16 ‘When a pandemic wears the face of a woman’

Intersections of religion and gender during the COVID-19 pandemic in Zimbabwe

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Introduction

The novel COVID-19 pandemic has created exceptional circumstances that have altered nearly all facets of society (Kofman & Garfin, 2020:S198). Within scholarship focusing on the effects of the pandemic, there has emerged a wealth of commentary on the gendered implications of COVID-19. This chapter is premised on the view that as with any global crisis, women have been hardest hit by COVID-19 within the Zimbabwean context. The question that may arise from this assertion is how has that happened? It is understood that the pandemic came unannounced to the extent that people did not have time to really prepare for its coming. It, therefore, becomes imperative for academic scholars to pay attention to how the response in particular to the pandemic has had a lot of effects on women throughout the world in general but for purposes of this chapter, on Zimbabwe in particular. As a pre-emptive measure, I should hasten to declare that this analysis is by no means exhaustive because the study is being carried out when the pandemic is still on-going. Secondly, I may not have witnessed all that women have/are experiencing in the period of this pandemic. What the chapter intends to do is to start conversations around the impact of COVID-19 especially on women. This is because historic crises have always had dire effects on women and girls and the level of gender equality in general and the spread of the new coronavirus disease [is] not different unless immediate action is taken by integrating a gender-sensitive lens to all COVID-19 response (UNHR, 2020). This is not to say men have not been affected by the pandemic but as a gender academic who is very much interested in the intersections of religion and gender, I am almost always forced to disaggregate the impact of any crisis in order to see how it affects men and women differently. The focus of the chapter is on how COVID-19 has/is affected/affecting women though being cognizant of the fact that there are other ways that men have also been impacted upon by the pandemic. This chapter is going to focus on the various areas that women have found themselves to have been affected by the pandemic. It analyses the social, economic, religious, governance as well

as how women have been impacted upon in the area of health. The aim is to find out the various ways in which the pandemic has influenced religious attitudes towards gender as well as the pandemic's impact on patriarchy. This should assist in establishing the intersection of religion and gender in the context of the COVID-19 pandemic.

Mapping the COVID-19 pandemic context

The corona virus was first discovered in China, Wuhan Province in December 2019 and after affecting countries beyond China's borders, the World Health Organization (WHO) declared it a pandemic on March 11 2020 (Murphy, 2020:495). It was not long before the virus hit the African borders despite the false myths that had done the rounds on social media presenting the virus as a disease that could not affect black people. Zimbabwe registered its first case and fatality in March 2020. While there had been uncertainty and disorganisation coupled with lack of political will effecting a national response to the pandemic, the death of Zororo Makamba and the accusations levelled by the family against the government as well as public outcry jostled the government to eventually declare a lockdown which started on 30 March 2020 while schools and institutions of higher learning had been closed on 24 March 2020. Both air and ground travel was banned. Professionals in various sectors that were defined as essential needed clearance or exemption letters to be allowed to move around during the lockdown. A dusk to dawn curfew was put in place. The purpose of the lockdown was to ensure that people stayed at home and were to come out only for essential services such as getting health care, food or attending funerals in cases where this could not be avoided. People were encouraged to always sanitise and wash their hands regularly as well as masking up when going out. While the lockdown was gradually eased after 90 days, due to the spike in those infected by the virus caused the government to call for another hard lockdown on 2 January 2021. The home was and continues to be viewed as providing safety from the pandemic but later became a source of other challenges that were not foreseen. These and others are going to be discussed below. It is important to note that the paper will focus mainly on the challenges faced due to the initial lockdown in the 2020 year.

Women in the midst of COVID-19: a religion and gender analysis

An analysis done by Archambeault (2020:2) shows that COVID-19 is exposing and exacerbating the existing inequalities that put among other groups girls and women at increased risk of Gender- Based Violence (GBV). The international and local media ran many stories exposing how the pandemic has created an enabling environment for (GBV) Archambeault (2020:2) further notes that COVID-19 pandemic is projected to drive 31 million new

cases of GBV by the end of 2020 and cause a one-third reduction in progress towards ending GBV by 2030. Early evidence and expert projections show that COVID-19 is already and will continue to drive incidences of GBV across the globe (Archambeault, 2020:2). In South Africa, in the first week of March when the first lockdown was effected, the police recorded 2,300 complaints of GBV (Crux, 2020). This resonates with the Zimbabwean context. Within the Zimbabwean context, women have been/are experiencing all forms of violence be it physical, emotional, psychological, and verbal during the lockdown period. Men and women have been used to live separately especially the stay-at-home women/mothers, and men have been going out to try and eke out a living. However, because of the lockdown, they have been forced to be staying for long periods of time together. As a result, in those homes where women have been exposed to domestic violence, this has escalated. Within a week of the lockdown, Musasa Project reported receiving 592 calls from women and girls who were experiencing GBV compared to 500 calls they used to receive prior the lockdown period (UNCT, Zimbabwe, 2020). When GBV data was collated in July 2020, it indicated that between March and June 2020, 2,768 cases related to violence against women and girls were reported across the country which was a 70% increase (WILDAF, 2020). It was further noted that of these cases, 94% were women who were being exploited sexually, economically and physically. Intimate Partner Violence (IPV) accounted for 90% in these cases (WILDAF, 2020). The lockdown closed alternatives of escaping violence such as seeking shelter with relatives or seeking recourse through the traditional-set structures. While the lockdown was meant to make people safe from infection, the prevalence of GBV showed that “not everyone is safe at home” (Sarson & MacDonald, 2020). For Sarson and MacDonald (2020), women are being caught in these dual pandemics of COVID-19 and GBV.

The other type of violence that women are experiencing during this lockdown is Sexual Gender-Based Violence (SGBV). For vulnerable households, there have been reports of women encountering demands for sexual favours in return for food especially in those areas where food relief is being distributed. It is a pity that for those vulnerable households, women are being asked to engage in sexual intercourse by the men distributing this food. In this case, food is being used as a tool to abuse women. Also of concern is how women were being forced into sexual encounters at times by their own husbands. Sexual encounters during lockdown may have increased to the extent that women became concerned. Buttel and Ferreira (2020:S197) argue that important public health imperatives like lockdowns, stay-at-home orders, social isolation and social distancing have had a profound impact on families experiencing intimate partner violence.” Kofman and Garfin (2020:S199) observe that in pursuit of large-scale mitigation efforts to protect public health, the vulnerabilities of some-at-risk populations have been magnified. I have had discussions with women who complained that they were failing to put their uterus on lockdown during the lockdown period.

The issue of forced sexual encounters among married couples is an area that has not received much attention in religious circles in Zimbabwe. When it then happens in lockdown contexts, it puts women at risk of sexual violence from their husbands or intimate partners. This obviously is an area that faith communities and the church in Zimbabwe in particular need to start conversations on, in the post-COVID-19 lockdown era. Religious leaders need to rethink their construction of sexual intercourse as an activity that women should always be ready to take part in even when the odds are against them.

Still on SGBV, in mid-June, three MDC Alliance young women were abducted, tortured and sexually abused, probably by their political opponents when the lockdown was in force. The reason that was given was that they did not observe the lockdown rules by participating in an ‘illegal’ demonstration. However, when one looks at the picture showing the composition of the demonstrators, one notices that it was not an all-women demonstration. Men were also present. One then wonders why only women were targeted for abduction, torture and sexual abuse. Such occurrences allow us to nuance how “gender dynamics interact with traditionally patriarchal political processes and institutions” (Oxford Research Encyclopedia, n.d) being so explicitly interwoven in the COVID-19 context as a way of silencing female political voices.

It has also been noted with concern how the girl child has been put at risk by the closure of schools. The fact that everyone was at home made the girl child become vulnerable to child predators and they were being sexually abused. A month and a half into the lockdown, there was a story that circulated on social media of a mother lamenting how during the lockdown, two of her daughters were impregnated by their blood brother. Maybe this brother used to engage in sexual activities with other women before the lockdown, but due to the fact that our society constructs men as sexual animals, this brother may have felt that he could not abstain during this lockdown and he ended up engaging in sexual activities consensually with his sisters and they got pregnant. While there is need to collate exact figures on child pregnancies, unofficial reports from schools in Zimbabwe indicate that quite a huge number of girls fell pregnant during the pandemic-induced lockdown. Some of the girls are as young as Grade fours (taking into cognisance that some girls are starting to menstruate at the age of nine). Burzynska and Contreras (2020:1968) note that “with schools closing throughout the developing world where stigma around teenage pregnancies prevails, we will probably see an increase in drop-out rates as teenage girls become pregnant or married.” Thus, the coronavirus is intensifying the many gender inequalities as existing discriminatory and harmful norms continue or worsen (Align, 2020).

Furthermore, the girl child is at risk of being forced into early marriage. When schools around the world began closing their doors in March, child protection experts predicted that large numbers of children in the poorest parts of the world might never return to the classroom (Grant, 2020). From

UNESCO's estimation, 89% of students enrolled in education globally including nearly 743 million girls were out of school because of COVID-19 closures (Grant, 2020). It is generally agreed that schools provide 'safe' spaces for girls by shielding them from being married off as children (Norgah, 2020). In the COVID-19 induced lockdown, they could have provided safety nets for girls who are likely to be married off especially as a way to circumvent the corona-induced poverty. A good case is what happened in Mhondoro Ngezi, a rural area in Zimbabwe's Mashonaland West province. A 14-year girl was married off to a 65-year old businessman by her parents (the businessmen and the parents are members of the Johane Marange apostolic sect) who claimed that their livelihoods had been frozen by the coronavirus induced lockdown (Chiduku, 2020). Hence, they had to sacrifice their daughter so that they could survive. In this case, marrying off young girls is seen as a survival mechanism during the COVID-19 pandemic lockdown. However, Nenge (2013) has provided a hermeneutical analysis of child marriages within the Johane Marange church and argues that this challenge needs to be understood as stemming from their erroneous interpretation of the biblical text as well as the traditional religio-cultural attitudes towards women as inferior beings. We, therefore, need to see the pandemic as an enforcer of already existing religious attitudes towards women.

Women have also been affected economically by the pandemic. It was noticeable that due to the lockdown, a lot of women lost their livelihoods that has resulted in the economic disempowerment of women because of the closure of the informal sector where women are the majority. Women have also failed to adequately feed their families during the lockdown. Complaints are coming through of how hunger has become more dangerous than the virus itself in the absence of safety nets from both religious institutions and government. When the lockdown started, human transporters were also stopped from operating. Hence, it was reported in the media how women from Epworth (a high density suburb in Harare) were walking to and from Mbare (a high density suburb in Harare where the vegetable market is located) carrying loads of vegetables for resale. This shows how feeding for one's family had become a burden for women in Zimbabwe during the lockdown. In addition, women who depended on their children or husbands in the diaspora faced a number of challenges in trying to access remittances sent to them. Companies dealing in this business were closed at the onset of the lockdown. Even when they were opened, women could not get the money because they did not have exemption letters which would enable the security sector to allow them to get into towns. As such women failed to feed their families due to this restriction. It was noted that the high prevalence of GBV was directly linked to the economic difficulties that were induced by the lockdown. As stated by UNCT Zimbabwe (2020), the COVID-19 pandemic had a tremendous effect on GBV due to the resultant socio-economic stresses. In addition, Archambeault (2020:8) notes that apart from GBV, the socio-economic impacts the COVID-19 mitigation measures will exacerbate

other risks such as economic insecurity as well as food and water shortages. Therefore, when analysing socio-economic impacts as causal factors of GBV, one needs to factor in the way the pandemic has challenged African masculinities. It is unfortunate that most of the non-governmental organisations that are dealing with GBV cases and its causal factors in the COVID-19 context seem to be turning a blind eye on the religio-cultural factors; yet these could be central and could be useful in guiding responses. Within the realm of African hegemonic masculinity, men are constructed as sole providers of their families. The lockdown challenged this construction as most men found themselves failing to provide for their families. In some instances, the use of violence needs to be understood as a way of hiding away from this vulnerability of failing to fulfil a socially constructed role. Kabeer (2007) cited in Pasura and Christou (2018:532) argues that men respond to the loss of their hegemonic status in different ways, with some studies showing that some men resort to domestic violence among other viles. It becomes imperative, therefore, to understand this violence as being informed in part by historically and culturally specific social constructions of masculinity (Shefer et al., 2010). In addition, women who are working from home are burdened by performing double roles of being professionals and homemakers at the same time

Despite these negatives, we also need to examine how the pandemic-induced lockdown may have influenced a reconfiguration of African masculinities. Reports on social media have shown how men during the lockdown have been negotiating their way into those spaces that are traditionally designated as feminine, for example, the kitchen. Mwiine (2020) has termed these 'lockdown masculinities' and argues that self-isolation and the general stay-at-home campaign challenged most of the everyday ways of being men and meant that men and some women have had to 'learn' new ways of being and doing gender. Many a time, men found themselves helping out in the kitchen because of the long periods they were 'stuck' at home. In this case, both men and women were able to resist the cultural restrictions placed upon them. From Mwiine's analysis, it is through such kinds of resistances, negotiations animated by COVID-19 stay-at-home campaigns that there is the potential to disrupt gendered norms which provides new ways of forging new forms of masculinities and femininities as well as enacting them within the domestic sphere (2020).

Women's Sexual Reproductive Health (SRH) was also affected by the lockdown. For example, women failed/are failing to access contraceptives due to the lockdown. It was anticipated that the COVID-19 lockdowns which went on for about six months would have reduced access to contraceptives for approximately 47 million women in 114 low and middle-income countries, contributing to an additional 7 million unintended pregnancies (Eghtessadi et al., 2020:287). A study in Ethiopia showed that the pandemic was having adverse effects on the supply chain for contraceptive commodities by disrupting the supply chain and by delaying the transportation of

contraceptive commodities (Feyissa et al., 2020:24). In Zimbabwe, the lockdown restricted women from accessing contraception. For example, if one wanted to get into the city centre, they needed clearance letters from the employer stating why it was necessary for them to be granted permission to travel. Alternatively, for those seeking to buy medication, they needed to show their prescriptions to the police manning roadblocks. Yet women do not get clearance letters or prescriptions for contraceptives. As a result, they were denied access to the much needed contraceptives. Simply because the police wanted to see a letter of clearance exposed the women to unwanted pregnancies. Those women who depend on injections for contraception were in danger of getting pregnant if the injection expired during the lockdown. A lot of women were joking on social media saying by December 2020, they would give birth to 'Covid children'. On the other hand, men who used to condomise had their access to condoms restricted, hence, exposing women to unwanted pregnancies as well as STIs if the men were engaging in extra-marital relationships before the lockdown. The interconnectedness of SRH, gender and governance was clearly put to the test during the first lockdown, when a woman in labour had her husband made to pay a bribe for her to be allowed to pass through a police roadblock in Harare on her way to a Maternity hospital (Ncube, 2020). The policemen who were male would not empathise with the woman in pain not only for a few pieces of silver but because they were men and she was a woman. This lays bare the fact that corruption is not neutral but gendered. Hence, women and girls under stringent lockdown rules have limited access to social protection threatening their SRH rights (Eghtessadi et al., 2020:287).

Furthermore, the religio-social construction of women as carers puts women at greater risk of contracting the virus. For women, especially in Africa, social distancing becomes a luxury. How do they social distance from those that are close to them? Even those who may be infected by the virus? It was saddening to hear the story of a Zimbabwean woman in the United Kingdom, who when her daughter was dying due to the virus administered CPR having the full knowledge that she was infected which even led to her own infection. So how do we tell women who traditionally have been constructed as carers and nurturers of households to social distance? How practical is it in the African context? In fact, a lot of women are getting infected because they are trying to fulfil that role of themselves as carers of the infected. This is embedded in African religio-social construction of women as carers and as nurturers of societies and even households. Such a construction has exacerbated the pain that women go through during this time of COVID-19 because the pandemic has altered the way women mourn their dead. The demand for social distancing and wearing of masks meant that the funeral night vigils were no longer possible. At the peak of the virus, the dead were taken from the mortuary straight to the graveyard. Yet, culturally, bodies would lie in-state at home allowing relatives particularly women to perform the necessary funeral rites. The perceived contagiousness of the

dead body of a person who succumbed to the virus prohibited women from bathing the body or viewing it which traditionally allows them to bid proper farewell to the departed. Limits to the number of those who could attend funerals also brought heartache to a lot of women who could not bid farewell to their close relatives. A lot of these women together with the rest of the people continue to suffer from this pain of altered funeral procedures as they continue to seek for closure.

The other way that women have been affected by the virus is in the area of their spirituality. The closure of religious buildings has had an effect on religious women. Women are the majority within faith communities. In this case, the physical church has a special place in the hearts of the majority of women. How then can these women be told that they can no longer visit that physical structure? A place where they feel they can offload their burdens. How do they survive without hearing the sermons of their spiritual leaders, messages from those they believe provide a link between themselves and the supernatural? I have read quite a number of messages from pastors on WhatsApp platforms telling their congregants that the place they were used to go to is not the church, but that the congregants are the church. That may not have been the right time to be telling congregants because they were never prepared for it. Such a message is only relevant if all members are coming from believing homes. However, there is need to understand that at times, women in particular, are coming from homes where the husband is a non-believer, and they may not have the permission to be the church at home. Some religious leaders have resorted to the virtual church. This has been very innovative and creative. However, to the majority of women, the virtual church is not helping much especially considering that the majority of the women do not have the gadgets that would enable them to connect to the virtual church. They do not have smart phones or laptops. Those that have may find the cost of internet data inhibitive.

Looking the beast in the eye: equipping faith communities to confront gender inequality in the COVID-19 context

What then is the role of faith communities in dealing with the above-mentioned challenges? For a long time, faith communities have been described as gender-insensitive as well as gender incompetent. It is encouraging though that we have begun to see them grappling with the destructive legacy of patriarchal styles of authority and subordination of women. They have begun to feel uncomfortable with among others, 'All-men's gatherings'. However, it is also because of the calls that gender activists and academics have been making demanding that there should not be anything for women without them. From a gender perspective faith communities need to do the following if they want to be effective in any pandemic situation (this is not presented in any order of importance): First faith communities need to interrogate and challenge their underpinning theologies which tend to leave

out or to trivialize women's experiences and concerns. This would create space for more conversations on the role of women both in these communities and society at large. Women in faith communities are the ones experiencing all the gender vices of the pandemic; thus, there is need to provide spaces where they tell their stories of hurt and resistance. Nadar (2012:274) notes that while telling their stories places women in a position of vulnerability, the stories also become authoritative dialogical texts. That is the reason why establishing gender desks within religious organisations is of paramount importance. Such desks should be able to deal with women's issues in times such as the one we find ourselves in due to COVID-19.

Second, faith communities are called upon to condemn the underlying culture of violence against women since GBV and abuse are realities for members within these communities. This condemnation should be a lived reality within faith communities and not just a confessed one. Such condemnation calls upon leaders of faith communities not to be violent against women themselves so that they lead by example. Faith communities in Zimbabwe can take a leaf from what the Catholic Church in South Africa on 28 August 2020 did. It held a national day of prayer over women's plight in the COVID-19 era. The theme of the prayer was 'I Can't Breathe' which was reminiscent of George Floyd's murder by police in the United States of America. The prayer was meant to reflect on the hardships that were being faced by women in South Africa and across the world which for the church had been worsened by months of COVID-19 lockdowns. Sister Hermenegild Makoro aptly explained the experiences of women during COVID-19 lockdown when she said at this prayer meeting,

The effects of COVID-19 during the lockdown period made us all feel like walking zombies, the 'dry bones' of whom the Prophet Ezekiel spoke...The pandemic has made women feel they were captured in a concentration camp. For some, it might have felt like they were in 'gas chambers'...

(Crux Staff, 2020)

A recognition of the negative experiences of women needs to be accompanied by a clear condemnation of GBV. While organisations like the World Council of Churches as well as the Zimbabwe Ecumenical bodies have been visible in speaking out against GBV, there is need to encourage local churches within communities to do the same. There is need for more voices from faith communities to converge in speaking out against the scourge.

A rereading of the sacred text in ways that are life-giving to women is another significant way in which faith communities can deal with gender inequality. Oduyoye (1997:494) writing from an African Christian theological perspective argues that women in Africa view God as the source of their oppression since he has been presented to them as a male God. From her

analysis, “the androcentric Bible and Church have not been able to warp women’s direct experience of God as a living liberator” (1997:494). For Oduyoye (1997:495), rereading scripture and especially the stories of women in the Bible helps to bring God closer and enhance his presence around women. Hence, a rereading of scripture in life affirming ways makes it easy to uphold the humanity of each gender during a crisis such as COVID-19 pandemic if faith communities continually teach positively about both genders. For this to be successful, there is need to rethink the way boys and girls are socialised within faith communities. How sustainable is the way faith communities and societies have been socializing our boys and girls? Can we continue to promote dangerous masculinities and femininities? Or it is time to find other ways of socialization; ways that will ensure that our boys and girls value the humanity of the other so that during a crisis such as COVID-19, they are not thinking of abusing each other but they look out for each other.

Conclusion

The intention of this chapter was to show the gendered effects of the COVID-19 pandemic. The paper has highlighted the various ways in which women have been affected by the pandemic. The paper has shown that religions are also institutions and systems of power interacting with others in the gender order of society (The Church of Scotland, n.d). It has been shown how religion can challenge and contribute to change rather than reinforce traditional dynamics of gendered power. As such, the chapter has provoked faith communities to start serious conversations around the effects of pandemics such as COVID-19 on women. Unless myths around certain topics which affect women but which faith communities feel they are not comfortable to talk about are dealt with, the abuse and marginalisation of women will continue. It is important to note that the men who perpetrate violence against women are members within faith communities and they remain comfortable for as long as we do not talk about it. Women who are the majority of the victims are also members in our Faith communities. What this means is that the membership of faith communities has both perpetrators of violence and victims. This, therefore, justifies the need to start these conversations so that gender-sensitivity starts in the house of faith.

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