5 Living with COVID-19 in Zimbabwe

A religious and scientific healing response

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Introduction

Over the past two decades, the world has been struck by serious health crisis. Of note is COVID-19 which was declared a public health concern by the World Health Organization on 11 March 2020. The global disease highlights the interplay between religion and science in a contemporary society. This chapter explores Zimbabwe's scientific and religious responses as explanatory models to the Coronavirus crisis. It must be emphasised from the onset that there are numerous diverse characterisations of the terms "religion and science". This chapter gives the intended meaning of these terms in Zimbabwe, without necessarily assuming all of the meanings and connotations that are attached to them outside the context of the discourse of COVID-19 pandemic. Science is a derivative word from the Latin *scientia*, which means knowledge. Bhagat (2018) posits that science is systematic knowledge based on facts, observations and experimentations. Science seems to provide the only reliable path to knowledge since many people view science as objective, universal, rational, and based on solid observational evidence (Barbour, 1968:3).

Scientific tactics to COVID-19 pandemic encompass an amalgamation of mutually experiential and interpretive fundamentals. The experiential element in COVID-19 discourse comprises observations and tests, while the interpretive component includes the concepts, laws, and theories, which constitutes the theoretical side of science (Barbour, 1966:138). A scientific procedure on COVID-19 research would start with observation of cases, from which tentative hypothesis would be formulated, whose implications would be tested experimentally. These experiments would lead to the construction of a more complete theory, which in turn would suggest new experiments resulting in modifications and extension of the theory, which may also suggest a paradigm shift.

As suggested by the topic of this chapter, I also looked at the response of religion to the Coronavirus crisis. Unlike science, a major obstacle to investigating the role of religion in COVID-19 management is its contentiousness though it is a critical existential phenomenon which is as old as

humanity itself. In view of the religious plurality in the world today, several approaches ranging from various disciplines such as theology, ethics, philosophy, sociology and psychology have been employed to define religion. However out of the numerous definitions proffered by scholars of religion, I affirm an operational definition which Young (2005:4) advances when he claims that ‘Religion is human transformation in response to the perceived ultimacy’. Basing on three key terms in the definition, which are *human*, *transformation* and *ultimacy*, the following are some deductions that can be made:

First, **Religion** is a phenomenon that solidifies a human community. The indigenous Zimbabweans exist and behave as an existential community. Second, the concept **human** implies that in religion, the observer will find a particular understanding of what it means to be peculiarly human. So, one finds several essential characteristics of Zimbabwean personality. Third, the term, **transformation**, carries with it the dynamic inner quality of religion. Accordingly, this helps the researcher to understand that every facet of life among the indigenous Zimbabwean people is religious, be it in terms of their thoughts, feelings, interests, aspirations or actions. Therefore, the religious aspect of anything or something about the human life is only realised if there is transformation, that is, the integral change from one state to another. This religious transformation sets a target towards which the transformation is directed. This insight was clearly posited by Mbiti (1969:4) when he advanced the now classical niche that an African is ‘notoriously religious’. Fourthly, in terms of the notion of **ultimacy**, the indigenous people perceive themselves to be at the centre of their lives which defines what holistic and wholistic life is all about in the Zimbabwean community. Now, in African indigenous cosmology, *Mwari* (God) and or *vadzimu* (ancestors) are regarded to be the *causal nexus* (centrality) of indigenous people and well-being in Zimbabwe (Maposa and Humbe, 2012).

Religion has the capacity to influence the way individual/groups conduct themselves, interact with others and interpret certain phenomena in this case COVID-19. By implication, religion can influence health and well-being of people. Characteristic features of religion are that it is subjective in its experiential component, emotional, and based on faith, traditions or authorities. This is the reason why in the modern world of biomedicine it is mistakenly understood as parochial.

In this study, focus is paid on two religious traditions namely Christianity and African Traditional Religion (ATR) which I take as religions of healing. At the most obvious level, the two provide adherents with a soteriological belief system, hope, protection and escape from sickness, misfortune, and death (Porterfield, 2005:vii). Christian religious tradition in Zimbabwe is expressed in so many ways through its varied denominations, sects and cults. The same is with African Traditional Religion, which has been understood to be diverse due to differences in language, cultural belief systems and practices in various regions. So collectively, this may justify the

idea of having Christianities and African Traditional Religions respectively thriving on the Zimbabwean religious landscape. However, for convenience sake, I make reference to Christianity and African Traditional Religion in singular forms. Religiously, the indigenous people of Zimbabwe's response to COVID-19 is manifestly expressed through their beliefs, practices, ceremonies, rituals, festivals, symbols, objects, sacred places, morals, religious leaders and the revered practitioners (Mbiti (1969:4).

The chapter shows that in Zimbabwe, the pandemic has emerged at a time when life is unbearable due to political and socio-economic crises since the year 2000. It is against this backdrop that the coming of this pandemic to Zimbabwe provides the indigenous people an opportunity for human reflection on transcendent life since it is a challenge to science and human wisdom. The problem emanates from the nature of this disease, especially the obscurity of its origins, compounded by the fact that it is incurable. This study then explains why religious and scientific knowledge systems should coexist productively to tackle challenges such as the COVID-19 pandemic.

Conceptual framework

Any academic discipline is characterised by its own methods, its own content and its own terminology. Conceptual discourse on COVID-19 places its emphasis on the irrefutable prevalence of the disease in Zimbabwe. To describe something in this manner is to say that there is very little or virtually nothing one can do about it in face of a gruesome phenomenon. More often than not, language on Coronavirus seems to be having a paralysing rather than an energizing effect on people. Among other concepts, the majority of Zimbabweans use 'pandemic'. There are other terms which are used in conjunction with pandemic like 'crisis', 'agonising', and 'devastating'. For a pandemic to occur, there must be an epidemic (Isiko, 2020:78). So, the following is a clarification of the concept epidemic which the study calls epidemiology.

Epidemiological paradigm of COVID-19

Etymologically, the term, 'epidemiology' is derived from three Greek words: *epi* = 'upon', *demos* = people and *logos* = study of. Literally translated, the word epidemiology means the study of what is upon the people. Bartlett and Judge (1997:331) think that epidemiology is the study of disease in populations. The term is used to mean any disease that kills many people quickly in an unpleasant and arbitrary way regardless of age, gender, religion, race, nationality and/or health status of the victims (Isiko, 2020:78). Specifically, this study perceives epidemiology as denoting the prevalence and spread of the Coronavirus disease in the Zimbabwean population and the factors that influence or determine the spread of this disease. So, epidemiology is the study of health-event, health-characteristic, or health-determinant patterns within the Zimbabwean societies from a scientific and religio-cultural

perspective. Having a good conceptualisation of the virus and the science of epidemics is handy in explicating the decisions that are being made by the government, public health officials and local scientists. There are three main concerns for medical and public health professionals: the uncertainty of the virus, the severity of infections and the rapidity of spread the virus. Though it is rendered to the periphery, in this study a religio-cultural epidemiological approach is the cornerstone methodology of COVID-19 public health research. It helps to articulate the relationship between science and religion regarding the mourning, grief and burial of COVID-19 related funerals.

Pandemic

When an epidemic is experienced in several parts of the world at a given time, it is then categorised as a pandemic. Therefore, a pandemic is defined as an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people (Isiko, 2020:78). By 11th March 2020, the World Health Organization (WHO) declared COVID-19 a pandemic because it had spread to over 110 countries and territories around the world. Whereas there exists numerous medical works on pandemics by the governments, Non-Governmental Organisations (NGOs) and scientists, composition of treatises about pandemics has, over the centuries, been a concern of religious scholars, interpreting the occurrence of diseases according to pious traditions, as well as guiding society on proper conduct during pandemics. The sudden occurrence of pandemics has often been traumatizing for societies all over the globe with the initial search for answers more often associated to religion (Isiko, 2020:78). It explains why in the Zimbabwean context, the ordinary people postulate COVID-19 as a mysterious disease which has caused serious suffering. The notion of pandemic in this study presents the cruel and tragic facet of COVID-19, a serious disease of which individuals suffer and die alone, a situation of intense distress.

Methodology

This was a qualitative study that used phenomenology of religion. During the inquiry, procedures of *epoche*, empathetic interpolation and eidetic intuition were adopted to study varied symbolic expressions of that which people appropriately respond to as being of unrestricted value of them. Accordingly, the reality of COVID -19 could only be understood and made sense for by exploring indigenous Africans' lived experience of religion and the meaning that such people have attributed to it through their experience.

A purposive sampling frame was used to select 15 key informants to serve a specific purpose of finding the scientific and religious response to the problem of COVID-19 in Zimbabwe. They were aged between 20 and 65. The study was carried out from March 2020 to February 2021. The

participants were adequately informed about the research, comprehended the information and had the power and freedom of choice to allow them to decide whether to participate or decline Arifin (2018:30). Information from the participants was coaxed through observations (both participant and non-participant) and interviews. Due to lockdowns and quarantines, face-to face interviews were complimented by telephoning, messaging and WhatsApp voice notes. The key informants were identified considering their demographic characteristics (e.g., gender or age), sociocultural factors (e.g. religious affiliation, marital status, ethnicity, education, or area of residence) or occupation characteristics (e.g. religious experts, working, retired, or unemployed). What the participants had is what Bourdieu (1986:105) calls ‘cultural competence’ to understand the religious narrative of COVID-19 in Zimbabwe. Cultural competence included the ‘forms of skill and knowledge which enabled participants to make sense’ of the intersection between religion and health in their daily life. Anonymity and confidentiality were well-kept by not revealing names and the identities of participants in the data collection, analysis and reporting of the study findings. In addition to observations and interviews, I also did a review of secondary data which included media reports and online sources of information.

Flattening the curve: mitigatory measures to harness COVID-19

In the context of this study, the scientific perspective is the one adopted by the Government of Zimbabwe. Since the inception of COVID-19 in Zimbabwe, the Government has demonstrated practically that when it comes to health matters especially health pandemics, the scientific route is the only recommended practice to harness the situation. The Government through the Ministry of Health and Child Care (MoHCC) has become the mouthpiece and implementer of WHO guidelines and measures on COVID-19. Dr Agnes Mahomva, who is the National COVID-19 Response Chief Coordinator, vehemently stated that the Government has played the essential role in leading and coordinating the national response by ensuring that scientific comprehensive measures are outlined and protocols are met in all sectors. So strong community ownership of the response was very critical, taking action without waiting to be caught by the Government, for example, by the police to enforce the set rules and measures. Sharing of fake and misleading messages and information by individuals and communities about COVID-19 pandemic that would jeopardise the Zimbabwean national response was discouraged. Some of the messages shared on social media had caused a lot suffering to the general populace. In addition, the Government maintained that surveillance and testing were key elements to the country’s national response.

Though science had prescribed ways to flatten the curve, another dimension from some Christian circles emphasised introspection as the heart of

survival from this pandemic. Some Christian adherents expounded that in the context of suffering brought by the COVID-19 pandemic, the Holy Spirit was “protecting” the holy ones. One participant bluntly declared that “introspection is a precondition for a religious healing of the coronavirus”. In its foundational meaning, Christian healing is about repentance and forgiveness of sin. Linkages between repentance and healing to end suffering derive from Old Testament stories about the blessings of health, fertility, respect, and prosperity that accompanied God’s forgiveness of Israel’s sins after He called her to repent. God chastised Israel for her sins and turned her toward repentance with punishments of sickness, barrenness, disgrace, and misery. Thus, affirmation of a connection between sickness and sin lies at the root of Christian healing (Porterfield, 2005). In other instances, as reflected by Porterfield (2005), Christians discerned surrounding forces of evil and sin as causal agents of disease and suffering. The gospel writers understood the healings performed by Jesus along these lines, describing them as acts that defeated evil spirits (Porterfield, 2005). This might serve to imply that God is in control of the situation and ultimately, He is the solution to the pandemic if and only if people pray to Him.

The Government reiterated the importance of being guided by science in everything people do in their daily life as well as in treatment guidelines and protocols. For example, the need to follow science-based processes of introducing new medicine ensured that all patients were protected from unsafe practices. Strengthening of the national response to COVID-19 was done through deployment of vaccines. Vaccines are simply an additional prevention measure meant to compliment what the Government was already doing. Deployment of vaccines was done in line with WHO and African Union guidelines. Using the national vaccine framework, Health Care workers administered the vaccine working together with the Medicine Control Authority of Zimbabwe and local scientists throughout the deployment period and after the deployment. On 18 February 2021, General Retired Dr Constantino Chiwenga the Vice President and Minister of Health and Child Care became the first person to be inoculated with Sinopharm vaccine from China.

However, vaccination in Zimbabwe has been associated with confusing information such that the initial response was characterized by complacency in embracing the vaccination drive. Respondents admitted that they had accepted information which was propagated by some Church leaders who encouraged their members from taking the vaccines. On 19 January 2021, Ndoro reported in iHarare News that popular Zimbabwean prophet Emmanuel Makandiwa of the United Family International Church (UFIC) claimed that the DNA of Africans had also been tampered with for the search of the COVID-19 vaccine. Makandiwa’s sentiments on COVID-19 vaccine were heavily criticised specially by those who embrace science as a response to the pandemic. The critics argued that due to his massive following, Makandiwa’s words had the potential to undermine public health

as his followers always take his words to be gospel. The Government also responded on the national broadcaster Zimbabwe Broadcasting Corporation (ZBC) by urging the public to ignore such conspiracy theories from religious leaders. Given this scenario, unpredictable and chaotic, atypical situations begin to proliferate, bringing along a sense of unreality in the face of an overwhelming experience in times of pandemic (Oliveira-Cardoso et al., 2020). The State's subsequent reaction to defiant religious leaders was a demonstration of its ultimate authority despite the legal guarantees to religious freedom and expression. The reality on the ground was that religious opinions on the pandemic were not only unwelcome but also posed a great danger to public health and, therefore, the need for religious restraint. So, the implication was that scientific knowledge, but not religious ideologies, was the key to combat the pandemic (Isiko, 2020). On 25 July, *The Herald* captured Makandiwa addressing his followers on a live broadcast Sunday, backtracking on the conspiracy theory of the vaccination drive urging his followers to get vaccinated (<https://www.herald.co.zw>).

Conspiracy theory and COVID-19

The challenge with Zimbabwean bio-medical delivery system is that a significant percentage of frontline workers were found to have a poor attitude towards COVID-19 (Isiko, 2020:79). This is because of serious shortage of Personal Protective Equipment (PPE), unavailability of drugs in the hospitals, etc. On 25 March the Zimbabwean Nurses Association went on strike because of a lack of PPEs, unreliable water supplies and the need for a COVID-19 allowance. A healthy official reiterated that “the situation in the hospitals is pathetic, our own hospitals are now death traps”. She went on to emphasise that when she tested positive, she refused to be admitted into a hospital. She argued that “it was rare for Coronavirus patients to come alive from hospital”. From the responses she gave, it could be noted that some health officials had moral distress. According to Wallace (2020) moral distress is “the physical or emotional suffering that is experienced when constraints (internal or external) prevent one from following the course of action that one believes is right”. Moral distress is a significant issue facing critical care providers in hospitals and is associated with burnout, where the health staff experience emotional exhaustion and depersonalization, or even dehumanization, of the patients in their care. Some participants allegedly claimed that when a COVID-19 patient is admitted, some health officials avoid the patient to limit risk of exposure. The pain endured by the patients and ultimately their deaths may cause grief for the health officials.

In addition, lack of scientific research carried out in Zimbabwe on COVID-19 has exacerbated intensified establishment of fear in Zimbabwe. The national broadcaster, ZBC Television, reported in the first week of February 2021 that the Government was yet to start working on COVID-19 research. This means that since the emergence of the pandemic what the

Government was regarding as official information on COVID-19 was imported from other countries especially South Africa. Two possible threats were feared: loss of a family member and loss of a sense of control over events, triggering experiences of helplessness (Oliveira-Cardoso et al., 2020).

Importance of religious and cultural epidemiology

Knowing the importance of the spiritual component in health and well-being of indigenous Africans, an online publication (www.aa.com.tr) reported that the President of Zimbabwe, Emmerson Mnangagwa declared 15 June 2020 as Presidential Day of Prayer and Fasting to seek divine intervention in tackling the Coronavirus outbreak. He urged Zimbabweans to come together, pray, fast and continue to observe precautions necessary to prevent the virus spread. The Head of State urged Zimbabweans to join him for a virtual Church service from 10am to 12pm local time which was broadcast live on ZBC and other social media platforms. In January 2021, The First Lady Amai Auxillia Mnangagwa called women of Zimbabwe to join a ten-day series of prayer and fasting to seek for divine intervention in face of the deadly pandemic scourging, a request which was welcomed by most churches. She also has implored the nation to join her in seven days of prayer and fasting from 28 June to July 4 to pray for Zimbabwe in the face of a spike in COVID-19 cases and other ailments. Some interviewees criticised these prayer calls from the First Family arguing that it was a sign of desperation after having noted that scientific approach locally is struggling and unconvincing to a highly Zimbabwean distressed and suffering populace. A certain respondent maintained that there is no need to panic and portray a discorded policy framework in the Government's fight against COVID-19. The leaders should stick to science. Differing from the above views, one pastor thought that there was nothing wrong in calling for national prayers to contain COVID-19. He argued that what the President and the First Lady had done demonstrates that the country's leadership is using a multi-pronged approach to quell this calamity. However, it should be noted that Zimbabwe houses various religious traditions. So, the multi-pronged approach should reflect inclusivity in religious recognition as a response tool to COVID-19 pandemic. This reignites the long-standing debate whether Zimbabwe is a Christian state or not, a view which is dislodged by the provisions of the country's constitution. Mentioning only Christianity on the part of spiritual interposition is connoted bearing in mind that it is a religious tradition with origins from the West. At national and international levels, maybe, it was a shrewd move to appease the Western world which has been the author of western science being subscribed to by the Government to combat COVID-19.

The Church in Zimbabwe has been proactive to end suffering through instigation of prayers. One cleric cited the Zimbabwe Catholic Bishops' Conference which has been supportive of national prayers, viewing the

disruptions occasioned by coronavirus as a novel way for the church in the country to rediscover itself. He said the Church was encouraging congregants to pray for each other as families in both sickness and death. Another participant pointed out that the Roman Catholic Diocese of Masvingo did Novena Prayers asking God through the intercession of various saints to have the pandemic come to an end. Catholics were also encouraged to donate PPEs, sanitizers, soap, buckets to be given to the poor and disabled. Prayers for healing of COVID-19 patients helped in relief of suffering and enhanced ability to cope with coronavirus ailments. For example, part of Christianity's appeal as a means of coping with suffering is the idea that suffering is not meaningless but part of a cosmic vision of redemption (Porterfield, 2005).

The above approach was also associated with African Traditional Religion as adherents seek for a religious response to end suffering caused by COVID-19. They highlighted that there is an affirmation of the existence of Mwari (Shona Supreme God) in the religion's approach to harness the pandemic. The designations *Mwari* (God), *Musikavanhu* (Creator of people), *Samasimba* (The Omnipotent one) among others are replete with meanings, showing what the indigenous Shona people think of Him including health matters. Between *Mwari* and humanity are ancestral spirits who serve as conveyor belts. The Ancestors are the founders of the "Shona community". Chavhunduka (2001:4) argues that ancestors occupy a central position in our African religion largely because of their ownership of land and to their relationship to God. They are referred to as *varipasi* (those below) and dwell in a spirit world called *nyikadzimu*. They are guardian spirits who are influential in people's lives (Bourdillon, 1976:263). The Shona people are in the presence of their ancestral spirits wherever they are and whatever they do. The sacred practitioners interviewed clarified how suffering caused by COVID-19 is understood in indigenous communities through aphorisms like *vadzimutiringe*, (ancestors take care of us) *vadzimu vativasa* (ancestors have forsaken us) and *vadzimu vadambura mbereko* (ancestors have broken their back sling). These maxims serve to confirm the gravity of suffering being experienced by the indigenous of Zimbabwe. The ancestral spirits perform various positive roles provided the living relatives honour them regularly through libations. Some of their functions are; protection of their progenies from danger, misfortunes, natural disasters and deadly diseases pandemic.

Through interviews and observations in rural areas, the study discovered that in exploring the ATR's response to COVID-19 pandemic, rituals for the Shona begin, control and end all the affairs of life suffering. Using Idowu's view of categorization of rituals, they were typical of preventive rituals (Idowu, 1994:125). The COVID-19 preventive rituals in the rural communities are either public or private. They are often a precautionary measure to ward off evil or misfortunes which cause suffering. So, supplications and incantations are continuously done especially at family level seeking for ancestral protection from the scourging disease.

On healing of COVID-19 related symptoms to alleviate the pain endured by victims and caregivers, traditional healers pointed out that ATR was very pragmatic in its approach when dealing with disease pandemics. They cited traditional herbs like Zumbani (*Lippia javanica*), Mufandichimuka (*Myrothamnus flabellifolius*), Chifumuro (*Dicoma anomala*), Rimiremombe (*Sonchus oleraceus*), among other herbs as being very effective when used to manage the coronavirus. This is in agreement with what Tribert Chishanyu (online) said:

Traditional medicine practice is older... than science and it is accepted by the majority of Zimbabweans,” he said. “If modern scientists are given opportunities to try whenever there is an emergency disease (outbreak), why can’t we do the same to traditional medicine practice? We are treating symptoms related to COVID-19, so by (some) chance we may be able to treat COVID-19 (<https://www.voanews.com/science-health/coronavirus-outbreak/zimbabwes-government-says-herbal-treatment-ok-covid-19>).

During the study it was observed that the majority of Zimbabweans both in the rural and urban areas are using traditional home remedies to treat symptoms of COVID-19. They used the traditional methods like *kufukira* (steaming) which involved inhaling steam covered with a blanket. Before the emergence of coronavirus, ATR has been always prescribing *kufukira* to exorcise evil spirits and to cure respiratory diseases. One participant had this to say: “Since I used traditional and the so-called conventional medicine prescribed by medical doctors, I wonder if what I did constitutes a syncretic approach, *ndainatira nekunamata* (I steamed and prayed)”. Although no confirmed medical assurance has been issued by government medical experts, most Zimbabweans used a traditional herb called *Zumbani* as medicine to treat COVID-19 symptoms. Some respondents thought that it is important for Zimbabweans to thank ancestors for providing desperate citizens with *Zumbani* which has saved lives of millions in this pandemic. Ndoro (2021) argues that what makes this herb unique is that since immemorial past it has been understood to have some mystic powers. Because of its spiritual properties it is used in pre-burial, burial and post burial rites. It is a ritualistic plant which wards off keep evil spirits. In contemporary Zimbabwe, people showing signs of mental disorder, madness, or hysterical outbursts are required by traditional healers to wash their bodies with leaf infusions.

According to Ncube (2021), in a press statement, Health and Child Care Minister, Vice President Constantino Chiwenga commented on the use of *Zumbani* to treat COVID-19, saying:

Some Traditional Doctors were said to be claiming that their patients recovered after administering herbs. Yes, it is possible that some

traditional medicines can be used to treat COVID-19. However, there is a need for scientific researches to be done to ascertain their efficacy. The Ministry of Health and Child Care actually operationalized the Traditional Medicines Department, which is pre-occupied with research in this area (<https://ihearare.com/vice-president-chiwenga-speaks-on-the-use-of-zumbani-and-moringa-to-treat-covid-19>).

It is important to note that taking time to finalize researches on the efficacy of some of the traditional herbs in managing the coronavirus is fuelling suffering in Zimbabwe for its health delivery system has collapsed.

Dying, death and burial of COVID-19 victims

Coronavirus disease has severely affected death and burial rites. During lockdowns, the government banned citizens to gather for funerals only allowing a limited number of not more than 30 people as a way of reducing transmission. In January 2021 the government also put restrictions on movement of COVID-19 related deaths, saying police would only clear body movements for burial straight from a funeral parlour/hospital mortuary to the burial site. Breaking these stipulated injunctions have resulted in those who subscribe to scientific interventions in curbing COVID-19 to reason that traditional ways of handling funerals have become super spreaders of the virus. On 2 July, *The Herald* reported that eight people died after attending a COVID-19 death funeral. Mourners had converged at the deceased's homestead in their numbers. Traditional mourning practices included close contact with the deceased's body including folding, bathing and viewing. This meant that there was a prolonged period of contact of mourners with the corpse. These attendees could then establish new chains of transmission, leading to an unchecked transmission of the virus Rammohan et al. (2012:1).

In most cases, during bereavements, the funeral wake, it was observed that the homes were never disinfected, no practice of social distancing, no sanitization, no masking up of faces, people hand shaking, hugging and body viewing. In line of this situation, Sachiti (2021) in *The Herald*, cited the Community Working Group on Health Executive Director Mr Itai Rusike suggesting that

family members, relatives and friends should consider other options to mourn and pay their respects to the departed instead of physically attending the funeral, avoid touching of hands and embracing as a way of consoling the mourners. They should keep their masks on when singing or dancing at the funerals.

Confronted by this unprecedented situation, some participants suggested use of information technology in attending funeral sessions. A certain COVID-19 survivor had this to say:

without a proper plan of action, I still think use of information technology for funeral is a good option. Better to err on caution than risk lives in the name of gatherings for funeral service. But as a survivor, the risk is not worth it.

However, the majority of Zimbabweans do not have information technology gadgets and those who own them cannot afford high speed bundles for Internet. Failure of observing the traditional death and burial rites has contributed to disenfranchised grief. It occurs when families are unable to grieve in traditional practices of funeral services or being unable to attend a loved one's burial (Wallace, 2020). For the Shona people of Zimbabwe, funeral gatherings are meant to show one's sense of belongingness.

Misery in communities which have COVID-19 deaths has been nursed by stigmatization. Response from a woman who attended a funeral of a relative who died of COVID-19 opined that after the funeral, she experienced stigmatization though she had tested negative. The pathogen's invisibility and dangerousness are two additives that enhance persecutory anxiety (Oliveira-Cardoso et al., 2020). Thus according to Oliveira-Cardoso et al. (2020) the mourner ceases to be an object perceived as vulnerable, someone who needs support and protection and becomes stigmatized as a potential vector of transmission, a threatening and persecutory object, which further amplifies feelings of loneliness and discouragement.

Psycho-social support in religious healing: family power

The lockdown restrictions have rendered people to be intensely affected by grief. The African person is defined as a member of a family, and so is never alone either in self-concept or in the perception of others. The life of a person is wholly dependent on the family and its symbiotic functions of biological lineage, communal nurture, and moral formation (Paris, 1995:101). A COVID-19 survivor, emotionally charged saying "When I was quarantined, I felt lonely, disconnected and isolated from my family and friends" Most of the people in Zimbabwe like elsewhere in the world, are suffering from an ambiguous grief. This is because the COVID-19 deaths occur without the opportunity to say good-bye, engage in traditional rituals and obtain closure, making unresolved feelings commonplace. The rapidness of dying, death and burial changes since the emergence of this pandemic has caused many people to be left with a real sense of unease.

A certain man narrated that when he fell sick his COVID tests were positive. His wife was the caregiver but a few days after his recovery the wife succumbed to COVID-19. So he was feeling guilty blaming himself that he had caused the death of his wife. This is supported by Wallace (2020) who thinks that when an individual has not followed the social or mandated "rules" to limit exposure and becomes infected or spreads illness to others, feelings of blame, anger, and sadness, among others, will be entwined with their

experience of losing their family members (Wallace, 2020). The respondent said the Church was giving him comfort in the notion that there may be a greater purpose in the loss of his loved wife.

Unification of a divided people

With the arrival of coronavirus, religion has been associated with the construction and maintenance of social peace. At the core of their social practice, believers have built families out of strangers, and the extraordinary success of religion in human affairs can be attributed, in part, to this social feat. Believers understood the formation of close communities as manifestations of the Divine power. This has become handy in coping up with the adverse effects of the pandemic especially accepting the reality of death of a family member and processing the pain of grief.

When looking at the response of religion in managing COVID-19 pandemic in Zimbabwe, one is not compelled to pay too much attention to religious membership as an indicator of religion. What is on the ground is existence of home religion where people have just become independent religious people. The idea of independence comes to exonerate the person from being involved in various religious expectations. For example, in some instances, Christians were involved in steaming with *Zumbani*, sniffing snuff, sprinkling snuff, libations, while traditionalists would also listen to Biblical verses cited on coming to end of the world. Mostly all these ritualistic practices were done at home. The home has become the sacred place for unchurched believers. In most cases, women operate as home frontline workers in taking care of the COVID-19 patients hence they have endured more suffering compared to other members of the family.

Final reflections of the study

Findings of this study opened up new ways of thinking about indigenous people's response to a pandemic like COVID-19 in terms of religious experience and practice. Basically, the study showed how competing regimes of knowledge in Zimbabwe were unveiled and how a combination of these is used in the discourse of coronavirus (Botha, 2008:153). This is viewed side by side with scientific approach which provides healing as a biological process thereby leading to better comprehension of how religious experience and practice can stimulate bodily strength and vitality. Using religion as a coping strategy appeals to the brain of the affected people. Relief from stress can affect all of the systems and functions of the body, from heart rate, blood pressure, digestion, and immunity to improvements in the exercise of thought, speech, and memory.

The two religious traditions used in this study equipped people with skills to offer psycho-social support when dealing with daily coronavirus-related challenges and other mundane concerns. The coronavirus crisis made many

people believe that to be a health worker means to receive a divine calling to help people whose life is threatened by COVID-19. The study also noted that women were the most vulnerable people in COVID-19 era. The role they played in caring for the sick exposed them to COVID-19 hence they fulfilled a divine mission of *musha mukadzi* (a woman is the pillar of an indigenous home).

Because of coronavirus, the following is generally what the participants agreed to be severely affecting dying, death and burial rites:

- Those in quarantine die alone without the company of relatives
- No relatives to perform folding rites
- No relatives to perform bathing rites
- No hand shaking and embracing
- No body viewing
- Sometimes interment of the deceased is done by strangers.
- In some cases the deceased are buried on alien lands without the presence of their relatives.

On death and burial practices, one participant clarified saying African traditional practices overshadow Christianity. She emphasised even in Christian circles, there is no Christian burial but African burial of a Christian. However, COVID-19 has contributed towards omission of some of the important rites during burial procedures. Instead of using sayings such as *tamuradzika* (we have laid her/him, and *tamuchengeta* (we have kept her/him) participants have resorted to the aphorism *tamurasha* (we have disposed her/him). In this context, the process of burial does not become the means of ensuring a smooth transition from the living membership of the family to a membership as an ancestral spirit (Humbe, 2020). The failure to perform the prescribed dying, death and burial rituals makes the living relatives to suffer from serious grief. Participants were in agreement that science does not address the emotional effects that COVID-19 impacts on the victims and those who live in fear of contracting it. On this note some respondents admitted that they appeal to religion during these convalescing moments of grief.

Synecdochisation played an important role in the characterisation of religious healing for COVID-19 in Zimbabwe. Through synecdochisation, only a particular aspect was generalised to be the essence of managing COVID-19. For example, mostly the healing aspect at national level was administered with the use of science only. This was predominantly propagated by modernised people in their interpretation of religious and cultural healing practices in Zimbabwe as retrogressive especially in a pandemic situation. That characterisation was proliferated in print and electronic media for public consumption. This resulted in an undervaluation of religion since the Government's COVID-19 response framework subscribed to a scientific approach. This undervaluation of religious congregations, reliance on faith healing and performance of rituals

constituted the main strategy to morally justify condemnation of religious healing (Martí, 2015). There is no doubt that in the processes to understand the efficacy of science to fight against COVID-19, overvaluation also appears. For example, this is noted in the Government's position that it is guided by science in whatever it does. However, there are situations which need religion, especially in understanding the religio-cultural epidemiology of the indigenous people. Because of the undervaluation of religion and overvaluation of science, in a public forum, religion took a backstage in its response to COVID-19 pandemic. This is well expressed by Isiko (2020:93) in the following words "Religious institutions' attitude of passivity, inactivity, distance or mute indifference in the face of such a monumental catastrophe was driven by thinking that it was an absolute responsibility of the state".

Conclusion

There are several approaches used to deal with a health pandemic. This study detected two which are: public health approach and individual health approach. The government of Zimbabwe is using the public health approach which mainly subscribes to science. High state intervention also signifies a political response to the pandemic. But the majority of Zimbabweans have resorted to use the individual approach using home-made remedies to alleviate COVID-19 symptoms. This one has been widely embraced because it takes cognisance of one's religio-cultural values. However, the conflicting visions and interpretations of COVID-19 in Zimbabwe have created a certain ambiguity in the country's health sector, as well as in other aspects of national thought and life. In this COVID-19 era, interest in the salutary effects of religious belief and practice far exceeds interest in its pathological aspects. To reduce Zimbabwe's medical development to a scientific exercise in rational planning without fully recognizing its religious and cultural dimensions is to tell an incomplete story (Porterfield, 2005:12).

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