federations facing the risk of total collapse due to financial challenges. Unfortunately, only athletes who were confirmed to participate at events that were later cancelled or postponed due to Covid-19, and whose income is generated solely through specific sporting events, qualified to apply (*Daily Maverick* 2020). Therefore, the application criteria set for possible beneficiaries of the relief fund were selective and not all-embracing as many federations and athletes were left out in the cold.

Despite major sporting lockdowns, some sporting activities started to resume in the midst of the Covid-19 induced crisis. Different sporting bodies were required to come up with guidelines that provided for the resumption of sports while at the same time containing the spread of the disease. The ICC reviewed on field behaviors that had potential of spreading the disease by restricting celebrations with body contact, sharing drink bottles, towels and using communal training equipment (ICC 2020). Covid-19 screening was being conducted through temperature screening. In cricket, the ball was viewed as a risk factor in spreading the virus and putting saliva on the ball was abolished (ICC 2020). All sporting facilities erected entry warning informing fans on how to stop the spreading of the disease. In Zimbabwe, by 15 May 2020, cricket and tennis were allowed to resume after being classified as a low risk sport since there is minimum contact while football and rugby were classified as high risk (Mbele 2020). In light of this, the effects of the pandemic on sports varied.

From the observations made so far, quite a number of athletes resorted to online gaming as a pastime, while others post videos of themselves playing keep-ups using weird objects (*The Sunday Mail* 2020).

During the lockdown period, club trainers in various fields of sport sent programmes for indoors such as running in the passage, some body-weights and cardio muscular activities. It is unlikely that performance will not be affected as athletes strive to stay healthy and in good shape by jogging regularly and sticking to a good diet (*The Sunday Mail* 2020).

5 Pandemic Management in Sports: A Comparative Analysis of the Two Pandemics

The two pandemics occurred during two different historical epochs but have similar characteristics and impacts on the social order. Governments and sports bodies used similar mitigation methods based on social and physical distancing. These measures resulted in the banning of public gatherings including sporting activities. The pandemics had negative impacts on all stakeholders of the sporting fraternity, recreation and forms of livelihood were lost for long periods. Although, all sports were affected during the two epidemics, there was differential impact among various sports. Race continued to be a paramount factor in determining sporting preferences and sponsorship and ‘elite’ sports such as rugby and cricket were better equipped and financed to survive pandemics as compared to the ‘African’ sports such as football. The legacy of sports segregation and racism continued through coloniality. According to Maldonado-Torres (2007: 243) coloniality refers to the ‘long-standing patterns of power that emerged as a result of colonialism, that define culture, labour, inter-subjective relations, and knowledge production well beyond the strict limits of colonial administrations’. Sports preferences in independent Africa became a product of coloniality and during the Covid-19 pandemic, African preferred sports suffered the most. Overall, the same pandemic management techniques used during the Influenza pandemic of 1918 were the same adopted for Covid-19 in 2020.

Although most of the sport pandemic management systems were similar during the two epochs in pandemics history, the two pandemics occurred during two astronomically different periods with different technological environments. Influenza pandemic occurred before the advent of efficient travel systems therefore limiting international travel. By 1918 colonial governments were still consolidating power and creating states as they look today. Hence, border and travel restrictions were not as important as they are during the Covid-19 pandemic. Media technology has changed drastically

since the 1918 Influenza, therefore, enhancing the use of an array of pandemic management techniques and survival strategies. During the Covid-19 Pandemic, athletes used different social media platform to launch pandemic awareness campaigns. Technology has provided alternative income for the sports fraternity by engaging on online activity and television rights awards.

6 Conclusion: A Futuristic Perspective

The material presented in this chapter has focused on Spanish Influenza and Covid-19 pandemics and their impacts on sports. This chapter has clearly shown that the measures adopted by governments globally to contain the viral transmission of Spanish Influenza (1918-1919) such as wearing of face masks, physical social distancing, disinfecting, quarantine (isolation) and maintaining sizeable gatherings were replicated in 2020 when Covid-19 was declared a global pandemic by WHO. It has, thus, highlighted the historical importance of the two pandemics in terms of their impact on sports and athletes in various fields of expertise.

It is, however, too early to realistically discuss the future course of a contemporary pandemic like Covid-19. Given that sports athletes constitute a special group of individuals that not only entertain society but also ekes a meaningful livelihood out of sports, it is clear that many families that have athletes as breadwinners have been impacted negatively by the pandemic. It is through sports that people are brought together, that divisions on ethnic and racial lines are buried, and that our bodies and minds are kept healthy. Sports are the glue that binds people together around shared values and in the process, brings societal harmony, peace and development. The presence of the Covid-19 pandemic in our midst has certainly affected the well-being of households inasmuch as it has ruined the future of athletes and would-be athletes as well. WHO's Director General remarked that containment of Covid-19 is feasible and must remain the top priority for all countries. As countries gradually relax the WHO stipulated regulations, the resumption of sporting activities is seen as part of the easing of severe lockdown regulations. In all these sporting re-engagements, sports bodies, of necessity, ought to seriously consider the testing of athletes, waiting period of the results, cleaning and disinfecting sporting venues. If possible, compliance officers may be appointed.

The study of the two pandemics has shown a gap in sports preparedness of pandemic disaster management. Virology and Epidemiology must be

integral parts of sports research. Research on pandemics should inform construction of sporting facilities and regulations that makes future pandemic management easier. Research only flourish when it receives funding, hence, sports bodies should set aside funding for epidemiology in sports. A link between sporting activities and the study of epidemics should be established to guarantee the future of sports in the southern African regions and worldwide.

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Planning a FIFA World Cup amidst a Pandemic – The Case of Qatar 2022

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Abstract

The Coronavirus outbreak has had wide reaching impacts on society globally. Nowhere is it more apparent than in sport, and sporting events in particular. In an effort to limit the spread of the virus and to conform with social distancing regulations, major and mega- sport events across the globe have been cancelled, postponed or rescheduled including the biggest sporting event to have been hosted in 2020, the Tokyo Summer Olympic Games. While the other sport mega-event of a similar magnitude as that of the Olympics, the FIFA World Cup is only scheduled for 2022 in Qatar, it has also been impacted by the COVID-19 pandemic. The Qatar Airways International Tournament featuring four European countries which was due to take place before Euro 2020 was cancelled. There have also been positive cases amongst construction workers across three stadium projects which has resulted in mitigation measures being implemented. This book chapter explores some of the challenges of planning a sport mega-event amidst the pandemic. It draws on both primary and secondary data. Primary data included an online interview schedule with key informants regarding how they are adapting to planning the 2022 World Cup within the current context. Challenges and opportunities are also explored.

Keywords: COVID-19 2022 FIFA World Cup, Qatar, planning, sport mega-event

1 Introduction

The Coronavirus outbreak has had wide reaching impacts on society globally, with a complete stoppage of competitive sports worldwide (Evans *et al.* 2020). In an attempt to limit the spread of the virus and to conform with social distancing regulations, major and mega- sport events across the globe have been cancelled, postponed or rescheduled. Two of the biggest sport events in the world, commonly referred to as mega-events; the Olympic Games and the FIFA World Cup were scheduled to take place in 2020 and 2022, respectively. The International Olympic Committee took a decision on the 24 March 2020 to postpone the Tokyo Summer Olympic Games (Parnell, Widdop, Bond & Wilson 2020) which was due to occur in August 2020. While the FIFA World Cup is only scheduled for the end of 2022 in Qatar, it has also been impacted by the COVID-19 pandemic. Both mega-events are highly networked in their nature given the multiple stakeholders (Parnell *et al.* 2020) including players, teams, fans, media, international sport federations and sponsors. Both mega-events also involve a significant amount of travel from different countries, with travel being identified as one of the major mechanisms for disease transmission (Tian *et al.* 2020). This book chapter will explore some of the challenges of planning a mega-event amidst the pandemic by focusing on the 2022 FIFA World Cup as a case study. In order to provide a context to Qatar's hosting of the 2022 FIFA World Cup, the country's use of sport and sport mega-events in particular, as part of its economic diversification strategy is presented, followed by a brief overview of the bidding and planning of this mega-event. The impact of COVID-19 is then explored by drawing on both primary and secondary data. Primary data included online interview schedules with key informants regarding major challenges and opportunities, and how they are adapting to planning the 2022 FIFA World Cup within the current context. Finally, some concluding remarks are offered in relation to the likely impact of COVID-19 on the hosting of the 2022 FIFA World Cup.

2 Background to the Hosting of the 2022 FIFA World Cup in Qatar

The popularity of sport worldwide has led to its emergence as a global business and an important component of national economies (Zhang, Mastromartino, Qian & Nauright 2018). Furthermore, technological advancements have fuelled the growth of the sport spectatorship market as sport consumers can

watch their favourite teams compete on the global stage. This enhanced level of spectatorship has increased the value of organising and hosting mega sport events such as the FIFA World Cup and the Olympics Games. The significant exposure stemming from the globalisation of sport has led to many countries looking to host these events to leverage the popularity of sport and use it as a platform to achieve a range of political and socio-economic objectives. It is therefore necessary to view Qatar's hosting of the 2022 FIFA World Cup within the broader context of sport as a tool for economic diversification.

2.1 Sport as an Economic Diversification Strategy in Qatar

Qatar is a small country in the Gulf region with a population of nearly 3 million (2 807 805 estimated by the Planning and Statistics Authority at the end of May 2020), of which only 10% are Qataris (Snoj 2019). Qatar's immense reserve of natural gas underpins its economy (Wazir 2013). Sheikh Hamad Bin Khalifa who was the ruler of Qatar until June 2013 encouraged transition towards a diversified post-oil economy (Wazir 2013). Sport has been recognised as a significant driver towards economic diversification.

The 2006 Asian Games in Doha is regarded as a turning point in Qatar's strategy for hosting major international sport events (Amara 2013), with the Qatar Olympic Committee (2011:10) underscoring its role in changing 'Qatar's image in the world'. Foley, McGillivray, and McPherson (2012) analysed how Qatar was able to use this event to not only enhance its global reputation as well as set it apart from its neighbours. Over the years, Qatar made significant investments in sport as illustrated in Table 1.

Table 1: Major investments in sport in Qatar

Year	Investment
2004	The development of sport and related facilities such as the Aspire Sport Academy launched in 2004 to provide high performance training and high school education to athletes with sporting potential and serves as the catalyst to the development of Aspire Zone (a sport precinct)
2006	Hosting of the 2006 Asian Games provides platform for the hosting of numerous major and mega- sport events in Doha

2009	Development of Aspetar, the first specialised sports medicine hospital in the Gulf region and accredited as the FIFA Centre for Medical Excellence in the Aspire Zone
2010	Successful bid to host 2022 FIFA World Cup, which was announced by FIFA on 2 December 2010
2011	Hosting of the 2011 AFC Asian Cup, which is often considered as a launchpad for Qatar's hosting of the 2022 FIFA World Cup
2011	Acquisition of Paris Saint-Germain (PSG) football club by Qatar Sports Investment
2012	Launch of beIN Sports, which has dominated the broadcasting rights in the Middle East North Africa (MENA) region since its inception
2017-2018	Ongoing international sport sponsorship investments by Qatar Airways including becoming an official airline partner for the FIA Formula E Championship in 2017, primary shirt sponsor for A.S. Roma and Boca Juniors in 2018 and premium partner for PSG in 2020
2018	Launch of Qatar SportsTech, a sports technology accelerator to attract the best sports tech startups in the world to Qatar, which was initiated by the Qatar Development Bank, powered by Startupbootcamp and supported by the Supreme Committee for Delivery and Legacy, Qatar Financial Center, Aspire Zone Foundation, BeIN Sports, and the Ministry of Commerce and Industry
2019	Hosting of the International Amateur Athletics Federation (now known as World Athletics) World Championships

Reiche (2014) adds that Qatar's investment in sport sets out to achieve both domestic and foreign policy goals including nation-building, promoting and developing a healthy society, developing infrastructure and diversifying the economy. This is evident in the Sports Sector Strategy (SSS) (2011-2016) developed by the Qatar Olympic Committee (QOC) (2011). SSS is one of the 14 sector strategies integrated into the National Development Strategy (NDS), and highlights many of the potential roles of sport and the 2022 FIFA World Cup in particular, can play in diversifying Qatar's economy.

Additionally, the SSS is also aligned with Qatar's National Vision 2030 which highlighted the role of sport within the pillars of human development (healthy and active lifestyles), social development (community cohesion and international solidarity), economic development (diversify economy through sport events and sport-related services) and environmental development (utilising sport to create environmental awareness and utilising environmentally-friendly sport facilities and goods) (QOC 2011). Reiche's (2014) analysis of why Qatar is investing so heavily in the sport sector underscores Qatar's efforts to promote domestic elite sporting success, international sport investments and the hosting of mega sporting events; the latter which is discussed further next.

2.2 Qatar's Pursuit of Sport Mega-events

While there has been increasing criticism of sport mega-events in the developing world in particular, they have become an object of policy for many emerging nations (Cornelissen 2007; Reiche 2014) as is the case with Qatar. Holt and Ruta (2015) contend that emerging countries' desire to bid for and host sport mega-events arises from geo-political considerations. Sport mega-events are pursued by these countries to enhance their global visibility and as a catalyst for socio-economic development (Cornelissen, Swart & Bob 2011; Bek, Merendino, Swart & Timms 2019). Sport mega-events have received increasing attention as platforms for public diplomacy or 'soft power' (Black 2007; Horne 2015; Swart, Moyo & Hattingh 2019), nation-building (Cornelissen *et al.* 2011; Al Emadi, Kaplanidou, Diop, Sagas, Le & Al-Ali Mustafa 2016) and nation branding or place branding (Knott, Fyall & Jones 2015; Knott & Swart 2018). Heslop, Nadeau, O'Reilly and Armenakyan (2013) emphasise that while a sport mega-event strategy as a tool to fast-track re-imaging and reputation enhancement can be a high-risk strategy for emerging nations; there seem to be positive spin-offs for these nations as tourism destinations.

Doha has made two unsuccessful attempts to host the Olympic Games. In 2007, the country announced its bid for the 2016 Games but was not shortlisted as the Candidate City in 2008 (Kelso 2008). In an attempt to learn from its failed bid, Doha announced its bid for the 2020 Games. However, it failed once again to become a Candidate City when the International Olympic Committee selected Istanbul, Tokyo and Madrid as Candidate Cities in 2012 (LaMonica 2012). Nevertheless, it had succeeded in its attempt to bring the

FIFA World Cup to a Middle Eastern, Arab and Muslim country for the first time when, in December 2010, it was awarded the right to host the 2022 FIFA World Cup. A brief overview of the 2022 FIFA World Cup is presented next.

3 Qatar 2022 FIFA World Cup

The 2022 FIFA World Cup is to be hosted in Qatar from the 21 November to 18 December. The Supreme Committee for Delivery and Legacy (SC) (n.d.b.) was instituted in 2011 and is responsible for 2022 FIFA World Cup host country planning and operations. SC's mission is 'to share Qatar's unique identity with the world through amazing FIFA World Cup experiences that will connect people like never before' (SC, n.d.a.). The 2022 FIFA World Cup is viewed as an opportunity to fast-track 'progress towards achieving national development goals and create a lasting legacy for Qatar, the Middle East, Asia and the world' (SC, n.d.b.). The 2022 FIFA World Cup will be the most compact World Cup ever staged, with three host cities (Al Khor, Doha and Al Wakrah) and eight stadiums (Al Bayt, Al Janoub, Al Rayyan, Al Thumama, Education City, Khalifa International, Lusail and Ras Abu Aboud stadiums) (FIFA, n.d.). In order to achieve the national development goals and ensure a lasting legacy of the event, several programmes have been initiated, including Generation Amazing (social legacy), Challenge 22 (human legacy), Workers' Welfare (social legacy), and the establishment of the Josoor Institute (economic legacy and the development of human capital) (SC, n.d.c.).

As mentioned above, bidding for and hosting of mega-events can be viewed as a high-risk strategy for emerging nations. In the case of Qatar, while there has been some positive media coverage of its successful bid (Scharfenort 2012), there has also been a widespread criticism of the decision, especially in western media (Reiche 2014). Negative international media coverage has generally focused on the 'kafala' or sponsorship system for migrant workers. This system emerged in West Asia in the 1950s to regulate employer relations with migrant workers and is common practice in the Gulf countries (Migrant Forum in Asia, n.d.). Under this system, a migrant worker's immigration status is legally bound to the employer or sponsor for the duration of the contract. This system has been criticized as it generally fails to protect the rights and welfare of migrant workers and favours the rights of employers (Migrant Forum in Asia, n.d.). In order to address the criticism in relation to workers, the SC developed a Workers' Charter in 2013 and Workers' Welfare Standards

in 2014 to ensure the health, well-being, and safety and security of workers involved in the 2022 FIFA World Cup (Business and Human Rights Resource Centre, n.d.).

The 25 February 2020 marked the 1,000 days until kick-off of the 2022 FIFA World Cup. Milestones achieved included the completion of Khalifa International and Al Janoub stadiums, with two more stadiums (Education City, Al Rayyan and Al Bayt) due to be inaugurated later during 2020 (SC 2020). In addition, a new metro system is already in operation and was used successfully during the FIFA Club World Cup which was hosted in December 2019. The second edition of this event is also due to be hosted in December 2020. These events are regarded as important occasions to test stadium, event management and operations in new stadiums, with a view to further enhancement for the main event (SC 2020).

However, on the 1 March 2020, it was announced that season's opening of MotoGP in Qatar will be cancelled due to concerns regarding the outbreak of COVID-19, an increase in infections in neighbouring Iran as well as in Japan and northern Italy where many teams are based (Duncan 2020). With this in mind, attention is turned specifically to the impact of the COVID-19 pandemic on the 2022 FIFA World Cup.

4 The Impact of COVID-19 on the 2022 FIFA World Cup

Due to the severity of the COVID-19 pandemic and its highly contagious nature, sport organisations around the world have postponed or cancelled major and mega- sport events (Parnell *et al.* 2020). While the sporting world has witnessed the disruption of events due to previous health crises such as the Ebola virus (2015 Africa Cup of Nations) and the Zika virus (Rio 2016 Olympics) (Parnell *et al.* 2020), never have we witnessed such devastating impact as is the case with COVID-19. Miles and Shipway (2020: 538) contend that 'the escalating impact of the COVID-19 pandemic effectively decimated the global calendar of sport events from March 2020 onwards'. As highlighted above, it was in fact on the 1 March 2020 that Qatar announced the cancellation of the MotoGP season opener which was scheduled to take place on the 8 March 2020. Qatar was, therefore, one of the first countries where major international sport events were impacted. As such, various measures were implemented to curb the spread of COVID-19, which have also impacted the planning of the 2022 FIFA World Cup as highlighted next.

4.1 Impact of COVID-19 on the planning of the 2022 FIFA World Cup

Sport mega-events being large-scale events have numerous stakeholders, all of whom are likely to be affected, to a greater or lesser extent, by the global crisis. This drives us to make an attempt in understanding the impact of the COVID-19 outbreak in Qatar's planning of the 2022 FIFA World Cup by drawing on primary and secondary data. With two years of event planning time ahead, Qatar has the opportunity to plan appropriately to minimise the impact of COVID-19. This section reflects on the current impact of COVID-19 on the planning of the 2022 FIFA World Cup to date, utilising secondary data sources, primarily newspaper articles as well as primary data collected via an online interview schedule of key informants targeted at employees of the SC and related stakeholders, with some being associated with the planning for the 2022 FIFA World Cup since its establishment in 2011.

4.1.1 Cancellation of Test Events

Shortly after the cancellation of the MotoGP season, on the 11 March 2020, it was revealed that the Qatar Airways International Tournament featuring four European countries (Croatia, Portugal, Belgium and Switzerland) which was due to take place in preparation for Euro 2020 would also be cancelled (Reuters 2020a). The event was due to take place in Qatar during 26-30 March. Events such as these form a crucial component of test events which serve to trial tournament operations and facilities, including transport and accommodation. It remains to be seen how other planned events will unfold with the second edition of the FIFA Club World Cup due to take place in December 2020.

4.1.2 Positive Cases amongst Construction Workers

On the 17 April 2020, Goal (2020a) reported that the SC confirmed that two staff of one of their contractors and six workers from three World Cup stadium construction sites (Al Thumama, Al Rayyan & Al Bayt stadia) were diagnosed with COVID-19. The Business and Human Rights Resource Centre announced (2020) that in early March there were already reports of sudden increases in confirmed cases of workers quarantined in a labour camp due to conditions being conducive to the spread of COVID-19. They further report that at the

end of March, the Qatari Government had published an advisory notice which addressed a range of concerns including ‘the prevention of infection, provision of medical services to workers and payment of wages in full during the outbreak’.

Middle East Eye (MEE) and Agencies (2020) stated that Qatar has recorded one of the world’s highest per capita COVID-19 infection rates with 3.3 percent of its 2.75 million population having tested positive for the disease. It is, therefore, not surprising that this has spilled over to workers involved in construction of the World Cup-related projects with AFP news agency reporting 1,102 COVID-19 cases, with 121 infections still active as of 25 June (MEE and Agencies 2020). They further reported that the first death of an engineer involved in the construction of tournament-related venues, took place on the 11 June. While construction work continues, ‘Qatar said it removed high-risk workers from projects on full pay and imposed distancing rules in work facilities’ (MEE and Agencies 2020). The secretary-general of the SC also indicated that many employees have been working from home since the middle of March (Goal 2020b). While the secretary-general of the SC has acknowledged that they are working at a slower pace he highlighted that with two and a half years prior to kick-off, 80% of the venues have already been completed (Aljazeera 2020). The 15 June saw the third venue, Education City Stadium, being launched virtually and, given the circumstances, dedicated to COVID-19 frontline workers (Reuters 2020b). The next section highlights key challenges and opportunities that emerged from the key informants.

4.1.3 Key Challenges

All respondents of our online interview schedule agreed that the pandemic would have negligible or moderate impact on the planning of the 2022 FIFA World Cup. Most anticipate that the key challenges in planning of the event would be related to the reduction in the available workforce; maintenance of social distancing and safe sanitization practices among workers, fans, volunteers, and spectators; restricted international travel and mobility; extended lockdown, accommodation, ticketing, security, testing and operational experience in the rapidly evolving scenario. Interestingly, one of the respondents believes that the event being scheduled in 2022 is unlikely to be impacted, while another believes that with advancement in technology it is possible to surmount the anticipated challenges. Interestingly, according to one of the

respondents, the event will only be impacted if a vaccine is not successfully developed before the event, and under such a scenario, the event organisers can learn from the Tokyo Olympics scheduled to begin on 23 July 2021. The latter view echoes the Secretary General's sentiments who indicated, 'We are maybe in a better position than most in the sense that we have two years where we can learn from other people's experiences' (Associated Press 2020).

This quickly developing situation has brought about a paradigm shift in how organisations operate and function to deal with the crisis the world is grappling with (McKinsey & Company 2020), and is reflective of the responses to the planning of the 2022 FIFA World Cup too. All respondents are adhering to the rules and safety regulations proposed by the government and the World Health Organisation while performing their event-related planning. Although some respondents have delayed certain activities such as recruiting workforces and face-to-face meetings, others have opted for online meetings and trainings while working remotely from their home, using technology and IT tools, and developing plans to mitigate the impact of COVID-19.

4.1.4 Opportunities

Most of the respondents believe that any crisis is a flip side of opportunity. According to them, the on-going global crisis would lead to better event planning and operational activities; ensure improved safety and healthcare facilities; secure supply chains; development of software related to virtual and augmented reality; create scope of engaging with fans through virtual interactions and social media; lead to digitisation in terms of e-tickets and virtual conferences without the need to travel internationally, thus making work more convenient than before.

Despite uncertainties and apparent challenges, the respondents unanimously believe that the situation, being dynamic, needs to be patiently followed through, and with appropriate strategic planning Qatar can successfully host the 2022 FIFA World Cup. In fact, the sentiment that the nation is already way ahead in its event planning stage, as highlighted previously, was also mentioned and thus it is viewed that the 2022 FIFA World Cup is unlikely to get affected by the COVID-19 pandemic. Furthermore, with two years of planning time still ahead, and an opportunity to learn from the Tokyo Olympics, Qatar will likely be able to adapt itself to accommodate changes that might be needed to host the event in 2022, if the global crisis is under control

through the successful development of vaccination and medication.

5 Conclusion

This book chapter explores the initial impact of COVID-19 on the 2022 FIFA World Cup in relation to the planning of this mega-event, in particular.

While COVID-19 has impacted the planning of the 2022 FIFA World Cup, especially in relation to the cancellation of test events, the slowing down of construction and related planning activities due to positive cases amongst workers and mitigation measures adopted to reduce the spread of the virus, most key informants believed that the impact was negligible to moderate due to Qatar being ahead of its planning schedule. COVID-19 has also led to changes in the planning and operations of mega-events with greater adoption of technological solutions for both planning the event and opportunities for enhancing event-related services via digitisation.

The findings reflect Miles and Shipway's (2020) concept of sport event and venue resilience to enhance the understanding of crisis and disaster management at international sport events and related venues, with a view to improving practice so that international sport events are more resilient in the future. With some countries returning to sport amidst fears of a second-wave, it is prudent to understand the likely impact of COVID-19 on the hosting on the World Cup, especially within the context of a global economic recession. This also extends to being better prepared to handle future crises and disasters that may impact the sporting world.

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Differences in Levels of Participation and Responses to the Lockdown among Selected Sporting Codes in South Africa

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Abstract

The COVID-19 pandemic has had devastating and widespread impacts on the sports sector, ranging from professional and amateur to recreational sports as well as from local to global levels. Cancellations and rescheduling of sports events and activities, as well as the closure of sports facilities and gyms are aimed at enforcing social distancing measures to reduce and stop the spread of the virus. Different types of sports activities have had differential impacts and responses which have brought to the fore that the sports and exercise sector is a key job creator and contributes socially and economically in a number of ways. The general public has responded to the changes brought about by the pandemic in different ways. This study draws on primary research undertaken, based on public online survey results. A sub-set of 546 surveys where respondents indicate that they regularly participate in selected codes of sports was extracted. The sporting codes were purposively selected to represent codes that have high participation and consumption rates that are team and spectatorship-based (soccer and rugby), is a more individual-orientated sport (golf) and a sport that has high participation rates that include moving geographically (running). The demographic profiles of the respondents are presented. Thereafter, participation and consumption trends in relation to the different sporting codes are discussed. Thereafter, comparative analyses are undertaken to examine if and how participation rates have changed as a result of the COVID-19 pandemic disruptions. Thus, the study is aimed at exploring how the COVID-19 pandemic had impacted on different codes of sports in terms of participation and consumption patterns.

Keywords: COVID-19 pandemic, sport participation, sporting codes, South Africa

Introduction

Sports and other associated physical activities have become embedded in all dimensions of society, including the business sector. In addition to the economic value of sports, there are other multiple benefits such as health and well-being, social interaction and cohesion, recreation and leisure, entertainment, school and work productivity and performance, and stress relief (Dunton, Wang, Do & Courtney 2020; Heradstveit, Haugland, Hysing, Stormark, Sivertsen & Bøe 2020; Hulteen, Smith, Morgan, Barnett, Hallal, Colyvas & Lubans 2017). The COVID-19 pandemic, specifically disruptions associated with travel restrictions and social distancing protocols to curb the spread of the virus, has had devastating and widespread impacts on the sports sector. All sporting codes and types, ranging from professional and amateur to recreational sports as well as from local to global levels, have been impacted. The local to global cancellations and rescheduling of sports events and activities as well as the closure of sports facilities and gyms in most countries have been a key feature of lockdowns/ shutdowns/ stay-at-home orders and social distancing measures. This is mainly linked to the perceptions that the sports sector is associated with social gatherings and interactions that create high risk conditions for the spread of the virus.

Mutz and Gerke (2020) state that the COVID-19 pandemic resulted in the closure of sports clubs, fitness facilities as well as other activity-related clubs, which subsequently led to the disruption of people's leisure and recreational activities as well as participation in sports and exercise routines. While the cancellations and rescheduling of major sports events and activities (such as the Olympic Games and various leagues globally) have received significant media and increased academic attention, there is substantially less coverage and understanding of how the public who participate in sports activities are responding to the disruptions. This is a gap in knowledge that this Chapter addresses. Dunton Wang, Do and Courtney (2020) assert that COVID-19 restrictions are likely to decrease levels of physical activity, including sports participation that can impact on health outcomes. Additionally, sports codes and activities differ considerably. Thus, an additional contribution of this study is that comparisons between purposively selected sporting codes and levels of participation, disruptions experienced and responses are undertaken to examine whether differences exist that should be considered when restrictions are placed on the sports sector.

The next section undertakes a brief literature review of key issues pertaining to sports participation and consumption, with a special focus on South Africa, as well as COVID-19 pandemic impacts. The relevant documents are mainly sourced from websites since there are very few academic publications because research of this type is currently underway and takes longer to publish. Thereafter, an overview of the methodological approach adopted to collect the primary data is presented. This is followed by an analysis of survey results, adopting a thematic and comparative approach. Finally, concluding comments and recommendations are presented.

Literature Review: COVID-19 Impacts on Sports Participation

The sports sector contributes significantly to economic development, the health and well-being of the general public, and social interaction and cohesion. This section briefly provides an overview of the COVID-19 pandemic on sports events and, thereafter, looks at impacts on public participation, the focus of this study.

COVID-19 Pandemic Impacts on Sports Events

The COVID-19 pandemic has inflicted havoc on sporting calendars, activities and events from local to local levels. For example, Ahmed, Stefano and Nicolaou (2020) state that the Wimbledon tennis championships have been cancelled, the Tokyo 2020 Olympic Games have been postponed, and North America's National Basketball Association (NBA) and Europe's football leagues have been suspended. They further state that the American National Football League (NFL) season, which is due to start in September, is also at risk. Currently, some televised matches are underway with not spectators in the stadiums. At the local level, due to severe restrictions, sporting activities have generally stopped. Aziz (2020) and Hall (2020) assert that all aspects of the sports sector, including various sporting codes, athletes, businesses, sponsorships, media coverage, and entertainment activities have been impacted by this pandemic.

Impacts on sporting facilities and sites have also had detrimental consequences. Ramagole, van Rensburg, Pillay, Viviers, Zondi and Patricios (2020) and Wackerhage, Everett, Krüger, Murgia, Simon, Gehlert, Neuberger,

Baumert and Schönfelder (2020) indicate that the coronavirus has had negative impacts on sports and fitness facilities such as stadiums, sports clubs, gyms and swimming pools, as a result of the pandemic control measures such as the lockdown. Most of these facilities/ sites in South Africa had to close, had restricted access or were re-purposed as health care centres or to house the homeless.

Under Alert Level 3 many sports codes have been given the go ahead to resume training and activities, while adhering to social distancing and sports specific regulations. Luckhoff (2020) and the South African Government (2020) report that non-contact sporting codes such as archery, baseball, canoeing, golf and tennis are permitted to commence. Additionally, sports bodies can have events, only if there are closed to the public (that is, spectators are not permitted to attend the games). Furthermore, professional sports training can resume. However, even within the different non-contact sporting codes, regulations vary (Ray 2020; South African Government 2020). As the South African Government (2020) indicates, in relation to athletics, only leagues for Olympics qualification and international or major competitions are allowed to commence, no cross-border training is allowed for equestrian codes, and only outdoor (not indoor) volleyball is allowed to commence. In addition, certain sporting codes deemed to be contact-based (such as basketball, hockey, motorsport, figure skating and handball) have been given the permission to train under Alert Level 3 (South African Government 2020). Although sporting codes such as rugby, cricket and football are allowed to train, non-contact training methods are to be employed, and only players and support staff for local elite leagues are to participate (Ray 2020; South African Government 2020). Likewise, for netball, South African training is only allowed for leagues and for athletics, training is only permitted for the preparation of Olympics qualification and national championships (South African Government 2020). However, there has been resistance to continued restrictions on certain sports codes due to the low risks associated with some of these activities. Additionally, Ray (2020) indicates that decisions to permit specific sporting codes to continue, restrictions on others and what levels of sports will be permitted have been received with some criticism, for example, limiting non-contact sports to only professional status means that there will be serious financial implications for amateur tournaments, leagues and competitions (which have significant impacts on local economies and participation). Contradictions are also discernible in the regulations by the government that continue

to impose restrictions on specific codes of sports (especially those that are non-contact in nature such as swimming) for Alert Level 3, for example, triathlon training is permitted while swimming is not, yet swimming is a component of triathlon and powerlifting and weightlifting is not allowed, yet these are non-contact sports. These decisions are a source of confusion for the sports industry as well as participants, affecting participation rates.

The resumption of specific domestic sports codes is not unique to South Africa. For example, the British Broadcasting Corporation (BBC) Sport (2020) and Tanner (2020) report that the United Kingdom government has approved the return of domestic competitive sport for some sporting codes such as the Premier Darts Championship tour which is said to resume behind closed doors with 5 one-day players championship events from the 8-12 July 2020. Additionally, horse racing resumed in England as well as the Snookers Championship League, both were hosted behind-closed-doors (BBC Sport 2020). Tanner (2020) states that this third stage of elite sport guidance in England provides a safe basis for the resumption of sports events behind closed doors (that is, no spectators will be allowed at live sporting events as well as strict protocols to make sure that social distancing is still observed at sporting venues), which is the approach adopted by South Africa as well. Additionally, for events such as the Snooker Gibraltar Open, some players had to referee their own games while playing behind closed doors (*Independent* 2020).

COVID-19 Impacts on Public Sports Participation

Cunningham, Fairley, Ferkins, Kerwin, Lock, Shaw and Wicker (2018) state that sports encompass individuals and/ or teams participating in physical activities that display some level of exertion and skill, which is usually competitive or recreational and also has entertainment/ consumption elements. TeamSouthAfrica (2020) indicates that there are different types of sporting codes, which include (in alphabetical order) aquatics, archery, athletics, badminton, baseball, basketball, boxing, canoeing, cricket, cycling, equestrian, fencing, football, gymnastics, handball, hockey, judo, karate, modern pentathlon, netball, rowing, rugby, sailing, shooting, squash, table tennis, taekwondo, tennis, triathlon, volleyball, water polo, weightlifting and wrestling. These sporting codes have different levels of participation as well as spectatorship and viewing interest. Eime, Harvey, Charity and Payne (2016) note that it is beneficial to understand sports participation in order to provide accurate,

evidence-based strategic planning and policy creation for the sports sector. Social position and socio-demographics are crucial factors that influence differences in sport participation (Hoekman, Breedveld & Kraaykamp 2017), as well as the specific sporting codes which this study focuses on.

In terms of socio-demographics, age, gender and income are the main factors that influence levels of participation (Eime, Harvey, Charity & Payne 2016; Dunton, Wang, Do & Courtney 2020; Heradstveit, Haugland, Hysing, Stormark, Sivertsen & Bøe 2020; Hulteen, Smith, Morgan, Barnett, Hallal, Colyvas & Lubans 2017; van Oostrom, Slobbe, van den Berg, Verschuren & Picavet 2019). Eime, Harvey, Charity and Payne (2016) indicate that sports participation is at its peak level with children and young adolescents, and it steadily decreases as an individual reaches adulthood. More specifically, studies showed that whilst sports participation did not decrease for young females, the levels of participation started to decline amongst older females between the ages of 16 to 18 years as this group changed their sports participation types to less structured and less competitive types of sports activities (Eime, Harvey, Charity & Payne 2016). An example provided by Van Dyck, Cardon, De Bourdeaudhuij, De Ridder and Willem (2017), who did a study on running events, showed that the average age of participants increased within the group of 30 to 50 years, and it was also shown that men were the dominant participants at 57% compared to women at 43%. However, whilst there is proof that males have a higher likelihood of participating in sport, Eime, Sawyer, Harvey, Casey, Westerbeek and Payne (2015) assert that it must be noted that participation by women has increased significantly.

Economic status is also a factor that influences participation and consumption rates, especially influencing the amount of resources available to purchase products and services (including paying trainers, gym membership/club fees, entrance fees) as well as access sporting facilities and activities. Access to disposable income (since for the general public, sports participation is a luxury or additional activity) is particularly important to consider during the pandemic with disruptions are negatively impacting on people's income, with people losing jobs, experiencing pay cuts, and being uncertain about future employment prospects and security. The shift to online training and participation also incurs costs in relation to internet connectivity, procuring data, and for some sports, procuring the necessary facilities and equipment. Hoekman, Breedveld & Kraaykamp (2017) state that research shows that persons in higher socio-economic groups generally had increased sports

participation rates. They further assert that the main reasons for this include the safety of the community, better sports facilities and infrastructure, and easier access to sports activities and facilities.

Dunton, Wang, Do and Courtne (2020) found that lower income and ethnic minority groups in the United States of America had lower levels of participation in sports and physical activity. They assert that this may have long-lasting consequences for their health and that there is a need to pay attention to vulnerable groups whose participation in physical activities (including walking and jogging in neighbourhoods) have been severely disrupted by the pandemic. Drummond, Elliott, Drummond and Prichard's (2020) assessment of youth participation in sport is more dire, predicting that this could be a 'generation lost'. This is not only in relation to exposure to sports and lack of opportunities to encourage physical and mental fitness, but also not experiencing the roles that sports play in developing a sense of community culture and being able to volunteer. Talent pathways and training for youth, especially at the local level, is likely to be compromised and if economic conditions do not permit these activities to resume, youth may not have opportunities to participate at amateur and professional levels (Drummond, Elliott, Drummond & Prichard 2020).

Pillay, van Rensburg, van Rensburg, Ramagole, Holtzhausen, Dijkstra and Cronje (2020) examined the impacts of the COVID-19 pandemic on elite and semi-elite South African athletes. They found that among the mainly male respondents, most trained alone, daily, at moderate intensity and for 30-60 minutes. Of concern, is that many of the athletes interviewed felt depressed, consumed excessive amounts of carbohydrates and required motivation to keep fit. They conclude that the pandemic has psychological, nutritional and physical consequences. Additionally, they assert that lost opportunities, as well as uncertain financial and sporting futures, may have significant effects on athletes and the sports industry more generally. The need to provide support to athletes, especially by the government and sports federations, was underscored by the authors.

People who participate in sports activities have been impacted by the pandemic, as indicated earlier, and have responded to the changes brought about by the pandemic in different ways. Mutz and Gerke (2020) state that to counter the disruptions associated with the pandemic, many people have resorted to home-based and online workouts as a substitute to organised sporting activities (Mutz & Gerke 2020). However, Mutz and Gerke (2020) state

that this is usually easier for those people with enough space, the necessary equipment and are able to workout in the absence of an instructor. Many people, without the necessary space or because of other responsibilities and dynamics in the home, attempts to find innovative may have stopped participating. However, there are few studies that empirically assess how people are responding, which this study does.

Mutz and Gerke (2020) state that more generally, trainers and coaches have moved to online training that has seen an increased uptake. Online training has become the main source of income for many trainers and coaches, which is enabling persons who have internet connectivity to participate from home. Additionally, several sports organisations have developed virtual sports and exercise programmes for their members to assist with training from home (Mutz & Gerke 2020).

The sports sector has responded to create opportunities for public participation and consumption which includes, according to Hall (2020), attempts to find innovative means to engage consumers. Specific examples provided by Hall (2020) are broadcasters showing or streaming archived content, classic games, niche competitions and e-sports to try to keep sports fans watching; and having e-game nights and hosting social media virtual parties for the public to engage with former and current players.

Methodology

This study draws on primary research undertaken, based on public online survey results. The study was part of a broader project undertaken by the South Africa Cultural Observatory on behalf of the Department of Sports, Arts and Culture to examine the impacts of the COVID-19 pandemic on the sports sector. The author is the project leader and full ethical approval was granted by the University of KwaZulu-Natal's Human and Social Sciences Ethics Committee. A screening question was used to ensure that potential respondents provided informed consent to participate (if they declined, they could not continue with the survey). Their anonymity was assured. Email and telephonic invitations (with the survey link) were sent to individuals; universities; sports federations and clubs; local, provincial and national departments involved in sports; personal trainers and coaches; etc. to forward to their networks. It is important to note that a limitation of online surveys is that internet connectivity is required to participate in the study and that using networks to invite persons

may compromise representation in relation to the population. Nevertheless, given the current restrictions, the online survey approach is being widely used. The results do, however, provide valuable insights into trends and public perceptions.

A sub-set of 546 surveys where respondents indicated that they regularly participate in selected codes of sports was extracted. The sporting codes were purposively selected to represent codes that have high participation and consumption rates that are team and spectatorship-based (soccer and rugby), is a more individual-orientated sport (golf) and a sport that has high participation rates that include moving geographically (running/ jogging).

Data Analysis

The data analysis is undertaken thematically and comparatively in relation to the selected sporting codes and the demographic profile of the respondents, sports participation and consumption prior to the COVID-19 pandemic, and COVID-19 impacts. The Table below indicates the proportionate distribution of respondents in relation to the sporting codes selected for analysis. Most respondents participated in running (38.6%) followed by golf (24.5%), soccer (22.4%) and rugby (14.5%).

Table 1: Proportion of respondents participating in selected sport codes

	Frequency	Percent
Running	211	38.6
Golf	134	24.5
Soccer	122	22.4
Rugby	79	14.5
Total	546	100.0

Demographic Profile of the Respondents

Respondents were from different age groups with most being 36-45 years (24%) and 46-55 years (23.8%), followed by 56-65 years (15.6%), 26-35 years (15.4%) and 18-25 years (15.2%). A few respondents (6%) were 65-75 years old. Older respondents participated in running and golf with younger respondents participating in the team-based sports (rugby and golf). In terms

of gender, most respondents were males (67.4%), with larger proportions of male participants for rugby and soccer, again the more team-oriented sports. The gender imbalance is in keeping with research presented earlier that indicates that males dominate in relation to sports participation. It is important to further note that soccer and rugby, in particular, has a masculine bias. In terms of population group, most of the respondents were Africans (35.9%) or Whites (31.3%). It is important to note that the percentage of respondents in terms of population group is not reflective the South African population, which could be attributed to adopting the online survey approach. However, in relation to sporting codes, the association of different population groups is evident with more Africans (50.8%) participating in soccer, compared to rugby (40.5% compared to 32.9% for Africans) and golf (48.5% compared to 26.9% for Africans) where more White participation was evident.

Almost all respondents (91.6%) had post schooling qualifications, with 20.1% having undergraduate and 48.4% having postgraduate degrees. Most respondents were also either employed on a full-time basis (54.6%) or self-employed (20%). Close to a third of the respondents (30.6%) declined to provide their monthly income or regarded this information as confidential. Among the rest, most of the respondents (42.5%) had a monthly income of more than R30 000. Those who indicated none were either students or retirees. Most respondents were located in Gauteng (46.9%), KwaZulu-Natal (26.7%) or the Western Cape (18.5%), the three most populated and urbanised provinces in South Africa. These results could be because of the online survey approach adopted, but also reflects sports participation rates being higher among higher income groups as noted by Hoekman, Breedveld and Kraaykamp (2017).

Pre-COVID-19 Sports Participation and Consumption Trends

Respondents were asked to describe their interest and involvement in sports activities. The Table below shows that most respondents participate in sports activities recreationally/ socially (including going to a gym, having a personal trainer, etc.) (73.3%), followed by participating in sports activities at an amateur level (player/ athlete) (54.9%), being an avid fan of sports events/ activities and always trying to attend or watch it on television/ online/ social media (54.8%) and being interested in sports events/ activities and seeing it when they can (44%). Fewer respondents (10.3%) stated participating in sports activities at a professional level (player/ athlete), which is understandable

given the professional sports are at a higher elite level. The responses reflect that participants in a variety of sporting codes also consume sports on different mediums. Furthermore, multiple interests in sports are noted, ranging from social/ recreational to professional interests. Slight differences in sporting codes are also evident with the team-based sports (soccer and rugby) having higher participation associated with recreational/ social interests. Interesting, more respondents participating in the online survey indicated that they were involved at amateur level in relation to running and golf, the more individual-orientated sports (with many persons participating in these sporting codes are also club members). This could be attributed to the number of tournaments/ marathons that individuals can participate in as amateurs.

Table 2: Interest and involvement in sports activities (in %): Multiple responses

	Running (n=211)	Golf (n=134)	Soccer (n=122)	Rugby (n=79)	Total (n- 546)
I participate in sports activities recreationally/ socially (including going to a gym, having a personal trainer, etc.)	66.4	73.9	79.5	81.0	73.3
I participate in sports activities at an amateur level (player/ athlete)	59.2	67.9	39.3	45.6	54.9
I am an avid fan of sports events/ activities and always try to attend or watch it on television/ online/ social media	35.5	64.2	66.4	72.2	54.8

I am interested in sports events/ activities and see it when I can	33.6	53.0	49.2	48.1	44.0
I participate in sports activities at a professional level (player/ athlete)	9.5	11.9	10.7	8.9	10.3

The Table below indicates the reason/s respondents participate in or watch sports events/ activities. Various reasons were forwarded with most respondents indicating multiple responses which resonate with sports having several associated benefits that motivate people's participation and consumption as indicated by Dunton, Wang, Do and Courtney (2020), Heradstveit, Haugland, Hysing, Stormark, Sivertsen and Bøe (2020), Hulteen, Smith, Morgan, Barnett, Hallal, Colyvas and Lubans (2017). The main reasons forwarded were health and well-being (88.8%), socialising with friends and family (75.5%) and relaxation (66.5%), entertainment purposes (62.8%) and wanting to support the development of sport (42.7%). Fewer respondents stated to earn an income/ source of income (13.9%) and sports betting (2.7%). While lower, the contribution of sports to job creation is evident. Some differences in relation to the sport codes are noted. Specifically, proportionately more rugby respondents indicated a desire to support the development of sport and to earn and income. Additionally, more golf participants identified health and well-being and socialising with friends and family.

**Table 3: Reasons for participating in and watching sports (in %):
Multiple responses**

	Running (n=211)	Golf (n=134)	Soccer (n=122)	Rugby (n=79)	Total (n=546)
For health and well-being	82.5	85.1	77.0	74.7	80.8
Socialising with friends and family	72.0	83.6	72.1	75.9	75.5
Relaxation	60.2	73.1	70.5	65.8	66.5

Participation and Responses of Selected Sporting Codes

Entertainment purposes	56.4	68.7	66.4	64.6	62.8
Want to support the development of sport	35.1	47.0	41.8	57.0	42.7
Earn an income/ source of income	9.5	13.4	15.6	24.1	13.9
Sports betting	.9	3.0	4.1	5.1	2.7

COVID-19 Sports Participation and Consumption Impacts

Respondents were asked how they personally experienced disruptions in relation to their sports participation/ interest. The Table below indicates that multiple disruptions were experienced with the main ones (with more than 40% responses) being: unable to take part in sports activities (59.5%), stopped attending games/ matches (50.4%), stopped/ decreased socialising with friends and family when watching sports (48%) and less time exercising/ taking part in physical activity (46.3%). Responses between 30% and 40% included stopped going to pubs/ restaurants to watch games (39.6%), stopped watching sports on television/ online/ social media (33.9%), reduced time watching sports on television/ online/ social media (33.7%) and reduced participation in sports activities (30.8%). Close to a quarter of the respondents (25.3%) stated changed from face-to-face interactions to online/ virtual interactions. Only a few respondents (6.8%) stated more time exercising/ taking part in physical activity. Disruptions to physical participation, sports consumption and social interactions are evident. In terms of sporting codes, rugby appears to be the most impacted across all the aspects, which could be linked to rugby being a much more physical contact sport than the other sporting codes. More golf participants also identified higher levels of social disruptions. Soccer had the lowest responses for reduced participation in sporting activities, which could be linked to soccer having less equipment and physical site requirements (can be played in an open field).

The relatively low participation on online platforms (ranging from 14.8% for soccer to 35.4% for rugby) is noted. The assumption that high levels of online sports participation and training, as noted by Mutz and Gerke (2020), is occurring may be misplaced or maybe in relation to other types of sporting codes or activities. It is more likely the online shift is taking place in exercise

and training programmes such as functional, crossfit, strength and conditioning, high intensity interval and aerobic training rather than specific sporting codes. Thus, the results indicate that participants in some of the main sporting codes in South Africa have not been able to shift to online participation/training. Both the prevalence of and ability of online training to fill the gap may be exaggerated and needs further investigation to examine if this is by choice or whether participants are facing challenges to participate online.

Table 4: Disruptions experienced by respondents in relation to sports participation/ interest (in %): Multiple responses

	Run- ning (n=211)	Golf (n=134)	Soccer (n=122)	Rugby (n=79)	Total (n=546)
Unable to take part in sports activities	54.0	65.7	50.8	77.7	59.5
Stopped attending games/ matches	45.0	59.0	40.2	65.8	50.4
Stopped/ decreased socialising with friends and family when watching sports	42.2	58.2	36.9	63.3	48.0
Less time exercising/ taking part in physical activity	47.9	46.3	34.4	60.8	46.3
Stopped going to pubs/ restaurants to watch games	33.2	53.0	30.3	48.1	39.6

Participation and Responses of Selected Sporting Codes

Stopped watching sports on television/ online/ social media	33.6	28.4	33.6	44.3	33.9
Reduced time watching sports on television/ online/ social media	26.5	41.8	26.2	50.6	33.7
Reduced participation in sports activities	33.2	32.1	17.2	43.0	30.8
Changed from face-to-face interactions to online/ virtual interactions such as online classes and games	29.9	21.6	14.8	35.4	25.3
More time exercising/ taking part in physical activity	8.1	6.0	5.7	6.3	6.8

Respondents were asked to indicate how the COVID-19 pandemic is likely to change their participation in and consumption of sports events/ activities in the future, when lockdown ends. The Table below indicates that only 28.8% (ranging from 20.5% among soccer participants to 34.2% among rugby participants) believed that there will be no change and conditions will revert to normal. This indicates that most respondents aligned to sentiments expressed by Dunton Wang, Do and Courtney (2020), Hall (2020) and Mutz and Gerke

(2020) who that the COVID-19 will have long-term and enduring impacts. Close to a third of the respondents (31.1%) stated more online watching/ consumption of sport and 29.9% indicated more online participation in sports activities. Thus, for a substantial proportion of the respondents, increased online participation and consumption of sports will continue, even when the virus is brought under control. The lowest proportion of respondents stated not attending matches/ games physically (21.8%), which suggests that for some respondents behaviour change to limit physical contact will persist post the pandemic. Again, more rugby respondents noted long-lasting changes compared to the other sporting codes.

Table 5: How the COVID-19 pandemic is likely to change participation in and consumption of sports events/ activities in the future (in %): Multiple responses

	Running (n=211)	Golf (n=134)	Soccer (n=122)	Rugby (n=79)	Total (n=546)
No change – revert to normal	30.3	30.6	20.5	34.2	28.8
More online participation in sports activities	28.4	23.9	25.4	44.3	28.9
More online watching/ consumption of sport	28.0	26.9	31.1	46.8	31.1
Not attending matches/ games physically	19.9	21.6	14.8	38.0	21.8

Conclusion

The findings of this study indicate the impacts that the COVID-19 pandemic is having on sports participation and consumption in relation to different sporting codes. All sporting codes have generally experienced disruptions

associated with the pandemic, although differences are noted, especially in relation to individual-orientated and team-orientated sporting codes. The selected sporting codes are among those that are more popular in South Africa. Additional research is required to examine impacts in relation to smaller and more specialised sporting codes. The multiple benefits of sports also emerge from this study. Thus, strategies and programmes need to be developed to encourage people to continue to participate in sports and physical activities to stay fit and connect to others. As Pillay, van Rensburg, van Rensburg, Ramagole, Holtzhausen, Dijkstra and Cronje (2020) indicate, the isolation experienced by many as a result of the COVID-19 containment measures are raising concerns about the psychological well-being of people, and sports (through participation and consumption) can play a major role in helping people stay mentally and physically fit.

A key finding emanating from this study is the importance of understanding differences in relation to sporting codes to inform decisions taken to impose restrictions. It is critical that specific sporting codes and sports sector organisations and federations are consulted since they are better positioned to understand the nature and extent of sports participation in relation to specific codes. Additionally, internet connectivity and access to data may create opportunities for increased participation, training and consumption. Thus, the government should develop strategies to improve internet connectivity, access and affordability in the country. Sports is an important vehicle for socio-economic development as well as health and well-being. The COVID-19 pandemic has severely impacted participation in and consumption of sports. This study shows that participants are responding to the conditions but that there is a need for support as well as sensitivity to differences in the sports sector in relation to social distancing protocols and lockdown regulations.

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