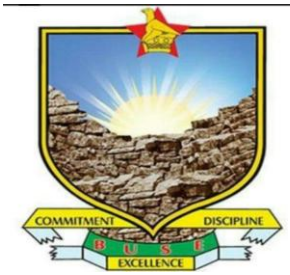
BINDURA UNIVERSITY OF SCIENCE EDUCATION



DISASTER RISK REDUCTION DEPARTMENT

INVESTIGATING THE INFLUENCE OF COMMUNITY COHESION IN ENHANCING DISASTER RESILIENCE.A CASE STUDY OF CHIPADZE, BINDURA, ZIMBABWE

BY

BEAULAR NGWENYA

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A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR A BACHELOR OF SCIENCE HOUNORS DEGREE IN

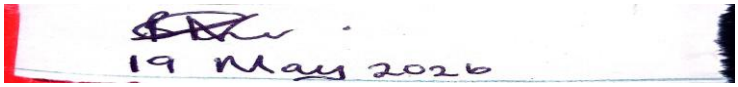
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DECLARATION

I Beaular Ngwenya, B220655B declare that this dissertation is the product of my own work with only exception of the references which have been credited to their sources. The work was not copied from any source without acknowledged of the publisher.

Signed

Date 

Approval Form

The undersigned certify that they have supervised the student Beaular Ngwenya's dissertation entitled Investigating **the Influence of Community Cohesion in Enhancing Disaster Resilience. A Case Study of Chipadze, Bindura, Zimbabwe.** Submitted in fulfilment of Bachelor of Science Hounors Degree in Disaster Management Sciences.

Supervisor: Dr H. Musarandega

Chairperson: Prof E Mavhura

DEDICATION

I offer my sincere gratitude and dedication to God for his guidance and protection during this research journey. Special dedication also goes to my parents for inspiring me through my educational career, by providing emotional, spiritual and physical support from the beginning. I also give special dedication to my all friends and classmates for their support. I also would like to offer my gratitude to my supervisor DR H Musaradega for being patient with me throughout my project.

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ABSTRACT

Cholera remains a persistent public health challenge in peri-urban Zimbabwe, with the Chipadze suburb of Bindura identified as a recurrent hotspot. This study investigated the influence of community cohesion in enhancing disaster resilience, focusing on cholera response in Chipadze. Guided by Social Capital Theory (Bourdieu, 1986; Coleman, 1988; Putnam, 1993), a qualitative case study design was employed, with data collected from 23 participants through interviews, two focus group discussions (FGDs), observations, and document review. Participants included household residents, health workers, community leaders, and NGO representatives, selected through purposive and snowball sampling. Thematic analysis was used to analyse the data, triangulated across multiple sources for credibility and reliability. Findings revealed that cohesion in Chipadze is expressed through unity, trust, information sharing, and collective preparedness, enabling rapid mobilisation, cleaning campaigns, and sustained hygiene practices during outbreaks. However, a clear duality emerged: while cohesion fosters solidarity, it also reinforces stigma, misinformation, and harmful norms that hinder health-seeking behaviour. Artisanal mining (Chikorokoza) was found to have a dual effect, strengthening teamwork culture while introducing wealth disparities that fragment trust and weaken collective action. Poor WASH infrastructure further undermined resilience by creating resource competition. The study recommends sustained investment in WASH, continuous health education, inclusive community leadership, and integration of miners into collective health campaigns to build durable disaster resilience in Chipadze.

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ACRONYMS

FGD	Focus Group Discussion
GTFCC	Global Task Force on Cholera Control
NGO	Non-Governmental Organisation
OCV	Oral Cholera Vaccination
UNICEF	United Nations Children's Fund
UNISDR	United Nations International Strategy for Disaster Reduction
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organisation
ZIMSTAT	Zimbabwe National Statistics Agency
QGIS	Quantum Geographic Information System

CHAPTER 1: ORIENTATION OF THE STUDY

1.0 Introduction

The study investigates the influence of community cohesion in enhancing disaster resilience. The chapter looked at the context of the study, the research problem, and the objectives of the study. It also covered questions and the research methodology, and provides justification of the study.

1.2 Background of the Study

The World Health Organisation has highlighted that community cohesion is an important element in building disaster resilience, particularly in Africa, where many countries face recurring crises like cholera outbreaks. Scholars such as Chen et al. (2020) and Ramadan et al. (2025) have shown that community resilience is enhanced when management strategies prioritize social networks, trust, and communication. This is especially relevant in contexts where state capacity may be limited, forcing communities to rely on self-reliance mechanisms (Nakamura and Kanemasu, 2020).

In Zimbabwe, cholera has been a persistent public health issue, with major outbreaks occurring in 2008-2009 and 2018-2019, as documented by Muronzi (2024) and Manangazira (2020), respectively. These outbreaks were often exacerbated by poor sanitation, inadequate water infrastructure, and socioeconomic challenges. The Chipadze community in Mashonaland Central, a known cholera hotspot in Zimbabwe, according to UNICEF (2024), has experienced the devastating effects of these outbreaks.

Despite the national efforts to combat the disease, as outlined in Zimbabwe's Multi-Sectoral Cholera Elimination Plan 2028, WHO (2021), the success of these initiatives often hinges on local-level responses. Therefore, exploring how community cohesion, through shared resources, local leadership, and strong social networks, can strengthen the Chipadze community's resilience to future cholera outbreaks is a critical area of study.

1.3 Problem statement

This study examines the relationship between community cohesion and disaster resilience, specifically in the context of cholera response in the Chipadze community, Mashonaland Central.

Strong community cohesion is often perceived as a positive factor for enhancing resilience. However, community cohesion may also work in a negative sense, where it exacerbates the prevalence of diseases in an area. Ndlovu, T (2021), examined how social cohesion in urban Zimbabwe can create barriers to accessing healthcare services. The research highlighted instances where community norms may promote harmful health practices that exacerbate disease outbreaks. Also, Mutasa, (2023) discusses the duality of community cohesion in Zimbabwean settings, identifying how strong social ties can sometimes discourage individuals from seeking necessary medical treatment, thereby increasing the prevalence of diseases such as cholera

Murewanhema et al, (2023) indicate that technical WASH interventions in Zimbabwe often fail because they are top-down and do not consider socio-cultural dynamics. Zhou (2025) notes that the spread of cholera in Mashonaland Central indicates a breakdown in traditional community surveillance systems. Revitalizing social bonds could act as a localized early warning system. However, strong ties may also foster groupthink and isolation, suppressing critical decision-making for effective responses, as argued by Chitongo (2021).

While some researchers, such as Ngulube et al. (2024) and Šakić Trogrlić et al. (2022), emphasise that long-term coping relies on mutual support, there remains a critical gap in understanding the dysfunctional aspects of cohesion in Zimbabwe's high-density suburb of Chipadze in Bindura. Abunyewah et al. (2023) assert that bonding ties facilitate resource sharing, aligning with the concept of collective efficacy described by Nakai & Nakano (2023). This study aims to address this gap and by investigating how social bonds in Chipadze relate to the public health situation of the area concerning cholera infection.

1.4 Aim of the Study

This study aims to explore the role of community cohesion in enhancing disaster resilience with a specific focus on cholera response in Chipadze community, Mashonaland Central Province, Zimbabwe.

1.5 Research Objectives

i. Expose the nature and level of community cohesion in Chipadze, Bindura.

ii. To assess how community cohesion affects the community's capacity to respond to and recover from cholera outbreaks.

iii. To develop evidence-based recommendations for enhancing community cohesion to improve disaster resilience in Chipadze.

1.6 Research Questions

i. To what extent do residents of Chipadze participate in local community-driven development activities?

ii. How do community-level support systems assist households in recovering from the economic or social impact of a cholera outbreak?

iii. How can existing community structures be leveraged to enhance preparedness for future cholera outbreaks?

1.7 Justification of the Study

This study is justified by the persistent and recurring nature of cholera outbreaks in Zimbabwe, particularly in peri-urban areas like Chipadze, Mashonaland Central. While much research and public health intervention focus on technical solutions like improving water, sanitation, and hygiene (WASH) infrastructure, there is a significant gap in understanding the social and community-level factors that influence a community's ability to respond to and recover from an outbreak. The current top-down approaches often fail to address the underlying social vulnerabilities that allow diseases like cholera to flourish. By focusing on community cohesion, this research will provide a new, more holistic perspective on disaster resilience. It will demonstrate how informal social networks, local leadership, and mutual trust can act as a vital first line of defence, complementing formal public health responses and making them more effective. The findings are critical for policymakers and aid organizations to shift their focus from purely technical fixes to more sustainable, community-centred strategies that empower residents to take ownership of their health and well-being, ultimately breaking cycle of repeated outbreaks.

1.8 Assumption of the Study

The study operates on the assumption that community cohesion is a key determinant of disaster resilience and that this relationship can be empirically studied and proven in the context of a cholera outbreak. It assumes that a high degree of social connectedness, trust, and shared values within a community will directly translate into specific, measurable behaviours that enhance resilience. These behaviours include the swift and accurate dissemination of information about the disease, collective action in setting up and maintaining community hygiene points, and the willingness of residents to seek and share resources. The study also assumes that the challenges and successes observed in the Chipadze community's cholera response are not entirely unique but reflect broader patterns that can be applied to other similar socio-economic settings in Zimbabwe. It acknowledges that while factors like poverty and inadequate infrastructure are significant, community cohesion acts as a powerful mediating factor that can either exacerbate a crisis or mitigate.

1.9 Definition of terms

Community cohesion - the strength of relationships and sense of solidarity amongst community members, characterised by trust, reciprocity, shared values and capacity for collective action towards common goals (Chitongo 2021)

Social capital - networks, norms and trust that enable coordination and cooperation within and between communities for mutual benefit (Putnam, 2000).

Peri-urban community - describes a settlement located at the periphery of an urban area, characterised by mixed urban and rural features including informal housing, limited access to urban services, and populations engaged in diverse livelihood activities.

Community Cohesion - a state of a community where there is a shared sense of belonging for all its members, and where there is a strong sense of solidarity, social capital, and trust between them. (Mwale et al. 2025) and (Tariq et al2021).

Disaster Resilience - disaster resilience is the capacity of a system, community, or society potentially exposed to hazards to adapt by resisting or changing to reach and maintain an acceptable level of functioning and structure (UNISDR, 2017).

Cholera response – the set of actions undertaken by public health authorities, humanitarian organizations, and the affected community to manage a cholera outbreak. According to the World

Health Organization (2018), this includes a combination of rapid case detection and treatment, surveillance, water and sanitation interventions, oral rehydration points, and community engagement campaigns. The focus is not just on treating the sick but also on containing the spread of the disease through preventive measures and community education. (WHO 2018)

1.10 Organisation of the Study

This dissertation is organised into five chapters. Chapter One has provided the introduction, establishing the research context through global, regional, national and local perspectives, identifying the specific problem in the Chipadze community, stating the research aim, objectives, and justifying the study's importance. Chapter Two presents a comprehensive literature review examining theoretical foundations of social capital and disaster resilience, empirical evidence regarding community cohesion and health outcomes, cholera epidemiology and response strategies, and identifies gaps in existing knowledge that this study addresses. Chapter Three outlines the research methodology, including the research design, study population, sampling procedures, data collection methods, data analysis approaches, and ethical considerations. Chapter Four presents the research findings, organised according to the study objectives and supported by data from interviews, focus group discussions, and documentary analysis. Chapter Five discusses the findings in relation to existing literature and presents evidence-based recommendations for enhancing community cohesion. Figure 1.1 shows the diagram that has the stages of the chapter of this project.

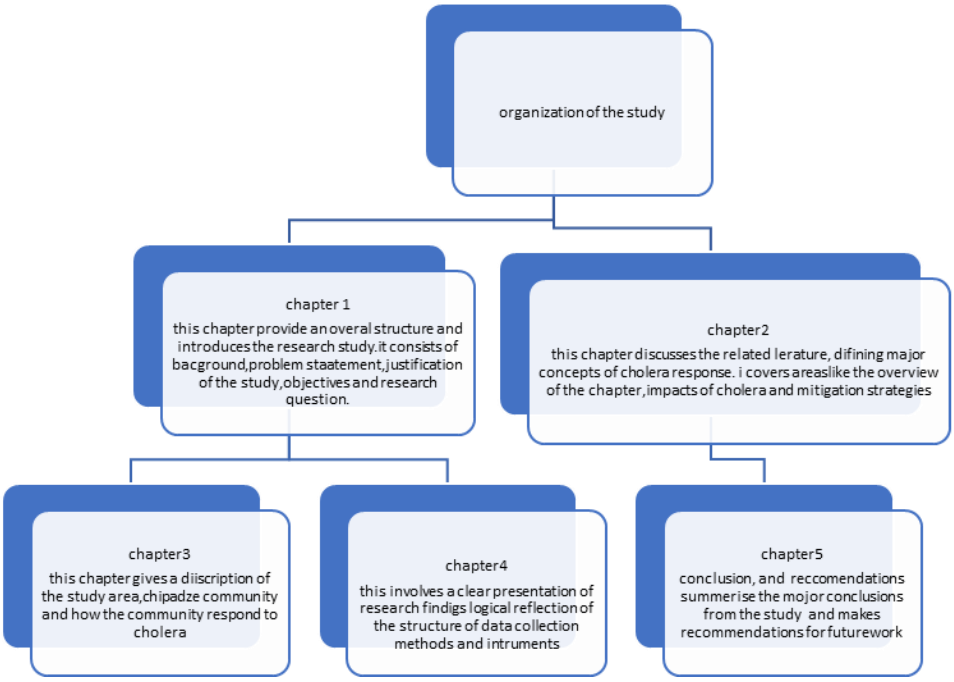


Figure 1.1 Organization of the study diagram

1.11 Chapter Summary

The analysis of the cholera response in Zimbabwe, particularly within the Chipadze community, confirms that community cohesion is not an abstract concept but a critical, tangible asset for building disaster resilience. The cycle of recurring public health crises, fuelled by systemic infrastructural vulnerabilities, cannot be broken by reactive, top-down interventions alone. A fundamental paradigm shift is required one that recognizes that true and lasting resilience must be built from within. The Chipadze case study provides a compelling model for this shift. By intentionally investing in social infrastructure, the bonds, trust, and collective spirit that enable a community to self-organize and take ownership of its own safety, The success of the Community Health Clubs and the vital role of the Health Workers demonstrate that by leveraging existing social ties and building new ones, a vulnerable population can become an active partner in its own development and safety. The ability of the residents to organize and implement new hygiene practices was not a given; it was the direct result of an intentional effort to restore the social fabric that had been torn by decades of neglect. This case study demonstrates that for a community to not only withstand a disaster but also to transform in a sustainable, fair, and democratic manner

CHAPTER 2: LITERATURE REVIEW

2.1 introduction

This chapter covers the literature gathered concerning the influence of community cohesion in enhancing the disaster resilience of cholera in Chipadze suburb of Bindura. The chapter also pays particular attention to revealing knowledge gaps that are being shown in the research, and also covers global, regional, and national levels. It also aims to explain clearly the research question

2.2 Theoretical framework

The role of social capital theory in explaining how community cohesion enhances disaster resilience is particularly relevant to the cholera response in the Chipadze community of Mashonaland Central, Zimbabwe. Rooted in the early ideas of Bourdieu (1986), Coleman (1988), and Putnam (1993), social capital emphasizes how networks of trust, interdependence, and shared norms promote collective action and resource sharing in times of crisis. In the Zimbabwean context, Chikoto and Sadiq (2018) and Matunhu (2019) support this theoretical perspective, arguing that communities with high levels of trust and collaboration are better able to coordinate responses to disasters, particularly in health-related crises. Similarly, Mavhunga (2020) demonstrates that social capital enhances local disaster preparedness through community-led network systems that enable resource pooling and knowledge dissemination, while Ncube and Tawodzera (2021) highlight that mutual trust and kinship relations were instrumental in promoting social solidarity during cholera outbreaks in Zimbabwean high-density suburbs. Chanza and de Wit (2019) further affirm that social capital fosters adaptive resilience by enabling communities to identify locally relevant solutions in the absence of strong institutional support. However, Chikozho (2020) critiques the social capital approach by pointing out that existing power imbalances, political support, and social exclusion often hinder equitable participation and access to resources, particularly for marginalized households. Likewise, Dube and Munsaka (2019) argue that while social cohesion strengthens communal resilience, it can also reinforce dependency and neglect structural reforms needed for systemic resilience. Despite these critiques, the researcher argues that social capital remains a powerful explanatory framework for understanding community-based cholera response in Chipadze, as it recognizes

the importance of trust, cooperation, and locally grounded social structures in bolstering disaster resilience and complementing formal disaster management systems.

2.3 Underlying concepts

2.3.1 Community Cohesion

Community cohesion refers to the strength of relationships and solidarity among members of a community, which is vital in times of crisis, especially during health emergencies such as cholera outbreaks. High levels of community cohesion foster collaboration and cooperation, enabling individuals to work together toward common goals. As noted by Nyasha and Zivanai (2019), communities with strong interpersonal ties are more likely to mobilise effectively during health crises, leading to improved outcomes. This sense of unity and collective responsibility encourages members to share resources and information, which is essential for managing public health emergencies

However, community cohesion can also lead to dangerous situations where individuals may blindly follow leaders or community norms. For example, in war situations, strong ties within a community may create an environment where members of the community maybe compelled to act against their better judgment, leading to loss of lives. According to Dwyer (2018), individuals may feel pressured to do things even though they are against a person's personal safety and ethical considerations. Muzondidya and Mafunda (2018) highlighted that pressure from community loyalty can lead individuals into harmful situations

Furthermore, the cohesion of Chipadze may not be clearly understood, which may lead researchers to overlook how the unity of the community can be an obscure critical thing and open conversations. While community cohesion has its advantages, it is essential to acknowledge its potential to mislead people, mostly in high-stakes situations.

2.3.2 Disaster Resilience

Disaster resilience is defined as a community's ability to prepare for, respond to, and recover from disasters. Maphosa and Ncube (2020) highlight that resilience is significantly enhanced when communities leverage their social networks and collective resources. They argue that resilient communities are better equipped to face challenges and rebound from crises, such as cholera outbreaks, due to their previous experiences and shared knowledge. This resilience is not

merely a reaction to a crisis but a proactive preparedness that builds over time through community engagement and learning.

Machingura and Musemwa (2018) emphasised that if social solidarity is shared among the community, it will enhance resilience and facilitate coordinated responses to challenges. Furthermore, Mutambara and Munyika (2018) argued that local trust among the community members strengthens the sharing of information and mobilisation of resources in times of crisis. This sense of unity and responsibility helps encourage members to share information and resources, which is significant in managing public health emergencies. In the context of this study in Chipadze, Bindura, Zimbabwe, disaster resilience is therefore understood as the ability of the community to collectively prepare for, respond to, and recover from disasters such as cholera outbreaks. The level of social networks, trust, and cooperation within Chipadze is expected to influence how effectively the community withstands and responds to health-related disasters.

2.3.3 Social Capital

Social capital comprises the networks, relationships, and trust that enable community members to work together effectively. Juku and Muhoni (2021) emphasise that social capital plays a crucial role in enhancing disaster resilience by facilitating communication and resource sharing among community members. Their study highlights how communities with strong social ties can coordinate better responses during emergencies, leading to improved health outcomes. The ability to mobilize support and share vital information during a cholera outbreak can be directly linked to the strength of social capital within the community.

Mavhura (2019) in his publication argued that social capital improves adaptive capacity of the community by enabling them to share knowledge, resources and help vulnerable households in times of disasters. Also, Dzinamarira et al (2021) noted that strong community engagement and trust in the community and health authorities improve compliance, thereby reducing the spread of infectious diseases like cholera. Furthermore, Muchengeti and Sola (2018), noted that social cohesion and community participation are essential for the dissemination of information and coordinated actions in times of crisis. These studies demonstrate that communities with social capital are better equipped for effective response in times of disasters, and can also help to effectively implement responses during cholera outbreaks

In relation to this study, social capital in Chipadze, Bindura, Zimbabwe, is a key determinant of disaster resilience, as it influences how community members communicate, trust health authorities, and respond collectively during cholera outbreaks and other health emergencies. Therefore, this study examines how the level of social capital within Chipadze shapes preparedness, response, and recovery processes in disaster situations.

2.4 Concept of social cohesion: Definition and scope

Social cohesion refers to the bonds that unite members of a community, fostering a sense of belonging, trust, and mutual support. It encompasses the relationships among individuals and groups that facilitate cooperation and collective action, particularly in times of crisis. High levels of social cohesion enhance the capacity of communities to mobilize resources effectively, share information, and organize responses during emergencies, such as public health crises.

Nyasha and Zivanai (2019) emphasize that social cohesion plays a critical role in community resilience, particularly during health crises like cholera outbreaks. Their research highlights how strong interpersonal ties and collaborative networks enable communities to coordinate efforts and mobilise resources more effectively. Similarly, Maphosa and Ncube (2020) argue that social cohesion in Zimbabwean communities enhances disaster resilience by promoting trust and cooperation among members, which is crucial for effective response strategies. Additionally, Chigwada and Chikodzi (2022) point out that communities with higher social cohesion are better equipped to engage in proactive health crisis management, demonstrating that unity and collective action can significantly improve outcomes during emergencies. These insights underline the importance of fostering social cohesion to build resilient communities capable of effectively facing health challenges.

However, while social cohesion is often viewed as beneficial, it can also cause challenges in healthcare management in a community. According to Chingono (2018), communities may sometimes refuse external help due to strong internal belief systems and mistrust of authorities, which can hinder the adoption of public health measures. Moyo and Zvoushe highlighted that social cohesion can enforce harmful practices and social norms that can hinder health interventions. For example, reliance on traditional remedies over medical treatment may worsen health conditions during outbreaks.

In addition, research by Chitungo et al (2020) shows that stigma within communities can discourage members in the community from seeking timely medical assistance, especially in cases of infectious diseases. These studies suggest that although social cohesion can enhance collective actions, it can also limit openness to external knowledge and educational awareness, misinformation and delay appropriate responses, thereby complicating effective health crisis management.

These findings are directly relevant to the present study, which investigates the influence of community cohesion on disaster resilience in Chipadze, Bindura, Zimbabwe. In the context of Chipadze, strong social bonds and shared cultural beliefs may shape how communities respond to disasters such as disease outbreaks and other public health emergencies. While cohesion can strengthen collective action and mutual support during crises, the evidence from Chingono (2018), Moyo and Zvoushe, and Chitungo et al. (2020) suggests that it can also create resistance to external interventions, reinforce reliance on traditional practices, and sustain stigma that discourages timely healthcare seeking. Therefore, in Chipadze, community cohesion may function as a double-edged factor in disaster resilience, simultaneously enhancing internal solidarity while potentially limiting the effectiveness of formal disaster response strategies. This makes it essential for the study to critically examine both the positive and negative dimensions of cohesion in shaping resilience outcomes within the local context.

2.4.1 The duality of social cohesion

Social cohesion in Zimbabwe demonstrates a clear duality in the effects on societal development as it either strengthens or undermines community resilience. Strong social ties promote collective actions such as mutual support and resource sharing, which are essential when responding to public health outbreaks like cholera. Ndlovu (2021) and Mutasa (2023) highlighted how cohesive communities disseminate and mobilize quickly and also support vulnerable people. However, that same cohesion can have negative consequences. Chitongo (2021) argued that strong bonding ties may foster groupthink, limiting critical decision-making during a crisis. Mutasa (2023) also observed that pressure to conform to communities can lead to harmful practices that increase disease transmission. Therefore, even though social cohesion is vital for development and disaster response, its negative dimensions can effectively hinder health-seeking

behaviour and increase vulnerability, especially in high-density suburbs such as the Chipadze community

2.5 Disaster resilience in cholera response

2.5.1 Global Surveillance and Early Warning Systems

Disaster resilience in cholera response varies across regions such as Asia, Europe, China, and the Americas, but consistently emphasizes preparedness, surveillance, and integrated public health interventions. In Asia, countries like Bangladesh and India have strengthened resilience through community-based surveillance and WASH interventions. Ganesan et al. (2019) highlight the importance of cholera surveillance systems in estimating disease burden and guiding response strategies, while recent research demonstrates that improved WASH conditions significantly reduce cholera risk in endemic settings. Furthermore, Ratnayake et al. (2020) emphasise that early detection and timely response systems are essential for strengthening resilience in cholera-prone regions, particularly in fragile contexts.

In China, cholera resilience is reinforced through advanced surveillance systems, rapid reporting mechanisms, and strict public health regulations. Scholars note that effective outbreak control depends on continuous monitoring, early warning systems, and coordinated national responses aligned with global frameworks such as the Global Task Force on Cholera Control (GTFCC), which promotes early detection and rapid containment strategies. In Europe, cholera outbreaks are rare due to strong infrastructure; however, resilience is maintained through robust preparedness systems and cross-border collaboration. According to Ajayi and Smith (2019), strengthening surveillance, reporting systems, and regional cooperation is critical in preventing the re-emergence of cholera and ensuring rapid response to imported cases. Institutions such as the European Centre for Disease Prevention and Control play a key role in coordinating these In the Americas, particularly in Haiti, cholera resilience has been shaped by large-scale outbreaks and international interventions. Research from 2018 onwards shows that integrated strategies combining oral cholera vaccination, WASH improvements, and strong surveillance systems are essential for reducing transmission and mortality. For example, Izah et al. (2024) argue that comprehensive WASH interventions remain central to long-term cholera prevention. Similarly, the role of rapid diagnostics and national surveillance systems in improving outbreak response has been highlighted in recent epidemiological studies, demonstrating how timely detection

reduces mortality rates. In more developed contexts such as the United States, resilience is sustained through advanced healthcare systems, rapid diagnostics, and effective containment of imported cases.

2.5.2 Community Engagement and Public Health Interventions

In Mozambique, cholera resilience is closely linked to the country's exposure to natural disasters such as cyclones and flooding, which often trigger outbreaks. Finger et al. (2018) demonstrate that oral cholera vaccination (OCV) campaigns have been highly effective in reducing transmission in high-risk areas, particularly when implemented alongside emergency response measures. Gujral et al. (2020) further argue that integrating short-term interventions, such as vaccination, is well illustrated through country-specific experiences in Zimbabwe, Mozambique, and Zambia, where recurring outbreaks have driven the development of targeted preparedness and response strategies. In Zimbabwe, cholera resilience has been shaped by repeated outbreaks, particularly the 2018–2019 epidemic, which prompted improvements in surveillance, coordination, and emergency response systems. Machingaidze et al. (2019) highlight that strengthened disease surveillance, rapid case management, and multisectoral collaboration between government and international partners significantly enhanced the country's ability to contain outbreaks. Similarly, Chigudu (2020) emphasizes that political commitment and improved coordination among stakeholders played a crucial role in building resilience, although persistent challenges such as inadequate water and sanitation infrastructure continue to increasend emergency WASH responses. Long-term infrastructure development is essential for strengthening disaster resilience in cholera-prone regions.

In Zambia, cholera outbreaks have been concentrated in densely populated urban areas, especially Lusaka, where poor sanitation and inadequate water supply increase transmission risks. Sinyange et al. (2018) note that strengthened surveillance systems, rapid response teams, and community engagement were critical in controlling major outbreaks. Additionally, Kapata et al. (2019) emphasize that public health education, improved sanitation, and government-led interventions significantly contributed to enhancing resilience and reducing the impact of cholera response. Overall, these country-specific experiences demonstrate that disaster resilience in cholera response across the African region depends on a combination of strong surveillance

systems, effective vaccination strategies, community engagement, and sustained investment in water and sanitation infrastructure.

2.5.3 Urban Infrastructure and WASH Challenges

At the local level in Zimbabwe, disaster resilience in cholera response is largely shaped by conditions in high-density urban areas and informal settlements, particularly in cities such as Harare, Chitungwiza, and Bulawayo. In Harare, which has been the epicentre of several outbreaks, including the 2018 crisis, research by Machingaidze et al. (2019) and Chigudu (2020) shows that inadequate water supply, poor sanitation, and delayed waste management contributed to the spread of cholera, while rapid intervention measures such as water treatment, public health awareness, and coordinated emergency response improved resilience. In Chitungwiza, studies by Nygren et al. (2021) indicate that community-based interventions, including hygiene education and local surveillance systems, were critical in enhancing early detection and response. In Bulawayo, which has comparatively better urban planning and water infrastructure, Ncube et al. (2020) highlight that proactive preparedness measures, such as maintaining water quality and strong municipal response systems, have helped prevent large-scale outbreaks. Overall, scholars agree that at the local level, disaster resilience in Zimbabwe depends heavily on strengthening urban infrastructure, improving access to safe water and sanitation, and enhancing community engagement and surveillance systems to ensure rapid detection and response to cholera outbreaks.

2.6 Community Engagement in Cholera Outbreaks

Community engagement is a fundamental aspect of effective cholera response strategies. Literature highlights various successful interventions that rely on the active participation of community members in health initiatives. For instance, Tobin et al. (2020) demonstrate that community-led educational campaigns and infrastructure improvements significantly reduce cholera transmission. Engaging local populations allows for the exploitation of existing social networks and localized knowledge, which can be critical in informing public health strategies. Furthermore, Chikwanje (2021) emphasizes that participatory approaches foster a sense of ownership and responsibility within communities, vital for resilience-building during health

crises. Gora (2022) also highlights the positive impact of collaborative frameworks in strengthening community resilience and effectively mobilizing response efforts.

2.7 Vulnerability and Exposure in Cholera Outbreaks

The relationship between various vulnerability factors, such as health status, socioeconomic conditions, and environmental aspects, and their exposure to cholera outbreaks. Understanding how these interactions can shape community preparedness and response strategies is critical. Ranjan et al. (2020) emphasize the importance of assessing vulnerability in the context of cholera dynamics, particularly in resource-limited settings, while Adger (2018) discusses the implications of social vulnerability and health outcomes in disaster-prone areas.

The importance of environmental and infrastructure vulnerability brought out by Chiniko (2019), in a study of Chitungwiza, highlights that reliance on unsafe water sources such as shallow wells, due to erratic municipal water supply, increases community exposure to cholera. In his study, he also highlighted that dysfunctional sanitation facilities and poor waste management increase vulnerability for households and the community as a whole

Understanding these vulnerabilities is essential for improving preparedness and response strategies. Zimbabwean experiences show that effective cholera control requires a multi-sectoral approach that includes improving water and sanitation services, strengthening health services and increasing community awareness. Mashe et al. (2023) highlight those interventions such as water chlorination, vaccination campaigns and improved waste management were key in controlling the outbreak. This suggest that addressing vulnerability requires both immediate response measures and long-term investments in infrastructure and public health systems.

Governance and policy issues also contribute significantly to vulnerability. Reports on the 2018 outbreak indicate that inadequate investment in water and sanitation infrastructure as well as weak service delivery played a major role in the spread of cholera. (Amnesty International 2018). Poor urban planning has led to the growth of informal settlements without adequate services, further increasing exposure risk. Addressing these challenges requires strong policy implementation and coordinated efforts between government, communities and household and development partners to build long term resilience against cholera outbreaks

2.8 The Impact of Climate Change on Cholera Incidence

Climate change significantly influences the transmission dynamics of cholera by altering environmental conditions that favour the survival and spread of Vibrio cholerae. Rising global temperatures and shifting rainfall patterns create favourable conditions for bacterial growth and contamination of water sources. Mondal et al. (2020) explain that cholera is strongly seasonal and closely linked to climatic variability, particularly temperature increases and rainfall fluctuations. Higher temperatures enhance bacterial multiplication in aquatic environments, while rainfall events increase surface runoff, which transports faecal matter into drinking water systems. In this way, climate variability does not merely correlate with cholera occurrence but actively shapes the environmental pathways through which the disease spreads.

Building on this, Kahn et al. (2019) emphasise that global warming is intensifying the burden of waterborne diseases by increasing the frequency and severity of extreme weather events. Flooding, in particular, plays a critical role in cholera outbreaks because it overwhelms drainage and sanitation systems, leading to widespread contamination of water supplies. In densely populated and poorly serviced communities, floodwaters often mix with untreated sewage, increasing the risk of ingestion of contaminated water. This demonstrates that climate change acts as a structural driver of public health risk, particularly in areas where infrastructure and health systems are already weak, making communities more vulnerable to repeated outbreaks.

In Zimbabwe, empirical evidence further illustrates this relationship between climate variability and cholera incidence. Mashe et al. (2023) show that during the 2018 and 2019 Harare cholera outbreaks, heavy rainfall led to sewer overflow and contamination of household water sources, especially in high-density suburbs. This created direct exposure pathways for cholera transmission through unsafe drinking water. Similarly, Murewanhama et al. (2024) and Dzinamarira et al. (2024) argue that climate variability characterised by alternating floods and prolonged droughts forces communities into unsafe water-use behaviours, such as relying on unprotected wells and surface water during shortages. Together, these studies demonstrate that climate change acts as a risk multiplier, worsening existing inequalities in water, sanitation, and health systems, and ultimately increasing both the frequency and severity of cholera outbreaks.

2.9 Gender Dynamics in Disaster Resilience

Gender relations and roles significantly impact health outcomes and overall community resilience, particularly in disaster contexts. This subtopic aims to explore how these dynamics influence vulnerability and recovery processes during cholera outbreaks. Gencer et al. (2021) highlighted the unique challenges faced by women, especially during health crises. They emphasized that women often face disproportionate risks in disaster situations due to social, economic, and cultural factors.

The study advocates for the inclusion of women's voices in disaster management planning and decision-making, recognizing their unique experiences and knowledge as vital to enhancing community resilience. By analysing these gender dynamics, Gencer et al. aim to promote more equitable and effective disaster response strategies that address the needs of all community members. Tschakert et al. (2019) also emphasized the need for gender-sensitive approaches in disaster risk reduction and public health interventions.

2.10 Assessing the Effectiveness of Public Health Policies

Examining the impact of public health policies on cholera response strategies is essential for understanding their effectiveness in promoting community resilience. This subtopic investigates regulatory frameworks and their influence on health outcomes in the face of cholera outbreaks. For example, Choudhury et al. (2020) discuss how effective policy implementation can mitigate the impact of cholera, while Hall et al. (2021) explore the integration of health policies and community engagement to enhance preparedness and response efforts.

2.11 Gaps in the Literature

Despite the substantial body of research on social capital and disaster resilience, several gaps persist, particularly in studies focused on Zimbabwean contexts. Existing literature often generalizes findings across different geographic and cultural landscapes, as discussed by Hawkin (2020), overlooking localized factors that shape responses to cholera outbreaks. There is a notable scarcity of empirical research that specifically addresses how social capital functions within the unique sociocultural and economic atmosphere of urban areas like Chipadze, Bindura. Researchers like Matizirofa (2020) and Nyahunda (2021) have called for more localized studies that consider community-specific dynamics.

In addition, much of the existing literature tends to focus on disaster response at national or regional level, with limited given to grassroots or community level resilience mechanisms. This creates a gap in understanding how everyday social relationships, neighbourhood networks and informal support systems contribute to disaster preparedness and recovery at the local level. Also limited integration of health crises management with social frameworks. Many studies discussed disaster resilience broadly while a few have only examined how trust, communication and community cohesion directly influence health seeking behaviours during cholera outbreaks in urban communities. By identifying these gaps, this study aims to contribute a complex understanding of community dynamics and the role they play in enhancing resilience against cholera outbreaks, addressing critical areas for further investigation.

2.12 conclusion

The literature review underscores the critical significance of community cohesion and social capital in fostering disaster resilience, particularly in response to outbreaks in urban contexts like Chipadze, Bindura. By addressing the identified gaps in existing literature and employing relevant theoretical frameworks, this study seeks to provide valuable insights into community dynamics and public health interventions. Recent contributions by scholars such as Bvuma (2021), Nhlapo (2020), and Chimhanda (2021) further emphasize the interdisciplinary nature of resilience studies, highlighting the intersection between social dynamics, health, and environmental factors. Such insights are essential for policymakers and practitioners aiming to improve disaster preparedness and response strategies in similarly vulnerable populations. Robust citations and a consistent referencing style will be maintained throughout the research to ensure the reliability and validity of these findings.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the research methodology employed to investigate the influence of community cohesion in enhancing disaster resilience in Chipadze, Bindura. It explains the research design, study area, target population, sampling procedures, data collection techniques, and methods of data analysis. The chapter discusses issues of reliability, validity, ethical considerations, and limitations of the study.

3.2 Description of Study Area

Chipadze is a suburb located in Bindura, within Mashonaland Central Province, and lies approximately 88 km north of Harare. Chipadze is characterised by inadequate water supply, poor sanitation facilities, and insufficient waste management systems, which significantly increase the vulnerability of the community to cholera outbreaks. Most households rely on communal boreholes and shallow wells for water, especially during periods of erratic municipal supply, while sanitation facilities are often shared among multiple families, creating unhygienic conditions. The area is particularly prone to cholera due to these WASH challenges, coupled with seasonal flooding during the rainy period, which leads to sewer overflows and contamination of water sources. Additionally, poverty and overcrowding limit the ability of the residents to maintain proper hygiene practices, further accelerating the spread of waterborne diseases. These conditions make Chipadze a high-risk area for cholera transmission and an important site for examining how community cohesion can influence disaster resilience.

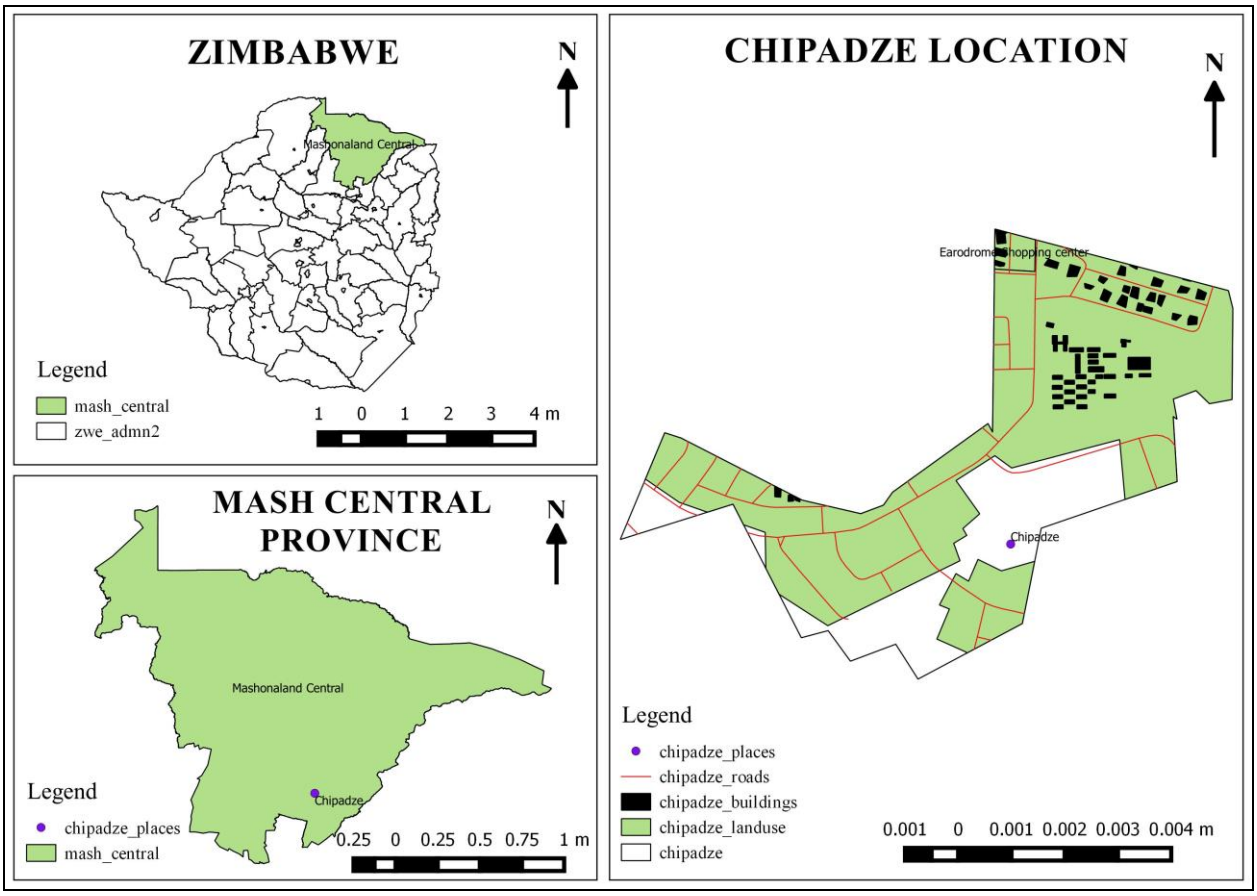


Figure 3.1 Study Area Map of Chipadze Location, Bindura Town (Source: Author)

Figure 3.1 above shows the study area map where data were collected. The map was created by the researcher using QGIS software, and the map shape files were obtained from the internet.

3.3 Research Design

This research used a case study design executed using a qualitative approach to investigate the influence of community cohesion in enhancing disaster resilience in Chipadze, Bindura, Zimbabwe. A research design provides a structured framework that guides the collection and analysis of data to address the research problem effectively (Creswell, 2014; Kothari, 2004). Through qualitative methods, including interviews and focus group discussions, and observations, the study explored how relationships, trust, and collective action shaped community responses to cholera outbreaks. These flexible instruments enabled the capture of

detailed experiences and perceptions from both community members and local leaders, thereby improving the reliability and validity of the findings.

3.4 Target Population

The target population for this study involved residents, such as health workers, community leaders and other stakeholders in Chipadze location, who are directly impacted by cholera outbreaks. Chipadze is a high-density suburb in Bindura, which has a population of 2 730 people and 759 households (ZIMSTAT, 2022). The area is characterised by overcrowding, formal and informal or semi-formal housing, and limited access to clean water and sanitation, which contribute to public health challenges and increase vulnerability to outbreaks such as cholera

3.5 Sampling Procedures

The sampling procedures for this research were designed to ensure a diverse and representative understanding of how residents in Chipadze Location work together towards disasters such as cholera. The sample size has been deliberately kept manageable while representing the diversity of residents to reflect their unique vulnerabilities and adaptive strategies.

3.5.1 Sample Size

This study adopted a qualitative approach, and therefore the sample size was determined by the principle of data saturation rather than statistical calculation. Data saturation refers to the point at which no new themes or insights emerge from additional participants, and the information collected becomes repetitive (Guest, Bunce & Johnson, 2006; Saunders et al., 2018).

The researcher began with a small number of interviews, consistent with Guest et al.'s (2006) observation that saturation often occurs within 6–12 interviews. In this study, saturation was observed after approximately six interviews, when no new themes were emerging. However, to ensure diversity of perspectives and balanced representation, the researcher continued data collection until a total of 23 participants were engaged. Seventeen participants took part in focus group discussions (FGDs), divided into two groups of 8 and 9, while six key informants were interviewed individually using the interview guide. This combination allowed the researcher to capture both collective and individual experiences of cholera in Chipadze.

Table 3.1 Distribution of Research Participants in Chipadze by Category

Category	**Number of Participants (Planned)**	**Description/Role**	**Instruments**
Household Participants	17	Residents from different households in Chipadze provided first-hand experiences of cholera and community cohesion.	Focus Group Discussion (FGD) Guide
Health Workers	2	Professionals from local health facilities, offering medical insights and frontline perspectives.	Key Informant Interview Guide
Community Leaders	2	Local leaders representing the community's voice, governance, and mobilisation efforts.	Key Informant Interview Guide
NGO Representatives	2	Representatives from organisations working in health and development, contributing an external support perspective.	Key Informant Interview Guide
Total	23	Balanced representation cross key stakeholder groups.	

The choice of participants was designed to ensure a balanced representation of perspectives on cholera and community cohesion in Chipadze. The 17 household participants were included to capture diverse lived experiences and community-level challenges, as they represent the majority directly affected. The 2 health workers provide professional insights into cholera management, treatment, and prevention strategies. The 2 community leaders were engaged to reflect local governance, community mobilization, and leadership roles in addressing outbreaks. Finally, the 2 NGO representatives contribute external perspectives, highlighting interventions, resources, and partnerships that support the community. This distribution ensures that the study integrates voices from both the grassroots and institutional levels, offering a comprehensive understanding of cholera's impact and response in Chipadze.

3.5.2 Sampling Techniques

The study employed a combination of purposive sampling and snowball sampling to ensure a better and more efficient selection of participants. Purposive sampling served as the primary method, targeting participants with direct experiences with cholera such as those who were affected by it and key participants like health workers, community leaders and NGO representatives to ensure the collection of relevant and insightful data (Ames et al., 2019). Snowball sampling complements this by expanding the participant pool through recommendations from initial participants, which is especially helpful for identifying individuals with unique or less accessible experiences (Naderifar et al., 2017). Together, these methods created a well-rounded approach that balances practical considerations that were needed for diversity and inclusivity. This ensured the collected data effectively reflected the varied realities of residents in the area.

3.6 Data Collection Instruments

In this research, an interview guide, a focus group discussion guide and a document review guide were used to gather information. According to Karib (2016), data collection is a systematic way of acquiring information on relevant variables. It can also be defined as the tools and strategies researchers use to collect information in an organised way so that the findings of a study are valid, reliable, and useful.

3.6.1 Focus Group Discussion Guide

In this research, a focus group discussion guide was used to gather data. Two focus group discussions were conducted; the first group had 9 participants and the second one has 8 participants. The number of participants in each group was considered an appropriate size to allow meaningful interaction while ensuring that all voices were heard. Participants were drawn from Chipadze location using sampling methods mentioned in Section 3.5.2. The FGD guide was organised into several thematic sections that mirror the research objectives. The first theme explored participants' understanding of community cohesion, focusing on trust, solidarity, and collective action. The second assessed how cohesion influences the community's capacity to respond to and recover from cholera outbreaks, highlighting examples of collaboration and mutual support. The third theme examined coping mechanisms and adaptive strategies, including

cultural practices, social networks, and institutional support. The final theme will invite respondent to provide recommendations for strengthening cohesion and enhancing disaster resilience in Chipadze. A focus group discussion (FGD) guide was used to structure conversations, ensuring they remain aligned with the study objectives while encouraging respondents to share diverse perspectives. FGDs are valuable for exploring shared experiences, community-level challenges, and collective adaptation strategies (Chand, 2025).

3.6.2 Interview Guide

An interview guide was employed as a structured tool to collect relevant and focused data from respondents. According to Chand (2025), interview guides provide consistency in data collection while allowing flexibility to probe deeper into emerging themes. In this research, the guide was used during one-on-one interviews, enabling the researcher to engage deeply with participants and explore their personal narratives regarding community cohesion and disaster resilience. A total of 23 respondents were engaged, comprising 17 residents from Chipadze location, 2 health workers, 2 community leaders, and 2 NGO representatives. Respondents were selected using the sampling tools explained in Section 3.5.2. The guide was organised into thematic sections. The first theme gathered demographic information to provide background context. The second explored the nature and level of community cohesion, focusing on trust, solidarity, and collective action. The third assessed how cohesion influences the community's capacity to respond to and recover from cholera outbreaks, highlighting examples of collaboration and mutual support. The fourth examined coping mechanisms and adaptive strategies, including cultural practices, social networks, and institutional support. The final theme invited respondents to provide recommendations for strengthening cohesion and enhancing disaster resilience in Chipadze.

3.6.3 Observations

Observation was used as one of the data collection instruments in this study. The researcher conducted direct observations in Chipadze to gather first-hand information on community cohesion and disaster resilience during cholera response activities. The researcher observed community members participating in cleaning campaigns such as sweeping roads, removing litter, and clearing blocked drains. Some households shared clean water with neighbours during shortages, while others assisted elderly people and vulnerable families with sanitation materials

and water collection. These activities reflected cooperation, unity, and social support within the community.

The researcher also observed that health information was shared through community health workers, local leaders, and public announcements, with some residents practicing handwashing and boiling water as preventive measures. Cooperation between residents and local authorities was also observed during waste collection and water distribution. However, poor drainage systems, uncollected waste, inadequate toilets, and water shortages were identified as major challenges that increase the risk of cholera outbreaks in the community.

3.7 Piloting the Instruments

In this study, the piloting process included testing the interview guide, the focus group discussion guide, and the document review with a small group of 5 participants who shared the same characteristics as the targeted population. These participants were selected from the Chipadze Location to reflect the actual study population across Chipadze. Piloting the interview guide helped to assess whether the question is clear, relevant, and capable of eliciting detailed responses. Similarly, FGD guides were tested to ensure that it promotes productive group discussions without diverging from key themes. The document review guide was tested too using few documents and reports from Chipadze Clinic.

The feedback gathered during piloting was used to refine the instruments by addressing and issues such as unclear questions, leading phrasing, or gaps in content. For example, participants found that certain questions in the interview guide are too broad, and they were rephrased to improve focus and specificity. This process aligned the instruments with the research objectives and effectively collected comprehensive and reliable data during the main research. Furthermore, piloting made the researcher familiar with using the instruments and it contributed to a smoother and more consistent data collection process.

Piloting is the process of testing the research instruments on a small subset of participants to ensure their suitability, clarity, and effectiveness in collecting the intended data (Brooks et al., 2016). This crucial step helps to identify potential weaknesses in the instruments, allowing for revisions before the main data collection begins.

3.8 Validity of the Instruments

In this study, the validity of the instruments was established through several measures to ensure the data collected was both accurate and relevant. Content validity was ensured by aligning the questions in the interview guide, focus group discussion guide, and document review with the research's objectives. The instruments were designed to comprehensively cover key themes which were discussed in Section 3.6.1, 3.6.2, and 3.6.3. Face validity was addressed by piloting the instruments, as discussed in Section 3.7. The piloting process helped to identify and address any ambiguities, ensuring that the questions were clear and understandable to participants. Triangulation also contributed to the validity of the study. Using multiple instruments helped the research to cross-check findings from different sources to ensure consistency and accuracy. This approach strengthens the credibility of the data and helps to minimise bias. Validity is the extent to which an instrument measures what it is intended to measure and ensures the reliability of the outcome (Clark and Waston, 2019).

3.9 Reliability of the Instruments

In this research, measures were taken to ensure the reliability of the interview guide, FGD guide, and document review. Consistency was maintained by using standardised guides for all data collection activities. The interview, FGD, and document review guides clearly define questions and prompts, which ensured that each participant, group or document reviewed asked the same questions in a consistent manner. To add on, researcher training was undertaken to enhance reliability. The researcher practiced the use of the instruments during the piloting phase (as outlined in 3.7), and the researcher gained familiarity and minimised inconsistencies during the main data collection phase. This process helped to reduce variability in how the instruments were be applied. The reliability of the instruments was also strengthened through peer review; the institution supervisor reviewed all guides, which made them clear, concise, and capable of producing consistent results. This measure ensured the instruments were dependable and suitable for the research's objectives. Reliability refers to the consistency and dependability of an instrument in measuring what it is intended to measure across different contexts and over time (Cohen et al., 2017).

3.10 Data Analysis Techniques

The research used thematic analysis as the primary method to analyse qualitative data. According to Castleberry and Nolen (2018), thematic analysis includes identifying, analysing, and reporting patterns or themes within the data, providing a comprehensive understanding of the participants' experiences and perspectives. This method was particularly suitable for addressing the research questions as it allowed for a detailed exploration of community experience with cholera outbreaks and community cohesion towards disaster resilience.

This analysis started with familiarising, where the researcher reviewed transcripts of interviews, focus group discussions, and document review notes. Audio recordings of the interviews and FGDs were replayed to capture the nuances such as tone, emphasis and context that were not evident in written transcripts. This thematic analysis reflected the depth and richness of respondents' narratives. Coding was used, which involved assigning labels to key phrases of the data that present specific ideas, experiences, or patterns. Both inductive coding (themes emerging in the data) and deductive coding (themes guided by research objectives) were employed. The identified codes were grouped into broader categories during the theme development phase. Themes were refined to ensure that they are coherent, distinct and representative of the data. This was done in chapter 4.

Therefore, a narrative synthesis integrated the themes with the research objectives and existing literature, which offered a coherent account of the findings. Triangulation further ensured the credibility and reliability of the analysis by cross-referencing data from interviews, FGDs, and document review, including audios. The integrative approach enhanced the depth and robustness of the findings, ensuring that the data collected comprehensively addresses the research objectives.

3.11 Limitations of the Study

Limited financial and time resources may restrict the sample size and depth of data collection in the Chipadze study. To address this, the researcher can use efficient sampling techniques such as purposive sampling and focus on key participants who provide rich information. Studies show that resource constraints are common, but can be managed through careful planning and prioritization of key data sources, as argued by Christopher Zishiri, (2024), who highlights those limited resources can be mitigated through strategic research design.

Response bias occurred when participants gave socially desirable answers, especially on sensitive issues like sanitation practices. This is minimised by ensuring anonymity and confidentiality, and by creating a comfortable environment where participants feel safe to respond honestly. According to Nicholas Midzi (2024), misinformation and biased responses can affect data quality, but using trusted community entry points and clear communication improves the accuracy of responses.

Difficulty in accessing participants, such as health officials or certain households, can limit data collection. To overcome this, the researcher can seek gatekeeper permission, work with local leaders, and schedule flexible interview times. Makuvaza (2024), emphasized that engaging community leaders and stakeholders improves participation and access to respondents, particularly in community-based research settings.

3.12 Ethical Considerations

In the study investigating the influence of community cohesion in enhancing disaster resilience during cholera outbreaks in Chipadze, several ethical considerations must be observed to protect participants. The researcher must obtain informed consent, ensuring that participants clearly understand the purpose of the study and voluntarily agree to take part, as emphasized by Nyasha V. Dzavakwa (2026), who highlights the importance of voluntary participation in community-based research. Confidentiality and anonymity must also be maintained by not disclosing participants' identities and securely storing data, which Memory Chiwaridzo (2018) notes is essential for protecting participants' privacy. The researcher should also ensure non-maleficence, meaning no harm, physical, psychological, or social, comes to participants during the study, particularly when discussing sensitive issues like disease outbreaks. Additionally, permission from relevant authorities, such as local leaders and health institutions, should be obtained to ensure the study is conducted respectfully within the community. Finally, participants should be treated with respect and dignity, and allowed to withdraw from the study at any time without any consequences.

3.13 Chapter Summary

This chapter outlined the research methodology used to investigate the influence of community cohesion in enhancing disaster resilience in Chipadze, Bindura, with a focus on cholera response in Kuma One. The research employed the qualitative approaches to provide a comprehensive understanding of the study. Data were collected using interviews, focus group discussions, and document review of the prerecorded data from a sample of community members, health workers, and key stakeholders selected through both snowball and purposive sampling techniques. The chapter also described the study area, highlighting its vulnerability to cholera due to poor water, sanitation, and hygiene conditions. Data analysis involved thematic analysis for qualitative data. Measures to ensure reliability and validity, such as triangulation and use of standardized instruments, were discussed. Additionally, the chapter addressed study limitations and their mitigation, as well as ethical considerations including informed consent, confidentiality, and voluntary participation. Overall, the methodology provided a structured and reliable approach for achieving the study objectives.

CHAPTER 4: DATA PRESENTATION, INTERPRETATION, AND DISCUSSION

4.1 Introduction

Chapter 4 presents the data, interpretation, and discussion of the research findings on Investigating the Influence of Community Cohesion in Enhancing Disaster Resilience: A Case Study of Chipadze, Bindura, Zimbabwe. The chapter follows a structured approach, beginning with the response rate and demographic characteristics of participants, then progressing through the results related to each research objective, and concluding with a discussion and summary.

4.2 Response Rate

The research planned to engage 23 participants, 17 were planned to engaged using FGDs and 6 for interviews. All 23 participants planned in Table 3.1 were successfully engaged, giving a 100% response, as shown in Table 4.1 below.

Table 4.1: Response Rate of Study Participants (Source: Primary Data)

Data Collection Method	**Targeted Participants (Planned in Table 3.1)**	**Actual Participants (Achieved)**	**Response Rate (%)**
Interviews	6	6	100
Focus Group Discussions	17	17	100
Total	23	23	100

The response attained reflected a high level of engagement among the targeted participants. This full participation is particularly valuable for the qualitative nature of the study, as it ensures balanced representation across different data collection methods. The 100% response rate

strengthens the credibility of the findings and minimises concerns about validity or generalisability.

4.3 Demographic Characteristics of Participants

This section presents the demographic profile of the research participants, providing context for their lived experiences of cholera outbreaks in Chipadze. Table 4.2 below highlights their diversity in gender, age, occupation, and years of residence in the community. This data was captured during interviews and FGDs.

Table 4.2: Demographic Characteristics of Study Participants

Demographic Factor	Category	Number of Respondents (n=23)	Percentage (%)
Gender	Male	12	52
	Female	11	48
Age	18–30 years	3	13
	31–40 years	6	26
	41 years and above	14	61
Occupation	Vendors	10	43
	Health Workers	2	9
	Community Leaders	2	9
	NGO Representatives	2	9
	Household Members	7	30
Years in Chipadze	0–10 years	7	30
	11–20 years	6	26
	21 years and above	10	44

[Source: Primary Data]

Table 4.2 shows that the study achieved a balanced gender representation, with 52% male and 48% female participants. Most respondents (61%) were aged 41 years and above, reflecting the perspectives of long-term residents with extensive experience of cholera outbreaks. Vendors formed the largest occupational group (43%), followed by household members (30%), while health workers, community leaders, and NGO representatives each contributed 9% of the sample. In terms of residence, 44% of participants had lived in Chipadze for more than 21 years, indicating strong familiarity with the community's challenges and resilience strategies.

4.4 Nature and Level of Community Cohesion in Chipadze

This section presents the findings related to the first objective of the study, which sought to expose the nature and level of community cohesion in Chipadze, Bindura. The findings are organised into subsections that highlight unity and mutual support, trust and information sharing, and preparedness and collective action.

4.4.1 Unity and Mutual Support

This section presents findings on the sense of unity and mutual support that community members rely on during cholera outbreaks.

During interviews, an NGO representative said:

> *"...there is unity in the community. When cholera strikes, people do not isolate themselves but come together, sharing what little they have to survive."*

A health worker supported this and emphasised further by mentioning:

> *"...They help each other, share clean water and information, and even encourage neighbours to go to the clinic early before the situation worsens."*

However, some participants linked cohesion to the mining lifestyle in Bindura. A community leader explained:

> *"...Mining has changed people. Those who get money from Chikorokoza sometimes look down upon others, and this makes it hard to stay united."*

Similarly, a vendor noted:

> *"...At the mine, people work together; they share tools and food, so there is unity there. But outside, some miners become violent or arrogant, and neighbours resent them."*

During focus group discussions, participants emphasised cooperation during cholera but also mentioned mining tensions. Participant 3 in FGD 1 stated:

> *"...People usually work together and help each other, especially when families are struggling to access clean water."*

Participant 7 in FGD 2 added:

> *"...They help with cleaning, sharing water, and caring for others. Even those with very little still try to support their neighbours."*

Yet Participant 9 in FGD 2 observed:

> *"...Mining money makes some people proud. They refuse to join cleaning campaigns, saying they are above that."*

During observations, residents were seen actively participating in cleaning campaigns, sweeping roads, removing litter, and clearing blocked drains. Some households shared clean water with neighbours during shortages, while others assisted elderly and vulnerable families by fetching water or providing sanitation materials.

The findings reveal that unity and mutual support are lived practices in Chipadze, expressed through collective cleaning, resource sharing, and care for vulnerable members. This strengthens resilience during cholera outbreaks, showing that solidarity is deeply embedded in everyday life. However, artisanal mining introduces both positive and negative pressures. On one hand, miners working together underground build bonds and solidarity, which can spill over into community life. On the other hand, mining wealth creates social divisions, arrogance, and sometimes violence, weakening neighbourly trust. This duality means cohesion in Chipadze is not uniform: it is strengthened during cholera outbreaks through shared survival practices, but weakened in everyday life by mining-related social tensions.

4.4.2 Trust and Information Sharing

This section presents findings on the role of trust and communication in sustaining cohesion during cholera outbreaks.

During interviews, a community leader explained:

> *"...Door-to-door disseminations are done so that everyone receives the same message about cholera prevention."*

A health worker supported this by mentioning:

"...People follow instructions given to them and visit the clinic early, because they trust the advice from health workers."

However, some participants linked trust and information sharing to mining lifestyles. A household member noted:

"...In mining areas, people share information quickly about opportunities or dangers underground. That same habit helps when cholera comes, because news spreads fast. But sometimes miners spread wrong stories, like saying cholera is witchcraft, and this confuses people."

During focus group discussions, participants emphasised the collective role of information sharing. Participant 5 in FGD 1 stated:

"...Information is shared through meetings, health workers, churches, and radio, so that no one is left behind."

Participant 2 in FGD 2 added:

"...Information is shared through leaders, neighbours, and clinics, and this helps us to act quickly when cholera cases appear."

Yet Participant 6 in FGD 2 observed:

"...Mining money makes some people stubborn. They ignore health advice, saying they can afford private treatment, so they don't listen to community messages."

During observations, health workers and local leaders were seen actively disseminating information through public announcements and community meetings. Households responded by boiling water, practising hand-washing, and cleaning their surroundings, reflecting trust in the advice given. At the same time, mining-related wealth differences were visible: some households were more resistant to collective messages, preferring individual solutions.

The findings reveal that trust and information sharing are central to community cohesion in Chipadze. Communication flows through both formal channels (health workers, leaders, churches) and informal ones (neighbours, radio, mining networks). Trust in health workers and leaders directly influences preventive behaviour, strengthening the community's ability to respond effectively to cholera outbreaks.

However, artisanal mining introduces mixed effects. On the positive side, miners' habit of quickly sharing information underground can reinforce rapid communication during health crises. On the negative side, mining wealth and cultural practices sometimes undermine trust:

misinformation spreads, some households dismiss collective advice, and social divides weaken cohesion. Thus, trust and information sharing in Chipadze are shaped by both cholera experiences and mining lifestyles. While health crises encourage collective communication, mining-related behaviours sometimes distort or fragment these flows, creating both opportunities and challenges for resilience.

4.4.3 Preparedness and Collective Action

This section presents findings on how cohesion translates into preparedness and collective resilience practices during cholera outbreaks.

During interviews, a health worker explained:

> *"...Council collects garbage, and people are encouraged to boil water, so that the community remains safe even when outbreaks occur."*

A community leader added:

> *"...We remind families to prepare by keeping toilets clean and boiling water, because prevention is better than a cure."*

During focus group discussions, participants highlighted collective preventive measures. Participant 6 in FGD 1 stated:

> *"...People boil water, wash hands, and clean the area, because we know cholera can spread fast if hygiene is ignored."*

Participant 4 in FGD 2 added:

> *"...People use clean water, wash their hands, and keep their toilets clean. It is not easy, but we try together as a community."*

Some participants linked preparedness to mining lifestyles. In FGD 2, Participant 9 noted:

> *"...Miners often work at night or travel far, so they miss cleaning campaigns. Sometimes they organise their own water supplies, which helps them but leaves others behind."*

During observations, residents were seen actively participating in cleaning campaigns, cooperating with local authorities during waste collection, and queuing in an orderly manner for water distribution. At the same time, mining-related behaviours were visible: some households connected to mining groups had separate water storage, which reduced their reliance on collective efforts.

The findings reveal that preparedness in Chipadze is a collective effort, expressed through hygiene practices, cleaning campaigns, and cooperation with local authorities. Cohesion enables preventive behaviours that strengthen resilience, even though structural challenges such as poor drainage and inadequate toilets persist.

Artisanal mining influences preparedness in distinct ways. On the positive side, miners' teamwork culture can reinforce collective thinking, encouraging shared responsibility. On the negative side, irregular work schedules and self-sufficiency reduce participation in wider community campaigns, weakening cohesion. This dual impact shows that preparedness in Chipadze is shaped not only by health needs but also by economic lifestyles, which can either strengthen or fragment collective resilience.

4.5 The Role of Community Cohesion in Cholera Response and Recovery

This section presents findings related to the second objective of the study, which sought to assess how community cohesion affects the community's capacity to respond to and recover from cholera outbreaks. The findings are organised into subsections that highlight collective responses to outbreaks and recovery practices that sustain resilience.

4.5.1 Collective Response to Outbreaks

This section presents findings on how cohesion enables rapid and coordinated responses when cholera cases emerge.

During interviews, a health worker explained:

> *"...When people trust each other, they act quickly. Families encourage neighbours to seek treatment early, and this reduces the spread."*

A community leader added:

> *"...We mobilise ourselves to clean dumping sites and share clean water. This unity makes the response stronger, even before authorities arrive."*

During focus group discussions, participants emphasised the collective nature of the response. Participant 2 in FGD 1 stated:

> *"...When cholera comes, we do not wait for authorities. We start cleaning, boiling water, and warning each other."*

Participant 8 in FGD 2 added:

"...Neighbours remind each other to wash hands and keep toilets clean. It is our way of protecting the whole community."

Some participants linked response behaviour to mining lifestyles. In FGD 1, Participant 6 observed:

"Miners are used to working in groups, so when cholera comes, they respond quickly together. But sometimes they also bring conflict, because those with money want to act alone and ignore community campaigns."

During observations, residents organised cleaning campaigns immediately after cases were reported. Families were seen queuing in an orderly manner for water distribution, and neighbours assisted vulnerable households with sanitation materials. At the same time, mining-related tensions were visible: some households connected to mining groups preferred private solutions, while others relied on collective action.

The findings reveal that cohesion strengthens the speed and effectiveness of response. Trust and unity ensure that preventive actions are taken collectively, reducing the risk of widespread infection. Artisanal mining influences this dynamic in complex ways. On the positive side, miners' teamwork culture reinforces rapid mobilisation, as they are accustomed to collective labour and shared risks. On the negative side, mining wealth and status sometimes undermine collective response, with some households choosing individual solutions instead of community solidarity.

Thus, collective response in Chipadze reflects both solidarity and division. Cholera outbreaks encourage unity and rapid action, but mining lifestyles introduce behaviours that can fragment cohesion. The balance between these forces determines how effective the community's response is in practice.

4.5.2 Recovery and Resilience

This section presents findings on how cohesion supports recovery after outbreaks and builds resilience for future challenges.

During interviews, a community leader explained:

"...After cholera, people help each other to return to normal life. They share food, water, and even emotional support."

A health worker added:

"...Recovery is faster when people cooperate. Families rebuild together, and hygiene practices continue even after the outbreak."

During focus group discussions, participants highlighted resilience practices. Participant 4 in FGD 1 stated:

"...We continue boiling water and cleaning even when cholera is gone, because we know it can return."

Participant 10 in FGD 2 added:

"...We encourage each other not to relax. Cohesion keeps us prepared for the next outbreak."

Some participants linked recovery to mining lifestyles. In FGD 1, Participant 7 observed:

"...Miners who earn money quickly recover faster, because they can buy food and medicine. But others feel left behind, and this creates tension."

During observations, households-maintained hygiene routines beyond the outbreak period. Cleaning campaigns continued, and residents kept sharing water and sanitation resources, showing that recovery was embedded in collective resilience. At the same time, mining-related inequalities were visible: wealthier households bounced back quickly, while poorer ones struggled, creating uneven recovery.

The findings reveal that cohesion not only supports immediate recovery but also sustains resilience. By maintaining hygiene practices and mutual support, the community reduces vulnerability to future cholera outbreaks. Emotional solidarity and continued cooperation ensure that recovery is not just physical but also social.

Artisanal mining influences recovery in both enabling and limiting ways. On the positive side, miners with financial resources can support households by providing food, water, or medical supplies, which accelerates recovery. On the negative side, mining wealth creates inequalities: some households recover quickly while others remain vulnerable, leading to resentment and weakening cohesion.

Thus, recovery in Chipadze reflects both collective resilience and social division. Cohesion sustains hygiene practices and mutual support, but mining lifestyles introduce disparities that complicate recovery. The community's resilience therefore, depends on balancing solidarity with the pressures of economic inequality.

4.6 Challenges to Community Cohesion and Coping Mechanisms in Chipadze

This section presents findings related to the third objective of the study, which sought to identify the challenges that weaken community cohesion in Chipadze during cholera outbreaks, the coping mechanisms households and groups employ to sustain resilience, and the recommendations suggested by participants to strengthen cohesion. The findings are organised into subsections that highlight environmental pressures, social barriers, coping strategies, and residents' recommendations.

4.6.1 Environmental Pressures Undermining Cohesion

This section presents findings on how poor infrastructure and environmental conditions strain unity and collective action.

During interviews, a health worker said:

> *"...Blocked drains and uncollected garbage make it difficult for the community to stay united in prevention, because the environment itself is unsafe."*

An NGO representative added:

> *"...Water shortages force families to compete for resources, and sometimes unity breaks down when people fight over clean water."*

During focus group discussions, participants expressed frustration. Participant 4 in FGD 1 stated:

> *"...We try to work together, but when toilets are broken and water is scarce, it becomes hard to maintain hygiene."*

Participant 9 in FGD 2 added:

> *"...Sometimes neighbours quarrel when water is not enough, and this weakens our cooperation."*

Some participants linked environmental pressures to mining activities. In FGD 2, Participant 6 observed:

> *"...Mining damages the land and water sources. Boreholes get crowded because miners also use them, and this causes conflict with residents."*

During observations, the researcher noted overflowing refuse pits, broken toilets, and long queues at boreholes. These conditions created tension among households, showing how environmental challenges strain cohesion and sometimes lead to conflict. Mining-related

pressures were also visible, with artisanal activities contributing to water contamination and competition for scarce resources.

The findings reveal that structural weaknesses such as poor drainage, inadequate toilets, and water shortages undermine unity. Even when communities want to act together, environmental pressures create competition and weaken collective action. Artisanal mining intensifies these challenges. Mining activities often degrade the environment, contaminate water sources, and increase demand for scarce resources. This not only worsens cholera risks but also fuels conflict between miners and residents, weakening cohesion. At the same time, miners' reliance on boreholes and shared spaces forces interaction, which can either encourage cooperation or heighten tensions depending on resource availability. Thus, environmental pressures in Chipadze are shaped by both inadequate infrastructure and mining-related impacts. Cohesion is strained when communities face competition for resources, and resilience is undermined when environmental degradation from mining compounds existing weaknesses.

4.6.2 Social Barriers and Behavioural Strains

This section presents findings on how misinformation, stigma, and behavioural differences affect cohesion during cholera outbreaks.

During interviews, a community leader explained:

> *"...Some people ignore advice from health workers, saying cholera is just a curse, and this makes it hard to unite."*

A health worker added:

> *"...Stigma is a big problem. Families with cholera patients are sometimes avoided, instead of being helped."*

During focus group discussions, participants highlighted behavioural challenges. Participant 6 in FGD 1 stated:

> *"...Some neighbours refuse to join cleaning campaigns, saying it is a waste of time."*

Participant 11 in FGD 2 added:

> *"...Others spread wrong information, like saying cholera comes from witchcraft, and this confuses people."*

Some participants linked social barriers to mining lifestyles. In FGD 1, Participant 8 observed:

"...Miners often bring new people into the community, but they don't always follow local rules. Some spread misinformation or refuse to join cleaning campaigns, saying they are too busy at the mine."

During observations, the researcher noted that while many households followed hygiene practices, some ignored advice and continued unsafe behaviours, such as using contaminated water sources. Mining-related behaviours were also visible: transient workers from mining areas were less integrated into community networks, which weakened trust and slowed collective participation.

The findings reveal that social and behavioural challenges weaken cohesion by creating mistrust, stigma, and misinformation. These factors reduce collective participation and slow down effective response, leaving gaps in community resilience. Artisanal mining adds another layer to these challenges. Mining attracts transient populations who may not share the same commitment to community practices, leading to weaker integration and reduced trust. In addition, mining wealth sometimes fosters arrogance, with some households dismissing collective advice or relying on private solutions. These behaviours fragment cohesion and undermine collective resilience.

Thus, social barriers in Chipadze are shaped not only by cultural beliefs and stigma but also by mining lifestyles. Cohesion is weakened when misinformation spreads, when stigma isolates households, and when mining-related behaviours disrupt collective participation. Addressing these barriers is essential to strengthening resilience against cholera outbreaks.

4.6.3 Coping Strategies Sustaining Cohesion

This section presents findings on how communities adapt and cope despite challenges that weaken cohesion during cholera outbreaks.

During interviews, a health worker explained:

"...We encourage families to boil water and use chlorine, even when resources are scarce."

An NGO representative added:

"...Churches and local leaders remind people to cooperate, and this helps sustain unity even when conditions are difficult."

During focus group discussions, participants highlighted resilience practices. Participant 2 in FGD 1 stated:

> *"...We form small groups to clean our areas, so that even if others refuse, at least part of the community is safe."*

Participant 7 in FGD 2 added:

> *"...We rely on churches and local leaders to remind us and encourage cooperation."*

Some participants linked coping strategies to mining lifestyles. In FGD 1, Participant 5 observed:

> *"...Miners sometimes share their earnings by buying chlorine or food for neighbours. But others keep to themselves, so coping depends on who you live near."*

During observations, households were seen improvising coping strategies, such as storing boiled water in containers, sharing sanitation materials, and organising small cleaning groups. Mining-related behaviours were also visible: some miners contributed resources to support neighbours, while others remained isolated, showing mixed impacts on cohesion.

The findings reveal that despite challenges, communities in Chipadze employ coping mechanisms rooted in sharing, improvisation, and leadership support. These strategies sustain cohesion and resilience, even when structural and social barriers exist. Artisanal mining influences coping in both supportive and disruptive ways. On the supportive side, miners with financial resources sometimes provide chlorine, food, or water, helping households sustain hygiene practices. On the disruptive side, mining wealth can foster individualism, with some households choosing not to share or participate in collective coping strategies.

Thus, coping in Chipadze reflects both solidarity and division. Cohesion is sustained through collective improvisation and leadership encouragement, but mining lifestyles introduce uneven contributions that can either strengthen or weaken resilience.

4.6.4 Residents' Recommendations for Strengthening Cohesion

This section presents findings on the suggestions made by participants on how cohesion can be improved to better respond to cholera outbreaks.

During interviews, an NGO representative said:

> *"...Government and council should provide more boreholes and improve waste collection, so that communities do not fight over resources."*

A health worker added:

"...We need continuous health education campaigns, not only during outbreaks, so that people stay informed and united."

During focus group discussions, participants offered practical recommendations. Participant 5 in FGD 1 stated:

"...Leaders should organise more community meetings, because when we talk together, we act together."

Participant 8 in FGD 2 added:

"...We need support with sanitation materials like chlorine and gloves, so that cleaning campaigns are easier and safer."

Some participants linked recommendations to mining lifestyles. In FGD 2, Participant 10 observed:

"...Mining brings outsiders and money, so we need leaders to guide miners to join cleaning campaigns and share resources. If they are included, cohesion will be stronger."

During observations, the researcher noted that communities were eager to cooperate but lacked adequate resources. The willingness to act was visible, but the absence of infrastructure and materials limited the effectiveness of cohesion. Mining-related dynamics were also observed: while some miners contributed resources, others remained detached, highlighting the need for leadership to bridge these gaps.

The findings reveal that residents see stronger institutional support, continuous education, and provision of resources as essential for reinforcing cohesion. These measures would reduce conflict over scarce resources and enhance the community's capacity to respond and recover from cholera outbreaks. Artisanal mining adds another dimension to these recommendations. Because mining attracts outsiders and creates wealth disparities, residents emphasised the need for leaders to integrate miners into collective health campaigns. If miners are guided to share resources and participate in cleaning, their economic power could strengthen cohesion rather than weaken it.

Thus, recommendations in Chipadze reflect both structural and social needs. Communities call for boreholes, sanitation materials, and education campaigns, but they also recognise that mining lifestyles must be managed to prevent division and harness their potential for collective resilience.

4.7 Discussion of Findings

This section discusses the research findings in relation to the broader literature on cholera resilience and community cohesion. It highlights similarities and differences with existing studies and examines possible explanations for these differences, such as geography, infrastructure, cultural practices, artisanal mining lifestyles, and methodological factors. The discussion is structured according to the study objectives.

4.7.1 Nature and Level of Community Cohesion

The findings revealed that residents in Chipadze rely heavily on unity and mutual support during cholera outbreaks, expressed through practices such as sharing clean water, assisting vulnerable households, and collective cleaning campaigns. These outcomes align with Tobin et al. (2020), who demonstrated that community-led educational campaigns and infrastructure improvements significantly reduce cholera transmission. Similarly, Chikwanje (2021) emphasised that participatory approaches foster ownership and responsibility, which resonates with Chipadze's case, where neighbours encouraged each other to seek treatment early.

However, differences emerged when comparing Chipadze to other contexts. While Ganesan et al. (2019) and Ratnayake et al. (2020) emphasised surveillance and early warning systems as central to resilience, Chipadze's findings showed that cohesion was more rooted in informal networks and psychosocial support. This divergence may be explained by the local context, where formal surveillance systems are weak, and communities rely on social ties and indigenous coping practices to sustain resilience.

Artisanal mining (Chikorokoza) adds another dimension to the nature of cohesion in Chipadze. On one hand, mining fosters solidarity among workers through shared labour, collective decision-making, and mutual dependence underground. This teamwork culture can spill over into community life, reinforcing unity during health crises. On the other hand, mining also creates divisions: wealth disparities between miners and non-miners, arrogance and violence associated with mining money, and transient populations who are less integrated into community networks. These dynamics weaken trust and fragment cohesion, complicating collective action during cholera outbreaks.

Therefore, the nature and level of cohesion in Chipadze reflect a dual reality. Cholera outbreaks encourage solidarity and mutual support, while mining lifestyles introduce both bonds and fractures. This interplay explains why cohesion is sometimes strong and sometimes fragile, depending on whether collective health needs or mining-related social pressures dominate community interactions.

4.7.2 The Role of Community Cohesion in Cholera Response and Recovery

The study revealed that communities did not wait for authorities but acted immediately, organising cleaning campaigns, boiling water, and encouraging neighbours to seek treatment. These outcomes align with Kapata et al. (2019), who emphasised community-based disaster preparedness, and Sinyange et al. (2018), who noted that community engagement was critical in controlling outbreaks in Zambia. Similarly, Nygren et al. (2021) found that local surveillance and hygiene education enhanced resilience in Chitungwiza, which resonates with Chipadze's proactive response.

However, differences emerged in recovery. While Finger et al. (2018) and Izah et al. (2024) emphasised vaccination campaigns as central to resilience, Chipadze's findings showed recovery was sustained through continued hygiene practices and mutual support rather than vaccination. This divergence reflects resource constraints, where communities rely on low-cost, collective strategies rather than formal medical interventions.

Artisanal mining (Chikorokoza) adds another layer to this dynamic. On one hand, miners' teamwork culture reinforces rapid mobilisation, as they are accustomed to collective labour and shared risks. This habit of acting together can strengthen community response during cholera outbreaks. On the other hand, mining wealth creates inequalities in recovery: households connected to mining often bounce back faster because they can afford food, medicine, or private water supplies, while poorer households struggle. This uneven recovery weakens cohesion, as resentment grows between those who recover quickly and those left behind.

Therefore, the role of cohesion in Chipadze reflects both solidarity and division. Cholera outbreaks encourage unity and rapid action, but mining lifestyles complicate recovery by introducing disparities. The findings extend existing literature by showing that resilience in

mining towns is shaped not only by health practices but also by economic inequalities and social tensions linked to artisanal mining.

4.7.3 Challenges to Cohesion and Coping Mechanisms in Chipadze

The study revealed that environmental pressures such as blocked drains, broken toilets, and water shortages strained unity. These findings align with Ali et al. (2015), who noted that poor infrastructure exacerbates cholera risks and undermines collective prevention. Similarly, Sinyange et al. (2018) highlighted that resource scarcity often leads to competition, weakening cohesion. Social barriers such as stigma and misinformation were also evident. Families with cholera patients were sometimes avoided, and rumours about witchcraft confused communities. These outcomes resonate with Ratnayake et al. (2020), who found that stigma and misinformation slowed response in Sierra Leone. However, Chipadze's reliance on informal networks for information sharing differs from contexts where formal surveillance systems dominate. This divergence reflects a weaker institutional presence in Bindura, forcing communities to depend on social ties and indigenous knowledge.

Coping mechanisms in Chipadze included boiling water, forming small cleaning groups, and relying on churches and leaders for encouragement. These strategies align with Nygren et al. (2021), who emphasised the importance of community-led hygiene practices in sustaining resilience. Yet, unlike contexts where vaccination campaigns or formal health systems drive recovery (Finger et al., 2018), Chipadze's coping was largely improvised and resource-dependent, reflecting structural limitations.

Mining introduces unique challenges and coping dynamics not widely discussed in cholera literature. On one hand, miners with financial resources sometimes supported neighbours by buying chlorine or food, reinforcing cohesion. On the other hand, mining wealth created inequalities, with some households recovering faster while others struggled, leading to resentment. Transient mining populations also weakened trust, as newcomers were less integrated into community networks and sometimes ignored collective practices.

This explains why Chipadze's findings differ from other studies: while literature emphasises infrastructure and health systems, Chipadze's cohesion is also shaped by economic lifestyles. Mining magnifies both solidarity and division, making coping strategies uneven across households.

4.8 Summary of the Chapter

This chapter presented the research findings and discussion based on the study objectives. It highlighted the nature and level of community cohesion in Chipadze, showing unity, trust, and preparedness as central to cholera response. The chapter also examined how cohesion influenced rapid response and recovery, while identifying challenges such as poor infrastructure, stigma, and misinformation. Coping mechanisms like water sharing, cleaning campaigns, and reliance on churches and leaders were noted, alongside participant recommendations for stronger institutional support and resources. The discussion compared these findings with existing literature, revealing similarities in the importance of community engagement and resilience, and differences shaped by local realities of infrastructure, culture, resource availability, and the influence of artisanal mining. These insights provide the foundation for the conclusions and recommendations in the next chapter.

CHAPTER 5: SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.1 Introduction

Based on the findings presented in Chapter 4, this chapter provides the summary, conclusions, and recommendations of the research. The conclusions are organised according to the study objectives, and recommendations are proposed to address the challenges identified. This structure highlights the lived experiences of Chipadze residents during cholera outbreaks and offers measures that can be adopted by the government, NGOs, and policymakers to strengthen resilience.

5.2 Summary

This section summarises the key outcomes of the research based on the research objectives. The results indicated that community cohesion in Chipadze was expressed through unity, trust, preparedness, collective response, recovery, and coping strategies. However, cohesion was also

challenged by poor infrastructure, stigma, misinformation, and inequalities linked to artisanal mining.

5.2.1 Nature and Level of Community Cohesion in Chipadze

Residents demonstrated strong unity and mutual support, expressed through sharing clean water, assisting vulnerable households, and collective cleaning campaigns. Trust and information sharing were central, with health workers, leaders, and churches playing key roles. Preparedness was evident in hygiene practices and cooperation with local authorities. However, artisanal mining introduced both positive and negative effects: teamwork culture reinforced solidarity, but mining wealth and transient populations created divisions that weakened cohesion.

5.2.2 The Role of Community Cohesion in Cholera Response and Recovery

Cohesion enabled rapid mobilisation during outbreaks, with communities organising cleaning campaigns, boiling water, and encouraging neighbours to seek treatment even before authorities intervened. Recovery was sustained through continued hygiene practices and emotional solidarity. Yet, mining lifestyles complicated recovery: wealthier households recovered faster due to financial resources, while poorer households struggled, creating inequalities that weakened cohesion.

5.2.3 Challenges to Community Cohesion and Coping Mechanisms in Chipadze

Cohesion was strained by environmental pressures such as blocked drains, broken toilets, and water shortages, which created competition and conflict. Social barriers like stigma and misinformation further weakened trust and collective participation. Coping mechanisms included boiling water, forming small cleaning groups, and relying on churches and leaders for encouragement. Mining influenced coping in mixed ways: some miners supported neighbours with resources, while others remained detached, creating uneven contributions to resilience.

5.3 Conclusions

This section presents the conclusions of the study, drawn directly from the findings and discussion in Chapter 4. The conclusions are organised according to the research objectives and highlight the broader implications of community cohesion for cholera resilience in Chipadze.

They show how cohesion both strengthens and weakens resilience, depending on the balance between solidarity, structural challenges, and mining-related lifestyles.

5.3.1 Nature and Level of Community Cohesion in Chipadze

The research concludes that community cohesion in Chipadze is both a strength and a vulnerability. Unity and trust provide the foundation for collective health practices, but cohesion is not uniform. Artisanal mining introduces dual influences: teamwork culture strengthens solidarity, while wealth disparities and transient populations fragment trust. Thus, cohesion in Chipadze is situational, strong during collective health needs, but fragile when economic and social pressures dominate.

5.3.2 The Role of Community Cohesion in Cholera Response and Recovery

Cohesion proved decisive in shaping the community's ability to respond and recover from cholera. Rapid mobilisation and mutual encouragement reduced the spread of infection, while continued hygiene practices sustained resilience beyond outbreaks. However, recovery was uneven. Mining wealth accelerated recovery for some households, while others remained vulnerable, creating social divides. The conclusion is that cohesion drives resilience, but its effectiveness is undermined when economic inequalities distort collective recovery.

5.3.3 Challenges to Community Cohesion and Coping Mechanisms in Chipadze

The research concludes that cohesion is weakened by structural and social barriers. Poor infrastructure, stigma, and misinformation erode trust and collective participation. Coping mechanisms such as boiling water, small cleaning groups, and reliance on leaders, sustain resilience but remain improvised and resource-dependent. Mining lifestyles further complicate coping, while some miners contribute resources, others foster individualism and exclusion. The conclusion is that cohesion survives through improvisation and leadership support, but its sustainability is threatened by persistent environmental pressures and mining-related inequalities.

5.4 Recommendations

Based on the study's findings and conclusions, the following recommendations are proposed to strengthen community cohesion and resilience against cholera in Chipadze.

- Improve infrastructure: Local authorities should invest in boreholes, drainage systems, and waste collection to reduce competition over scarce resources and minimise environmental pressures that weaken cohesion.
- Continuous health education: Health workers and NGOs should sustain awareness campaigns beyond outbreak periods, ensuring communities remain informed, united, and proactive in hygiene practices.
- Leadership mobilisation: Community leaders should organise regular meetings and cleaning campaigns to reinforce trust, encourage participation, and integrate both residents and miners into collective health efforts.
- Provision of sanitation resources: Government and NGOs should supply chlorine, gloves, and other sanitation materials to support cleaning campaigns and make collective action more effective.
- Integration of miners: Artisanal miners should be encouraged and guided to participate in cleaning campaigns and share resources, so their economic power strengthens rather than fragments cohesion.

5.5 Further Research Implications

This study was conducted in Chipadze, Bindura, and its findings are shaped by the unique dynamics of artisanal mining and urban infrastructure challenges. To build a broader understanding of community cohesion and cholera resilience, further research should be carried out in other mining towns and urban settlements to allow comparative analysis, while longitudinal studies could explore how cohesion evolves over repeated outbreaks. Policy-focused investigations are also needed to assess the impact of government interventions such as borehole drilling schemes and sanitation campaigns, and future work should examine how formal health systems, including surveillance and vaccination, can complement informal networks and indigenous coping strategies. Finally, research on the wider relationship between mining, environmental degradation, and public health risks would provide valuable insights for both health and economic policy.

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APPENDICES

Appendix I: Buse Research Clearance Letter

Bindura University of Science Education

DISASTER RISK REDUCTION DEPARTMENT
Private Bag 1020,
Bindura, Zimbabwe
Tel 263 – 66210-7531-6, 7621-4
Fax: 263-66210-7534
E-mail: emavhura@buse.ac.zw or edmavhura@gmail.com
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BINDURA UNIVERSITY OF SCIENCE EDUCATION

26 NOVEMBER 2025

To Whom It May Concern:

This is to confirm that **BEAULAR NGWENYA,** Registration Number **B220655B** is a student doing a Bachelor of Science Honours Degree in Disaster Management Sciences in the Disaster Risk Reduction Department at Bindura University of Science Education and is required to do a Research Project as part of her Degree programme. The student is expected to gather data for her project from various sources including your institution.

This letter therefore serves to kindly ask you to assist the above-mentioned student with information relating to her project entitled:

EXPLORING THE ROLE OF COMMUNITY COHESION IN ENHANCING DISASTER REDUCTION. A FOCUS ON CHOLERA RESPONSE IN CHIPADZE COMMUNITY MASHONALAND CENTRAL

Thank you.

EMMANUEL MAVHURA (PhD)
CHAIRMAN

Appendix II Interviewguide

Section A: Background and Experience of Cholera Response

1. Demographic Information (age, occupation, and how long you have lived in Chipadze)?

Answer: _____

2. What do you know about cholera and how it spreads?

Answer: _____

3. Have you or your household ever experienced a cholera outbreak? If yes, explain your experience.

Answer: _____

Section B: Community Cohesion in Chipadze community

4. How do people in Chipadze community get along with each other?

Answer: _____

5. How do community members support each other during cholera outbreaks?

Answer: _____

6. Do you think unity in the community helps in managing cholera? Why or why not?

Answer: _____

Section C: Social Capital (Trust and Cooperation) in the Chipadze community

7. Do people in your community trust each other during times of crisis? Explain.

Answer: _____

8. How is information about cholera shared within the community?

Answer: _____

9. How does trust in health workers or authorities influence people's response to cholera?

Answer: _____

Section D: Disaster Resilience in Chipadze community

10. How prepared do you think your community is for cholera outbreaks?

Answer: _____

11. What measures are taken in your community to prevent cholera?

Answer: _____

12. How does the community recover after a cholera outbreak?

Answer: _____

Section E: Vulnerability and Environment

13. What factors make your community vulnerable to cholera outbreaks?

Answer: _____

14. How do water and sanitation conditions affect cholera in your area?

Answer: _____

Section F: Climate Change and External Support how its affected and the impacts of external support

15. Have you noticed any changes in rainfall patterns or temperatures in Chipadze over the past few years? If so, how do you think these changes have affected cholera outbreaks in your community?

Answer: _____

16. What support has your community received from the government or NGOs to deal with cholera problems that are made worse by floods, droughts, or other climate changes?

Answer: _____

17. In your view, is the support from government or NGOs enough to help the community cope with cholera during extreme weather caused by climate change?

Explain: _____

Appendix III : Focus Group Discussion Questions

Understanding and Experience of cholera response

1 What do people in this community understand about cholera and how it spreads?

2 Can you share experiences of past cholera outbreaks in this community?

Section B: Community Cohesion

3 How would you describe the level of unity and cooperation in this community?

4 How do community members support each other during cholera outbreaks?

5 Do community beliefs or traditions influence how people respond to cholera? How?

Section C: Social Capital (Trust and Networks) in Chipadze

6 How is information about cholera shared within the community?

7) What role does trust among community members play during a cholera outbreak?

8) How does trust in health workers or authorities affect people's responses?

Section D: Disaster Resilience in Chipadze community

9) How prepared is this community to deal with cholera outbreaks?

10) What measures are taken by the community to prevent cholera?

11) How does the community recover after a cholera outbreak?

Section E: Vulnerability and Exposure of people in Chipadze

12) What factors make this community vulnerable to cholera outbreaks?

13) How do water and sanitation conditions contribute to cholera in this area?

Section F: Climate and Environment. How they affect the Chipadze community concerning Cholera

14) How do weather conditions (such as heavy rains or droughts) influence cholera outbreaks?

Section G: External Support and Gender roles in Chipadze community

15) What role do government or NGOs play during cholera outbreaks in this community?

16) How do men and women experience or respond to cholera outbreaks differently?