1 Introduction

Religion and public health in the shadow of COVID-19 pandemic in Southern Africa

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Introduction

Sweeping across the globe and causing death, untold suffering and unprecedented disruption, the COVID-19 pandemic announced its presence in a staggering manner in 2020 and 2021. Within a short period of time, the pandemic became the world's most pressing emergency, exposing the limitations of bio-medicine and highlighting the vulnerability of human beings in different parts of the world. This included those in the Global North who had generally tended to associate pandemics with the Global South. Confirming the earlier observation by the historian of religions, Mircea Eliade (1959) that human beings are essentially *homo religiosus* (human existence is inherently religious), religion featured prominently in making sense of the pandemic, across different cultures and contexts. Even the global appeal of the South African massive hit song, "Jerusalema" (Master KG featuring Nomcebo with its accompanying dance challenge) that went viral in 2020 confirmed humanity's search for healing in the middle of death and anxiety. It was in this context that religion in Africa sought to interface with COVID-19 and to be a positive force in society. Different religions played different roles in diverse African settings, intersecting with politics and shaping how people experienced and responded to COVID-19. As we elaborate below, this volume seeks to paint vivid images of such interactions, as well as to analyse them in depth.

Although several epidemics have been recorded in human history since time immemorial (Barry 2004), there has been limited work on the interface of religion and public health in the African context. As this volume was being finalised, the world was grappling with a health emergency caused by COVID-19 and it seemed timely to provide a scholarly introspection into the responses and impact of this pandemic in society. First identified in December 2019 in Wuhan, China, COVID-19 was declared a public health concern by the World Health Organization on 11 March 2020. This was because this viral disease had reached alarming levels in terms of its spread and severity given that many people were infected whilst others died. Although some

work on religion and the COVID-19 pandemic has begun to appear (among others, Dein et al. 2020; Kowalczyk et al. 2020; Parish 2020; Sonntag et al. 2020; Wildman et al. 2020), with additional publications on this theme to be expected in future, there is limited material emerging from the Southern African context. Given the speed and impact of the pandemic, we are anticipating an avalanche of literature on religion and COVID-19, perhaps similar to, if not exceeding, the interest in religion and other pandemics such as Ebola and HIV and AIDS.

This particular volume seeks to trace the diverse effects and responses to the pandemic across the broad spectrum of society including the religious, socio-cultural and public health fraternities. A lot of questions remain unanswered since the pandemic has affected people differently and has been responded to in a heterogeneous manner in the Global South, particularly in Southern Africa. Some of the key questions include: How have faith communities in Southern Africa acted as both a help and a hindrance (Mtata 2013) in response to COVID-19? What is the interface between religion and public health in the face of the pandemic in Southern Africa? As others are rethinking the entire Humanities curriculum in the wake of COVID-19 (Du Preez et al. 2020; Mendy and Madiope 2020; Ramrathan et al. 2020), how can the curriculum of Religious Studies and Theology in Southern Africa be transformed to equip graduates to be better able to handle pandemics in future?

In order to better understand possible responses to the pandemic, it is imperative to conceptualise how religion is understood in this volume. The use of the term “religion” follows an age-old debate on its elusiveness, culture specificity, flexibility, non-normativity and non-universality (Smith 1964, 1987; Cox 1996; Chitando 1997). In other words, the term is fluid and at times associated with misleading connotations because it is binding and confessional. For that reason, Smith (1964) suggests that we should jettison the term “religion” and replace it with two concepts, namely “personal faith” and “cumulative traditions”. In the same quandary with Smith (1964), Ninian Smart (1969) asserts that it is not prudent to expend our efforts in trying to define religion, but rather proposes its dimensions, to which he identifies six or seven in all. In fact, Smart (1969) cited by Sharma (2011:44) prefers the term “worldviews” over “religion”, which is more inclusive and beneficial. For Smart (1969) the separation of religion and the secular is unnecessary because essentially what we deal with is the religious and the symbolic aspect of human life – rituals, ultimate beliefs, myths and so on. Given these conceptions, contributors in this volume utilise a broad understanding of religion where the term “worldview” gives a new and more relevant view on religion. Smart quoted in Sharma (2011:49) had this to say:

I would argue that there are gains in stretching scope of religious studies and so in effect the definition of religion. It is of course awkward in ordinary conversation. So I use the term ‘worldview’ and the phrase

‘worldview analysis’ for what we do. It is not the best of words, but the English and other languages are very poor in vocabulary for discussing beliefs, ideologies as the like. Often the vocabulary of a people simply reflects its own religious history and that is typically not good for describing other systems.

Given the above insights, we learn that religion is a complex and variegated phenomenon which requires a “worldview analysis”. This does justice to the various religious traditions under discussion in this volume.

Writing as far back as the late 1960s, the Kenyan-born African Christian theologian, John S. Mbiti asserted that “Africans are notoriously religious” (1969:1). This has become a basis of understanding the spirituality and religiosity of Africans testified in the global shift of the centre of gravity of Christianity from the Northern to the Southern hemisphere (Kalu 2003:215; Sibanda 2018:8). In the context of COVID-19, the spirituality of Africans has been undoubtedly a prominent feature among the religious and non-religious personalities of various stripes, including politicians and public health practitioners. For instance, John Magufuli, the late President of Tanzania, claimed that the virus was a “devil’s tool” and went on to encourage people to continue visiting their places of worship at a time when other countries were stepping up measures to curb gatherings. Magufuli proclaimed that: “These Holy places are where God is. [...] Coronavirus cannot survive in the body of Christ, it will burn” (Taylor 2020). Here, Magufuli was self-presenting as a faithful devotee of the Christian faith. His decision to reject the lockdown route that gained momentum in most countries in the world, including Africa, set him apart from other African leaders. Magufuli, with an unorthodox approach to the office of president, was projecting the image of a pious and independent African leader who was implementing a uniquely African solution to respond to a global challenge. During the second wave of the pandemic in early 2021, Magufuli persisted with his ultra-conservative stance, saying:

We will also continue to take health precautions including the use of steam inhalation. You inhale while you pray to God, you pray while farming maize, potatoes, so that you can eat well and corona fails to enter your body. They will scare you a lot, my fellow Tanzanians, but you should stand firm.

(Reuters 2021)

Contributors to this volume have approached their chapters with flexible definitions of politics, but leaning more towards appreciating politics as the exercise of power (Heywood 1997; Modebadze 2010), with an impact on development (Oloruntoba and Falola 2018) in Southern Africa. They seek to examine how actors in the fields that have traditionally been demarcated as religious (dealing with spiritual issues, indigenous knowledge systems,

beliefs and practices that fall within their worldview in space and time), political (dealing with decision-making and relating to the distribution of resources) and public health (dealing with the allopathic and alternative medical services for human flourishing) have interacted in the wake of a global pandemic in Africa. Whereas one of the most prominent sociologists of African Pentecostalism, Asonzeh Ukah, makes the bold claim that, “COVID-19 could as much lay bare where the real power and resources of Africa and Africans lie: in religion or the political economy of the postcolonial state” (2020:459), we contend that an “either/or” approach is inadequate and misses the complexity of the interface between religion, public health and politics in Southern Africa. Contributors, therefore, seek to provide more nuanced analyses of how COVID-19 offers fresh insights into the religion, public health and politics conundrum in Southern African settings. Anthropologist Francis Nyamnjoh and historian Joel Carpenter have articulated an informative interpretation of the role of religion in society and we cite their observation below:

The fact that religion does not occur in a social, political and cultural vacuum should necessarily alert the attention of scholars – who provide for and are sensitive to the suggested approach – to the categorical imperative of the role of power, money, poverty and the cultures they engender and perpetuate in what form religion and religiosity assume in the lives of individuals and in the institutions and everyday relations of a given society.

(Nyamnjoh and Carpenter 2018:290)

In this way, the volume makes several assumptions that point to the role of religion in its variegated form as it interacts with public health and politics. The assumptions include:

- a that religion as an independent institution plays a vital role in health matters of the population, whether positively or negatively;
- b that religion facilitates in a positive way how states respond to the pandemic;
- c and that religion and politics are interrelated and, in some ways, interconnected to Africa’s development.

The foregoing assumptions are anchored on theoretical and methodological considerations that undergird this volume. Theoretically, the volume encompasses a wide range of theories on which contributors ground their chapters. By and large, the volume mirrors an Afrocentric thinking and experience where Southern Africa is the focus. In other words, contributors in this volume present the COVID-19 experiences of different communities, nations and states. Given the complex nature and severity of the pandemic, analogies/metaphors of collective consciousness become handy.

It is in this context that we adopt “the theory of the hut on fire” (Kurian 2001; Dube 2009:83) metaphor to explain the diverse and varied responses to the COVID-19 pandemic. This “hut on fire” theory was originally used by Kurian (2001) and further adopted by Dube (2009) to explain the different types of responses to the HIV and AIDS pandemic and we find it helpful in the context of COVID-19. As the nations feel the impact of COVID-19, they become the “burning hut” that members of the village provide varied responses to, which responses include (a) some villagers jumping into action to douse the fire and save the hut; (b) some villagers standing still, putting their hands on their heads and crying helplessly; (c) some villagers ignore the burning hut and remain indifferent taking it as none of their business, while (d) other villagers blame it on the victims whose hut is on fire saying that “those who play with fire get their fingers burnt”.

All these responses are indicative of the diverse standpoints of responses to COVID-19, positively or negatively. Contributors in this volume present many forms of responses to the “burning hut” due to COVID-19 along the lines of gender, religious, class and national identities. Using “the theory of a hut on fire”, the different chapters recognise that individuals, communities and the nations in Southern Africa under the shadow of COVID-19 can better understand the problem at hand and its possible solutions. Methodologically, contributors in this volume utilise various methods for data gathering and analysis from different paradigms. Due to COVID-19 crisis, the studies in this volume were carried out in the midst of the pandemic thereby leading contributors to adopt data collecting techniques amenable to COVID-19 containment measures.

Geographically, the book covers countries in Southern Africa whose boundaries largely follow those of the Southern African Development Community (SADC). Initially, we sought to do an Africa-wide volume with all linguistic regions represented. Unfortunately, due to the COVID-19-induced disruptions, we could not get contributors from the Lusophone and Francophone countries in SADC. However, chapters in this volume do not cover all the countries in the SADC region. The inclusion of a chapter from Tanzania is informed by Tanzania’s status as a member of the SADC. However, we included a chapter from Tanzania’s neighbour, Kenya, although Kenya is outside the SADC.

Background: religion, COVID-19 and politics

As COVID-19 took its toll in Western countries before coming to the African continent, one politician from Zimbabwe claimed that the virus was God’s way of punishing the Global North for imposing economic sanctions on Zimbabwe. God and COVID-19 were being roped into the sanctions discourse or “political football” (Chingono 2010). This shows the influence of religion in the public sphere. Some claimed that ancient prophecies of African Traditional Religions and relatively new ones within African

Pentecostalism were being confirmed through this pandemic. Therefore, whereas many religious leaders, governments and communities were taking decisive measures guided by public health officials to slow the spread of the virus such as halting congregational services and offering private and public spiritual guidance, others, however, were generating and circulating messianic and apocalyptic messages, which downplayed the value of official public health guidance, and offering religious panaceas that were running contrary to good public health practice (Dein 2021). On this basis, the volume presents chapters that show the ambivalent influence of religion (see Appleby 2000) across various sections of society in the era of COVID-19 in Southern Africa.

As part of the politics of public health, the histories of national and international responses to epidemic events tell us a lot about the interplay of power, religion, science and geopolitics. In the era of COVID-19, religion joined with science amid the virus crisis as people would “pray and wash” (VOA News 2020). Therefore, instead of magnifying the warfare theory of faith’s relationship to science, evoking the theory of religion and science as dialogue partners became urgent to test in the face of COVID-19 in Southern Africa. It can be asked: How far did religion complement public health in curbing the spread of COVID-19? Furthermore, instead of solely relying on biomedical strategies to deal with the crisis by combining epidemiological, clinical, and behavioural aspects, attention should also be duly accorded to the use of indigenous knowledge systems to understand, prevent, manage and reduce the impact of symptomatic elements of the disease. What has been the role of (non-) herbal remedies (Dandara et al. 2020) and African religion in this maze?

As human interaction had largely been turned into a virtual affair because of the COVID-19 crisis, new intervention strategies became critical. For instance, the lockdown made tele-health a useful mitigating measure to reduce the risk between patients and medical health personnel in the shadow of COVID-19 in Southern Africa. Even religious institutions began to seriously consider the viability of intensifying the use of online religion and religion online (Asamoah-Gyadu 2015) in times of COVID-19 and beyond. What were the politics of accessing online platforms and how did these shape religious identities in Southern Africa? Did this advantage those forms of religious expression that were already techno savvy, such as Pentecostalism, while disadvantaging those that were not as adept at embracing information and communication technologies such as mainline and African Initiated Churches (AICs)?

The government and public health call of social distancing was meant to reduce the spread of this pandemic. Some critics and contributors in this volume have questioned how amenable people were to the rules of lockdown and social distancing in the African context. To what extent is *unhul ubuntu* ethics (Sambala et al. 2019) relevant when dealing with the infected in times of COVID-19 in Southern Africa? This reminds us of the attitude

of accompaniment and solidarity, which were helpful to those infected by HIV and AIDS (Chitando 2007), notwithstanding that COVID-19 stressed the social distancing rule. For some, social distancing, using hand sanitisers and staying at home were privileges accessible only to the affluent, whilst the poor majority did not have spacious living space, money to buy sanitisers and yet others were homeless. Did religious leaders, who are expected to have a prophetic voice, challenge some of the policies and vicious enforcement of the lockdown regulations by the police in the different Southern African countries? Did religious leaders denounce the corruption that characterised some of the disbursements of COVID-19 funds in various contexts? Such questions lead us to reflect on these dynamics below (as well as in some of the chapters in this volume).

Politicians, religious leaders and COVID-19 in Southern Africa

With the COVID-19 pandemic gathering momentum, many African political leaders began to cajole the religious constituency to play an important role in responding to COVID-19. In many countries, including South Africa and Zimbabwe, Days of National Prayer were held, where political leaders ceded space to religious leaders to lead nations in prayers of supplication, as well as to mobilise their constituencies and beyond to respond to the pandemic. As chapters in this volume illustrate, this was achieved with varying degrees of success. For the purposes of this introduction, we seek to draw attention to a few major themes.

First, we approach the religion-politics-public health interface in the face of COVID-19 with a very specific model of interaction. We conceptualise this in terms of the relations between these spheres as being: (i) cordial, (ii) tense and (iii) mixed, with moments of cordiality being interspaced with those where there was tension. In the case of cordial relations among the spheres, actors from the religious, political and public health sectors share programmes, collaborate on joint actions, promote development and have front-door entry policies. In those instances where relationships are tense, there is constant criticism among the spheres. Relations are generally toxic and there is hardly any collaboration. In the third form of engagement, relations move between being cordial and being tense across different, but within short periods of time (see, among others, Ellis and Ter Haar 1998; Fox 2008, 2018 for other reviews of religion and politics). We have sought to interpret the religion-politics-public health interface in times of COVID-19 in Southern Africa within this scheme.

Second, it became clear in most cases that there was generally good rapport between the more prominent religious leaders and politicians who were running the different governments in Southern Africa. Thus, the dominant type of religion-politics-public health interaction that we identified was that of cordial relations, as in our model above. Most African political leaders

have often sought not to antagonise religious leaders. Recognising the strategic importance of religious leaders, and the faith-based organisations that are often related to faith communities, political leaders have deemed it helpful to have religious leaders on their side. Further, they acknowledge the religious social capital (Maselko et al. 2011) that the religious leaders bring to the table. Adopting an interfaith approach, they mobilised the religious leaders, gave them prominent positions at the meetings to respond to COVID-19, acknowledged their role in social transformation and sought to make them feel relevant and appreciated.

While we do not wish to suggest that politicians running governments adopted an instrumentalist approach in their interface with religious leaders in the face of COVID-19 in Southern Africa, it is fair to say that they sought to make religious leaders feel relevant. On their part, most religious leaders, particularly from the mainline churches and Muslim traditions, undertook to uphold and promote the COVID-19 protocols that were being popularised and enforced by African governments and public health officials. In these transactions between politicians and religious leaders, the ideal of securing the common good was prioritised. Thus, both the politicians and religious leaders presented themselves as selfless individuals keen to promote human security (Tarusarira and Chitando 2020) in the wake of a devastating pandemic.

Third, we observe that in some Southern African countries tension emerged between political and religious leaders over three main issues that we will need to summarise due to space considerations. In the first instance, there were some religious leaders, particularly from independent and charismatic movements (mainly Christian) that are not affiliated to any ecumenical group (Protestant or Pentecostal) that insisted on going ahead with large gatherings for religious purposes. Some Muslim groups also fall into this category (see, for example, Kindzeka 2020). Due to various religious and political reasons, they felt the need to resist the lockdown restrictions. In the second instance, some ecumenical bodies such as the South African Council of Churches (SACC) launched an anti-corruption campaign against the looting of COVID-19 funds. The SACC used strong language, describing the looting of COVID-19 funds as genocide (WCC 2020). Finally, there was also tension over some religious leaders' active resistance to vaccines in Southern Africa. For instance, the Rastafarian religious communities in Southern Africa were/are sceptical about the use of "Babylon" manufactured COVID-19 vaccines, as illustrated by Fortune Sibanda in this volume.

Overall, however, our central observation and submission regarding the religion-politics-public health interface in Southern Africa's engagement with COVID-19, and which has relevance in analysing future pandemics is this: pre-existing patterns and models of interaction determined the interface. This learning is critical in terms of preparing for future pandemics in Southern Africa (and probably elsewhere). Although pandemics have the capacity to generate new forms of interacting and disrupting previous types

of engagement, the most dominant trend or pattern will in large measure be shaped by previous and ongoing ways of interfacing between politicians and religious leaders in public health matters.

Public health, religion, and politics in the context of COVID-19 in Southern Africa

The previous section has highlighted the patterns of interaction between politicians and religious leaders in the face of COVID-19 in many Southern African countries. The main request by politicians was for religious leaders to act responsibly and adhere to the public health messages that were being disseminated by the authorities. This leads us to a discussion on religion, public health and politics in the era of COVID-19 in Southern Africa.

There is limited literature on religion and public health in general, and in Southern Africa particularly. However, following the devastating impact of HIV and AIDS, there have been efforts to understand the interface (see, for example, Azetsop 2016). The picture that is emerging suggests that religious leaders are very well placed to influence their constituents in matters relating to health. For example, the insistence on exclusive claims to faith healing by some neo-Pentecostal prophets has had a negative impact on the uptake of antiretroviral therapy in the context of HIV and AIDS. The inverse is true: where religious leaders have overcome stigma and have actively promoted antiretroviral therapy, adherence has been impressive. Therefore, religious leaders are strategic in communicating and supporting public health messages in Southern Africa.

In the context of COVID-19, most mainstream Christian, Muslim and traditional leaders were forthcoming in promoting public health messages that emphasised foregoing coming together for worship, sanitising and observing social distance. In this regard, they sought to complement public health officials and politicians in preaching messages of prevention. Religious leaders were simultaneously increasing or enhancing their social standing by saying the right things in the face of a devastating pandemic. This was not the result of some feigned “political correctness” (Fairclough 2003), but out of their commitment towards making a difference. Major religious activities such as the massive Easter gatherings for Christians and the Eid al-Fitr at the end of the month of Ramadan for Muslims were inconspicuous in 2020/2021.

By promoting public health messages to prevent and mitigate the impact of COVID-19, religious leaders in Southern Africa were subscribing to the ideology of religion-state partnership, or the cordiality model that we articulated above. In the face of a highly threatening pandemic, competition and tension with the state would result in missed opportunities when time would have been of utmost essence. However, the politics of gender still came out to the fore as illustrated by Molly Manyonganise’s chapter in this volume. In different settings and mirroring pre-existing gender norms, the faces of

religion and politics responding to COVID-19 in Africa were mostly those of middle-aged to older men. Images of God as the father tend to justify male dominance in religion and society (Modise and Wood 2016), resulting in male dominance. As the Ugandan feminist and legal scholar, Sylvia Tamale (2020) has cogently argued that colonial and missionary regimes have coalesced to give rise to male dominance in various spheres of life in Africa.

There was a general sacralisation of the COVID-19 public health messages. Although such an approach would be deemed problematic or even as compromising the clarity of public health messages in other parts of the world, this was not the case in Southern Africa. Thus, the COVID-19 messages of frequent hand washing, sanitising and keeping social distance were “baptised” and embraced as God’s very own strategy of protecting humanity. Here, the assumption that there must be or there is an inherent conflict or tension between religion and science was defused, as Bernard Pindukai Humbe illustrates in his chapter. Presenting the public messages in religious garb made it easier for the various communities of faith to embrace and implement them. Thus, for example, staying at home and not going to a religious gathering became a sign of obedience to a divine command, and not only accepting public health messages.

In keeping with the dynamics of upholding COVID-19 protocols, many religious activities moved online. This move benefitted mostly African Pentecostal churches, who have always been media savvy from the beginning (see, for example, Hackett 1998; Togarasei 2012) and are influencing other forms of religious expression such as groups steeped in African Traditional Religions (De Witte 2018). This transition to tele-evangelism and tele-health is extensively dealt with in Lucia Ponde Mutsvedu and Sophia Chirongoma’s chapter in this volume.

Although the picture of collaboration between religious and political actors in communicating COVID-19 prevention measures in Southern Africa is largely an accurate one, we concede that there were also some religious leaders who refused to heed public health messages, let alone to popularise them. For example, some “ultra conservatives” within the African Initiated Churches (AICs) refused to put on masks and continued to have their open air meetings in different countries in Southern Africa. For instance, the Johane Marange Apostolic Church in Zimbabwe has been castigated for flouting COVID-19 gathering restrictions by holding their Annual Pascal Festival for 21 days in July 2021 (NewsDay 2021). This was consistent with the underlying AIC ideology that biomedical approaches are part of the Western, colonising agenda. In reality, therefore, the resistance to public health messages by some AICs must be located within the discourse of decoloniality (Ndlovu-Gatsheni 2020). In this regard, AICs prefigure the concern with African epistemologies and jettisoning Western/colonial approaches to health and healing. AICs would stridently oppose the tendency to associate indigenous practices with facilitating the spread of pandemics (Jaja et al. 2020).

It must be admitted, though, that the lockdown left many religious practitioners battling for survival in economic terms. Once the weekly offerings were no longer coming due to the strict lockdowns imposed by many governments across the continents, many religious leaders felt the impact. It became clear that most faith communities are not well prepared to face emergencies. In an effort to mitigate the impact, some religious leaders sought to play politics to try and arm-twist their governments into including them on the “privileged list” of those who were providing “essential services” during the COVID-19 pandemic. This confirmed the transactional nature of the interface between politicians and religious leaders. Although this demand/request was not met in most instances, the fact that religious leaders felt confident that they could lobby governments to grant them special favours suggests that they sense that they can always get concessions from the politicians.

Revelations, contestations and explaining COVID-19

Related to the foregoing discussion is the theme of the politics of making sense of COVID-19. How were citizens in Southern Africa to explain COVID-19? What were the frames that politicians (and especially religious leaders) going to deploy to account for the pandemic? Although the first wave of the pandemic had left Africa relatively unscathed, the devastation of the second and the more vicious third waves, particularly in Southern Africa, saw the retrieval and use of images of apocalypticism (as we elaborate below). Consequently, the public space was awash with multiple interpretations of the origin of the pandemic, its signification and routes of resolution. For example, what, if any, would be the place of (a) vaccine/s? It would require a longer narrative to do justice to these themes than can be undertaken in this introduction. However, we shall raise a few salient points.

With COVID-19 paralysing in person religious gatherings and feeling that their authority was diminishing, some African Pentecostal leaders sought to reclaim authority by making pronouncements on the pandemic. If they could not retain prominence through healing claims, they would seek to do so by providing narratives that re-placed them at the centre. Thus, prominent African Pentecostal leaders such as Chris Oyakhilome, founder-owner of Christ Embassy Church and LoveWorld Television Network (Ukah 2020:454, note 89) and Emmanuel Makandiwa in Zimbabwe sought to explain the origins of the pandemic and to reassure their followers of divine protection. The late T. B. Joshua, well known for his claim to make accurate prophecies, had suggested that the epidemic would be over very quickly and had to change course when it persisted in 2020 (Orjinmo 2020).

Conspiracy theories, either generated from, or getting lubricated within, African Pentecostalism (but enjoying currency well beyond), gained momentum once the issue of rolling out vaccines became prominent from early 2021. However, efforts to account for the global pandemic, or what was said

to be God's unique plans to protect Africa from the pandemic, how to prevent COVID-19 and other issues constituted key issues in the public discourse on COVID-19. Ukah provides a helpful outline when he writes:

Some of the information, sermons, messages, and interpretations circulating from church leaders indicate different perceptions, perspectives, and practices regarding how churches and their leaders are coping with and adapting to the new and unusual circumstances of COVID-19. Interpreted as a plague, the COVID-19 pandemic is seen as understandable and controllable as divine retribution that prescribes a course of action as a remedy: return to God, prayers, acknowledgement of God in human affairs, and so forth. Some claim that the pandemic is not caused by a virus but is a byproduct of 5G telecommunications technology.

(Ukah 2020:453–454)

The discourse persisted in relation to whether Africans/members of specific faith communities could trust vaccines that had been developed in the Global North to respond to COVID-19. This was a highly contentious issue, with some Pentecostal leaders fomenting resistance to the vaccines. There were insinuations that some devilish plan was underway to exterminate Africans, or that the vaccines were designed to alter the DNA of those who would be injected, thereby tampering with God's plan and form regarding humans. The influence of Pentecostalism on strategically placed individuals became clear when the South African Chief Justice, MogoengMogoeng linked COVID-19 vaccines to a satanic agenda (Reuters Staff 2020). To be sure, this segment of Africans was not alone in questioning the efficacy of COVID-19 vaccines. The problem of vaccine scepticism also came to the fore in Zambia where Dr. Nevers Mumba, a Pentecostal politician, emphasised the need to provide a strenuous verification and validation of vaccines before using them on Zambians lest people would die like fools. For him, vaccines would be declared unsafe until they were scientifically proven by local medical experts, not foreigners. In the United States, some Evangelical Christians, many of whom were supporters of former president Donald Trump, also challenged COVID-19 vaccines (DW, n.d.). Some African governments fell prey to self-interests that bordered on the lack of responsible leadership.

Processing the meaning of pandemics is a task that no generation has been able to complete. Religious leaders and their followers went through different stages in trying to decipher what COVID-19 meant. African Traditional Religions, Christianity, Islam, Rastafari and other religions all offered different explanations of the pandemic. Indeed, there were internal variations within these diverse faith groups, as well as overlaps in how they sought to make COVID-19 intelligible and to enable individuals and communities to cope amidst its devastating impact. This goes some way in confirming the notion that religion is a meaning-making framework to cope

with stress (Park 2005). Faced with a highly disruptive pandemic, followers of different religions fell back on their faith traditions to extract meaning. In the case of Christians, the Bible was available for consultation.

The politics of reading the Bible in the context of COVID-19

The other form of politics that emerged from the religious engagement with COVID-19 relates to biblical interpretation. Across history and different settings, there has never been one, binding and universally agreed upon interpretation of the Bible. For example, there have been attempts to bring together African and European readers of the Bible in the quest for a shared meaning (de Wit and West 2009). It is clear, however, that there were multiple interpretations of the Bible in the wake of COVID-19. Further, it would appear that as there was HIV biblical hermeneutics (see, for example, Dube 2008; Muneja 2012), we can talk of COVID-19 biblical hermeneutics unravelling.

While a separate study is required to do justice to the theme of the politics of biblical interpretation in the context of COVID-19, it is possible to identify some key dimensions. For example, the dominant hermeneutical strand in readings of the Bible during COVID-19 in Africa was on security. As media images of overflowing hospitals and mortuaries in the Global North were being displayed, many Africans sought refuge in the Bible. This was accentuated during the second and third waves of the pandemic in early and mid-2021 when the death rate went up significantly in Southern Africa. The politics of reading in this regard were around “reading for security and individual/communal salvation.” The popular passages tended to be from the Old Testament (Hebrew Bible). Many social media posts sought to reassure individuals, families, communities, nations and the continent that the promises of God to protect and guide God’s people were still relevant. For example, the passage in Numbers 31: 49, “and said to Moses ‘Your servants counted the warriors who are under our command, and not one of us is missing’” was popular due to its suggestion that all those who were in quarantine would come out alive and be counted, without any one of them missing.

When the death rate increased during the second and third waves, there were calls for prayer and fasting from within different sectors. Thus, Ezra 8: 21–23, which refers to fasting, was popular with some religious leaders. Other readers of the Bible understood the COVID-19 as representing the end of time. Reflecting on the theme from a different context, Dein (2020) has explored the politics of interpreting COVID-19 as the apocalypse. In this scheme, the pandemic represents the end of time, where God is now acting decisively to bring history to a close. Indeed, the authors of this chapter encountered numerous social media posts by Christians from different confessional backgrounds that suggested that the pandemic was a sure sign that time was coming to an end through God’s intervention. Evoking the earlier

association of the HIV epidemic as punishment from God, yet others read the COVID-19 pandemic as a sign that God was punishing a generation that had turned away from the Creator (Pieterse and Landman 2021). But, to be fair, some Pentecostal leaders, such as Pastor Mensa Ottabil from Ghana, refused to endorse the popular reading of COVID-19 as punishment from evil or a form of demonic attack.¹

In heavily polarised societies, some citizens embraced COVID-19 deaths among the political leaders. They regarded this as divine judgement on those who denied citizens their rights. They too appealed to the Bible. For example, they cited the following text, “When the righteous prosper, the city rejoices; when the wicked perish, there are shouts of joy” (Proverbs 11:10). All these developments highlight both the interface between the Bible and politics in Africa (Gunda and Kügler 2012), as well as the politics of interpreting the Bible in the context of COVID-19.

The status of African indigenous knowledge systems in the context of COVID-19

As the Western medical system struggled to address COVID-19 and its pretensions were exposed, it was almost inevitable that discourses on indigenous knowledge systems (IKS) gained ground in Africa. For long trivialised, minimised and de-valorised by Western ways of knowing (Mawere 2014), IKS resurfaced with vigour in the face of COVID-19. Again, this theme requires more space than is available in this chapter. We highlight some of the key issues.

First, some countries such as Madagascar, Cameroon, Tanzania and others announced that traditional medicines would play a significant role in their COVID-19 responses. In particular, Madagascar’s president, Andriy Rajoelin, promoted a herbal tea which he said was effective against COVID-19. This generated considerable debate, with the World Health Organization (WHO) questioning the efficacy of the herbal tea. On their part, African ideologues challenged the WHO of sustaining a colonial agenda by refusing to accept solutions from Africa. The politics of “the centre versus the periphery” were being played out yet again, with some African intellectuals contending that the WHO needed to be decolonised. However, it must be conceded that there was need for the efficacy of African alternative therapies to be proven, even by alternative scientific paradigms, since lives were at stake.

Second, the increasing death rates from the second and third waves of COVID-19, particularly in Southern Africa, generated the increased use of traditional practices and medicines. For example, steaming and inhalation gained popularity, alongside traditional herbs. What is clear is that most Africans realised that they could not wait for the Global North to think about them in a cruel race for vaccines where rich and developed nations would buy vaccines in excess at the expense of developing nations, dubbed “vaccine

apartheid”. Vaccine nationalism would be the order of the day, where citizens of the Global North would receive priority, while Africans and others in the Global South would literally have only God on their side.

Third, the resurgence of IKS in the wake of COVID-19 in Africa confirms that the dominance of the foreign ideologies might only be superficial. Whereas the Christian and Muslim influences are real and Western paradigms dominate at the official level across most parts of the continent, it is worth noting the resilience of IKS. Going forward, IKS will continue to shape the responses of many Africans to pandemics. Investing in greater understanding of the role of IKS among Africans from diverse backgrounds remains highly strategic.

Chapters in this volume

Africa, Southern Africa in particular, is a rich terrain for the exploration of the complex relationships and new ways of understanding the interplay of religious beliefs, practices, state and society in the context of public health. On this basis, writing from a perspective of the indigenous knowledge systems (IKS), chapters constituting the first part of this volume point out the extent to which individuals and communities utilised this heritage-based philosophy in responding to COVID-19. In Chapter 2, Beatrice Okyere-Manu and Stephen N. Morgan explore the implications the ethics of *Ubuntu* have on public health in the era of COVID-19 in Southern Africa. *Ubuntu* is a widespread concept used in diverse African contexts. The authors situated their contribution in context by stating that “*Ubuntu*, the ethical theory that lies at the very heart of traditional African values, can be explored to meet the challenges brought about as a result of the outbreak of COVID-19.” Given that the COVID-19 pandemic has presented a new order to the African way of life, the duo critically explores ways in which the African ethics of *Ubuntu* can remain relevant in this new way of life confronting Southern African communities. They emphatically ask in wonder: how can the fundamental moral principles of *Ubuntu* be appropriated in the African community today? Thus, their chapter reflects on such principles of *Ubuntu* as good human relationship, the show of solidarity, high regard for family, respect for authorities and elders, and a sense of religion to demonstrate how the ethics of *Ubuntu* can inform the best ways to live and relate to one another amid the COVID-19 pandemic.

Similarly, in Chapter 3, Tenson Muyambo, arguing from a Ndaun indigenous knowledge system, examines the social distancing strategy as an indigenous knowledge systems of the Ndaun people helpful in the contexts of pandemics and epidemics in Zimbabwe. His research sought to establish the respondents’ experiences and views on social distancing as a prevention and control measure against the spread of COVID-19 from past experiences of epidemics. Using the Sankofa approach, the chapter argues that pandemics like COVID-19 do not only demand unique and unusual strategies that may

go against a people's indigenous knowledge, but use that available indigenous knowledge as building blocks to minimise the spread and severity of such pandemics. Muyambo established that while the Ndaup people appreciated social distancing not necessarily as a new measure to prevent the spread of COVID-19, it equally compromised and went against the dictates of *ubuntu*, which was then difficult to practice within the framework of African spirituality. The chapter recommends that a community-based task force led by traditional leadership and medical health officials is essential to educate the communities, in accessible languages and media, on the need to utilise both indigenous and Western epistemics concomitantly in the face of pandemics as deadly as COVID-19.

Still on the Ndaup people, Macloud Sipeyiye in Chapter 4, explores the promises and challenges of the Ndaup indigenous religion in the context of the pandemic with a view to finding how resources embedded within it can transform death-dealing behaviours in current and future times. Employing Carkoglu's (2008) spiritual capital theory, he examines how religious ideas and activities inspire adherents to transform their lives and that of others beyond their immediate comfort zone. Therefore, the chapter is an empirical qualitative phenomenological study that seeks to access the meaning embedded in the religious activities of the Ndaup in the context of religion, public health and COVID-19. Bernard P. Humbe's call in Chapter 5 is to integrate religion and science as a response to COVID-19 pandemic in Zimbabwe. For him, the COVID-19 pandemic has reignited a long-standing debate on the relationship between religion and science. His chapter can also be located in the scheme where African indigenous knowledge systems and religions are taken into account because they provide the spectacles that the majority of citizens use to frame their understanding of disasters or development initiatives.

In Chapter 6, Helena Van Coller and Idowu A. Akinloye's provide a critical examination of the state regulatory response in containing the spread of COVID-19 in light of the constitutionally guaranteed human rights, including the rights to freedom of movement, freedom of association, freedom of religion and the right to human dignity in South Africa. By using a doctrinal research approach through analysis of literature, statutes and case examples, the chapter evaluates the state regulations enacted to curb the spread of the COVID-19 in South Africa vis-à-vis the constitutional provisions protecting freedom of religion in the country in order to determine the constitutional justification of the regulations. They argue that parts of the regulations that provide for the total or partial ban of religious gatherings in the wake of the outbreak of the COVID-19 are permissible limitations of religious freedom. The chapter resonates with the view that law and religion can invoke restorative and therapeutic roles following a proper diagnosis of the problem at hand (Green 2014:214).

From the role of the law and religion in society, the volume moves on to Chapter 7, by Lucia Ponde-Mutsvedu and Sophia Chirongoma. This

chapter draws insights from Bronfenbrenner's ecological model and the African ethic of *Ubuntu/Unhu* as lenses for reflecting on how COVID-19 has impacted on social relationships, particularly family interactions in African communities. The authors tackled the cutting edge issue of the media and its considerable power with special reference to the Karanga-Shona people in Zimbabwe. They argue that people have tried to bridge the gap created by social distancing measures through the increased use of Information and Communication Technology (ICT), particularly social media, tele-evangelism and tele-health services, which has also inadvertently unleashed the problem of cyberbullying. This resonates with Green's (2014) observation that the new media has power to shape perceptions that become new social sources of value and normativity through mediated religion, health and social hostilities on social media. The chapter concludes by foregrounding the need for African communities to continue preserving and practising the principles of *Ubuntu/Unhu* whilst embracing realistic and practical adjustments so as to protect and preserve lives in the wake of the COVID-19 epidemic.

Paskas Wagana's Chapter 8 examines the role of religion in response to the COVID-19 pandemic challenges in Tanzania. Tanzania provides a unique case study of religion, politics and health because (at the time of writing) it was the only African country in the region to defy the advice to institute quarantine and national lockdown to curb the spread of COVID-19. Instead, under the leadership of the late President John Magufuli, Tanzania incorporated religion as a major tool in its own national guidelines to counteract both the spread of the disease and to mitigate the social and psychological effects brought by the traumatic COVID-19. The chapter employed the theory of governmentality whilst grappling with the question: how effective is religion in combating the spread of epidemics? Wagana concludes that Tanzania has been exemplary in evaluating its strengths, social structures and localizing standard measures of COVID-19 according to local conditions and resources available, including religion.

The next chapter by Julius Gathogo (Chapter 9) on "COVID-19 Containment Measures and 'Prophecies' in Kenya" explores the nature, impact, and progression of COVID-19 in Kenya during its first two months (March–April 2020). It provides the government of Kenya's initial response and that of religious leaders to the pandemic. Gathogo argues that while the State strove hard to play its role in addressing the pandemic, the resultant "prophecies" from some religious leaders were problematic. He also surveys the chronological events from 13 March to 25 April so as to understand the initial trends, the setbacks, and the progression of the pandemic.

In Chapter 10, Sonene Nyawo explores the Christian religious understandings and responses to COVID-19 in the Kingdom of Eswatini. The chapter shows how religious communities, influenced by a traditional cosmological orientation, understand and interpret this phenomenon. Beyond interpreting COVID-19 as a biological warfare, as some conspiracy theories would

claim, the chapter argues that some contended that it is a spiritual warfare between two kingdoms, which calls for a spiritual intervention to restore the disturbed equilibrium in the spiritual and natural milieu of human life. In addition, other people regarded COVID-19 to be God's punishment for sin and as a fulfilment of biblical prophecies about the end times. However, the chapter demonstrates that such understandings and responses can bind the nation together and contribute to successful coping with the pandemic, but may also lead to low perception of risk and create a fatalistic attitude in the face of the virus.

Nelly Mwale and Joseph Chita's Chapter 11 engages with how the Church mother bodies in Zambia, namely, Council of Churches in Zambia, Evangelical Fellowship of Zambia, Zambia Conference of Catholic Bishops and Independent Churches of Zambia responded to COVID-19. Drawing on Content Analysis of interviews, press statements and communications in the media from the Church Mother bodies, the chapter shows that the responses were characterised by both submission and defiance. Church Mother bodies reinterpreted their Christian dogma on worship to prevent and manage COVID-19. Additionally, they provided spiritual and public health education, material support and advocated for accountability and support towards society's vulnerable groups. Contrary to using religion as a barrier in the context of the pandemic, Mwale and Chita argue that the Mother bodies used religion as a resource to mobilise its members for the good of human life.

From the responses of the mother bodies in Zambia, the volume includes Tshenolo J. Madigele and James N. Amanze's Chapter 12 on the Churches and COVID-19 in Botswana. By using reports from Church Organizations under the Botswana Network of Christian Communities (BONECO), interviews with pastors and leaders of churches and literature available on the Internet, the chapter provided an overview of how the religious fraternity in Botswana has responded to COVID-19. The authors identified the strengths and challenges of the responses of churches under BONECO and outlining lessons learnt from the interface of epidemics, religion and politics. The chapter refers to *diaconia* as a vital responsibility of the church whilst the government is blameworthy for not giving the Church an ample opportunity to mobilise their members to take part in relieving those who were financially affected by COVID-19. The authors conclude that dealing with marginalization and social inequality may consequently bring sustainable long-term development under the guise of Christian ministry and work in complementing the government.

Makomborero Allen Bowa's Chapter 13 explores the challenges faced by persons with disabilities in Zambia, Zimbabwe and South Africa. He points out that in general, navigating many community and institutional barriers is a challenge for persons with disabilities in normal times. These include physical and environment barriers that are inaccessible, communication barriers, and attitudinal barriers, which negatively impact on them. In the

context of a pandemic, these barriers become even more complex and heightened. Essentially, it is clear that this pandemic is negatively impacting on the health and economic well-being of persons with disabilities in the Southern African context. For him, there is need for a more comprehensive and inclusive response from the Church in partnership with other stakeholders if the retrogressive impact of this pandemic is to be minimised, especially in the context of disability. He further asserts that the Church in Zambia, Zimbabwe and South Africa should take appropriate action to guard against the further marginalisation and stigmatisation of persons with disabilities during and especially after this pandemic through a liberative reading of the Bible. This chapter therefore assesses the potential risks for persons with disabilities during the pandemic and articulates the measures that the Church in collaboration with other stakeholders can put in place to mitigate processes that may further marginalise persons with disabilities from the mainstream structures of society and expose them to poverty.

Edmore Dube's Chapter 14 argues that Muslim public health perceptions had immense influence on the way Zimbabwe Muslims coped with COVID-19 restrictions. Such perceptions are centred on the Quran and the Sunnah of the Prophet; with the central maxim legalizing lockdowns coming from the *hadith* stating: "When you hear about a break of plague in any area, do not enter there and when it has broken in a land where you are, then do not run away from it [and spread elsewhere]." This and other sacred texts helped Muslims comprehend restrictions barring them from prayer houses during the invaluable Ramadan. They were equally enabled to accept science and anthropological research works barring them from their religious shrines, where they touched and kissed parts of the shrines. They understood the decrees of the religious laws proscribing them from being in areas where their presence could exacerbate epidemics. It was easy to take the results from Shia shrines, because history had a number of plagues in the holy shrines. Funeral rites appeared to be the only challenges for Zimbabwe Muslims, as elsewhere. The spontaneity and outpouring grief could not be contained leading to disregard for social distancing. The need to prove the social media wrong, as well as religious completion worsened the chances for breaking the law, even in the face of strong religious morality. Since funeral rites have the tenacity to resist regulation, which endangers the whole community, state security agents should work closely with religious leadership and the health sector during funerals.

In a heavily polarised society along creedal, gender, political, racial and class divides, it becomes urgent to shun hegemonic tendencies that stigmatise, demonise and criminalise, without justice. On this basis, Fortune Sibanda's Chapter 15 examines the responses of selected Rastafari communities in Africa. The chapter argues that Rastafari, an often stigmatised, demonised and criminalised minority religious movement located on the margins, navigated around hegemonic attitudes, *politricks* and conspiracy theories of *Babylon* system in order to reposition their agency in the

context of COVID-19 crisis in Africa. The chapter examines the Rastafari communities' responses to COVID-19 crisis in Africa. The chapter argues that Rastafari, an often stigmatised, demonised and criminalised minority religious movement located on the margins, has navigated around hegemonic attitudes, politricks and conspiracy theories of Babylon system in order to reposition their agency in the context of COVID-19 crisis in Africa. By using Afrocentricity perspective as theoretical framework, the chapter further demonstrates that Rastafari cultural identities such as music, Ital foodways, wholistic natural herbalism and environmentalism as well as spiritual and physically balanced lives engender creative and unique parameters that promote public health and human flourishing. The chapter concludes that Rastafari Afro-epistemological strategies in response to COVID-19 defy Western epistemological hegemonic tendencies and biomedical approaches. In the final analysis, Rastafari foregrounds the embracement of human diversity and the practice of One love, One aim, One people and One human race to drive positive complementary actions in the face of pandemics in Africa and beyond.

In Chapter 16, Molly Manyonganise explores how religion has to a large extent influenced the various experiences of women during COVID-19 in Zimbabwe. The chapter utilizes African Womanist theory as a way of starting constructive conversations on how men and women can negotiate their way through the pandemic as a collective. Data for the chapter were collected through social media, namely, Twitter, Facebook and WhatsApp.

In the last and concluding Chapter 17, Ezra Chitando synthesises the responses by religions to COVID-19 in Southern Africa in the context of the discourse on religion and development. He argues that whereas the dominant narrative in scholarly analyses of religion and development has been to insist on whether religion is a positive or negative social force, the chapters in this volume call for an acknowledgement of the fact that the picture is far more complex than this. The chapter provides a brief exploration of the growth of the religion and development sub-field within the academic study of religion in order to place the discussion into its proper historical and theoretical perspectives. It then states its central argument, namely, that the relationship between religion and development is more complicated than saying whether religion is a positive or negative factor in the quest for development. The chapter is a review of the chapters in this volume and illustrates how religion has been both a positive and negative factor in responding to COVID-19 in Southern Africa. It then draws some conclusions for the discourse on religion and development.

Conclusion

This volume represents an important repository of the responses of various religious actors to COVID-19 in Southern Africa. It describes how different religions in the region sought to prevent the spread of the pandemic,

collaborate with politicians and public health officials and to mitigate its impact. In some instances, the responses by religious actors were helpful, such as when they complemented public health messages to prevent the spread of the pandemic. However, in other instances their interventions were counter-productive. This includes when they adopted militant attitudes towards the call to stop in person meetings, or proclaiming messages that discouraged the uptake of vaccines. Overall, this volume invites scholars and readers from diverse disciplines to appreciate the complex interface between religion and COVID-19 in Southern Africa.

Note

- 1 The Christian Response to COVID-19, Time with Pastor Mensa Otobil, Streamed live on 24 March 2020. YouTube, viewed on 26 January 2021.

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