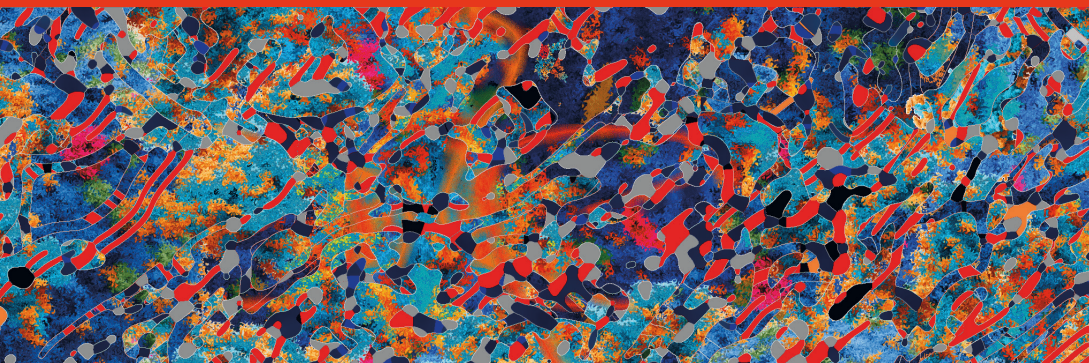


Helen A. Labeodan, Rosemary Amenga-Etego,
Johanna Stiebert, Mark S. Aidoo (eds.)

COVID-19

African Women and the Will to Survive



University
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Press

31 Bible in Africa Studies

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edited by
Joachim Kügler,
Kudzai Biri, Ezra Chitando, Rosinah Gabaitse,
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The Editors

July 2021

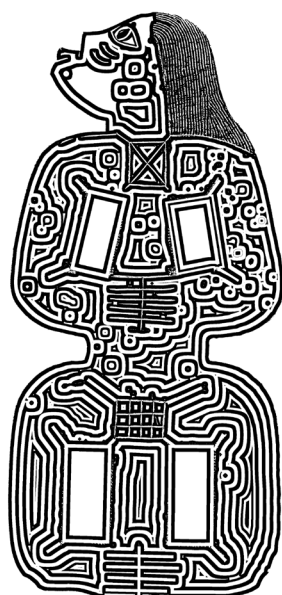


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INTRODUCTION

Johanna Stiebert

This issue offers multiple and diverse theological responses to and reflections on the COVID-19 outbreak and pandemic. All are by African scholars and authors; some are academic, some experiential, and others creative or impressionistic in tone. Reflecting the ethos and commitment of the Circle of Concerned African Women Theologians (commonly referred to as “The Circle”) to nurture and promote the publications by and about African women and men, this issue contains the writings of some established but, predominantly, of emerging theologians. For some contributors, this is their first publication in an international series.

The Circle, moreover, is committed to social justice and positive change. COVID-19 has, like other crises, thrown into relief social injustices and gendered inequalities. While the pandemic has, indeed, been global, taking a toll on all parts of the inhabited world, striking both rich and poor, the burdens in its wake have not been borne equally. While the countries of Africa have not (praise be to God) seen a death toll comparable with such countries as Brazil or India, lockdowns and economic downturns have hit those already afflicted by poverty hardest – and here the nations of Africa are disproportionately represented. Many African citizens have lost their livelihoods and access to education. Where women and girls are concerned, the bulk of caregiving and home-schooling has fallen to women; most of the children no longer receiving an education and forced into marriages are girl-children. With domestic abuse accelerating, the majority of victims are female. Hence, COVID-19 is a worldwide pandemic, but it is also a pandemic with particularly severe consequences for the economically vulnerable and for women and girls.

The continent of Africa has endured many atrocities. Its people have been enslaved, brutalized, forcibly moved, scattered, impoverished, colonized, conscripted against their will into sexual slavery and armed conflicts, driven out by war, famine, climate catastrophe, dictators, and economic hardship. Multiple other diseases have blighted Africa’s shores. Sub-Saharan Africa has borne the brunt of the ongoing HIV/AIDS pandemic,

and malaria, tuberculosis, cholera, and Ebola, among others, have exacted their harsh toll. But, as this volume testifies, Africa is also a continent of dynamism, collaboration, resilience, solutions, and ideas. With its young, talented populations, the nations of Africa can and do speak and act back to this pandemic.

The pandemic started in late 2019 and quickly spread across the inhabited world. At the time of writing, it is still very much with us. Since its first emergence, the virus has developed variants and has ebbed and surged. Its transmission is beginning to be better understood. Ways to minimize transmission and to treat those afflicted are being monitored and honed. Several African nations have stood out for their highly organized and effective large-scale public health campaigns. The virus's longer-term effects continue to be investigated, and, remarkably rapidly, effective vaccines have been developed and are being rolled out. The dissemination of the vaccines, however, has led to yet more clarity on the worldwide discrepancies and injustices regarding power and access. Hence, while some wealthier countries are surging ahead with vaccinating their populations, poorer countries, including those on the continent of Africa, are left behind. Work has been done; progress has been made – but there is still so much to do!

Religion and theology are part of the fabric of African life and, therefore, are a crucial part of understanding, responding to, confronting, and overcoming COVID-19. This volume amply demonstrates this, offering multiple perspectives and ideas. Given that the pandemic is in progress – which means that there have been many demands on people's time and energies, with no time for reflection – the contributions to this volume are very much a 'snapshot', the *beginning* of a conversation, rather than a considered response, let alone a source for solutions. Some papers in this volume may reflect a time *before* all the ever-updating facts of today were available: hence, some, for instance, reflect a time before vaccines were in circulation. Far from being irrelevant, these contributions give insight into the rapidly evolving momentum of the COVID-19 pandemic and, therefore, of the historic nature of this global event, the likes of which has not been seen in our lifetimes.

More specifically, this volume not only centres the perspectives of persons who are mostly based on the continent of Africa, whose voices are too often marginalized in international forums, it also centres religion and theology. Again, in the crisis-mode precipitated by COVID-19, emphasis has,

understandably and rightly, focused most on the medical sciences and on technology. But science and technology cannot address *all* the great questions and needs of our time and, as the initial shocks subside, there have arisen other pressing human needs and questions and desires. Again, this volume goes a step towards expressing and addressing these.

This volume is the result of many acting together. The initial call and instigation were led by Dr. Mark Aidoo and Ms Joyce Boham. Alongside the contributors, thanks go to the four first-level editors: Professor Helen A. Labeodan, Dr. Mark S. Aidoo, and Professors Rosemary Amenga-Etego and Johanna Stiebert. The work of editing and compiling the volume was then taken forward by the BIBLE IN AFRICA STUDIES series. Facilitated by Professor Joachim Kügler, this was carried out by Dr Kudzai Biri, Lic. Bib. Tinos Matanga and Professor Johanna Stiebert. We hope this volume will spark ideas, reflection, collaborations, conversations, more research, and solutions.

We invite you to read this volume in a spirit of joining in the Circle, because together we are strong.

PART A

**IDENTITY,
HEALING
AND
SOCIO-CULTURAL EXPERIENCES**

‘LOCKED-DOWN’ BUT NOT ‘LOCKED OUT’: EXPERIENCES OF NIGERIAN WOMEN DURING THE COVID-19 PANDEMIC

Olusola A. Olufemi & Helen A. Labeodan

Abstract

To be locked down and not locked out of daily life, gave women a heightened moral obligation and responsibility to care for the personal, familial, relational, spiritual, and educational needs of their families. Adaptability, resiliency, and the digital frontier were critical for African women’s will to survive during the COVID-19 lockdown. Using a qualitative approach and from the experiences of 24 women, this paper contends that women were not ‘locked out’ of the day-to-day responsibilities to their faith, family and work. The COVID-19 pandemic lockdown has caused women to be prudent and purposeful in their decision-making as they continue to care for their family, friends and faith collectively. Although COVID-19 has thoroughly shaken the earth, the inherent caring and nurturing role of women and the Church remains stronger.

Introduction

The impact of the COVID-19 pandemic has been very devastating and people continue to experience the almost paralyzing and multi-faceted effects of the pandemic. Many countries adopted a total or partial lockdown and this is affecting lives while the home has become all of a resting place, workplace, worship place, school place and recreational place for women during the COVID-19 pandemic lockdown. The burden of unpaid care work of women has also quadrupled during the lockdown. The lockdown seemingly gave women a heightened moral obligation and responsibility to meet and care for the personal, familial, relational, spiritual and educational needs of their families. Considering the stay at home and lockdown guidelines, this paper using a qualitative approach contends that women are not ‘locked out’ of the day-to-day activities and responsibilities to their faith, family and work. Life continues at home using the digital platforms and phones for communication and to stay connected.

Coronavirus (COVID-19) is a novel disease and it has no known cure, suffice to indicate that there are several collaborations and initiatives in place by Pfizer/BionTech, Medicago and other bio-pharmaceutical companies including Covax, a global vaccine pool led by World Health Organization to develop a COVID-19 vaccine. COVID-19 spreads through airborne droplets, person to person contact, or contaminated surfaces. Not everyone is at risk equally; it is symptomatic in some people and asymptomatic in some other people, spreads like wildfire and is deadly. The “...Earth is thoroughly shaken” (Isaiah 24:18) by COVID-19, regardless of age, status, gender, nobility, affectual preference, or class, from aristocrats to bureaucrats, from new-born to octogenarians. COVID-19 is the greatest leveller of our time according to most women interviewed. Streets were deserted, sacred places, offices and commercial spaces remained closed due to stay-at-home orders, lockdowns, physical distancing, social isolation and quarantine rules. There is a sense of ‘quietness’ and ‘stillness’ all around us. The World Health Organization (WHO) under the International Health Regulation (IHR) declared COVID-19 a public health emergency of international concern on January 30, 2020, and further declared it a pandemic on March 11, 2020. Most countries are using the WHO template guidelines for instituting the COVID-19 guidelines of lockdown, social distancing, and quarantining.

COVID-19 cases increase by the minute. As of May 30, 2020, there were about 5,775,043 confirmed cases globally (about 216 countries), with about 361,220 deaths. In Africa, there are about 96,902 confirmed cases and 3,337 deaths, while in Nigeria there are 9,302 confirmed cases and 261 deaths (WHO, 2020a). As of November 16, 2020, there were about 54,301,156 confirmed cases globally (in 216 countries), with about 1,316,994 deaths. In Africa, there were about 1,404,954 confirmed cases and 31,554 deaths, while in Nigeria there were about 65,148 confirmed cases and 1163 deaths (WHO 2020b, c). The intensity of the cases of COVID-19 varies across the continents, countries, cities and communities. While it’s peaking in some continents it is just starting in some others. The Nigeria Centre for Disease Control (NCDC) is the country’s national public health institute, with the mandate to lead the preparedness, detection, and response to infectious disease outbreaks and public health emergencies. The mission for the NCDC (2017-2021) is to protect the

health of Nigerians through evidence-based prevention, integrated disease surveillance and response activities, using a one health approach, guided by research and led by a skilled workforce (NCDC 2020).

Methodology

The authors set out to understand the experience of women during the COVID-19 lockdown and the impact it has on their relationships (God, Family, Friends and Work). Feminist theology and ethics of care are adopted as a theoretical framework to explain how women's care work has been elevated and practically accelerated by the COVID-19 stay-at-home and lockdown rules.

In feminist methodology, Liamputtong (2009:9) notes "women and their concerns are the focus of investigation. The intention of feminist research is to undertake research that is beneficial for women, not only about women". The aim of feminist research is to capture women's lived experiences in a respectful manner that legitimates women's voices as sources of knowledge (Campbell and Wasco 2000:783; Angrosino 2007).

The authors sought responses on these three questions through e-mail and WhatsApp communication while maintaining the confidentiality of respondents using "Engage consent":

1. How has COVID-19 shaped or reshaped your relationship with God, family and others?"
2. How has COVID-19 impacted your life and work/education/business as a Woman?
3. Describe the impact of COVID-19 in one word.

Due to time constraints and restricted access, on May 4, 2020 questions were sent to 30 Nigerian women residing in Nigeria and in the Diaspora or vacillating between Nigeria and the Diaspora. Feedback was received from 24 women from Australia, Canada, Germany, Nigeria, and South Africa. These were professional women in the education, business/entrepreneurs, health care, and civil service sectors. The study was intentional and the responses might have been different if the focus was on women in the informal sector. Content analysis was used to analyse the responses to the questions. Secondary data were obtained from books, journal articles and print media.

Responses were obtained from 12 Nigerian Women in the Diaspora (D), 11 Nigerian Women living in Nigeria (N), and 1 Nigerian Woman vacillating between Diaspora and Nigeria (NDW). For the interview excerpts, alphabetical and numerical codes were used to denote the respondents. The numerical numbers, for example, stands for the number of respondents.

- D represents Nigerian Women in the Diaspora;
- N represents Nigerian Women living in Nigeria, and
- NDW represents Nigerian Women vacillating between Diaspora and Nigeria;
- D1 represents Nigerian Women in the diaspora interviewee.

A Plurality of Feminist Theology

This section discusses feminist theology and feminist ethics of care within the context of the care work of women in the family and faith community during the COVID-19 pandemic. “Feminism usually refers to political activism by women on behalf of women...” (McCann and Kim 2003:1). The practice of feminist theology can also involve highlighting aspects of a tradition that have been largely neglected, but that do promote women's well-being (Gross 2005). “Feminism gives women a stronger sense of self-worth and wholeness. The common ground is that feminism is about change, choices, diversity, awareness, rights and women uniting for a cause” (Olufemi 2016:367).

Ruether (1992:18) asserts “the critical principle of feminist theology as the promotion of the full humanity of women”. This assertion has inspired a process of theological reflection that begins with women's experience, in recognition of the fact that theology has been almost exclusively informed by the experiences of men. Although theology as a discipline is concerned with reflection upon the nature of God as revealed in scripture, the natural law, and the prayerful use of human reason, feminists point out the extent to which theological knowledge is shaped by the cultural context and bodily specificity of the theologian, including his or her gendered embodiment (Beattie 2005).

Feminist theology now embraces a wide range of perspectives and methods. In seeking to express both a relationship to and a distance from Western feminism, these diverse theologies use a variety of names, including,

among others: womanist theology (arising out of the experiences of black North American women), *dalit* women's theology (which explores the situation of low-caste Christian women in India), concerned African women's theology (primarily focusing on the encounter between African culture, Christianity, and feminism), *minjung* feminist theology (Korean women's theology from the perspective of the poor and the marginalized), and *mujerista* theology (informed by the experiences of Hispanic-American women) (King 1994; Beattie 2005).

This plurality according to Beattie (2005) indicates methods and sources extend far beyond those regarded as theological in the strictly academic sense, including, among others, oral traditions, literature, art, biography, and autobiography. However, feminist theologians have adopted a post-modernist perspective informed by the deconstructive and poststructuralist approaches of secular feminist theory, and by the work of critical theorists such as Jacques Derrida, Michel Foucault, Luce Irigaray, and Julia Kristeva (Chopp & Davaney 1997; Kim, St. Ville, & Simonaitis 1993). Thus, women's experience is problematized by the recognition that all experience is socially constructed and linguistically mediated, and it is argued that feminist theology needs to concern itself with the analysis of theological language and symbolism (Beattie, 2005). The above emphasises the importance of interrogating women's experiences especially during COVID-19 and embedding such experience in feminist theology and ethics of care.

Ethics of Care

Ethics of care or care ethics is a feminist philosophical perspective that uses a relational and context-bound approach towards morality and decision-making (Dunn and Burton 2013:1). Noddings (1984) argued, "care is the foundation of morality, caring should be a foundation for ethical decision-making". The natural caring which is borne out of inclination and love for those close to the one caring and ethical caring, which is the feeling response of "I must" to a person's predicament (Dunn and Burton 2013:1). In this context, the ones caring (women) are inclined to naturally care for their loved ones/family members but due to COVID-19, it becomes even more imperative for the women that 'they must' care more.

It is this ethics of care that women in this study have extended to the education (digital learning, home-schooling) of their children and their welfare-physical, spiritual and emotional.

Natural caring, such as that of a mother for a child, comes before ethical caring and is preferable to it (Smith 2004, 2020). The argument starts from the position that “care is basic in human life – that all people want to be cared for” (Noddings 2002:11). Noddings (2002:2) starts from the position that “while men and women are guided by an ethic of care, natural caring – a form of caring that does not require an ethical effort to motivate it (although it may require considerable physical and mental effort in responding to needs), can have a significant basis in women’s experience”. “Natural caring, thus, is a moral attitude – a longing for goodness that arises out of the experience or memory of being cared for” (Flinders 2001:211) hence, the notion of ethical caring – a state of being in relation, characterized by receptivity, relatedness and engrossment (Noddings 2002). Put succinctly,

Ethical caring, is the relation in which we do meet the other morally... [arises]... out of natural caring – that relation in which we respond as one-caring out of love or natural inclination. The relation of natural caring... [is] ... the human condition that we, consciously or unconsciously, perceive as ‘good’. It is that condition toward which we long and strive, and it is our longing for caring – to be in that special relationship – that provides the motivation for us to be moral. We want to be moral in order to remain in the caring relation and to enhance the ideal of ourselves as one-caring (Noddings 1984:4-5).

Sander-Staudt (2014) notes the central assumptions of feminine ethics are that women share a common perspective, rooted in the biological capacity and expectation of motherhood and that characteristically feminine traits include compassion, empathy, nurturance, and kindness.

Feminist ethic of care comprises of:

- Ethic based on maternal thinking (Ruddick 1983)
- Ethic based on rights and justice (Gilligan 1982)
- Moralities of responsibility and care (Collins 1990; Tronto 1987)

A feminist ethic of care “is an ethic of resistance to the injustices inherent in patriarchy (the association of care and caring with women rather than

with humans, the feminization of care work, the rendering of care as subsidiary to justice—a matter of special obligations or interpersonal relationships)” (Webteam 2011:4).

Gilligan claims that there are two moral predispositions—one towards justice and one towards care—and they arise from the human experience of (i) inequality and (ii) attachment found in the relationship between child and parent (Gilligan 1982; McCullough 2010:238). “These two predispositions are the foundations for two forms of responsibility: one being commitment to obligations and the other being responsiveness to relationships” (Gilligan 1986:238). Gilligan illustrates an ethic of care in three stages of moral development (Gilligan 1986:238; see also Vinney 2019:1):

1. Pre-conventional stage: women focused on the self.
2. Conventional stage: women have come to focus on their responsibilities towards others.
3. Post-conventional stage: a woman has learned to see herself and others as interdependent.

Gilligan asserts that “the ethics of care starts from the premise that as humans we are inherently relational. Responsive beings and the human condition are one of connection or interdependence. An ethics of care directs our attention to the need for responsiveness in relationships (paying attention, listening, responding) and to the costs of losing connection with oneself or with others” (Webteam 2011:1,2). The COVID-19 pandemic has really fostered women’s responsiveness to their relationship with self and others.

COVID-19 stay at home and lockdown policies have re-enacted the connection women have with self and others particularly their family and faith community. Care is essential for and key to human survival (Webteam 2011). Being relational and caring constitute very strong parts of the Nigerian culture and the Church in Nigeria. In Nigeria, most citizens, especially women, breathe, eat, and live Church. The Church is the anchor of peoples’ lives and seemingly their survival and sustenance (emotionally, spiritually and materially). Without the Church, some women are lost and cannot deal with the notion of not connecting physically. A respondent affirmed:

I haven’t done well, so I’ve maximized my relationship with God. I always looked forward to Church services for spiritual upliftment, but now, the situation is not helping me (N10).

Women are naturally and inherently caring, kind, and nurturing, and thus, “women develop an ethic of care, a morality of care and responsibility...” (Gilligan 1982:164) especially in the family, workplace and Church. The role of the Church including caring for its congregation (sheep/flock) both in physical and spiritual terms is evident during the lockdown. This corroborates John 21:16 “Take care of my sheep” and 1 Peter 5:2-3 “Be Shepherds of God’s flock that is under your care, serving as overseers-not because you must but because you are willing, as God wants you to be, not greedy for money, but eager to serve...being examples to the flock”. The ethics of care extends to the Church leadership especially the women congregants in the palliatives distribution to those in need in the congregation.

The next section examines the responses of the Church to the COVID-19 lockdown, the implementation of lockdown and physical distancing.

Church Response to COVID-19 Lockdown

Pandemic is a leveller, regardless of age, gender, class or occupation the virus impacted everybody in some capacity (D13).

Guidelines for congregating were issued especially on how to plan, prepare, and respond to the COVID-19 pandemic in places of worship. The guidelines were intended for administrators and leaders of Community Faith-Based Organisations (FBOs) – congregations and places of worship (churches, synagogues, mosques, temples, etc.), voluntary social service agencies and other non-profit organizations, and community organizations. The CDC (2020) issued interim guidelines to help FBOs prevent the transmission of COVID-19 within their facilities and communities. FBOs need to be able to react quickly if there is a confirmed COVID-19 case among staff, volunteers, the people they serve, or visitors. The guidance includes considerations to help administrators and leaders plan for the continuity of services depending on the level of community spread of COVID-19.

Other notifications of Church suspension were sent through emails. Examples of emails read:

Due to the COVID-19 Coronavirus health crisis, ...services will be online only. All other in-person activities are cancelled until further notice.... This decision is necessary in view of the directions and best advice from local

and national health officials. Social distancing (limiting close contact and large group meetings) is the most effective way to contain the spread of the virus and to protect the most vulnerable. In-person programs and events are cancelled until further notice. Our Offices are closed but we remain open (copied from Author's e-mail, Canada).

Due to the social distancing announced by the Federal Government, all Sunday and mid-week services are hereby suspended. Please connect with the senior pastors on Facebook Live-streaming (copied from Author's e-mail, Nigeria).

Church leadership got creative about it and even organized online prayer meetings and chat responses to the live services. In a way, the Digital Church blossomed, many people got connected even the non-church people connected online. A few Churches with the approval of their local municipality offices engage in preparing food or other humanitarian/ ompassion work for those in need or vulnerable in the community.

Similarly, in the Global South, specifically in Nigeria, announcements were made on radio, television, newspapers, phone, social media and word of mouth. For most Nigerians, initially, they were in a state of denial. The religious ones are quick to say,

“it is not our portion” bearing in mind that Nigerians are incurably religious. It is now obvious that religious institutions must respond promptly and appropriately.

Most Churches moved swiftly to online platforms with the emphasis that ‘You are the Church, the body of Christ, so the Church is wherever you are.’ Many religious institutions in Nigeria and the diaspora had to alter long-standing religious practices to avoid spreading the new virus. This is because religious gatherings are hotbeds for outbreaks. For instance, in the Catholic churches, the priests now administer Communion of the hand instead of placing it on the tongue as they used to do, and they have also stopped administering the wine in Communion chalices. There is also no more shaking of hands during the sign of peace. For some other denominations, Holy Communion is administered virtually by congregants bringing their own pieces of bread or biscuit and wine/juice and the officiating minister prays over it before it is taken. In some Churches, 10 persons hold the service and it is recorded for others to watch. However, congregants connect to the digital online Church at a cost. Congregants have to buy internet data to be able to connect to the internet or use their

phones. For most women congregants, this can be daunting due to loss of income during the lockdown.

Responsibility of the Church during COVID-19 Lockdown

The All African Conference of Churches (AACC), in providing theological reflection, claims that the body of Christ is saddled with responsibilities of guiding the thinking and actions of the church and its members in a time like this. Presently, as a result of the global COVID-19 pandemic the integrity and relevance of our faith rest on how Church leaders speak about God and connect with the people of God.

The Church is presently faced with lots of challenges as a result of the pandemic and the imposed lockdown and social distancing protocols. As part of the churches' response, the All African Conference of Churches (AACC) proposed ten theological theses on the pandemic to assist the churches as they continue to reflect and act. Aside from the theological reflection, which is spiritual, the churches also came to the aid of their congregational members and members of the communities within which they are situated by giving palliatives in the form of money and food stuffs to help cushion the effect of the pandemic. Items were also donated to the state government by different churches. For instance, The Church of Jesus Christ of Latter-Day Saints donated N95 masks, disposable masks, surgical gowns, protective eye shields, disposable hand gloves, hand sanitizers, antiseptic liquid soaps, disposable shoe covers, veronica buckets and tissue papers to the Lagos State Government. The vulnerable are also not left out as the church also provided food relief packages for them. Most churches in Nigeria responded positively.

However, a few church leaders are agitating for the reopening of churches, referring to the lockdown as 'an attempt to cripple Christianity.' It should be noted that the agitation for the reopening of churches is mainly from the Pentecostal churches. Other church leaders called for collaboration with the government and even offered some of their halls for the government to use as isolation centres.

Practising physical distancing is one measure to stop COVID-19 transmission while social distancing measures are taken to restrict when and where people can gather to stop or slow the spread of infectious diseases. Social distancing measures, which include limiting large groups of people coming together, closing buildings and cancelling events (WHO 2020d,

e), really impacted most religious organisations which usually have large congregations and multiple services.

Physical distancing (Government of Canada 2020) means making changes in your everyday routines in order to minimize close contact with others, including:

- avoiding crowded places and gatherings
- avoiding common greetings, such as handshakes
- limiting contact with people at higher risk (e.g. older adults and those in poor health)
- keeping a distance of at least 2 arms lengths (approximately 2 meters) from others, as much as possible

Applying the lockdown rule biblically, the passage “Go, my people, enter your rooms and shut the doors behind you; hide yourselves for a little while until his wrath has passed by” (Isaiah 26:20), holds true during the COVID-19 pandemic lockdown. Congregants believe this verse is applicable to the Church during the COVID-19 lockdown.

Countries have responded differently to the lockdown and physical distancing guidelines. The lockdown prohibits mass gathering of more than 5 to 20 people in a building in most countries, restricts access to open markets, reduces hours for grocery shoppers, bans interstate or provincial movement/travel. Depending on where you are located globally, the pandemic lockdown varied between 6 weeks to about 2 months or more. Recently the lockdown measures are being eased globally.

Keeping the faith during COVID-19, though hard without physical contacts and connection, was much easier digitally. While most Churches closed their buildings, the online Digital Church, either through Zoom, YouTube and other social media platforms like Instagram, WhatsApp, Twitter, SMS, and Facebook, re-emerged with unimaginable fervour. Church services, meetings, small group/cell group meetings, Daily doses (short Bible verses to encourage congregants) moved online. The online faith collective was more intense than ever and congregational programming during the pandemic changed completely.

Since the commencement of the stay at home and lockdown, technology continues to be used for good for the gospel of Christ globally. Daily dose, Divine daily prescription, prayer vigils, prophetic sayings, praise and worship online, online praise parties, continue unabated. Stay-at-Home vir-

tual concerts increased to help ease anxiety and mental health issues experienced during isolation or self-quarantine; or people experiencing cabin fever.

Experiences of Women During COVID-19 Lockdown

Restrictive measures, such as physical and social distancing, limiting interaction and engagement with others outside one's household, community, workplace and religious centres (especially Church) were imposed as public health measures to contain the transmission and spread of COVID-19. Women are physically separated (Lockdown) but they are still socially connected (not Locked-out) with their families, friends, and faith communities.

The African women's will (Nigerian women in particular) to survive, thrive and nurture their families while maintaining their faith is unprecedented even during COVID-19 pandemic as evidenced in this study. Women constitute the majority of Church worshippers and they are at the forefront of home worship. "Women support and guide; without them, there is no church (Toulis 1997:225). Women have been "active participants in religion throughout history" (Bates et.al. 2005:297). The caring and nurturing role of women during the pandemic lockdown was more intense and practically accelerated as can be seen in the responses. For example:

Women naturally tend to be caregivers and nurturers. COVID-19 has developed a tendency for me to be more engaged in "domestic affairs" like cooking etc. in efforts to keep busy. While I continuously strive to be independent in many aspects of my life, COVID-19 has reconfirmed to me that women are at the forefront of both professional and home life - we are versatile and powerful and should continue to advocate for one another. Neither role is bad - whether you're in a season of being a homemaker or working, this is something to celebrate because as women the sky's the limit - we truly can do it all! (D4).

I am learning each day how to accomplish what I now call 'Pandemic Schooling' of four children under the age of 9. Even though I do not work outside the home, it is still like two full-time jobs being responsible for my children's academic, social, emotional and physical well-being and growth, 24/7 (D11).

I have become a lot busier at home. I used to come home to rest, now home is my workplace. It's like you have nowhere to go for some rest (D7).

Specifically, in Nigeria, the Minister of Women Affairs ensured that palliative care got to women during this pandemic and the need to create safe spaces for all women especially pregnant and lactating women who are afraid to go to the hospital for antenatal care, and women experiencing domestic violence during the COVID-19 lockdown.

Impact of COVID-19 on shaping Women’s relationship with God, Family, and Friends

The lockdown has strengthened the relationship of most respondents with God. Most respondents indicated they have been drawn or brought closer to God and fully rely on God. Respondents had more time to study the Bible and pray. Lockdown has given respondents more appreciation of God’s sovereignty, use of time and technology (Table 1). COVID-19 lockdown has also strengthened interpersonal relationships, renewed intentional connection, and enhanced communication within the family and among friends. However, a respondent noted:

I appreciated the physical contact I had much more finding that a lot of online connections after some minutes starts getting boring (D7).

Reflecting on the number of cases, recoveries and deaths from COVID-19 pandemic, it can be seen that the mind-set of some respondents has changed and they are inclined to take a look back on life and what it offers. The number of poor, vulnerable and marginalized people with no access to housing, employment or health care facilities lays heavy on the minds of respondents.

However, a few respondents indicated the lockdown has brought no change in relationship with God, family or friends.

Table 1: Impact of COVID-19 on Women’s Relationships

COVID-19 and Women’s Relationships	Women’s Responses
Drawn closer to God	“The pandemic drew me closer to God” (N1). “COVID-19 moved me closer to God and my family members now pray together since everyone is around” (N8).

	<p>“COVID has been a reminder to be led by faith and not by fear in times of uncertainty. Fully rely on and trust in God” (D4).</p> <p>“My relationship with God has improved, especially in terms of prayer” (N2).</p> <p>“The period that has necessitated staying home most of the time has helped to strengthen my relationship with God (N3).</p> <p>“I have had more time for Bible study and prayers. Therefore, my relationship with God has grown deeper” (N5).</p> <p>“I have more time to read my Bible and pray more than before” (N7).</p> <p>“COVID-19 has strengthened my relationship with God and desire to pursue His will even more. It has shaken me out of my comfort zone of day-to-day living to the reminder that many do not know the Lord Jesus Christ, and that as the Word of God unfolds before our eyes, are we ready for His return? COVID-19 has highlighted the urgency of sharing the gospel with others, and living how God has called me” (D3).</p> <p>“I know God is not the cause of COVID-19 and is calling Christians to be channels of practical interventions and givers of hope. This has inspired me to find ways of being such a channel. The suffering and threat to life has made me treasure relationships with biological and the global family. God loves humanity and has made us one global family” (D10).</p> <p>“This pandemic has enhanced my reliance on God as the omnipotent and omnipresent God. It has drawn me closer to God because I depend on him especially since I am within the age group that is most vulnerable. As a woman and mother, I check on my family/ colleagues more and pray for them. I felt powerless and scared especially when they started announcing the statistics and the spread. I look at Coronavirus as God’s request for undivided attention from me as an individual and from other believers” (D13).</p>
God’s Sovereignty	<p>“The entire process of adjusting to the news and scare of COVID-19 has definitely illuminated the vivid and humbling reality that GOD is our Creator, all-knowing and sovereign God and we are merely the created and powerless beings. All our abilities and knowledge come from Him” (D11).</p>

	<p>"More appreciative of my family and friends. Missed them. Forgiveness to others and not taking anything for granted. As an African woman, I had a Christian foundation relying on God that He can do all things. I believe this has strengthened my love and respect for God. So, I have a positive approach to the fact that God allowed me to see the beginning for a reason and I will see the end of Coronavirus to testify to his goodness" (D13).</p>
<p>Appreciated the time and use of technology</p>	<p>"COVID-19 has given me an appreciation for time and technology. Time in the sense that I can really focus on my walk with God, the quietness is there and there's no excuse of 'I didn't do my devotions because there was no time.' Technology has helped the church meet virtually and it's so important to still meet and carry on business as usual because it shows the Devil that church is not a physical building" (D2).</p>
<p>Cherished family and connection with friends</p>	<p>"I was able to enjoy the presence of my husband at home. This is because he works in another location far away from home. The lockdown enhanced our intimacy" (N1).</p> <p>"With family and friends, it is all good, you can't just see each other like before and you are worried that everyone will be safe through it all" (N4).</p> <p>"With family, I have found my patience stretched but thankfully not beyond endurance because of the enforced almost around the clock stay with husband. With a few friends, we have had time to connect and even reconnect and revive ailing friendships" (N5).</p> <p>"I have learnt to communicate with family and my friends, constant daily communication" (N6).</p> <p>"The global slow-down has allowed me to connect with family and friends more easily and intentionally. A relationship is so valuable" (D3).</p> <p>"Minimal social interaction has given me a deeper appreciation for family and some friendships" (D4).</p> <p>"I have spent much more time with family than I have ever done in a long time. I got stuck in the village in Nigeria with my 90-year-old dad for a month. I think the time spent with him gave him immeasurable joy and probably added to his longevity. The whole incident made me and the entire family draw closer to God and spend more time in morning prayers to read the scriptures. It presented opportunities to</p>

	<p>share the Words in-depth with family. We got to talk more and know each other better” (D5).</p> <p>“There is more closeness to family since we are in the same house together. With friends also more on the phone asking after other” (D8).</p>
Reflexivity	<p>“In this scenario, the people that will suffer most are poor people who don’t have options. Check the proportion of people who have died in UK and USA. They are Blacks, Latinos, i.e. Minorities. In Nigeria people cannot feed themselves and the government is no help at all. I don’t think God is enjoying this either. Some billionaires are getting richer, especially the folks in technology. How does this solve anything? Another apocalypse that has happened in the past hit everybody hard both rich and poor. All that is going on is as a result of human carelessness ... Can you imagine if this issue has started from Africa and consumed the world?” (N4).</p> <p>“It is an ongoing reflection, bonding and communication” (N6).</p> <p>“COVID-19 has brought a new form of stillness and reflectivity to my life and relationships. All is vanity, home restricted cannot go out, all material things become nothing. “Be still and know that I am God”. Apart from the intensity or overload of the online faith activities I think my walk with God is consistent and growing. However, one thing is clear God is sovereign over His creation! I am in awe of His power” (D12).</p>
No change	<p>“I understand the relationship I have with God before this, I do not need a catastrophe to start changing things” (N4).</p> <p>“My relationship with God and family has not changed” (N9).</p> <p>“Relationship with family and friends haven’t changed because I was calling, Face Timing and still being my social self before the virus. I do miss driving over to friends just for a check-up or having people over at my house” (D2).</p> <p>“With my family and friends, I still connect with them as usual through WhatsApp, nothing really has changed in that regard” (D12).</p>

Impact of COVID-19 on Women's lives

COVID-19 has put a pause on the life and activities of most respondents. It has also affected respondents in different ways. The precarity of the global slow down or pandemic lockdown and uncertainty though boring for some, causing job insecurity and anxiety for some respondents, has allowed some respondents to relax. The lockdown has also brought opportunities for online creativity, bringing out the entrepreneurial skills and need for knowledge acquisition in the area of information technology or Internet technology for other respondents. Most of the women have also had to be frugal with their resources because of job insecurity or loss of employment or uncertainty with regard to the lifting of the lockdown (Table 2).

Table 2: COVID-19 Impact on Women

COVID-19 Impact	Women's Responses
Restriction and Relaxation	<p>"I have time to relax and not work always like before" (N7).</p> <p>"I have decided to take things easy both business and education because nobody knows when COVID-19 will end. When things become normal again, academic work will continue" (N8).</p> <p>"COVID-19 impacted my life and work in the sense that my work and regular activities were restricted (D6).</p>
Frugality	<p>"COVID-19 has caused me to manage my resources more carefully" (D6).</p> <p>"As a businesswoman, this lockdown has made me realize the importance of a side hustle and not to rely on one income" (D2).</p>
Online Engagement	<p>"The pandemic has given me ample time to focus more on my education as a doctoral student. I was able to write articles, conduct surveys. I have become more aware of the opportunities to make more impact online and also learnt new skills in making hand sanitizers" (N1).</p> <p>"Business has slowed down remarkably. But has made me even more appreciative of the customers who have reached out and made orders in spite of lockdown. A little anxiety has plagued one also in wondering what lies ahead, moving forward" (N5).</p>

	<p>“As an Engineer, I haven’t had time to do much considering I work within a facility that is currently on lockdown” (N6).</p> <p>“I have been working from home, which I love and don’t mind not going back to the office. Ha-ha. I miss attending seminars however, and building those professional networks with other young professionals and experienced individuals in my field” (D2).</p> <p>“The lockdown, though unexpected break and boring, has helped me to work on long-neglected papers” (N2).</p>
Use of Technology	<p>“COVID has challenged me to integrate the pandemic in all my lectures. I teach part-time so I am now teaching online. Conscious that some students have no access to data and computers (D10).</p> <p>“More online engagement; meetings, both professionally and spiritually. It’s become a fast-paced digital connection and I am learning so fast. I almost thought one has to wean oneself off the digital world post-COVID” (D12).</p> <p>“COVID-19 has brought so much uncertainty in my life and work. I have had to settle for less (virtual lectures) in terms of my education, so practically just live each day as it comes” (N10).</p> <p>“Forced one to rethink the business plan I had. I see the dire need to acquire some Information Technology (IT) knowledge in the new dispensation because the world is fully going digital, aftermath of COVID. Working from home will be the new normal, so I need to acquire skills that will enable me to play in that space” (NDW).</p>
Job Insecurity and Precarity	<p>“It has created a sense of job insecurity” (D3).</p> <p>“I lost my job in June of 2019 and all interviews were cancelled due to COVID-19” (D1).</p> <p>“Empathy for those who are less fortunate, those who have lost their jobs without the ability to meet their financial obligations. Appreciate my colleagues more as I care for their well-being too” (D13).</p> <p>“Not good for business, loss of income and revenue in total. You cannot sell your services this period, it is quite precarious. Long term consequences may be dire” (N4).</p>
Creativity/ Opportunity	<p>“I also was able to start working on a musical album” (N1).</p>

"As a creative person in the media and communications space, it has opened me up to becoming a better version of myself. Understanding branding and what it means to speak the language of a customer through visuals on channels like websites and social media" (N6).

"I have become more aware of the opportunities to make more impact online" (N9).

"I also work outside college and most of the work has come to a standstill. This has made me pursue other options online, not easy, and also to be aware of vulnerable groups" (D10).

Respondents were asked to describe the impact of Coronavirus (COVID-19) in one word (Figure 1). Women respondents used these words to describe the impact of COVID-19 lockdown: New Normal, Patience, Enlightening, Intense, Revealing, Destabilizing, Challenging, Deadly, Renewal, Reset mode, Devastating, Deadly, Terrible, Humbling, Eye-opening, Disruption, Negligible, Phenomenal, Mixed, positive and negative, Vanity, Love, Intentional.

Figure 1: COVID-19 Impact in One Word by Women



Source: Authors conceptualisation, 2020.

Below are qualifying excerpts from some of the respondents:

“It has brought about a new normal in the way we act and interact with one another, things are never going to be the same again” (D1).

“The entire world has entered reset mode. We do not know how it will play out precisely but this is the beginning of huge changes and paradigm shifts. People have to be prudent in spending as the financial impact will be significant. Family ties will be stronger as we get to know one another from spending time together. On the lighter mood, I am one of those that believe the decision to shut down was excessive. Nevertheless, I believe something good will come out all these, for all things work together for good” (NDW1).

“Patience. COVID-19 has taught me not to be in a hurry or feel the need to accomplish so many things at once because I will run out of time” (D2).

“I have become patient and intentional with my actions” (D3).

“COVID-19 has impacted the economic and psychological aspects of the lives of many. I have personally become less committed to many material things in life. Since the only thing that matters is how COVID-19 will come to an end” (N8).

“I use a few words to qualify the impact of this virus. Vanity (I now realize that all the rush and run around I do could also be vanity, my love for flashy things has now changed as I have no more desire for flashy things); Intentional (God works out everything for the good of those who are called according to his will. He needed to teach us some lessons); Eye-Opening; Love (love and appreciate others); Rest (everything came to a standstill all the hustle and bustle came to a stop and it gave me some ability to take a break and let God sort things out” (D13).

Lessons Learned

The COVID-19 pandemic triggered anxiety for most of the women because of restricted movement, access, and physical connection. The uncertainty of reopening, physical distancing, inability to go to work, attend Church or engage in normal social activities caused by the COVID-19 lockdown caused panic and emotional distress to most of the women.

Women have become more intentional in their walk with God and in their relationship with family and friends. There is an increased yearning to seek and pray to God more. The restriction has allowed some women to relax from the hustle and bustle of daily life. Women’s reflection on the quietness and stillness brought by the lockdown and stay-at-home orders

corroborates the Biblical saying “Be Still and know that I am God...” (Psalm 46:10).

Women’s ingenuity also created opportunities to be innovative, creative, learn and re-learn new skills using technology at work, to teach, and engage their children and to connect with the faith collectively.

The accelerated burden of unpaid care work increased for women respondents. In a patriarchal society like Nigeria, much of care responsibility and caring work, whether natural or ethical, falls on the women both in the private and public realms. It is also not different for Nigerian women living in the diaspora. The burden of care and caring during the COVID-19 pandemic accelerated for most of the women respondents because now they are immersed in caring for the whole family - children and husbands, entertaining children with activities at home, domestic chores, and saddled with the additional work of pandemic home-schooling manually or online. The multi-tasking nature of women has been practically accelerated by the lockdown.

Care sharing becomes very significant during these unusual times to relieve women from the burden of the unpaid care work (caring for the family) and the added burden of pandemic schooling of their children. Disruptions are inevitable, but how African women, particularly Nigerian women, respond is extremely critical. Majority of African women in the informal sector are primary breadwinners in the family while the group of women respondents in this paper contribute significantly to the family upkeep financially. Women learned to be prudent in the way they live and do life. Due to job insecurity and the imminent uncertainty of getting their jobs or businesses back, women have learned to be prudent in the way they utilise their resources and spend money.

Finally, women learned to value time. Time is of the essence for these women. The COVID-19 lockdown has not locked out the women from pursuing valuable things with their time. Indeed, time spent with family is very important because it allows for genuine bonding and learning new things (which otherwise were not learnt pre- COVID-19 lockdown order because of busyness) about the family according to the respondents.

Conclusion

Undoubtedly the COVID-19 pandemic lockdown measures have disrupted the normal way of life for most of the women sampled. The lockdown has shaped and reshaped the way women visualise the world in which we live, work, play and learn. The COVID-19 pandemic has reshaped all societal institutions. Remote working, remote learning and how we congregate as a faith collective seemingly might continue post COVID-19. The reset mode and new normal mentioned by the respondents give a new meaning to life as we know or experience it as women as we go forward. Women will have to reset work, family life/living, learning, and Church. To be locked down and not locked out of daily life, adaptability, and resiliency are critical for African women post- COVID-19 and the digital frontier or the opportunities for digitalisation seem inevitable. The COVID-19 pandemic lockdown has caused women to be prudent and purposeful in their decision making going forward as they continue to care for their family, friends, and faith collectively.

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GENDERISATION IN TREATING COVID-19 PATIENTS IN KANO, NIGERIA: A PLUS OR MINUS FOR WOMEN?

Jacob Kehinde Ayantayo

Abstract

Despite much scholarly works carried out on COVID-19 majorly from scientific point of view, less emphasis is placed on the moral implications of effort puts in place towards the treatment of those affected by the pandemic in Kano Isolation centres, Nigeria. It is in the light of this that this paper discussed the genderisation of the treatment of COVID-19 patients in Kano, Nigeria, with a view to knowing whether or not the act is a plus or minus for women in the ethical context. It leaned on consequential ethical theory while analysing the contents of documents describing the reason for the creation of female isolation centre for COVID-19 patients in Kano, Nigeria. On the long run, it is discovered that the motive for creating the centre mainly for women is an elongation of gender discrimination against women as supported by Islamic traditions; this is considered antithetical to the World Health Organisation's templates for creation of isolation centres for COVID-19 patients. However, on the positive side, the COVID-19 women patients in Kano were able to enjoy some freedom, autonomy, sense of belonging and relative adequate treatment unlike when they were mixed with their male counterparts. It is our belief that an objective application of the ethical guidelines which fall in place with the World Health Organisation's templates would go a long way to remedy some problems associated with the use and allocation of medical facilities at isolation centres and the administration of vaccine for COVID-19, whenever it is globally available.

Introduction

Since the emergence of Coronavirus disease (COVID-19) an infectious disease that originated from Wuhan, China, in December 2019 according to the World Health Organisation, over a million lives have been lost globally (who.int/health-topic). The nature of the disease and its attendant loss of lives has led to various measures being put in place by health sectors across the globe to address this pandemic.

Consequent upon this, the study of the pandemic has attracted the attention of scholars from different fields of studies but predominantly from the fields of medicine and pharmacy with little attention paid to the ethical dimensions especially regarding the various efforts, modules, templates and procedures put in place and best possible ways of arresting the pandemic (Akanti 2020:333-336; Peisheng, Xu, & Xiao 2020; Phogpichit & Phogpichit 2020). This is the gap this study fills as it examines from an ethical perspective, one of the measures of arresting the pandemic, one of which is the establishment of isolation centres for the treatment of the COVID -19 patients.

The need for an ethical perspective comes into play because all the emergency measures put in place are subject to ethical disquisition. This fact is predicated on the premise that Ethics is a discipline, which systematically studies every voluntary human action and intention in order to determine their goodness or badness, rightness or wrongness, correctness and incorrectness in the context of ethical standard. It is in the course of this, that attention is paid to how such course of action and intention being evaluated affect: (i) the person who performed the action or showed an intention; (ii) the person at which it is directed, and (iii) the society or the environment where the action is performed or the intention is mooted (Smith 1991:7). All the activities taking place in isolation centres and all efforts made in respect to dealing with COVID-19 whether at the level of prevention, reduction of the spread, the treatments of the disease and the production of the COVID-19 vaccine (whenever it will be available) and the administration of the vaccine are all actions, which are a subject of ethical disquisitions.

This study is significant as it evaluates methods that could serve the purpose of making the COVID-19 treatment better; more so that there is no known vaccine yet for its prevention. Given this background, this work studies gender sensitivity in the treatment of COVID-19 patients, taking a particular look at women in Kano state as there has been the establishment of exclusively female isolation centres in Kano. Such genderisation of patients especially women produce effects which can be described as a minus to the concerned women judging from the rationale for the establishment of the centre particularly from an Islamic perspective. The outcome of the evaluation led to the suggestion of best possible ways to handle the isolation centres in order to make them better without insulting

the dignity of women more so as the pandemic is still living with Nigerians and the global communities.

Research data were gathered from Nigerian newspaper reports, news from Television stations, educative pamphlets and handbills made by several organisations about COVID-19, messages from social media: WhatsApp, Twitter, Facebook, Instagram and regular information sent daily and reported by the Nigerian Centre for Disease Control (NCDC) on National and Independent Television stations as well as the daily report of Nigerian Presidential Task Force on COVID-19. The data from the newspapers were content analysed while others were descriptively analysed with all of them subjected to ethical analysis, which was in tandem with asking and attending to the following evaluative questions: What is the action in question? Who performed the action? Why was the action performed? When was the action performed? How was the action performed? How did it affect the performer of the action? How did it affect the person(s) at which the action was directed? How did such action affect society where the action took place? Data analysis was discussed in the context of consequential ethical theory, which states that the consequences/aftermath of an action determines its rightness or wrongness.

Isolation centres for COVID-19 patients in Nigeria

Isolation centres can be described as the emergency health centres established for the treatment of those who are suspected or confirmed to have been infected by COVID-19. It presents with some symptoms such as fever, dry cough, tiredness, aches and pains, sore throat, diarrhoea, conjunctivitis, headache, loss of taste or smell, difficulty breathing or shortness of breath, chest pain, or pressure, loss of speech or movement and a rash on skin, or discoloration of fingers or toes. COVID 19, by virtue of its ravaging nature is described as a pandemic that needs emergency attention. It is on this account that, it is managed by the Nigeria Centre for Disease Control (NCDC), which is the country's national public health institute, with the mandate to lead the preparedness, detection, and response to infectious disease outbreaks and public health emergencies. The centre came to existence via an Act signed into law in November 2018, by President Muhammadu Buhari. For the purpose of emphasis, the core functions of NCDC include: Prevent, detect, and control diseases of public health importance, coordinate surveillance systems to collect, analyse and

interpret data on diseases of public health importance; support the States in responding to small outbreaks, and lead the response to large disease outbreaks; develop and maintain a network of reference and specialized laboratories, conduct, collate, synthesize and disseminate public health research to inform policy; lead Nigeria's engagement with the international community on diseases of public health relevance.

Apart from creating isolation centres in the Federal capital territory, the NCDC allows state branches to establish their own within the context of state quarantine laws which are not at variance with the national quarantine laws. The centres are equipped with beds, ventilators, vaccines and medicines, medical personnel of different categories and cadre. As background information, we need to mention the fact that there are three categories of people admitted in isolation centres. The three are categorised into Level 1, which is for suspected cases not confirmed yet who can be isolated in any building, Level 2 are the category of COVID-19 patients who are stable, but may need medical attention from time to time because it is possible for them to migrate from mild to moderate or severe condition, and Level 3, which is the category of people who are suffering from acute symptom of the diseases and need critical care. As reported in the newspapers, this is the category of people who should be in intensive care units, well equipped with ventilators and monitors. The patients in isolation centres are of different status in terms of age, religion, sex, education, economic, political and social. Each of them is admitted based on the gravity of the level of symptoms presented. Medical personnel have rules and regulations to follow in the treatment of patients within the context of global best practices.

While the NCDC is overseeing what is going on in the isolation centres, it simultaneously engages in awareness creation for the populace as the number of confirmed cases increase every day. One of the ways of doing so is the creation of telephone lines in many states of Nigeria which can be called for rapid response to cases of COVID-19 as illustrated below (for the purpose of documentation to which references could be made to in the future since the pandemic is still ravaging).

Female Isolation centres in Kano, Nigeria

Before we commence discussion on the isolation centre, it is important to shed some light on Kano. Kano, is the capital city of Kano State in the

north-west Nigeria. It is situated in the Sahelian geographical region, south of Sahara. Economically, it is known as the commercial nerve centre of Northern Nigeria. The principal dwellers of the city are the Hausa with an Emir as the ruler of the city. Islam is the major religion of the city. There is also Christianity with several denominations belonging to main-line churches, African independent Churches and Pentecostal churches. Being predominantly Islamic, the city and even the state practice Sharia, which is Islamic law and this deals with issues such as dressing, prayers, fasting, donation to the poor and degrees of permissible level of interactions among Muslims or non-Muslims, particularly people of the opposite sex.

Kano, being the state capital houses the Governor whose office is located at the heart of the city. This gives him the opportunity to see what happens in the city particularly the happenings at isolation centres. Kano, has more than four isolated centres with three near completion as at the time of writing this paper (www.vanguardngr.com 27 May 2020). Kano also has a record of 997 confirmed cases of COVID-19, 415 recoveries and 45 deaths as at 7 June 2020. In the light of the religious background of Kano, the Governor of Kano State, Alhaji Abdullahi Umar Ganduje was reported in the Newspaper to have opened an isolation centre for women only. It reads:

Kano has opened a “females only” isolation centre for women suspected for coronavirus, in response to agitations that have emerged in existing centres. Governor Abdullahi Ganduje inspected the Daula Females Isolation Centre, situated in Nasarawa Local Government Area on Thursday, and said everything needed to make the centre work was in place. “We don’t want to hear any complaints from any patient here please. You need to understand the Psychology of your patients, provide them with the necessary items they may need,” said the Governor (newswirengr.com, 14 May 2020).

Looking at the above quotation, we need to take note of three things that might have led to the creation of the female isolated centre distinctive from that of the ones occupied by men. These pertain to complaints about poor facilities at the centres which led to excessive heat, mosquito bites, inadequate medical personnel, shortage of bed space, medicine, gloves, face masks, accommodation, ventilators, laboratories. The insufficient nature of facilities needed at the centres naturally lead to agitation which might be seen as a reaction to unethical practices such as favouritism,

neglect, discrimination against some patients in the process of using the scarce resources to meet the needs of many patients.

The gain in the Kano female isolation centre

We shall find out whether there is a gain for women in their having a special isolation centre within the ambit of the three issues raised by the Governor which perhaps must have spurred him to create the special centre, that is, (1) agitation that has emerged in existing centres (2) lack of understanding of the psychology of COVID-19 patients and (3) provision of and for the needs of COVID-19 patients. We shall treat the second and the third together because they are concomitant. On the first one, we can say women have much to gain. Hypothetically, we are tempted to argue that, in isolated centres, women must have suffered some degree of discrimination in the midst of men patients at the centre based on the Islamic understanding of women as subsidiary to men. For instance, Quran 4: 34 says “Men stand superior to women in that God has preferred some of them over others, and in that they expend their wealth”. Based on the Qur’anic standpoint coupled with experiences, we have seen that women have limited access to education, transportation, and employment, making women reliant on men for what should be their fundamental human rights. From this, we can see that the creation of a special centre for them would help them escape the neglect and discrimination they might have suffered in the process of attending to them and their male counterparts in the same centre with little resources.

On the issue of the psychology of patients, we shall move a little bit forward to understand the psychology of women in Islam, which perhaps the Governor thinks should be factored into the treatment of COVID-19 women patients while in the mixed isolation centres. In the first instance, psychology generally deals with mind-set, make-up, sensibility, consciousness and attitude of an individual about one thing or the other at a given time. Meanwhile, the psychology of women in Islam, according to Joseph Vandello (2016:623-629) revolves around Islamic disposition to women in terms of religiosity, collectivism, tightness, conservatism, gender differentiation and patriarchy, and honour. The summary of all these is that women are considered inferior to men in religious matters, cannot take decisions of their own outside the family ethos. Within the context of Islam, there is gender differentiation which manifest in man’s superiority

over women among other things. If these are considered in the context of women in mixed isolation centres, women are likely at disadvantage when it comes to using the scarce facilities to treat COVID-19 patients. It is likely for them to be treated as second class citizens as prescribed by Islam. Relating this postulated scenario to COVID-19 women patients, we would be thinking about them with mind-set, make-up, sensibility, consciousness and attitude towards the pandemic itself, their quarantine in the isolation centres, their treatment and general demeanours. All these put together are likely to have some implication for their recovery (speedy or slow) or not from the ailment. Perhaps, it is the recognition of this fact that made the Governor create an independent centre for females.

Based on the explanation above and analysis of the rationale for creating the female's isolation centre, it is our objective judgement that women have made some gains because at their separate centre, all issues of inferiority, and undue discrimination will fissile out. They could by so doing have sense of worth, self-esteem and self-confidence all of which could be therapeutic in the context of their experience and on the account that a few cases of death were also recorded. This in a way would satisfy the concerns of the Governor who warns rhetorically that he does not want any complaint again, as all the needs of the women would be met. For instance, he says "... everything needed to make the centre work was in place... We don't want to hear any complaints from any patient here please. You need to understand the Psychology of your patients, provide them with the necessary items they may need."

Using COVID-19 to discriminate against Women

Using ethical lenses to once again and critically look at the motive behind the creation of Kano female's isolation centres, we identify some ethical issues which cumulate to what we call minus for women. Ethical lenses presuppose assessing the motives (both silent and loud) with attention paid to its rightness or wrongness, correctness or incorrectness and, goodness or badness. This goes with answering questions such as: What, who, where and how the action was performed? Who performed the action? Why was the action performed? When was the action performed? How was the action performed? How did it affect the performer of the action? And how did it affect the person(s) and the society at large to which the

action was directed? How did such action affect society where the action took place?

Relating the above questions to the Governor particularly on his antecedent and disposition to women, being as a champion of application of Sharia law, we have some observations to make which have implications for the moral rightness or wrongness of the creation of the isolation centre. It will be recalled that on 27th December 2019, the Metro newspaper reported that the Governor of Kano State, Alhaji Ganduje banned the opposite genders from entering the same tricycle in the state from January 2020 and that from January 1, 2020, opposite sexes riding on the same tricycle, without a proven relationship would be arrested. This policy was made in the context of Sharia law. It was reported by the newspaper as:

We should understand that Kano is a Sharia state since the administration of Mallam Ibrahim Shekarau and as we speak, the law still stands. And when you talk of Sharia, the practice of mix up of opposite sex in public transport is not allowed because of the consequence.

If we take a cue from the above quotation, it is arguable that the motive for the creation of a special centre for their female COVID-19 patients goes beyond meeting their psychological needs but a subtle way of applying the Sharia law which makes women subsidiary to men.

Coming back to the main issue in our discussion, we can see that the creation of the special isolation centre for women is a minus to the actualisation of rights of women in Nigerian society. The motive behind the creation of the centre is a motive to make women function as a subsidiary to men. Fanning the ember of religious law while dealing with the pandemic does not only violate the rights of women but also medical ethics relating to treatment of COVID-19 patients. In the first instance, COVID-19 is not a respecter of gender, religion, ethnic and political groups. Therefore, gendering the treatment of the patients runs afoul of medical ethics which believe every soul is important and each has equal weight including a foetus. Besides, creating a special centre for women raises the question of suspicion on the part of the government. Judging from the mind-set that man is superior to woman, there is the tendency that the male isolated centre may receive more attention than that of the women. Though there is no room for comparative analysis of the operations of the male and female centres, there is the tendency to argue that the agitation and the complaints about marginalisation were realised during his visit to the cen-

tre. For the purpose of emphasis, the Governor said rhetorically: “in response to agitations that have emerged in existing centres” and, “We don’t want to hear any complaints from any patient here please.’

Finally, the creation of female centres for COVID-19 patients in the name of actualising the letter of Sharia tends to violate the rights of non-Muslim COVID-19 patients. It will be recalled as mentioned earlier that we have both Christians, Muslims and perhaps people of other faiths in Kano. Therefore, creating a centre in the guise of Islamic religious law which also affects non-Muslims leaves much to be desired. In my opinion, there is a need for women to be vigilant so that the females in the centre would not suffer. There is a need to mount pressure on the Governor to desist from making any law that differentiates men from women in the 21st century when women and men are bound to do many things in common.

Do we need female isolation centres in the context of COVID-19 Ethics?

One quick question that an inquisitive person may ask having watered down the essence of the Kano females isolated centres is, what is the right way to deal with COVID-19 patients in Kano. The answer to this question is not farfetched at all. It will be answered in the context of Medical ethics generally and perhaps COVID-19 ethics. It is so because COVID-19 as a pandemic is a health cum medical issue that is a subject of ethical disquisition. In order to answer this question satisfactorily, we need to reiterate that before the creation of the special centre for the women, there were inadequate medical manpower and medical facilities to take care of the COVID-19 patients at the centres. Creating a special centre for women is not an absolute solution to the problem because as the number of COVID-19 cases increases even among women, the problem of insufficiency is still there. The scarcity of needed resources in the centres would lead medical personnel to take some actions and decisions. The actions or decisions have ethical implications because every action performed voluntarily has many ethical implications. This is because ethics studies every human action and passes it to be right or wrong within the ambit of the ethical standards associated with it. For instance, medical personnel at the centres have to decide who among the patients gets treatment first and who gets last, and which of the patient that falls in which level of the ailment, that is level 1-3 gets what out of a few numbers of the medical facilities

available at the moment or at a given time. The same ethical issues will also arise whenever the vaccine for COVID-19 is available.

For our concern, there is a need to address the problem of inadequate facilities at the isolation centres and the decision that would be taken by relevant stakeholders in sharing or using meagre resources for the needs of COVID-19 patients. Thus, as earlier stated, the problem of dealing with meagre resources would become worse as the number of confirmed COVID-19 cases are increasing daily as reported by the NCDC and the Nigerian Presidential Task Force for the management of COVID-19. It is for this reason that we can say that the creation of Kano isolation centres for women as a way to stem the tide of problems of scarce resources in Kano isolation centre is not necessary. What is necessary, rather, is a good understanding of the ethical undercurrent in dealing with allocation or management of scarce resources. This becomes imperative because the case at hand deals with life on the one hand and acting in conformity with medical ethics which are predicated on the principle of beneficence as against maleficence on the other hand.

Best way to manage COVID-19 Isolation Centres

Looking at the gains and losses of the females at Kano isolation centres as an example and by extension other COVID-19 Isolation Centres in Nigeria, we are of the opinion that resorting to ethical cum medical guidelines is the best way to manage the centres, particularly with attendant cases of insufficient medical and man-power resources inherent in them. This suggestion, if well-received, would fall in place with the position of the World Health Organisation (WHO) in an online publication which among other things specifies that:

When resources are scarce, though – when there is an insufficient supply to meet everyone's needs – resource allocation should be guided by well established, broadly applicable ethical principles, unless there are characteristics of the outbreak that justify different courses of action.

Noting the importance of the ethical guidelines in taking decisions particularly regarding treatment of COVID-19 patients, we make a recourse to the WHO policy brief as an alternative to Kano genderisation of isolation centres. These are summarised below:

Application of principle of Equity

In a general sense, equity means, even-handedness, fairness, impartiality, justness and parity. The implications of this are that the COVID-19 patients in isolation centres should be dealt with fairly in an atmosphere devoid of injustice and partiality. Relating this to the case of women, the principle suggests that gender differentiation should not be a parameter for attending to the patients but a sense of justice and fairness. This presupposes justice but, we need to expand this a little bit because the principle of equality can be misunderstood or misinterpreted because it has two main aspects. The first is distributive justice which is exhibited in the act of "distributing" certain matters between two or more persons, or "adjusting" these matters to their proper ratios. The second is commutative justice, which factors the differences in rank and worthiness of the persons involved to determine the sharing of available resources.

We are advocating for the first type as a norm in isolation centres that the equal should be treated equally, and unequal unequally as Aristotle said in one of his writings (see Anton-Hermann 1942:120-128). In other words, equity requires that like cases be treated alike. This line of thought would have a place in the WHO's Ethics and COVID-19 resource allocation and priority-setting, which among other things specifies the following:

a) Appropriating individual interest

This implies that each COVID-19 patient's interest should count equally unless there are good reasons that justify the differential prioritization of resources which may include irrelevant characteristics of individuals, such as race, ethnicity, creed, ability or gender, should not serve arbitrarily as the basis for the differential allocation of resources. This principle can be used to justify the allocation of resources by a lottery – that is, randomly by chance – or by a system of first come, first served.

b) Application of triage guidelines

This is the process of determining the priority of patients' treatments by the severity of their condition or likelihood of recovery with and without treatment. In medical practice, this principle rations patient treatment efficiently when resources are insufficient for all to be treated immediately (Iserson 2007:275-281). If this makes sense, it would involve dealing with

COVID-19 patients based on the age factor. It was said that patients between age 1-15 and 65 and above feel the ailment than those outside the age bracket and that they have little chance of recovery. Based on this, resources should be spent on them in that order of priority.

The importance of this principle in our judgement is that the process of attaining a principle of distributive justice among the COVID-19 patients is not easy to come by because someone could ask: “When is discrimination between people just and when is it unjust?” “How do we determine error-free processes, which are required to ensure that justice is done and seen to be done”? For these reasons, we recommend the application of triage guidelines.

c) Strive towards best outcomes (utility)

This principle is striving towards justifying the allocation of resources according to their capacity to do the best or minimize the most harm. That is, using available resources to save the most vulnerable lives of COVID-19 patients as much as possible. This principle has the capacity to guide the allocation of scarce resources that confer substantially different benefits to different categories of COVID-19 patients with reference to the level they belong. For instance, ventilators should be used for those expected to derive the most benefit.

d) Prioritizing the worst-off

By ‘the worst off’, we create a working term which means those in greatest medical need or those most at risk. This principle implies the allocation of resources to those in greatest medical need or those most at risk. It is justified because of the fact that this category of patients is at risk, for example, those of the age of 65 and above.

e) Prioritize those tasked with helping others

This principle can be used to justify the allocation of resources to those who have certain skills or talents like medical personnel especially those who got infected while treating COVID-19 patients. By virtue of their skill, treating them first or giving them a priority will save their lives and would also allow them to save lives of other COVID-19 patients.

f) Transparency

This calls for being open regarding the decisions and justifications about how resources are distributed. If need be, this should be made public to avoid suspicion and mutual suspicion.

g) Accountability

Those making decisions about allocation must be accountable for those decisions – that is, they should justify their decisions and be held responsible for them. In most cases, accountability goes hand-in-hand with answerability, culpability and liability, as the need arises.

h) Consistency

It also demands that decisions and justifications about how resources are distributed should be consistent so that patients in the same categories, not minding their gender are treated in the same way. This will prevent undue corruption and favouritism towards one's religious or political compatriots.

Concluding Remarks

From the foregoing, it is evident that the creation of special isolation centres for COVID-19 women patients in Kano, raises ethical issues which are both positive and negative. On the positive side, the COVID-19 women patients in Kano were able to enjoy some freedom, autonomy, a sense of belonging and relative adequate treatment unlike when they were mixed with their male counterparts. However, the motive for the creation of a special centre for them is motivated by the desire of the Governor to actualise the disparity between men and women. That is, a situation that is characterised by women placed as subsidiary to men as instituted in the Islamic Sharia law. This development makes up a minus for women because the action is tantamount to assault against the rights of women in the centre. It also violates the rights of non-Muslim COVID-19 women patients. This judgement notwithstanding, the question of the best way to allocate meagre resources among COVID-19 patients generally in Nigeria and Kano's COVID-19 women patients specifically remains an ethical puzzle. It is on this note that we suggested the application of ethical guidelines to unravel it. It is our belief that an objective application of the ethical guidelines which fall in place with the WHO's templates would go a long way to remedy some problems associated with the use and allocation of medical facilities at isolation centres and the administration of vaccine for COVID-19, whenever it is available globally.

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‘SUCH WOMEN DESERVE PRAISE’ – COVID-19 AND WOMEN IN LEADERSHIP

Maame Akoto Dwemoh

Abstract

The novel viral disease known as COVID-19 has been a great battle for world leaders. Numerous strategies have been adopted by world leaders in the quest to curb the spread of the disease. However, only a few leaders have emerged successful. The study analyses strategies adopted by some women political leaders while bringing out some unique leadership traits that have spurred their success. Observations have been that these women political leaders, although not working alone, employed quick and prompt measures against the COVID-19 spread. Strategies identified include the establishment of early testing capacity, ban on contact, as well as the closure of borders. Others also adopted collaborative, participatory and cooperative strategies to control the Coronavirus pandemic in their respective countries. They have uncompromisingly upheld the recommended safety protocols in the absence of a vaccine. Reviewing these strategies and protocols, one sees unique traits in the leadership of these women which are comparable to some women in the Bible. These are empathy, boldness in decision-making, wisdom as well as proactiveness. The study concludes with lessons for the African woman and a call on all to embrace women leadership and motivate women for leadership positions.

Introduction

Coronavirus, also known as COVID-19 or “Severe Acute Respiratory Syndrome Coronavirus 2” (SARS-Cov-2) first emerged as a disease with pneumonia-like symptoms in humans from Wuhan in central China, at the end of December 2019. Recorded cases on the 3rd January 2020 were 44 (bbcworldnews.com 2020), but by 11th March, the World Health Organisation (WHO) had declared it a worldwide disease and a pandemic due to its global spread. The contagious nature of the virus has made world leaders adopt stringent measures in an attempt to curb the spread. However, some countries seem to be on top of affairs with regards to the control of the virus. A critical look at worldwide recorded cases has revealed that most of the countries with low recorded cases of COVID-19 infections are led by women. The question that has been lingering is, what are these

women leaders doing differently? This paper presents an analysis and a review of the strategies adopted by these women leaders in managing their countries through the COVID-19 pandemic while bringing to bear their leadership traits especially as recorded on online news portals. The analysis is compared to some traits of women in the Bible and lessons are drawn for African women.

Achievements of women political leaders

COVID-19 has been a problem for all countries across the world. The WHO has been at the forefront encouraging all leaders to institute safety protocols like wearing of face masks, hand washing under running water, social distancing, and use of hand sanitizers. All the leaders of the countries in the world have been using context-sensitive measures to curb the spread of the virus, especially to trace, test and cure. For the purposes of this paper, attention is placed on some women leaders, such as in Germany, Finland, Iceland, and Denmark in Europe, New Zealand in Oceania, Taiwan in Asia, and Ethiopia in Africa. These women selected in no way are working alone, and it does not mean some men are not doing marvelously well.

Between January and June 2020, Germany, a large country with a population of over 83.02 million seems not to have been overwhelmed by the COVID-19 pandemic. Though their first case was recorded on the 27th January 2020, their total number of recorded cases as at 24th July stands at 205,146 with total deaths of 9,116 (Koptug 2020). These figures, especially of deaths, are on the low side, compared with countries like France and UK who have a lesser population, which is 67.89million and 65.27 million respectively (Clark 2020). France's recorded cases stand at 180,192 with 30,192 deaths, while the UK has recorded 299,426 cases with 45,677 deaths as of 24th July 2020. Unlike France and UK, Germany is led by a woman. Reasons owing to Germany's relatively low cases include "early establishment of testing capacities, high levels of testing, an effective containment strategy among older people and efficient use of the country's ample hospital capacity" (Wieler, Rexroth and Gottschalk 2020). Mass gatherings and travels were increasingly restricted by the beginning of March 2020. On 22nd March 2020, the Chancellor, Angela Merkel announced the implementation of a "contact ban, limit on public gatherings to two people (outside families), physical distancing of at least five feet

and closure of many businesses" (Wieler, Rexroth and Gottschalk 2020). In fact, the Chancellor insisted that the country enforce strict physical distancing rules, banning all groups of more than two people in public and shutting down some businesses. From the above, it can be said that Germany had a successful plan right from the beginning and that the progress of detection was very early.

New Zealand, led by a woman Jacinda Ardern, went ahead to ban entry to any traveler coming through China on the 3rd February 2020, though there was no reported case as at the end of January. Any citizen coming from China had to undergo isolation for 14 days. By 16th March 2020, all citizens in New Zealand had to go into self-isolation (Jones 2020). The Prime Minister, Jacinda Ardern, closed all national borders when the country had recorded only 102 cases with no deaths. Unlike New Zealand that put in place an early plan and so controlled the spread of COVID-19, it can be found that the UK had recorded more than 6,500 cases with about 330 deaths, nonetheless, their borders were opened. Even self-isolation only began in early June in the UK (Jones 2020).

Control measures also taken in the case of Taiwan, led by a woman, contributed to the low spread of COVID-19. Taiwan adopted early cooperative strategies in fighting the COVID-19. As of 29th June 2020, Taiwan had recorded 447 confirmed cases with 7 deaths and 435 recoveries. These low figures can be attributed to the country's quick response through border control and activation of a Central Epidemic Command Centre (CECC) by 20th January 2020 to coordinate ministries and activities. The CECC liaised with "police agencies and the telecom companies to enforce quarantine with the support of mobile phone tracking" (www.theconversation.com 2020). In addition, Taiwan tested about 5,800 samples a day.

With a similar cooperative strategy, Iceland has been comparatively successful with the COVID-19 control. Iceland under Prime Minister Katrin Jakobsdottir, quickly activated a National Crisis Coordination Center on the 31st of January to coordinate the country's response to the disease. She engaged in a public-private-partnership strategy. These strategies yielded fruitful results and as of 29th June 2020, the country had recorded only 1,838 confirmed COVID-19 cases of which 1,816 had fully recovered with 10 deaths (www.theconversation.com 2020).

Finland under the leadership of Sanna Marin has adopted a hybrid strategy in the quest to ease restrictions since the measures she put in place yielded positive results, thereby reducing the number of infections. Prime

Minister Sanna Marin on 22nd April 2020 said at a news conference in Finland that the country would “test, trace, isolate and treat alongside winding up restrictive measures in a controlled manner.” The result of these measures is the total reported cases of 4,129 with 149 deaths and 199 hospitalised patients as at 30th June 2020 (www.reuters.com 2020).

Denmark, which is under the leadership of the young Mette Frederiksen, had as of 24th July 2020, recorded only 13,438 cases and 613 deaths (www.worldmeters.info 2020), which seems to be very low compared to the likes of Switzerland which is similar in population size, but has a high number of about 33,796 infected cases. Denmark adopted a strategy which could be best described as “act fast and act with force” (Olagnier and Mogensen 2020).

Sahle-Work Zewde, the President of Ethiopia is currently the only female out of the 54 Presidents in Africa. Zewde was listed as one of Africa’s “50 Most Powerful Women” in the March issue of FORBES AFRICA. Ethiopia remains with one of the lowest infection rates in the East / Horn of Africa region. As of 31st July 2020, Ethiopia had recorded a total of 17,530, with 138 in critical condition and 274 deaths out of a population of 109 million (www.telesur.tv 2020). Ethiopia remains one of Africa’s fastest-growing economies. Zewde, working together with the Prime Minister, Abiy Ahmed, also shares her views on women on the front lines, as well as supporting the reforms in education. At least, her modest contributions are more of an illustration of transformational leadership in times of crisis.

In early May 2020, the government of Ethiopia announced a package to bolster healthcare spending, food distribution, rebuilding SMEs, etc. to support the country’s most vulnerable. For Zewde, COVID-19 must not make people take their eyes off supporting the basic menstrual hygiene needs of women and girls, including those who are on the frontlines of the pandemic. She believes that it is imperative that girls and women living in poverty, the internally displaced, refugees, and those in quarantine and transit centres are provided with menstrual hygiene kits. This is part of preserving their dignity amidst the difficult conditions they are living in (www.iknowpolitics.org). This policy demonstrates empathy and thoughtfulness, which might be said to be more characteristic of a female leader. At a time like this, such is especially notable and commendable.

Ethiopia has been able to contain the spread of COVID-19 largely because of the government’s rapid response, including house-to-house screening

and diagnostic testing. The government responded swiftly and boldly to the COVID-19 crisis. Ethiopia's unconventional approach reflects the country's limited financial and human resources, as well as the low level of available international support. Despite these severe constraints, the results so far have been better than anyone expected. The leader insisted on the public-health measures taken to contain the virus's spread. Ethiopia initiated various essential measures in January, well ahead of most developed countries. The government then scaled up its response in mid-March, when the first COVID-19 case was reported in the country, and declared a state of emergency only on April 8. Moreover, it has encouraged production and other economic activities to continue during the crisis, thus considerably easing the pressure on vulnerable social groups and the informal sector (www.weforum.org 2020).

All these women mentioned above (and perhaps other women in other places) are praised not because they are perfect administrators of their economies or they work alone. At least, they played some key roles in their economies and their little achievements should not go unnoticed. Such leaders are hard to find in times of difficulties. As Proverbs 31:10 asks, 'a capable woman, who can find?' All of these women deserve praise for their key role in saving lives and showing able leadership. What are some of the character traits that can be learned from these leaders?

Women in Leadership, making the Difference

Leadership has been defined in different perspectives and disciplines. Definitions are often biased towards interest and what is hoped to be achieved. To Peter G. Northouse (2004:51), leadership concerns itself with the person of the leader and the dynamics between leaders and followers that result in a form of influence. James Baker (2001) suggests that "leadership is knowing what needs to be done ... and getting it done." His definition implies leadership and its effectiveness relates to the accomplishment of a task. J. Oswald Sanders (2007:29) sees leadership as "the ability of one person to influence others to follow his or her lead." A. Sinclair (2007:34) posits that:

Responsible leadership requires a deep sense of self and community – valuing diversity, ethics, the individual and the collective. It is something that involves all of us, as leaders and followers equally, binding us in a moral

relationship that can be quickly undermined through neglect or indifference. Leadership should be aimed at helping to free people from oppressive structures, practices and habits encountered in societies and institutions, as well as within the shady recesses of ourselves. Good leaders liberate.

A study by Baron S. Ihil & Agustina S. Hellya (2017:9) has also shown that to be a leader, one needs to have certain psychological qualities because leadership is the process of influencing and it involves interactions between the leader and the follower. They believe leadership training when received is expected to impact the leader positively with traits such as intelligence quotient, emotional quotient as well as understanding oneself. To Nhien Nguyen & Jens Ording Hansen (2017:5), managing and leading are distinct activities with different goals and means that need to co-exist. They opine that individuals should be prepared to either manage or lead depending on the situation and also to change their mind-set accordingly. A critical review of the above strategies as adopted and implemented by these women political leaders brings to light some glaring leadership traits and virtues which seem to be distinct. Some of these are discussed below.

1) Proactive and Wise

All the women leaders mentioned above took proactive measures right from the onset of the infections from COVID-19. Though most world leaders are tirelessly working to curb the spread of the COVID-19 pandemic, these women leaders stand out. One believes their “early bird catches the worm” approach and the result-oriented strategies have made them stand out. Since there was no vaccine for COVID-19 between January and June 2020, safety protocols have been recommended. While some countries have been slow to embrace the safety protocols, others have taken advantage of it and chalked some successes. These women leaders have been proactive and wise in their measures. Immediately after the first case was recorded in Germany on the 27th January 2020, the government mandated all health care providers to report COVID-19 cases within 24 hours to local public health authorities on the 1st February 2020 (Wieler, Rexroth and Gottschalk 2020). Barely after a month when the total cases were only 26, the government “set up an inter-ministerial national crises management group” to coordinate affairs (www.bundesgesundheitsministerium.de 2020). To Tracie White (2020), Angela Merkel of Germany has been “reasoning rather than rousing.” One also believes

the ambition of Jacinda Ardern to eradicate the Coronavirus rather than control it. Thus, closing New Zealand's borders to China even before they had recorded a case was a wise decision and a proactive step. The world is in search of such authentic leaders of value.

In the Bible, the prophetess Hulda's availability and wisdom must not be taken for granted. According to Susan Ackerman, Hulda's prophetic ministry was conducted in an environment where certain aspects of the domestic and public spheres were not widely separated. In 2 Kings 22:14ff and 2 Chronicles 34:22ff, she made her home available for King Josiah to consult her, and decision making was done in or near the home for the good of the nation (Ackerman 2002:59). Similarly, African women can learn from Hulda's example and position themselves very well so that in times of crisis they can be consulted. This allows women greater potential for the exercise of power.

2) Boldness in Decision-Making

One sees in these contemporary women leaders, boldness and courage. The effective containment strategy for old people by Germany and early lockdown by New Zealand all reveal the boldness as well as the decisiveness of these women. They stood against the odds of adverse economic growth and criticism to implement stringent strategies that will help control the spread of the disease. Prime Minister Jacinda Ardern was so bold that she instituted strict regulations in her country which many opposed but for which she said that "I would make no apologies" (Jones 2020). Indeed these women have played heroic roles in the midst of various challenges.

A key biblical figure who was a leader is Deborah. She was the only known female judge among the Israelites and one of the few women identified as a prophet in the Old Testament (Judges 4). Her boldness and multiple successes in a male-dominated culture is very commendable and worth emulating. Israel had been under the oppressive hands of Canaan for twenty years and when the Lord wanted Barak to lead Israel against the Canaanites, Barak insisted that Deborah, who was a woman, accompany him to the battle. Deborah agreed and as a result Israel defeated the Canaanites led by Sisera (Judges 4:1-15). All these buttresses the point that women can also lead and lead well. Such qualities can also be seen in biblical women like Shiprah and Puah who took independent decisions to save lives. These women were midwives who violated the command of

Pharaoh to let the Hebrew new-born boys live because of their fear of God (Exodus 1:15-22). Commenting on this text in the New Interpreter's Study Bible, Walter Harrelson (2003:88) presents that these "two women assume a heroic role in subverting the command of Pharaoh. Their story is that of civil disobedience, setting the fear of God against the tyrannical command of Pharaoh." These midwives were bold in their decision-making by preserving the lives of the Hebrew boys born.

3) Empathy

Empathy, which is expressed in compassion for others is evident in these women leaders. They have laid to bear their feminine traits through love and care for their followers, thus the adoption of quick and best measures to ensure their citizen's safety, protection and healing. For instance, Jacinda Ardern has been hailed for her "clarity and compassion" (White 2020). She, together with other women leaders, have not stood aloof or feigned unconcerned attitudes like some of their male counterparts whose citizens are dying yet they seem not to care. Rather, they stepped in for them, felt their plight, and worked for their wellbeing. In these women, we see the heart of Esther. Esther, when challenged by her uncle Mordecai, declared a fast after which she moved in to petition king Ahasuerus on behalf of the Jews though it was not lawful for her to do so at that time (Esther 4, 5). She was moved by empathy for her people and not simply the words of her uncle Mordecai. Esther's final words "if I perish, I perish" are the most poignant in biblical literature; her re-identification with her fellow Jews is complete" (Harrelson 2003:696). Just as Esther identified with the Jews and interceded for them, so have these women leaders.

Zewde of Ethiopia has not forgotten about the plight of women in other health-related issues in the midst of COVID-19. The Prime Ministers of Norway and Denmark have also engaged in a conference and television direct talks with the children of their countries to address all their questions and doubts about the COVID-19 pandemic (Wittenberg-Cox 2020). In these acts, one sees love and compassion. Tsai Ing-wen of Taiwan has also extended love to other countries. She has sent humanitarian aid to countries like the USA (www.theconversation.com 2020). The empathy and love of these women leaders for other women and girls has been a strong trait in their quest to control the COVID-19.

Lessons for African Women

In an interview with Alice Eagly (1998:103), a psychology professor at North-western University, she intimated that "Women's tendency to be more democratic, participative leaders could reflect more than one cause. Women could prefer this way of treating other people because of their personalities and socialization, and perhaps their greater interpersonal skill at handling complex interactions." She added that:

Theorists of leadership have long maintained that there is no one generally effective leadership style, and I concur. Some situations call for a more autocratic, directive style, and others call for a much greater component of communication, consensus building, and participation by many parties in making decisions. The ideal leader therefore would shift from one style to another, after an astute sizing up of the style that would be optimal in each situation (Eagly 1998:108).

The above statement means that leaders should not be judged by their actions in one particular situation. However, one can take a cue from the good leadership styles at a point in time. African women are noted for their bold initiatives in leading and managing the home. In the era of the COVID-19 pandemic, where health facilities are not enough in Africa, women have taken it upon themselves to manage the health needs of the family. They have been finding alternative herbal medicines and foods that boost the immune system so that their families would stay healthy in the midst of the pandemic.

African women know that good leadership is not about domineering. It is about participating in the common good of the people. Mark S. Aidoo (2019:84) argues that "A Christian theology of leadership must take account of the distortions of life recorded in Scriptures and offer practical perspectives that are not domineering but that which focuses on God's guidance in Christ, service, meekness, justice, wisdom, faithfulness and contentment." As such, African women must focus not on domineering but work hand in hand with men and other women to create a safe environment for the family in the era of COVID-19.

The political leaders of Germany, Finland, Denmark, New Zealand, Taiwan and Iceland have shown the way. In these women, we see a model for leadership for society. They have brought to light the fact that leadership is not domineering or autocratic but rather planning and serving. Leaders are not to be people who only give commands but individuals who

show concern and participate in all affairs of followers for their wellbeing. Leadership is thus other-centred. Mercy Amba Oduyoye & Elizabeth Amoah (1988:35) have said that “The Christ of the women of Africa upholds not only motherhood, but all who, like Jesus of Nazareth, perform “mothering” roles of bringing out the best in all around them. This is the Christ, high priest, advocate, and just judge in whose kingdom we pray to be.”

The exemplary leadership of political leaders who are women must also serve as a springboard on which African women will leap on to leadership positions. In these, the good qualities of women have been brought to light and this will act as an eye-opener to many. If women are seen to be good supporters or followers, they should also be seen to be good managers and leaders. Therefore, women must be given opportunities to lead and be encouraged to do so rather than being discouraged. Musa Dube (2016:149) has argued that African cultural worldviews cross-fertilize biblical worldviews and the Spirit became an agent of empowerment for women to assume leadership roles. As such, the “Spirit would enable women to claim positions of power, to become prophets and founders of churches, and claim to have heard God’s call to the office of ordination.” When African women take their rightful place in social and religious affairs, especially in times of crisis, the world will be a better place.

As heroines, they have acted as pacesetters and motivation for women not to shun leadership roles but rather to be encouraged to embrace them. The “can-do spirit” must be revived in women and they must be oriented against the notion that men are born leaders, thus women are only helpers. Women must be encouraged to know that all leaders are born and /or made and this includes women. Therefore, women can be born leaders or trained into good leaders just as men can.

Conclusion

“Many women do noble things” (Proverbs 31:30) and these women leaders are certainly part of them. They are indeed role models for women in this age. These political leaders are standing tall in the management of the COVID-19 crisis and this is an eye-opener to all and a great education. They are excelling because they have been participatory and have planned well. The world must therefore be informed and have a change of mind-set with regards to leadership and women. What the world sees as the

weakness of women (love and compassion) have been the strength of these leaders. Consequently, women must be equally respected and embraced in all helms of affairs.

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COVID-19 AND SOCIAL MEDIA ACTIVISM: AN ANALYSIS OF THE (COM)PASSION OF AFRICAN WOMEN TOWARDS RESTORATION

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Abstract

Women are known to, and have indeed, taken unusually bold and courageous actions to remedy bad situations. The world, including the Church, is battling to find remedies and cures for COVID-19, the relentless, passionate, compassionate, and desperate efforts of women to remedy a grubby situation needs to be commended. This paper discusses at some views expressed on social media platforms, especially messages sent through WhatsApp, about how some African women have devoted themselves to find ways to how to cure or manage the COVID-19. It takes a cue from the story of the Shunammite woman in 2 Kings 4 whose effort helped to restore life to her son. The paper also uses the netnographic method to discuss five WhatsApp videos on the experiences of women and their knowledge, which subsequently reveals their culture and behaviour. The determination to ensure the care and safety of their wards, strength to fight for justice and being the voice of the voiceless, passion to find the solution to the pandemic using both faith and indigenous ways, can be gleaned from these African women. It argues that the practical theological actions show that God uses women and responds to the faith and prayers of the faithful, and also demonstrates that God continues to inspire women and use them to bring a message of hope to the world.

Introduction

Since the global outbreak of Coronavirus otherwise known as COVID-19, the traditional and social media are replete with news, comments, theories, and possible cures for the pandemic, the latter generating controversies at the moment. This paper will take a critical look at some social media platforms, especially messages sent through WhatsApp, which is the source of data for this enterprise, that shows that some African women have devoted themselves very early enough to how to cure or manage the disease. Taking a cue from the effort, passion, and desperation of the widow to remedy a very bad debt situation and the Shunammite woman

to restore life to her son in 2 Kings 4, we argue that these African women's efforts at proffering a cure to COVID-19 provide interesting theological lessons and hope for a world in dire need of health and compassion.

COVID-19 is certainly not the first global pandemic Africa and the world will be faced. The Ebola epidemic is still being felt in the continent, but it has been overshadowed by the COVID-19 pandemic. The global spread and coverage by COVID-19 have qualified it according to the World Health Organisation (WHO) as a pandemic (www.euro.who.int/en/health). Lassa fever still has a devastating effect on Nigerians even amid the COVID-19 pandemic, however, much is not being done about it. In fact, as at 1st May, 2020 Lassa fever has been recorded in 126 local government areas in 27 states of the federation (www.iamat.org/country/nigeria/risk/lassa-fever). Obaji Jr (2020) reports that it is only recently that COVID-19 infections have overtaken those of Lassa fever in number, but deaths resulting from the latter are still higher than the former. Lassa fever has proved to be more deadly than Coronavirus even though the media have devoted more attention to the latter. "Nigeria's health system", he adds, "could come under immense stress as it faces a two-pronged fight."

The terms 'epidemic' and 'pandemic' are used interchangeably these days. It, therefore, becomes necessary to define them. A pandemic can be defined as "an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people" (Kelly 2011:815). The Centre for Disease Control and Prevention (2012:2) explicitly defines these terms in the following way:

Epidemic refers to an increase, often sudden, in the number of cases of a disease above what is normally expected in that population in that area. Outbreak carries the same definition of epidemic, but is often used for a more limited geographic area. Cluster refers to an aggregation of cases grouped in place and time that are suspected to be greater than the number expected, even though the expected number may not be known. Pandemic refers to an epidemic that has spread over several countries or continents, usually affecting a large number of people.

A century ago, between 1918 and 1919, the world was confronted with what has been controversially referred to as the Spanish flu. It is argued that the flu was first detected in Kansas in the United States of America in March 1918 (Ross 2018). An estimated fifty million people died from the flu worldwide at the throes of the First World War. Earlier in 1889-90, there was an influenza that killed the majority of children and the aged; it

was attributed to “the rapid movement of humans by steam transportation by sea and land” (Prashad 2020).

Many of the accounts of the 1918-1919 influenza pandemic have Eurocentric methodologies and conceptualisations. It is not until recently that the pandemic is being deconstructed, and viewed from African contextual lenses (Oluwasegun 2015; see Heaton & Falola 2014). Ohadike (1981:379-391) looks at the food insecurity and shortage occasioned by the influenza pandemic and how the Lower Niger had to resort to the cultivation of cassava to first augment the shortage of food, and later began mass production of it for both subsistence and commercial purposes. According to him, “the speed with which this innovation was adapted clearly points to the degree of the food crisis that accompanied the pandemic influenza of 1918-1919.” Today, we observe how the prices of food have escalated and criminal activities surrounding food have risen. Ohadike’s work is a huge challenge to how the COVID-19 is managed with particular reference to food security in the era of global warming that is adversely affecting micro-farming (Ohadike 1981:382). At that time, coastal areas were most hit by the flu, and improved transportation system spread it to the hinterland. Out of about 18 million Nigerians, about five hundred thousand died in six months. Currently, the most hit areas were the over-crowded urban places and centres (Ohadike 1991:1393-1399).

The world was set in a state of confusion regarding how and what biomedical protocols would be applied in curing the Spanish flu as is also the case with finding a possible cure to the Coronavirus now. Biomedical and indigenous medicines seemed incapable of addressing the devastating effects of the flu on human lives. In addition, there was a strong suspicion that the colonial authorities were bent on depopulating the Africans to appropriately manage the ‘remnant’ population. Phillips (2014) lucidly recounts the situation at that time in the following submission: “In this inauspicious situation most have resorted to traditional herbal or folk remedies, practices and deterrents However these usually proved as ineffective as biomedical treatment that, anyway, was still viewed with suspicion by many Africans because of its association with the apparatus of colonialism.” There is repetition of historical events and the same argument and suspicion are still being held today. There are reports that Africa would be hit the hardest by the COVID-19 pandemic with the obvious disregard for herbal cure, especially the one developed by Madagascar. While the Spanish flu raged and ravaged humanity, the human quest for healing

did intensify as many prophetic and charismatic churches, which emphasised divine healing, were birthed. According to Isichei (1995:199), “It is no coincidence that a number of Christian prophet movements were founded during the 1918 flu pandemic, which made the limitations of both western and traditional medicine painfully apparent.”

In fact, the mission churches placed heavy emphasis on colonial measures to the pandemic, which seemed to be antithetical to the faith of Nigerian Christians. Prophetic prayer meetings spontaneously began to address the flu; this subsequently led to the establishment of some of the African Initiated Churches. Amongst the prophetic leaders of that era was Miss Sophia Odunlami who later married Mr. J. L. Ajayi. She claimed to have received a cure to the disease, which drew many to her ministry as the Lord was using her greatly. “She even prescribed in prophecy, that the use of rainwater mixed with lime juice would heal the epidemic influenza in the 1920s. It seemed to work and this attracted more people into the group” (Obisakin 2007:53). Odunlami continued her itinerant campaign, preaching holy living and obedience to the word of God. Her campaign was reported to have convinced the people of the power of God to heal more than the orthodox or indigenous medicine. “Influenza victims were cured by heeding to Sophia’s prophetic warning and particularly through the use of her sanctified water for drinking and bathing.... To say that the same atmosphere which blew the wind of epidemic could also almost at the same time harbor rain with healing virtue, was to them something beyond human explanation.” (CAC News 2020). This point cannot be lost in favour of those who argue that indigenous cure to COVID-19 should be sought and utilised rather than wait for western cure or vaccine. There is the general belief among Africans that the cure to any disease is found in one’s environment; one only needs to look carefully and study the cosmos to get the cure (Igboin 2018). Ignorance of this fact, they argue, always leads to the maxim: the weeds that would have cured one’s ailment end up growing on one’s grave (Adodo 2017). Ojo (2004:466) describes Odunlami as “a charismatic leader, a prophet and a visionary” who “helped to break down restrictive cultural barriers that confronted ... women, and thus created more opportunities for women in church life in the early twentieth century.”

What is critically impressive from the foregoing is that Odunlami was a woman in the midst of crowded men, who was mightily used by God to proffer a solution to the influenza pandemic. In a patriarchal setting

where women are hardly given space and opportunity to operate and demonstrate their powers and elixir, Odunlami did not only stand to contest that setting and won, but also ensured that women and men were given salutary respect therein. The same setting has a bearing with the Jewish culture, which relegated women. The study of the Bible shows how women intervened in critical moments of history to save lives, for instance, Deborah stepped into leadership as a judge in a position upheld and occupied predominantly by men and led her people to freedom (Judges 4-5). The underlying principle we want to evince here is that these women were relentless, passionate, compassionate, and desperate to remedy a grubby situation that confronted them. In the next section, we shall examine two women in light of these principles (rather than context).

The (Com)passion of a Widow and the Shunammite Woman

The account of the Shunammite woman's relentlessness, passion, and desperation is another way of re-reading the stories in 2 Kings 4. There are two critically scintillating and theological accounts of women's relentlessness, passion, and desperation to salvage extremely bad situations. The first describes her as a widow: her husband left a huge debt for the family. At the threat of the creditor to enslave her two sons until she could pay or wait for the year of Jubilee, she makes a desperate effort to find a solution: she reaches out to the prophet who gives her instructions on what to do. Ordinarily, such instructions appear non-scientific, unreasonable, and illogical, particularly in a postmodern world that takes rationality as the ground norm of reality and truth. But the result is that she does not only have enough money to offset the debt, but also much more to cater for her family. The point is that unorthodox means has a place in reality. Hence theological, spiritual and cultural matrixes are important in addressing COVID-19. In relation to Africa, and as we shall explore shortly, Adan (2020) avers:

The origin of an individual as well as the alienation from the experience of our past is extremely useful to us. This epicenter no matter what history it derives from, serves as a pillar of personal development, which contributes to civilization. In truth, history has its versions, that these versions have their specific interests. If African civilization has been able to dominate the world despite the Mesopotamians and the Greeks, it is thanks to a well-built culture and to betray it was to ruin itself, this is shown with the victory

of the Romans. Following multi-year observations of academic success in African schools, the best among them are those attached to their cultures.

Adan argues that there are cultural resources to understand, analyse and proffer solutions to issues that press for attention. Although he does not suggest a relegation of other people's culture, he strongly makes the point that the primary obligation of culture is that it helps to address all human challenges in their peculiar ways.

The second story has to do with the popular Shunammite, who is described as a wealthy, influential, compassionate, hospitable, faithful but barren woman. Her compassionate nature is shown in how she takes care of Prophet Elisha to the extent of suggesting to her husband to construct a chamber for the prophet to which he can retire whenever he passes by. This act endears her to the prophet who, when he comes to know that she has no child, prays for fruitfulness. Consequently, she conceives and bears a son. It is this son that gets suddenly sick; he has an attack on the farm and cries to his father. Some have suggested that "the cries of the boy, the part affected and the season of the year, make it probable that he had been overtaken by a stroke of the sun. Pain, stupor, and inflammatory fever are the symptoms of the disease, which is often fatal" (www.bibles-tudytools.com).

Although the son's father sends him to his mother at the time of the attack, it is no time for the Shunammite woman to quarrel. She does all she can to stabilise her son who eventually dies. She thinks that breaking the news of the death of her son to her husband who had sent the son to her in the first place will distract her faith; all she focuses on is taking positive action that will result in resuscitating her son. Hence, she runs to Mount Carmel to meet Prophet Elisha. She has an implicit faith that Elisha's prayer will be answered by God, consequently, she stops at nothing to see this done.

The import of the two stories to us is that they both emphasise the fact that women can, and have indeed, taken unusually bold and courageous actions to remedy bad situations. Reading these stories in a literarily culturally relevant manner as conceptualised by David Adamo, Justin Ukpong and Chris Manus, we argue that in this COVID-19 era, there are African women who have devoted themselves to proffering solution to the pandemic in a local, family context rather than engage in spreading fear and death sentences in the social media. Before we discuss some of these

African women, clarification of our research method – netnography – is in order.

Research method: Netnography

Recently, there has been a bulge in the use of the Internet, not only as a means of communication, a transaction of business, organising and executing conferences, and so on, but also as a veritable means of effectively conducting research. Netnographic method as it has come to be defined has to do with utilising the Internet as a source of generating data and analysing rooted in participant observation, which is the digital form of ethnography. As an established approach to qualitative research, netnography is coined from the words Internet and ethnography, and thus, it shares many features with ethnography (Kozinets et.al. 2014:262). According to Kozinets et al (2014:262), netnography is a “technique for cultural analysis of social media and online community data.” They add that “natural in orientation, it approaches cultural phenomena in their local contexts, providing windows on naturally occurring behaviors” (Kozinets et.al. 2014:262). Carefully analysed, netnographic method can, and does, lead to such description of the “lived online experience of cultural members” (Kozinets 2014:263).

Although face-to-face interactions have their very important role in generating data through discussion, online means such as Twitter, WhatsApp, blog, Facebook, LinkedIn and so on have also provided amazing mass of information despite their cross-posting. These social media meeting instruments can be in form of text, audio, video and so forth. Although viewed as a complex aspect of netnography, these instruments can help to garner diverse data and categorise into geo-local context (Kozinets 2014:263), even though they do not exactly happen within a particularly defined space, as we shall be utilising in this paper. The complexity here will be navigated because we are quite familiar with the context – both cultural and religious – of the WhatsApp videos that we shall analyse shortly.

Theoretically, netnography enables researchers to have access to community members’ knowledge, which subsequently helps to understand their culture and behaviour. Since netnography is a cultural research that portends towards “human understanding,” it is thus saddled with “maintaining an anthropological preoccupation with the human, socially grounded,

epistemologically self-critical, axiologically attuned with notions of social betterment.” (Kozinets 2015). In other words, netnography does not have to dehumanise and decontextualise; it strives to enliven the human experience within a cultural, social, axiological and epistemological space. Any interruption of this space is not netnography.

Specifically, this paper utilises WhatsApp messages as its mainstay of data generation. Many studies have categorised WhatsApp as part of netnography, that is, an online version of ethnography. In a study carried out by Udenze and Ugoala (2020), it is observed that WhatsApp platforms create unique means of identity creation, meaning-making, unite in community building and sense of community consciousness and national patriotism among Africans and their Diasporas. Another study also reveals how WhatsApp platform can also stimulate discussions and arguments, influence and mobilises members to community action and development, generate commitment and unity as well as friction. But the underlying point is that since it has become sometimes increasingly difficult for physical meeting, WhatsApp has provided a veritable alternative where community can meet and make enforceable decisions (Azmi et.al. 2018).

The two studies above focused on group WhatsApp platforms where different people largely agree to come together for a common objective. In this paper, the messages we are going to analyse are however not sent to the group where these African women are members. Rather, they are messages circulated to different groups and individuals. What is of paramount interest in these WhatsApp videos are the context and contents of the messages, and the compassion that were laden in them, as well as the passion for family/human health and restoration during this COVID-19 era.

Analysis of the WhatsApp Videos

In this section, we shall analyse five videos out of many released by African women in different parts of the world as a demonstration of their compassion and passion for the restoration of health to the community in the midst of COVID-19. These women’s compassion resonates in the very words and actions depicted in the videos. The videos would be analysed based on two prongs: intersections between faith and indigenous medicine and awareness creation within the context of addressing the coronavirus pandemic.

In the first video of two minutes, thirty-nine seconds, a Nigerian woman who introduced herself as Prophetess Dupe Oluwaniyi, and asks that her video be spread widely, and says she desperately prayed to God for a cure since the beginning of the coronavirus pandemic. According to her, the Holy Spirit finally revealed to her a herbal plant called siam leaf, whose botanical name is ‘*Chromolaena odorata*,’ famously referred to in Yoruba as ‘ewe Akintola’, ‘ewe Awolowo’, or ‘eweagatu’, and in Iuleha, Edo state ‘oken-igbuan;’ a popular weed found in Africa. She also gives instructions on how people should administer the leaf as follows: Squeezing the liquid from the leaves and drinking it, putting the leaves in water and boil, to be taken hot. She backs up her discovery with biblical passages such as Ezekiel 47:12 and Revelation 22:2. She mentions something that is instructive, namely, that the leaf is a remedy for Africans that might contract the disease. In fact, medical science has shown the properties of the leaf as having an array of medicinal and healing potencies (Vijayaraghavan 2017:1007-1016; see Sirinthaporn & Jiraungkooksul 2017:35-38).

The second video is a woman who is elegantly adorned in Catholic Women’s uniform, holding a portable statue of Mary, and her rosary, praying fervently in Bini and English languages over a pot of herbal leaves of various kinds, to be used against the virus by her family. The contents of her prayers include the Lord’s Prayer, and instructions on the use of the herbal concoction and praying God to let the concoction work in protecting her family against the virus. Despite the obvious low educational qualifications of this woman, she uses the opportunity to call on every woman to take up intercession for their families; she then turns to prophecy declaring that Coronavirus would be called “corona vanish” with the help of “Mother Mary.” The raising of the image of Mary is important in a Catholic context. The belief in the *theotokos*, that is, the Mother of God, carries a deep theological meaning. For example, Mary is prayed to thus: “Heal Thine ailing people, O All-merciful Queen! Bless the minds and hands of our physicians, that they may serve as instruments of the All-powerful Physician, Christ our Saviour. We pray before Thine icon, that Thou mightiest truly live with us, O Sovereign Lady.” Thus, for a woman to show concern for healing is not just significant, but praying to a higher woman (Mary) to intercede for her is more of a demonstration of faith.

This third video shows a Nigerian nurse who works in America. Being moved by the apparently inadequate and inaccessible medical facilities in Africa, especially among the poor in the rural areas, she released this video

in which she carefully gives traditional medical ways the virus can be prevented and managed. According to her, almost every household in Africa has what it takes to address the reality of COVID-19. She instructs African families that making use of such items as clean water, salt, ginger, lime, lemon, mango leaves, mint leaves, pepper soup spices and turmeric can serve as a prophylaxis for the disease or as first aid. All this boiled should be taken in a frequency of 30 minutes. She also suggests steam inhalation, a method used to relieve congestions in the respiratory tract.

The fourth video is from a female lecturer, Mary Wilson in the Faculty of Health and Allied Sciences, Koforidua Technical University, Ghana. Wilson explains that “recent research has proven that COVID-19 can only live up to 15 minutes when subjected to temperatures of about 56 degrees Celsius.” She says that the coronavirus trapped in the nose region can be killed when one takes a hot bath or using steam for up to 20 minutes twice daily. She informs the public that one of the ways doctors are attending to COVID-19 patients is the use of hand-dryers in preventing or managing the disease. Since the average Ghanaians cannot afford sauna bath which costs GHC30,000, which is about 2 million Nigerian Naira, the cheaper alternatives such as African tradition called Ipun in Ghana or aromatherapy that involves hot steaming by covering the patient with a thick blanket for close to 15 minutes per session would be effective in eliminating the virus. Given that Coronavirus is a respiratory tract infection (SARs), she thus recommends the use of ‘neem leaves’, which should be boiled and at the instance of symptoms such as cough or cold. She then admonishes the public to observe healthy, sanitary procedures and “pray because God is the only one who can heal this virus.”

The fifth and final video is that of Dr. (Mrs.) Ambassador Arikana Chihombori-Quao from Zimbabwe. She is a medical doctor and an activist. Chihombori-Quao is known for her fearless, outspoken advocacy against mistreatment of Africans by the West. She is described as “just a fine, proud African mama deploying her talents, time and treasure to global health philanthropy and projecting Africa under Providence created a political launch-pad for her aspirations” (Okeregebe 2020). She was AU Permanent Representative to the United States of America, who was sacked in 2019 for her powerful speech that called for African unity against the neo-colonial pillaging of Africa and particularly pointing out France, which is taking over US\$500 billion annually from Francophone Africa. However, in the video under review, Chihombori-Quao decries the grubby

ways the Chinese are treating Africans in China, particularly how “Africans are being forced to take COVID-19 test simply because they are Africans. In many cases, these individuals did not meet the criteria for testing” and in some other cases Africans are quarantined beyond the normal specified period. She thus calls on the President of China to take these allegations seriously and investigate them and bring those who are culpable to justice to continue to maintain healthy diplomatic relations with Africa.

Interestingly, apart from the Catholic woman who wears a white blouse in a blue-dominated wrapper, all others wear red-coloured dresses. The colour red signifies though not limited to strength, determination, passion and love. The theological significance of red – the blood of Jesus – cannot be addressed here. The determination to ensure the care and safety of their wards, strength to fight for justice and being the voice of the voiceless, passion to find the solution to the pandemic using both faith and indigenous ways, can be gleaned from these African women.

A way forward

We have argued that women are not only by nature compassionate, passionate and desperate in finding solutions to challenges, but also go out of their way to demonstrate their compassion to their family, community and the world. These virtues have been deployed by both women in our text (2 Kings 4) and contemporary African women in the face of COVID-19. This in fact could account for the reason Christopher Dime, having examined God’s virtues, concludes that God may be more feminine than masculine as patriarchy would not want us to believe. Dime (2004) analyses such attributes as compassion, love, mercy, blessing, humility, empathy and so forth vis-à-vis women’s nature. He says that these virtues are more profound in women than men when compared with how God dispenses them to humanity. Thus, from the various countries of Africa and in the diaspora, different women of different educational, social, spiritual, political statuses, exposures and qualifications have in an uncanny way, demonstrated these virtues without calling a conference. Of additional interest is that all of these women freely shared their remedies to COVID-19 in a capitalist, consumerist world that demands a token for acts that should ordinarily be gratuitous.

Conclusion

In a world that is beleaguered by COVID-19, a pandemic that has brought developed and developing world to their knees, where advanced medical facilities and knowledge have failed, conspiracy theories are widespread and diplomatic relations have gone sour, hopelessness and political intrigues have taken a central stage, messages conveyed by these women are an elixir in themselves, and their recommendations an invaluable resource for healing, which efficiently combine spirituality and nature. This resonates with African healing thought that encapsulates wholeness in body, soul, and spirit. These women have called African and humanity's attention to the fact that the cure of any disease is within a particular environment; we only need to look inward (Igboin 2018). Their faith, prayers, and practical theological actions in the similitude of Sophia Odunlami have once again shown that God does not discriminate against women; He responds to faith and prayers of the faithful. It also demonstrates that God, at the critical moment, inspires women and uses them to bring a message of hope to the world. Finally, as depicted by the widow and the Shunammite woman, women can go the extra mile to bring healing to an ailing world.

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REBUILDING THE HOMES OF SINGLE MOTHERS IN THE COVID-19 ERA: A CASE STUDY

Marceline Yele L.

Abstract

Single motherhood in social discourse has its unique challenges especially for women who are not in a position to negotiate the kind of life they want. The 'missing male' factor has led to the description of a family of a woman in such a state as 'incomplete' or 'broken', which makes her definition of home different from others with 'complete families'. Apart from the emerging 'working class', many women do not plan to become single mothers so they are in a dire situation which can be compounded by a pandemic such as COVID-19. Using feminine tools, a case study of Akua reveals the underlying causes of single motherhood which are overlooked in discourses and so have not been properly addressed. It attests that the socio-cultural structures that prioritize the male suppressing the female accounts for the rising phenomenon of single mothers. The study also highlights the neglect suffered by single mothers as a category of persons in social discourse who are deprived, consequent of which they are subject to lack of sources of security, identity, and suffer from a negative self-image and are financially incapable. As a result, policies made to combat the virus and to rebuild communities may not benefit single mothers unless they are considered among the 'deserving poor'. The paper advocates that churches, government and those planning policy and rebuilding of homes especially in the COVID-19 era should not consider single motherhood as a social problem to be solved, but a social reality to be helpfully addressed, otherwise any solution may not properly meet the needs of single mothers.

Introduction

The novel COVID-19 pandemic period requires a rebuilding of homes and families due to the crippling effect of the virus on several economies. The virus was declared as a Public Health Emergency of International concern on 30th January 2020 and confirmed on 11th February 2020, the World Health Organisation (WHO) labelled it COVID-19. Emanating from Wuhan, China in December 2019, it spread to Europe, USA, Asia, and other parts of the world. The first case in Africa was confirmed in

Nigeria on 27th February 2020, and since then, every country has registered some infections, deaths and recoveries. In compliance with WHO, every government has been making conscious and situational based effort to curb the spread of the virus and cater to the needs of those infected. Following the dramatic increase in the number of those infected by the virus in West and Central Africa, it became incumbent on governments to lock down completely or partially shut down certain parts of their countries. With a higher incidence of the virus, people were called to stay home 'as much as possible'. Within the same period, it was necessary to reach out to the vulnerable, so the 'deserving poor' were offered emergency relief support packages. These efforts during such an unprecedented crisis are laudable, but many have not ceased to wonder why these 'poor' who have been in this condition before the outbreak of the virus did not merit this kind of attention. Another unanswered question has been: How do the homeless stay at home? The caution for people to stay at home 'as much as possible' could, therefore, mean different things for different categories of persons.

Also, every single mother is part of the community undergoing the crisis posed by this virus, but her challenges could be compounded by her state if she is not considered among the 'deserving poor'. The UNFPA report of May 13, 2020, projects an exponential growth of COVID-19 confirmed cases in countries like Cameroon, Ghana, Nigeria, Guinea, Senegal and Cote d'Ivoire, following the ease of lockdown and other measures. The growing number of active cases (66.5%) with several people in need of medical services and essential needs poses a challenge and a concern for community consciousness over the spread of the disease (www.unfpa.org/resources/covid-19). The continuous rise of infection rates implies the continuous disintegration of homes and families as a global challenge that will pre-occupy every state and nation of the world. However, policies made to combat the virus and to rebuild communities may not benefit every member of the community, especially single mothers.

Though all people are more likely to die of the disease, scholarship should be concerned about how the situation has impacted women because the survival of many societies depends on them (www.euro.who.int). This is important considering that in many societies women are primary caregivers; they do the majority of unpaid labour in their productive and reproductive functions, and thus, function as the backbone of every society. Any pandemic that threatens the globe is, therefore, a concern, since women

will be doubly affected. The essence of such scholarship is to ascertain the disproportionate way the pandemic impacts the lives of women and girls who were already marginalized and stigmatized in areas where the gender gap is wide (www.Gavi.org). This will shape policy concerning these categories of persons so that their needs are not ignored. It also draws attention to the vulnerable especially single-parent women who have not been considered as such around the globe, so that every policy should be inclusive in tackling the challenges they face daily.

To achieve this, the impact of the pandemic on Akua (actual name withheld), a young woman aged 32 living in Akropong, Akuapem North District, Ghana, is examined. I contacted her for interviews and she gave her consent to participate in the research. Since the subject of research limits face to face contact with respondents, this paper is based mostly on direct calls and discussions made with the respondent between April and May 2020. Much of the data used here is obtained through virtual discussions. However, I was able to meet with Akua on two occasions at Akropong-Akuapem District, Eastern Region of Ghana while maintaining social distance rules. Though a resident of Kumba, Cameroon, I have been in Akropong, Ghana during this COVID-19/Coronavirus pandemic. To understand what is home for Akua and the impact of the pandemic on her, this paper is structured as follows: definitions; a narrative of the woman and her coping mechanisms; analysis of the situation and recommendations. COVID-19 in perspective.

Definitions are essential, from the perspective of immediate action, by identifying who is eligible to receive needed assistance, or to identify from a research perspective, those who fit the description. From a policy point of view, definitions enable those planning to identify those to be included in planning, and also note the kind of assistance needed. Though the definitions here are research-focused, they have policymakers and those planning for the rebuilding of homes and communities during the pandemic and in the post-COVID-19 period in perspective.

Home is used here to refer to the space where everyone shares daily experiences, defines the self and asserts it. Home has often been erroneously presented as if it is a stable and fixed place, and so, ideologically it is considered as a naturalized ground for a feminine identity (Foster 2002:34). For most men, home is where they return to their wives and kids after a day's activities. For women, it is the space where they are expected to give care to a husband and kids and other residents. It is often considered the

woman's sphere according to a domestic ideology which sees domesticity as an essential quality of femininity. Most communities have also understood home as a place where members of a family live, a 'normal home' is seen, therefore, as a secure place where everyone who is a family member feels a sense of belonging. The family then refers to a group of people sharing spaces in a home. Normalized family includes father, mother, child/ children, and in some contexts other family members. The family has as its basic core, the acquisition of resources, caring, responsibilities and obligations, so, there appears to be an intrinsic connection between what it is and what members do (Silva & Smart 1999:7).

In several communities, it is normal for a single man to own a home in anticipation of bringing in a woman to share the space with her. On the other hand, it is considered unusual for a woman to own a home out of wedlock since she is expected to marry and move to the husband's home. Single women's constitution of the family, therefore, differs remarkably from the normative structures and institutions put in place. The family of a single mother is seen as either 'incomplete' or 'broken', because of the 'missing male' factor, so home for them may be different from those with 'complete' families. Also, how they comply to domesticity in the event of homelessness has not been properly addressed, and so a study of the situation could reveal that their experiences are radically different and beg attention from churches, government and those planning for the rebuilding of homes and families in the post-crisis period. Discourses in scholarship which is done from a privileged position risk missing out on these differences, and as such, is unable to address the challenges of such women who are expected to comply with domesticity, yet there are no favourable conditions for them to operate.

Coronaviruses that are disrupting economies and threatening to disrupt homes and families are identified with a large family of viruses that cause respiratory infections. These can range from the common cold to more serious diseases such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). They are also said to be zoonotic, meaning it can be transmitted between animals and people. The Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. Every nation has heeded the continuous call of the WHO to put measures in place to contain the spread of the virus. This implies that in one way or the other

everyone is affected by the pandemic, although the effect for some people can be minimal while for some categories of persons it can be quite serious. The virus has caused a crisis that affects all and sundry and also exposed further the vulnerability of women, especially single mothers in ways that need to be highlighted.

Single parenthood is a social category used in discourse to delineate those who become parents through unconventional means, outside the normative norm in a heterosexual marriage partnership. Those who operate out of the established norms may be seen as 'incomplete', or 'abnormal' since they defy societal expectations. A single mother is used here, therefore, to refer to a woman who becomes a parent and out of the norm, is single-handedly raising her kid(s). Such a woman is seen as defiant since she contravenes the established societal expectations and so threatens the very fabric on which society is built. The high incidence of single parenthood is not a social problem to be solved, but a social reality to be helpfully addressed. This category of women are unmarried and considered dangerous to society (Oduyoye 2002:37). Because of the stigma attached, no one envies a single woman parent. The social, emotional, and economic pressures on one-parent families are enormous (Pickhardt 1996:viii). This phenomenon is on the rise especially in African countries and comes with high demands; while some women decide to be single parents and so are considered as non-conformists, others find themselves in the situation with no prior planning.

Some Characteristics of Single Mothers

The woman studied identifies with several factors that led to her status of single motherhood. Her story indicates that most single mothers go through a myriad of experiences. Since single mothers have children out of the normative family organization, their situation is considered 'immoral and bastardy'. Their families are derogatorily described in discourse as 'broken' or 'incomplete' due to the 'missing male'. This pitiful description is made because of the contravention of the established need for a woman to marry a man who 'owns' her according to legal and social norms. In this regard, the unmarried, widows and deserted wives are expected to keep off sexual activities. Women who chose to have children in the states mentioned and become single mothers are seen as non-con-

formists. They are also seen as moral failures since all women should consider it a 'privilege to serve men' in the married state (Oduyoye 2002:36). Elizabeth B. Silva (1996:15) confirms that the ideal of domesticity was based upon the role of women assisting men and this pattern continued into the twentieth century. So, women who are not married are a threat to society. However, since motherhood is synonymous to womanhood, many women get children without being coupled and the effects of their action differ in terms of their source of security, identity, self-image and financial competence.

A revolutionary appropriation to motherhood is being brought by corporate and established women. This category of persons forms the minority of women who acquire their primary identity in their personhood, jobs and careers. Such 'working class' also referred to in Cameroon as 'functionaries', are women capable of employing nursemaids to do child-minding for them. This category of women, by owning homes and constituting their family types, are negotiating new identities for themselves by conforming to 'natural' motherhood expectations yet mothering in ways that suit their own needs and interests (Silva 1996:16). They are viewed suspiciously by married women, and often tagged in society as 'anti-marriage'. They have kids to 'secure' them at old age, and they have also refused to submit their wills and lives to men in marriage.

Mothering then becomes an additional social function in which these women desire to identify themselves, womanhood for them is inscribed differently from those who see mothering as a primary responsibility, and their challenges would differ considerably, compared to those who lack financial securities.

Though many societies construct mothering as an essential psychological or moral attribute of women, the majority of those who become single-parent mothers did not plan for it. Unlike 'functionaries', this category of women does not have formal education or training which can qualify them for employment with government or mercantile institutions as 'functionaries'. So, many are 'street' or 'petty' traders who either hawk or display their wares on make-shift stalls or spots in different markets and locations. In trying to solve their financial needs, many end up attaching themselves with men and also end up with more kids while the men disappear from their lives. Since most women become mothers not by choice, but exigency, their definition of home and family is muddy, and

they are unable to negotiate for themselves their own needs and preferences. Their lives are characterized by the incessant struggle to survive, and as such many suffer from enormous financial and psychological burdens.

The Case of Akua as a Single Parent in a COVID-19 Era

Akua, a young woman aged 32 living in Akropong, Akuapem North District, Ghana, is a single mother of two teenage boys and two younger girls. Living in a rented room of a type described as ‘face me I slap you’, she occupies the space with her kids, while sharing facilities with other tenants in the compound. Her father passed on when she was in JHS 3, Akua became pregnant and dropped out of school since her mother could not afford tuition fees and the uncles who were expected to assist her did not care. The young man who impregnated her initially denied that he was responsible, blaming her for letting herself get pregnant. He even asked her that ‘does it mean you don’t know your menstrual cycle? Why did you come to my house at the time it was not your safe period?’ He went to the extent of saying that he was not the only one Akua was dating and told her that she should go and look for a solution to her problem. He threatened her saying: ‘I don’t want to see you ever again until you solve your problem’. He further asked her ‘why do you want to destroy my future which my parents have invested so much in, and are expecting highly from me? Besides, I am not ready for fatherhood, neither am I ready to marry, I will marry when I want’. Every attempt to persuade him to take responsibility proved futile, and Akua left his place with brokenness.

Being the eldest daughter, her uncles compelled the young man and his parents to do the formal ‘introduction’ which permitted her to move in with him. He was at that time a graduate who was preparing for youth service. Akua reports a series of verbal and physical abuses she endured during the two-year period she spent with him, hoping things would get better, but it got worse with time. It came to a point when she and the one-year-old baby were starved and yet the man was demanding to have her sexually. When she resisted, he physically abused her. When she could no longer endure it, she fled to her mother’s home. She tearfully narrates how she got the other kids thus:

So, after I ran to my mother’s place, I stayed there for some time turning down dates for sex.

Married men came to seek my hand for a relationship but I was not ready. When my first child was three years, I fell for a man who had separated from his wife. He promised me marriage but ended up reconciling with his ex-wife. Another man came who was widowed but because he was having an affair and was abusive, I chased him away only to discover that I was a month gone already. He did not return, even when the baby came, I thought he will be excited but he stayed aloof. The third child came from a loving and caring man, but he was married. He explained to me that he came to me because his wife had been denying him sex since she entered menopause and was uncomfortable with coitus. I dated him for some time but when the wife discovered, she threatened me so I quit, and later found out I was pregnant. When I approached him, he retorted that he was not the only one sleeping with me, so, I gave birth to the child without his support. Later he came to ask me for sexual favour as a condition for child support which I turned down and so he absconded his responsibilities. I do not blame him though, it's all my fault. All that time I used to go to church but I did not know Christ, so even the fourth child came from a one-night stand with a man during one 'Odwira' festival. I did not know where he came from and when I discovered the pregnancy he was gone. By this time I had moved out of my mother's place to rent.

Akua's readiness to assume mother and wife roles is seen in the fact that she did not opt for abortion in any of these cases. Unlike in the West, it is rare to see an African girl or woman opt for the choice of not getting married or not having children. The consequence is that many girls are always ready to marry even for 'a living' in conformity to the established norms, guaranteeing that she will concentrate on taking care of her husband, the home and the children while the man works to supply their needs. Since this failed, Akua carries a basin of vegetables moving around the town and selling. Her daily profit ranges from GHC 20-40 (ie 20-40 Ghana Cedis). After hawking, she then buys six bundles of kenkey and shito or other readymade food like banku, pepper and sachet water for her family. The COVID-19 pandemic has disrupted market conditions causing the sales to drop. Since March she finds it difficult to make GHC 25 a day, so on most occasions, she and the kids eat "garri and sugar" or they go hungry. For almost three months, they 'don't know the 'taste of fish' because they simply cannot afford it. They rely on a specie of tiny fish called 'one-man-thousand' to eat the kenkey or banku. She is wondering what would happen if the 'virus does not end'. For her, staying at home is tantamount to death for her and the children since she has no support from any other

source. She does not have electricity since she cannot afford the bills. Similarly, though the pipes are connected, she cannot have water running in the house since she cannot afford to pay for storage tanks. Every day, she buys a few buckets of water from the neighbour so they can wash the vegetables for sale, cook, or take a bath. On days that she cannot afford the money, the children will go without a bath or move to the church institution to beg for water.

For Akua, her faith in God is a basic factor that keeps her going despite the challenges. She has an optimistic outlook concerning the future which she thinks will be better. She knows her business and has mastered her dealings with her suppliers and customers, so despite the odds, she does not think of herself as an object of pity. Intrigued by her deep sense of the direction of God in her affairs, I inquired about the role the church is playing in addressing her situation. She is assured by the fact that God will never abandon her so, she has developed enough faith to sustain her in crisis. Her lack of material background which has continued to date caused her to seek God for her source of security. On how the church has encouraged her, she appreciates the Women's Fellowship group of the church she attends that reaches out to her once a year during their Fellowship Week celebration. This takes place during their annual evangelistic routine outreach programmes when she receives 5 kilograms of rice and some vegetable oil. Akua expressed deep faith in God and not in human beings thus:

When I did not know Christ, I made many mistakes which caused me to be hurting and suffering, but now it is different. I know God personally after giving birth to my last child, I came to know about Jesus and gave my life to him, so he healed my past hurts and insecurities. Before COVID-19, I go to church every Sunday and pay my tithes and offertory. No one in the church has ever asked me how I survive with the children, but God has been our support. We may sleep hungry some days but we cannot forget to thank God for keeping us alive.

The Ghanaian lady presents amongst those struggling with faith in God and the reality of her situation, where there is deprivation of basic economic and cultural capital before and during the pandemic, which seems unnoticed by either the church or state. If those considered well-resourced complain about the impinging effect of the COVID-19 on the economy, then the situation of those who cannot afford basic means of survival is precarious. With the prevailing circumstances, everyone is challenged to

make some adjustments in one aspect of life or another but how can people who ‘have no life’ make such adjustments? There is, for instance, a tangible perception of skyrocketing prices of basic commodities like food and medication. Paracetamol which used to be GhC 1 is now sold for GhC 1.50 implying that living cost has definitely ‘gone up’. Everywhere the excuse for the price hike is that goods are scarce due to the closure of borders. The situation of single mothers in these precarious times cannot continue to be ignored.

It is therefore indisputable that the financial situation of Akua is really ‘hard’, she cannot talk about any household income, or affordable housing, change of wardrobe or afford utilities like water and electricity, or home-schooling for the kids, however, she is very optimistic about the future. Besides ‘homelessness’, Akua cannot afford the necessities of life; she has to buy water daily, and if she doesn’t make any sales, the children cannot bath. And the government is asking people including her to stay at home and wash hands with running water. How is this possible for people who cannot afford water to drink?

In the face of the COVID-19 crisis, the government shut down schools while calling on parents to undertake home-schooling as an option. These prescriptions and undertakings are oriented toward fostering children’s cultural capital stocks and ensuring that they have a brighter future. For Akua, this call is for those privileged parents who can afford educational tablets, laptops, pay private tutors and encourage extra-curricular activities. She cannot even think about these issues as she explained: “My children cannot even stay at home; they have to join me to hawk otherwise we all shall go hungry. I have told them not to look at their friends who are moving around with phones and all types of gadgets, they should concentrate on what I am asking them to do because their present survival depends on it. If we cannot even afford to feed daily, is it a laptop that I can buy?”

It is not that Akua does not want to stay home or home-school her kids, she cannot afford the finances required to get the gadgets needed for home-schooling. We cannot deny that Akua wants a better future for her kids, but the means is just not there. In the present circumstances, the struggle each day is to get something to eat, while entrusting the future into God’s hand.

Analysis of the Case

The analysis is done from the perspective of feminist critique and advocacy: a critique of the structures that render women single mothers, making them homeless and vulnerable; and advocacy for proper social consideration of the plight of those in this situation. The underlying structures put in place by many societies and through which gender differences and inequalities are constructed account for the increasing number of single mothers in our African societies today. This also explains the dilemma Akua finds herself in. The issues concerning the marriage institution derogate women while privileging men. Young men are conscious of this cultural and social elevation of men, sanctioning masculine privilege and repressing the feminine. One of such privileges is the restriction on a woman to propose marriage. Since a woman cannot propose to a man, many men resort to deceitful common clichés like ‘I want to marry you’ or ‘I love you’ as a starting point for a relationship. And when the lady is pregnant, she cannot decide whether to get married or not since the decision to marry rests on the man as seen in Akua’s case. Though her uncles forced her to marry, the young man was not ready for marriage. For the young man, it was not right for her to ‘tie him down’ through pregnancy. The irony is that the sexual act and marriage are often initiated by men. Then, how is it that it is the woman who is ‘tying down’ the man if children are expected to be born within marriage?

Such a denial implies that it is the woman who desires marriage and not the man who initiated the sexual act, and this seems superfluous. Boys and men initiate and also demand sex as proof of love, as seen in the story. This is also disadvantageous to women and girls as seen in Akua’s case, many get ready for marriage at a younger age but have to wait for a man to propose so they can accept the proposal. Some give in to the sex demand and end up with a pregnancy that is not planned, like Akua. Some pregnancies are however planned as some men go to the extent of conditioning a girl to get pregnant to prove her motherhood abilities before marriage. This is because marriage and motherhood are held together in a connection in which they are often seen to be synonymous (Bortolaia 1996:16). The idea of seeing a woman as an incubator, rather than a person in her worth is absurd and these tendencies have not been properly addressed. Erroneously, the synonymous connection between marriage and motherhood, and the domestication of the feminine has led women to believe that they derive their identity from their motherhood roles.

Ironically, this role is socially subordinated to the breadwinner function of men. It is also a betrayal to women because since girls spend their lives preparing for motherhood and wife roles instead of building their womanhood, they are perpetually made to financially depend on husbands. The absence of the man puts them in a dilemma, with no home, and no means of sustenance as seen in the case of Akua. This is not the same for boys who spend their time preparing for manhood, building their careers and making money. The double standards in these structures need to be carefully thought over. Unless a distinction is made between personhood and roleplay, more women will continue to falsely derive their identity primarily, from their motherhood roles. Until this distinction is made, society should stop blaming girls for getting pregnant at a young age or blaming widows for having additional babies. Differentiating the role women play from who they are, becomes very crucial. Oduyoye (2002:39) confirms this and calls the church to order that:

In Africa, the church focuses on homemaking and motherhood to the neglect of the self-development of women beyond what will directly benefit the men, children and homemaking. A theology that disparages women's humanity portrays women as devoid of initiative or dangerous to the community when taking initiative, ought to be countered. The church, therefore, needs to emphasize the essential humanity of men and women as a defining principle for the socialisation process. The basic assumption that for every young girl of marriageable age, there must be a young man who will come to ask for her hand in marriage and that the man will supply the needs of his family should be reviewed. These assumptions are erroneous, as this traditional pattern of socialization is failing women. Though supported by the church, the betrayal of women is seen in Akua's story, who experienced a series of disappointments in her desire to marry. Similarly, making girls believe that they should invest primarily in being a wife and a mother, is fallacious, the second goal can be achieved even through unconventional means, but the first is becoming more elusive since boys are not prepared for husband roles or fatherhood, this leads to scarcity of husbands and fathers in the multitude of men (see Ombelet 2018:158-171).

Girls like boys should also be groomed to pursue self-development, career enhancement and business as a primary responsibility, to enable them to build homes for themselves when they leave their parent's homes and also choose to settle down in marriage when they 'want'. The idea should be

discouraged that girls should leave their parents only when they are about moving to their husband's homes. In this case, if the marriage and the man are not 'achieved' the crisis of the 'missing male' in the life of the woman will be minimized since she can be self-sustaining. In this light, a pregnant girl will not be tagged as a 'destroyer' of the career of a boy just because she demands a right to have a home in which the child can be born and nurtured. To minimise the incidence of pre-marriage pregnancies, parents should 'invest' in their girls too, and 'expect' much from them. It will also empower women to be able to initiate relationships and speak out when they are convinced that they love a man. The approach will eventually cancel the popular notion that men are scarce and that the one who dates or marries is doing the woman a favour.

Women are called upon to learn from the biblical Ruth who went to Boaz and initiated for her future. Boaz's acceptance of Ruth's proposal proves that it should not be considered culturally offensive when a woman is proposing marriage or saying 'I love you' to genuinely initiate a relationship with a man. Girls and women should, therefore, take investment seriously because it will enable them to have a home of their own in case some factors 'put asunder' what God has 'put together'. This masculine privilege also requires that when her bride-wealth (price) is paid, the woman moves from her parents' home to the husband's. From thence, the husband becomes her top priority. This implies that culturally, a girl cannot compel a boy to go and pay her bride-wealth. This is often misconstrued as an act of 'desperation' since many young men consider this to be undue pressure mounted on them, thus the cliché common with boys that says, 'I will marry when I want'. The issue of payment of bride-wealth should not be a problem. Rather, it should be revisited, and the original intention which was an exchange between two families reinstated so that it should not be a male prerogative. When this is adopted, some women who are financially buoyant and opt to assist their less financially viable boyfriends to pay their bride-wealth will not be termed as 'desperados'. Instead of frowning on them, such ventures should be encouraged by society and the church. This can usher in gender parity between the two partners.

It is uncontested that most often when a man is saying that 'I am not ready to marry', there is the underlying financial constraint in meeting up with the cultural expectations required for him to bring a woman to his home. The participation of women in every process of marriage and financing of the home will confirm that the male and female created by God are both

endowed with abilities to ‘fill the earth and subdue it as well as rule over other creatures’ due to the indiscriminate blessings given them by God (Genesis 1:28). Acknowledging the essential equality of men and women will also wipe off the erroneous interpretation that a girl’s contribution to the payment of her bride-wealth is the desire for her to control the man, therefore, financial control is not meant for women who must be economically dependent on men (Oduyoye 2002:39).

Also, from Akua’s story, it is revealed that the silence of several communities to call men to assume their part of the responsibility for unplanned pregnancies is also a betrayal of women. The lack of accountability is evident in young men who get women pregnant and deny responsibility for such actions and also refuse to provide the resources needed to raise the child(ren). Like the men who impregnated Akua, many go scot-free after such an act, and yet, the woman is often solely blamed for the consequences of the crime. This reminds us of the case of the woman caught in adultery in John 8:1ff. The story shows that but for Jesus’ intervention, the double standards of the people in Jesus’ day would have led to the stoning and death of the woman caught in adultery while the man is left to go free. We see this double standard prevailing in many societies today as many young people are not ready to commit to a woman by officially performing the marriage rites.

On the advocacy note, the story indicates that single motherhood is seen as a social problem to be solved, and not necessarily, a social reality to be helpfully addressed. Certainly, some girls chose reckless and loose living and end up with unwanted pregnancies. These are exceptional cases so viewing single-parent families as a ‘broken’ or ‘incomplete’ home that provides inadequate care and protection, leads to the wrong notion that it eventually produces troubled children. To a greater extent, there is no justification for assuming that single mothers are incapable of raising responsible children, and this is tantamount to blaming the victim instead of the perpetrator. On the other hand, when men deny domesticating those who get pregnant for them as seen in Akua’s case, it should be considered an offence against the established structures. So, all single motherhood should not be seen as women breaking bounds, but men undermining the system put in place to authenticate marriage as a communal affair. The implication is that motherhood can be single in the African setting, despite the challenges faced by single mothers.

The challenge of the lingering social stigma is seen where married women are suspicious of women living as single mothers. A segment of the society stereotypically considers them as potential ‘husband snatchers’. As a result, they are disrespected in diverse ways. So, they may have shelter over their head, food on their table, clothes on their bodies but they are still poor. This is observed by Mother Teresa that ‘we think sometimes that poverty is only being hungry, naked and homeless. The poverty of being unwanted, unloved and uncared for is the greatest’. The observation is important since the status of a person determines his/her sense of identity. From the story, we observe that stereotypical comments reduce the esteem of single mothers thus, affecting their sense of identity. Frowning at single mothers because they do not fit into the category of persons considered ‘normal’ due to the ‘missing male’ factor is problematic.

Ironically, no one seems to question where this ‘missing male’ is though it takes two to produce a child. It is obvious that most single mothers are not in control of their life’s circumstances and this has not been addressed in discourses. The ability to cope depends on whether they accept or reject these stereotypes. Carl E. Pickhardt (1996:vii) undergirds this when he writes:

This social prejudice is as wrong as it is real. However, to the extent that single parents accept this stereotype, they will undercut their confidence with doubt, attack their self-esteem with guilt, and end up indicting themselves for inadequacy no matter how much they care or how hard they try. Not only is all this self-recrimination for no good cause, it can actually reduce the effectiveness of their parenting.

Social prejudice plays on the women and impacts them as seen in the story. The ‘missing male’ for Akua renders her home ‘incomplete’ as described in social discourses, therefore, access to food, protection, and providence that comes with male presence is lacking. Also, privacy at home or even staying at home during COVID-19 pandemic is challenging. Considering the conditions under which they live; Akua is renting in a ‘face me I slap you’ kind of housing setting, every day, they look forward anxiously to the dawn so they can step out of the room into some fresh air outside. Thus, even though the government ‘uses police to compel us to stay home’ because of the pandemic, Akua says, ‘we cannot stay indoors’. From all indications, the Coronavirus pandemic has extolled an added psychological effect on Akua and her children especially the days they had to drink water and sleep without food. Although this is not new to them

they are experiencing extreme cases during the pandemic and Government relief package or churches' support is yet to reach them. Because of their deprivation, they do not understand what it means to readjust practices to the new possible or rebalance shifting conditions of existence to the 'new normal'. For them, their condition predates and should be perceived separately from the change in the economic climate brought by the pandemic. Instead, they would prefer to literally 'get the virus' than 'die of hunger' which is a long-standing problem not necessarily caused by the pandemic. Concerning food, clothing, or a vacation, they are used to 'going without' as their *modus vivendi*. So, the 'new normal' brings nothing new as such, nonetheless, Akua worries that it may compound their already dire situation.

There is no fundamental difference, however, between the strategies adopted as a result of the pandemic. Apart from putting on nose masks, which only Akua wears because she cannot afford to buy for her children, she goes out daily to sell her wares, it is business as usual. As to how risky the exposure to the virus is, she agrees that it is high but she cannot do otherwise, she simply does not have the means and so, she and the children cannot stay at home. Risking the children is not a choice especially in Ghana where a mask costs between GHC 3 to GHC 5. The lines of action, tactics and sacrifices of this family are not, in fact, adaptations to the COVID-19 pandemic as such, rather, it is their usual survival strategies and coping mechanisms.

Conclusion

Akua's story is a reflection of the way struggling women are deprived of the fullness of life because they belong to another gender. It highlights how the structural system disempower women and places them in a position of homelessness and deprivation. Women are displaced from their parent's homes to assume wife and mother roles in their new homes and expected to make their husbands their top priority, this places them in perpetual subordination of and dependence on men. Unfortunately, for some like Akua, male support can be elusive rendering them homeless, vulnerable and unable to cope effectively during a pandemic. The story also reveals the insensitivity of the church, state and society to the needs of single mothers as women who are simply human. A pandemic like COVID-19, therefore, further exposes their vulnerability and inability to

negotiate the type of life they desire to live. This begs for attention to be focused on this category of persons whose situation is compounded during the crisis. Policymakers and those planning for the rebuilding of homes and families should, therefore, factor in this category of people and meet their needs accordingly. Since marriage is the basic institution for building up of communities, we need to be critical of the issues around it; like, readiness for marriage, socialization, payment of bride-wealth, who initiates a relationship. The gender privileging and the discriminatory values attached to gendered roles need to be reviewed. This would right some of the wrongs of cultural betrayal on women and give them a level platform on which they can function effectively to negotiate the type of identities they want for themselves. Finally, considering single motherhood as a social reality to be helpfully addressed, will avert the social stigma attached to it, this is important because of the revolution ushered in by the 'working class' which allows them to negotiate the type of life they want, and to recreate identities which accord women the sense of dignity they deserve as human beings.

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‘STAY AT HOME ORDER’:

A COVID-19’S CHILD OF NECESSITY WITH IMPLICATIONS FOR THE ‘FEMALE’ IN YORUBA (NIGERIA) HOME SETTINGS

Gloria Njideka Ayantayo

Abstract

Studies on COVID-19 regarding its cause, effects and remedies are many. However, insignificant attention is paid to the implications of the effect of the disease on the ‘female’, as noticed in some extant studies. This work examines the ‘Stay at Home Order’ as one of the mechanisms put in place to minimise the spread of COVID-19 with a view to ascertaining whether or not the act is a child of necessity in Yoruba (Nigeria) home settings. Research data were gathered through telephone interviews with 50 families, coupled with several sessions of observation in select streets of Ibadan. Consequently, we found out that there was division of labour between male and female children and husbands and wives in many homes in dealing with house chores and religious activities due to the ‘Stay at Home Order’. The social relationship, however, improved through helping one another, playing games together, respecting one another in relationships, mutual involvement in taking decisions, engaging in division of labour in handling the numerous home chores, tolerating one another, and managing and sharing peacefully the quantity of food that parents could provide. Such a new experience in male and female dynamics in Yoruba (Nigeria) home settings may help redefine gendered interactions, now and in the future.

Introduction

The year 2019 ended with many sad stories, including with the emergence of the incurable and novel COVID-19 disease, which is said to have begun in Wuhan, China, emerging in December 2019 and since spreading to many countries globally. The disease has remarkably thrown the world off balance because of its ravaging nature. Consequently, it has affected many people including the health workers who are managing victims. One of the universal effects of the disease is the declaration of lockdowns otherwise known as ‘Stay at Home Orders’. The Stay at Home Order, as it shall

be described in the course of this discussion has effect on many things but significantly, on the female in Nigerian Yoruba home settings.

Given the tremendous impact of the COVID-19 phenomenon and its global reach, the attention of scholars and non-scholars has been considerable. Many of the scholarly works, especially from the scientific perspective, regarding its causes, remedies, measurement, effects, and suggestions-cum-solutions in addressing the pandemic are widely consulted and dispersed. But, all in all, we are of the view that too little attention has been given to its sociological dimension, particularly, as it relates to the Stay at Home Order (given by the government). It is on this premise that the current study examines the Stay at Home Order, its forms and conditions, with a view to underscoring its effects on the ‘female’ in Yoruba (Nigeria) home settings. The work is divided into sub-sections and discussed as follows: a brief literature review, the ‘female’ in Yoruba (Nigeria) in pre-COVID-19 home settings, COVID-19, Stay at Home/lockdown, implications of the Stay at Home Order for Yoruba home settings in Ibadan, effects of the Stay at Home Order on the ‘female’ in Yoruba homes and concluding remarks.

COVID-19 Pandemic in Perspective

As earlier indicated, much of the literature on COVID-19 is science-based and for this reason, the researcher intends to review two. Harapan et al (2020) in collaborative research reviewed COVID-19 in the context of its causative agents, pathogenesis and immune responses, epidemiology, diagnosis, treatment and management of the disease, control and prevention strategies. Backing the above scientific findings with necessary data, these authors recommend that due to the rapid transmission in countries around the world, there should be an increase in attention to disease surveillance systems to scale up the country’s readiness to respond to the challenges posed by COVID-19. Such efforts should include the establishment of rapid response teams and, improving the capacity of the national laboratory systems to carry out tests on COVID-19 patients appropriately and in timely fashion around the globe (Akanti 2020). No doubt, the work provides us with some basic background information about the pandemic from which we can draw some inference, particularly, on the attention paid to the perceived risk associated with the spread of the disease, which

has led many governments to institute a variety of control measures including a Stay at Home Order. But our point of departure into the study is that it has not looked at the aftermath of the order and its sociological implications (Harapan et al. 2020:667-673).

Still from the scientific point of view, Ahmet et al. (2019:1-7) also in a collaborative work shed significant light on COVID-19 from the medical and oncological perspectives. These authors examined the meaning, history, outbreak, treatment, and prevention of COVID-19 in its early stage. These authors also concluded instructively that there is an urgent need to impose some restrictions on people's movement on the account that coronavirus has the capacity to spread widely in the coming years. These authors are of the opinion that there is also a need for increased scientific collaboration to fight the disease now and in the future. A cursory look at the position of the authors indicate the justification for the Stay at Home Order, which some people criticize on the grounds that it has affected national/global economies. The current study does not underrate the economic matter that may arise from the lockdown order but also considers the phenomenon and its sociological impacts.

From the above, we are of the position that the books reviewed have provided some insight into the problem of COVID-19 and the possible justifications for the declaration of the Stay at Home Order. This however calls for moving a step further, which includes a probe into the gender dimension of the Order by looking at the fate of the female in Yoruba home settings in Nigeria. We shall expound on the meaning of 'the female' and the context in which it is used as we commence our discussion.

Writing from the view of sociology of religion, data were gathered through telephone interviews with 50 families in Ibadan, regarding their dispositions to the fate of the female during the lockdown. We must state that the families interviewed are categorised into two. Thus, the elite family, that is, the ones whose father, mother and children are educated to University first degree level. The majority of them are lecturers and the senior cadre of civil servants. The second is non-elite with the educational qualification of the members of the family between primary and secondary schools. The two categories comprise both literates and semi-literates. We weighed the responses of the two sets in terms of whether they still retain their traditions, or accept also (some) modern ideas held about the 'female' in their Yoruba settings. Furthermore, we also had casual interviews with randomly selected ten females and ten male adults in five streets in

the Ajibode area of Ibadan, regarding their disposition and experience with regards to gender differentiation in the sharing of house chores among children during the on-going ‘Stay at Home Order’. This was complemented with a non-participant observation regarding the sex of children and adults fetching water on the five streets in Ibadan. It is important to note, that Ibadan, though a large city in Nigeria, has problems with access to potable water and this is one of the reasons why people have to go about in the morning and evening looking for houses with boreholes from which they can fetch water.

We also gathered information from fifteen selected YouTube video clips about husband and wife with regards to their handling of house chores during the lockdown. These included: “How to share household responsibilities”, “Splitting house tasks in marriage”, “Let’s cook dinner together”, “Should a man do house chores with the wife?”, “Husband and wife divide household”, “Talking about household chores in English”, “3 Tips to avoid fighting with your partner over house chore”, “How to divide house chores”, “How to get husbands to do chores without nagging”, “Staying home is actually fun”, “Are chores hurting your relationship? The remaining four were not labelled, they were posted via WhatsApp messages. The video clips were subjected to content analysis while the other sources of information earlier mentioned were subjected to descriptive and sociological analysis.

The Challenges of the ‘Female’ in the Pre-COVID 19 Home Settings

The Yoruba is a group of Nigerians found in the South-western states of Nigeria. The Yoruba are made up of Oyo, Ogun, Osun, Ondo, Ekiti, and Lagos States. A few of them are also found in Kogi and Kwara states in Nigeria. There are three major religions practised by the people. These are Traditional Religions, Christianity and Islam.

For emphasis and clarity, the word ‘female’ is used in the context of femininity to refer to a girl, woman, wife and mother. It is germane to mention that the Yoruba people, like many other African ethnic groups, are patriarchal in nature. That is, the group and her society hold the belief that the male, comprising boy, man and husband, is superior to the female counterpart. Thus, based on the patriarchal tradition, the girls, at the domestic level, are saddled with more duties, including washing of plates,

grinding of pepper, beans, maize, and melon, fetching of water for cooking and bathing, fetching of firewood, sweeping of the house and its environs, cooking and serving of food. It is also a common practice that while girls are doing the jobs mentioned above among others, their counterparts, that is, the boys, are playing around or sitting somewhere, waiting for the food to be served and the plates to be carried and washed by the girls.

In the same vein, the men dictate what the women should do regarding taking care of the compound like sweeping, general cleaning, and supervision of the girls in doing their jobs. At this point, the man is also considered superior to the woman. The same scene plays out regarding the relationship between husband and wife. The husband is the overlord who determines, designs both the economic, domestic and political agenda for the running of their homes. The wife is expected to listen attentively to the rules of family engagement designed by the husband such as what food and soup to be cooked, who takes what portion of meat (whenever it is available), when to sleep and when to wake up and who handles which aspects of the house chores.

On childcare, the wife is expected to bathe the children, guide them to do their school assignments where applicable, carry the baby on her back while working in the house, or do house chores, with the husband relaxing by reading newspapers or watching movies. When the child is playing around but needs attention, the husband calls the wife with strict instructions – 'So, So and So, come and carry your child'. Or, 'take this child away from the sitting room because he/she is disturbing our peace' At times, he shouts to the child: 'go and meet your mummy in the kitchen', 'Don't disturb me in my library'.

On religious matters, particularly at the level of conducting the family religious service in the morning or at the night (which some Christians call the family altar), it is seen as primarily a male affair. The husband conducts the whole service starting with singing of choruses, reading of Bible passages, delivery of sermon, and benediction. In all these, both the girl child and the mother or wife play subsidiary roles under the patriarchal canopy.

Ayantola (2001:79-88) has discussed this tradition, pinpointing its social, political, moral and economic implications both in positive and negative terms, but we are not going into a full debate about it, rather making allusion to some of the reasons as is apposite. A lot of reasons are adduced to

the marginalisation of girls, women or mothers in the home setting. For instance, there is a cultural belief that the male is superior to the female and should, on that account, take the lead in everything that concerns them over their female counterparts. Those belonging to this school of thought lean on an oral tradition which remarks that the males are more rational and less emotional than women and by so doing, women can hardly handle things emotion-free, hence the saying, *Oro-Obinrin ko se te le*, which means “it is not wise for a man to follow a woman’s advice or act on a woman’s suggestion”. Beyond the shore of Yoruba state, this stance is also upheld by a sociologist – Steven Goldberg (1987:148), who wrote in his work: “The inevitability of patriarchy’ that males have a hormonal aggressive advantage over females and therefore, are better in leadership than women.”

None of the above arguments is absolute because both male and female are making significant contributions to development in the field of science, technology, business, education and politics among others but the cultural belief about gender disparity still holds water in some quarters. Practically, we observe that among the Yoruba people, there is male child preference over female children. This has provoked some mothers whose children are all girls to pray to have male children at all cost. Evidently, some women, among whom are Christians, go as far as having many children all in the name of looking for a male child (Ojebode 2016). Some of the Christians who prefer male children to female children are probably influenced by the traditions of Judeo-Christian religions, which gave man superior right of leadership over woman, as epitomized in the work of Josephus (1962:373), who argues that women are inferior to men in every way as strengthened in the biblical injunction that wives are subject to their husbands with their husbands being their heads.

COVID-19 and Stay at Home /Lockdown

According to the World Health Organisation (WHO), the Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus said to have originated in Wuhan, China, in late 2019. Identified in December, it spread from there to many countries globally (who.int/health-topic). The disease spreads primarily from person to person through small droplets from the nose or mouth, which are expelled when a person with COVID-19 coughs, sneezes, or speaks. These droplets

can land on objects and surfaces around the person such as tables, door-knobs, and handrails. On this note, it is proved that people can become infected by touching these objects or surfaces, then touching their eyes, nose or mouth ([who.int/emergencies](https://www.who.int/emergencies)). The disease manifests with some symptoms such as fever, dry cough, tiredness, aches and pains, sore throat, and sometimes also diarrhoea, conjunctivitis, headache, loss of taste or smell, difficulty breathing or shortness of breath, chest pain, or pressure, loss of speech or movement and a rash on skin, or discolouration of fingers or toes.

Since its emergence, the COVID-19 virus as at 9th May 2020 is reported to have infected 3.94 million, out of which 1.32 million have recovered and 275 thousand have died worldwide. The rapid spread of the disease provokes global concern about how to stop the spread, and get vaccines to protect against infection. This led to setting out some regulations spear-headed by the World Health Organisation and reinforced by national governments in countries that are affected by the pandemic. Substantial portions of the regulations are regularly and thoroughly cleaning of hands with an alcohol-based hand rub, washing of hands with soap and water, in order to kill viruses that may be on the hands, maintaining at least 1 meter (3 feet) distance between two people because when someone coughs, sneezes, or speaks they spray small liquid droplets from their nose or mouth, which may contain the virus. If one is too close, one can breathe in the droplets, and get infected with COVID-19 if the one who coughed has the virus. On account of this, crowded places are to be avoided. This is because when people come together in crowds, one is more likely to come into close contact with someone with COVID-19.

Other strategies include avoiding touching of eyes, nose and mouth because hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to our eyes, nose or mouth. Also important is following good respiratory hygiene. This involves covering of one's mouth and nose with the bend of one's elbow or a tissue when one coughs or sneezes, disposing of used tissue immediately and washing one's hands, because droplets spread the virus, wearing of masks covering both the nose and the mouth, staying at home to avoid contact with an unsuspecting carrier of the virus and, self-isolation for someone who has even minor symptoms of COVID-19 such as a cough, headache, or mild fever, until you recover, seeking of medical attention for anyone who has fever, cough and difficulty breathing by calling the National Centre for

Disease Control, or visiting the centre personally and finally, keeping up to date on the latest information about the disease from trusted sources, such as WHO, local and national health authorities.

Of the above regulations, we shall dwell on the ‘Stay at home Order’. The Stay at Home Order is also synonymous with Lockdown in Nigeria and Movement Control in South East Asia. The term stands for an order from a government authority to restrict movements of a population as a mass quarantine strategy for suppressing, or mitigating an epidemic, or pandemic, by ordering residents to stay home except for essential tasks or to work in essential businesses. Different nations redefine the scope and contents of the ‘Stay at Home Order’ which generally include:

- i. The stay at home order was characterised by lockdown which involved restriction of movement of human beings from their homes to their places of work or places of their choice.
- ii. It goes with closing of business centres, companies, warehouses, and religious centres such as the Mosque and the Church.

On religious matters, all religious activities such as congregational prayers, vigils, Friday Jumat services for the pilgrimage exercise for Muslims, Sabbath services for Seventh Day Adventist Church members, and Sunday services for other Christians, as well as conventions, camp meetings and many other liturgical services, were banned. Religious centres in support of the government issued a series of bulletins and letters readable in public domains to ensure that people stayed at home. Other rules include allowance for minimum hours of outdoor activities, attending to non-essential business activities to be carried out at home, the imposition of curfew for a number of hours – that is 7.00 pm to 6.00 am as in the case of Oyo State, banning of social and religious engagements except where the ones to attend are not more than 20 people, banning of commercial activities except those that are essential to living and management of COVID-19 (e.g. selling and distribution of food stuff, health and security), curtailing of non-essential journeys but permitting what are described as essential journeys (which include shopping for food, travelling to work, accessing healthcare, and engaging in physical exercise within 1 km of the home for up to 1 hour). Others also include the closure of schools at all levels, suspension of parliamentary sessions, prohibition of all gatherings of more than 10 people, and permission to operate essential services such as

supermarkets, petrol stations, and health services. Also enforced were formal and informal closure of bars and the prohibition of the sale of alcohol, cancelation of sporting activities as well as non-essential services such as pools, bars, cafes, restaurants, playgrounds and closing of permitted business activities in specific hours of the day at the commencement of the curfew.

To make this Order effective, security agents were drafted to major roads, interstate roads and some hotspots in the main cities and towns, as a strategy for preventing unauthorised journeys. This led to the emergence of road blocks and police or security checkpoints to check people who were out and about had good reason to be and that their exemption declarations were in tandem with the existing stay at home order.

Implications of Stay at home Order for Yoruba Home settings in Ibadan

The 'Stay at Home Order' with its attendant instructions has implications for all Yoruba homes but I limit my research area to Ibadan, the capital of Oyo State, Nigeria where I have gathered first-hand information. Based on research findings, the Stay at Home Order means the following: husband and wife have to be indoors and by implication have to relate with one another more than during the pre-COVID period when they usually met at home possibly late evening after each of them might have returned from work as the case may be. Children too are fully home because their schools have been closed. It has given them ample opportunity to enjoy more intimacy with their parents. Children being at home calls for full feeding, i.e. three meals per day, seven days a week. It implies that their parents would need to spend more money on food, compared with pre-COVID times. It also has implications on whoever is the bread winner among the husband and wife. There will be more cooking of food, fetching of water where there is no flowing water at home, washing of plates and grinding of pepper and beans among others. This is followed by more cleaning of the house, mopping of the floor and sweeping of the house and more of the general house chores than before. Where electricity supply is stable, the 'Stay at Home Order' calls for more consumption of energy, which leads to purchasing more energy power points. In essence, the 'Stay at Home Order' led to the closure of religious centres and re-

sulted in the emergence of home cells and family altars for Sunday worship. In most cases, there was an allowance for online worship particularly for those who had access to some social media applications like WhatsApp, and Zoom applications, or their church television stations. In some cases, the order of service including the sermon was sent online to church members for them to follow during their family Sunday service.

On the whole, there are many needs to attend to, many assignments to carry out in the running of the home and more expenses to be accommodated with little or no resources particularly for families whose livelihood depends on daily income. All these put together call for a new order, a re-orientation, and absolute tolerance as parameters to manage the home.

Effects of the Stay at Home Order on the ‘Female’ in Yoruba homes

Leaning on our research tools as mentioned earlier, we discovered that the Stay at Home Order has some negative and positive effects on the ‘female’ in Yoruba homes selected for our study. The findings are discussed thematically as seen below:

1. Maintenance of status quo

We gathered that a majority of the families belonging to the non-elite still maintain the status quo; all the house chores such as sweeping, cooking, fetching of water and wood among others are still reserved for the female members of the family. This information is further strengthened by the researcher’s observation during one of their morning exercises where a conversation ensued among some girls fetching water by the borehole about whether or not they have male siblings at home who could have joined them in the task. The majority of them said yes, and that their male counterparts were still sleeping. They added that they are the ones who have been doing the major work in the house while boys are just playing one game or the other, sleeping or pressing their phones while they are saddled with so much of the house chores. What this revelation translated to is that some homes still do not approve of gender equality or equity even in a time like this. This is suggestive that the female under these settings has many painful stories of being overwhelmed with work associated with the lockdown. It is a trend that needs further attention as the global world strives towards gender respect and tolerance.

2. Division of Labour

Far away from the first research findings, we gathered that some homes, especially the elites, subscribed to what can be described as division of labour among boys and girls, and husband and wives in handling the demands in their home occasioned by the stay at home order. The division of labour has an outstanding history in terms of its meaning, theory and applications in economic history and it positively correlates with societal advancement because it increases as society progresses (Smith 1970). The thesis of the division of labour as mentioned elsewhere is characterised by the division of a large task, contract, or project into a smaller task so that each of the people involved in the task or labour would have a separate schedule of duty based on their specialty within the overall project schedule; allocation of tasks to individuals or organizations according to their capacities (Ayantoyo 2019:173-185). This is exemplified in some homes where boys were asked to wash plates and fetch water; a job that was typically reserved for males. In fact, according to Prof B (anonymous name), a timetable was made for children in the house (including a child of a family friend who came on visit but could not travel back before the lockdown) on who should cook on each day, wash the toilets and cars, sweep and mop the floor without reference to gender factor. The same sharing of work is displayed among some husbands and wives on driving, bathing of children (particularly those who have small children) feeding the children, monitoring them while doing their online lessons and assignments among others. In fact, it is interesting to note that there was a WhatsApp video clip showing a man putting one of their twin babies on the back and at the same time working with the wife in the kitchen.

The emerging development in the home as characterised by sharing of responsibilities has sociological dimensions because the practice is a form of role responsibility. Role responsibility is a sociological term denoting the specific tasks or duties that members are expected to complete according to their roles. In other words, role responsibility in the context of our discussion is the specific home chore, specifying what each member of the family should do at a specific time and for which individual members of the family are held accountable.

The responsibility is not limited to sharing home chores and other domestic activities, it is also extended to the handling of religious programmes which various churches in most cases have sent to their church members

for the purpose of Sunday service in replacement of congregational service they would have held on Saturday or Sundays. For example, a family notified me how the division of labour is applied in handling the programme sent to them by their church – Christ Apostolic Church, (Oke Ife) Agbowo, Ibadan in the order listed below: Pre-service Choruses: Female Children, Hymn 1 (GHB 70: The God of Abraham praise): All of us with our eldest daughter taking the lead, Processional Hymn: (101 70: Thank God of Abraham) All of us with our eldest son taking the lead in turns, Opening Prayer: Daddy, Lesson/Bible Reading: I Pet. 4:7-: Mummy, Hymn 2 (GHB 823: God moves in a mysterious way): All of us with our eldest daughter taking the lead in turns, Testimonies/Offerings/ Thanksgiving: All of us comes out one after the other to give testimony; Male Child takes the offering and Mummy does the Thanksgiving prayers, Hymn 3 (GHB 454: Break Thou the bread of life): Thank God of Abraham). All of us with our eldest son taking the lead in turns, with the Sermon by Mummy, and the General Prayers by Daddy, The Fourth Hymn 4 (GHB 723: How, my comrades! see the signal): All of us with our eldest daughter taking the lead in turns, and the Benediction by Daddy.

From the above, we can see that both male and female are involved in the conduct of the service; both the female and male children were given the task to take the lead in handling one part of the programme or the other, while both Daddy and Mummy functioned in equal capacities.

3. Improved social relations

We also gathered information that there is a considerable improvement in social relationship between male and female, boys and girls and husbands and wives in the majority of the homes of both the elites and non-elites. The social relationship is manifested in all of them helping one another, playing games together, respecting one another in the relationship, mutual involvement in taking decisions, engaging in division of labour in handling the numerous home chores, tolerating one another, managing and sharing peacefully the quantity of food that parents could provide. In addition, it is noted that husband and wife have much more time to interact, interrelate, communicate, share ideas of their experiences in their places of work, discuss issues bothering their family prospects and coping strategies for the aftermath of COVID-19.

The improvement in social relation is of sociological significance because the act propels cooperation, which implies collegueship, co-partnership,

and tie-up relationship. It is a good development because as Ayantayo puts it, 'where there is cooperative spirit, there is always the growth of fraternity, solidarity, fellow-feeling, voluntary association, coalition, federation, united fronts, common front, mutual assistance, reciprocity, spirit of give-take mutual concession, compromise and comradeship' (Ayantoyo 2009:78).

4. Domestic Violence

The researcher discovered that a few women in Ibadan suffered domestic violence from their husbands during the lock down. The violence manifested in physical, verbal, emotional, and sexual abuse. Three cases of such were reported to the Women and Child Rights wing of the Justice, Development and Protection Commission (JDPC) in Ibadan. The violence erupted as a result of the inability of both the wives and husbands to resolve some issues related to finance. Further investigation shows that the husbands and wives that were involved had been avoiding each other before the enforced stay at home. Now that they were forced to stay together, their disagreements apparently and consequently developed into domestic violence.

Conclusion

It is pertinent to remark that most 'females' in our research locations enjoyed some level of respect, appreciation, cooperation, and justice from their male counterparts during the Stay at Home Order. This is a good departure point from the pre-existing order, in which the female was made a second-class citizen. We are of the opinion that the gain made by the 'female' during the period of Stay at Home Order will endure for a long period. The new experience may help define a lot of things regarding male and female interactions, now and in the future. Hopefully, many conferences, talk shows, workshops, and various fora for discussions will emerge after COVID-19, the result of which could help raise the dignity of the female even more.

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COVID-19 PANDEMIC IN NIGERIA AND THE EFFECTIVENESS OF HOME-SCHOOLING ON THE GIRL-CHILD EDUCATION

Balogun Ruth Yetunde

Abstract

The world woke to the news of a deadly disease called the Coronavirus (or COVID-19) in the last month of 2019. The outbreak was first noticed in Wuhan, a province of the Republic of China. The virus spread from China to other parts of the world before the end of 2019. In a bid to flatten the curve of the virus, world leaders, inclusive of the Nigerian government, issued the order of the complete lockdown of economic, political, religious and social lives in their respective countries. This led to the immediate closure of schools in Nigeria in March 2020. Home-schooling or distance learning was adopted here and in many parts of the globe. This paper aims to investigate the effectiveness of the home-school approach enforced by the government to bridge the gap occasioned by the closure of schools. This is with a view to assess the impact of COVID-19 lockdown on the education of girl-children. The study adopts a descriptive phenomenology approach to interrogate the introduction of home-schooling in Nigeria during the COVID-19 lockdown. Findings reveal that a high percentage of Nigerian girls and women were unable to access education through distance-learning during the lockdown. Family socio-economic status and a poor ICT (i.e. Information Communication Technology) driven curriculum among others, were challenges identified. Complete overhauling of the school curriculum to incorporate ICT in teaching-learning processes and procurement of e-learning resources for Nigerian students form part of the recommendations towards sustainable girl-child education and women's empowerment in Nigeria.

Introduction

The history of infectious pandemics shows that the lockdown of social movement is an effective strategy for curbing viral infections. Like some other infections that have plagued the world in the past (such as SARS or Ebola), COVID-19 has led to restriction and lockdown through to an extent far exceeding that of any other response to previous pandemics.

Other measures adopted for the curbing of this disease include frequent washing of hands with soap under a running tap, sneezing into one's curved elbow, covering the mouth with a disposable napkin when coughing, social distancing, eschewing crowded places or public transport, using a nose and mouth covering mask, use of hand sanitizer and observing hygienic practices (such as regular cleaning of surfaces) in the home. The pandemic which is the fifth after the 1918 flu pandemic has affected (at the time of writing) five million, seven hundred and nineteen thousand and eighteen (5,719,018) people (Liu, Y., Kuo, R., & Shih, S. 2020). The number of recoveries is put at two million four hundred and fifty-six thousand, four hundred and forty-seven (2,456,447) with fatality as high as three hundred and fifty-three thousand and sixty (353,060) (Worldometers 2020).

In Nigeria, the first case was recorded and confirmed on 27 February 2020 in Lagos State where an Italian citizen tested positive. Since the index case, there has been a daily increase of infected persons in Nigeria. As of the last week of May 2020, Nigeria has recorded eight thousand three hundred and forty-four reported cases (8,344). A total of two thousand (2000) infected patients have fully recovered and been discharged from isolation centres while a total two hundred and forty-nine (249) deaths have been recorded. No cure has yet been discovered for the virus, and quarantine and social distancing are encouraged by medical experts to prevent or to minimize further spread of the disease (Worldometers, 2020).

Whereas “endemic” refers to a disease or condition that is found regularly among a particular people or in a certain region, “pandemic” refers to something occurring regularly in a very wide area, crossing international, even continental boundaries and usually affecting a large number of people (Peterman et. al. 2020:528). The Nigeria Centre for Disease Control (NCDC) describes COVID-19 as a disease caused by a new strain of Coronaviruses that have not been previously identified in humans. The virus is contracted where there is close contact of less than two metres with an infected person. The mode of spread of the virus includes inhalation of droplets from the nose or mouth of infected persons, or contact with door handles, tables or work surfaces which an infected person has touched. Quarantine and self-isolation are necessary for public health responses to this pandemic (Peterman 2020:24).

Going by the above information, COVID-19 is highly contagious and allowing schools to remain in session would conceivably have been disastrous despite of suggestions that children are less likely to contact the virus or show symptoms. Consequently, the Nigerian government ordered the closure of all schools across the country. The closure of schools and other public gathering places has actually assisted in flattening the curve of the spread of COVID-19 but not without setbacks in the national life of Nigeria. One major aspect that has been badly affected is education. In recognition of this, the government introduced home-school programmes to cushion the effect of the closure of schools. The paper aims at critically assessing the operation of the home-school programme viz-à-viz the agenda for girl-child education and women's empowerment.

Girl-child Education and Women's Empowerment

The 21st century is an age of remarkable upsurge in advocacy and policy affirmation for girl-child rights and women's empowerment. International organizations like the United Nations (UN), United Nations Education, Scientific and Cultural Organization (UNESCO), United Nations Children Education Fund (UNICEF), Every Woman Foundation (EWf), among others, are working relentlessly to ensure continued access to education and quality of life for girl-children and women. The narratives of girl-child education are gradually changing for the better. Cultural and religious biases against female education and participation in government are steadily giving way. A UNICEF report on 2030 Education Agenda acknowledges the fact that more than ever before, children (girl-child inclusive) are now enrolled in school (UNICEF, 2019:1). While some battles have been won, the war is not over. It is one thing to get children enrolled in school; it is another thing entirely to protect the rights of those children to receive a quality education.

Osokoya (2006:71) notes that increased access to qualitative and functional educational opportunities for all boys and girls is the most effective means to combat poverty, reduce misunderstanding, political and religious intolerance and enforce respect for others. He holds that girl-child education is essential for transformation in economic, social, political and technological spheres. Similarly, in my appraisal of the development of girl-child education in Nigeria, I reasoned that qualitative education acquired by some privileged Nigerian women has enabled them to become

ministers in the federal executive cabinet and assume other elected positions nationwide. A poorly educated woman or a school drop-out will never be able to compete with male folks in the labour market, let alone the political scene (Balogun 2014:385).

A cursory look at academic activities in public schools before COVID-19 school lockdown reveals a system characterised by incessant industrial disputes between the Teachers' Union and various state government departments. Teaching and non-teaching staff of the nation's tertiary institutions are not left out. Academic Staff Union of Universities in Nigeria has repeatedly embarked on strikes because of deterioration or non-existence of infrastructures in Nigerian universities. The story is not different in colleges of education and polytechnics in Nigeria. Industrial action has become an "annual ritual" in Nigerian universities. Predictably, the COVID-19 pandemic has revealed yet more the existing inequalities and decadence in the Nigerian educational system. The question arising from all of this is: can Nigerian girl-children and women develop their potentials and adequately prepare for a technology-driven economy in an education system laden with inequities and corruption?

Situational Analysis of COVID-19 Home-School in Nigeria

Home-school offers an alternative instruction delivery to a regular classroom setting. It simply means education that is presented at home, usually under the guidance of parents and not teachers or school administrators. In the present, home-schooling is most often conducted because either a child has special needs (this could be sensory, behavioural, educational or emotional kind), or because a child's parents set standards – either educational/aspirational or moral/religious in most cases – that they feel are not being met by the school system. However, the home-school system predates formal school settings, as parents are traditionally known to be children's first teachers. In the pre-industrial revolution era in Europe, formal schooling was not popular. Tuomi & Miller (2011) hint that in pre-industrial revolution European society, provision of education was the responsibility of households, communities, workplaces, and the church. They argue that formal schooling in institutionalized settings became more mainstream when the need arose to address the increasing demand for efficiency and specialization occasioned by systems of pro-

duction. In this scenario, traditional education and moral education provided by the home and the church respectively, lost popularity as these became inefficient to meet the needs of industrialized Europe.

Yin, Zakaria & Baharun (2016:65) maintain that home-schooling is neither a new concept nor practice. While affirming its long years of existence before formal school settings became normalized, they note that it re-emerged as a result of agitations by scholars from different philosophical traditions who expressed displeasure at formal schooling for several reasons. They stress further that the renaissance of home-school emanated from the activities of social movements and religious fundamentalists. By the 1960s and 1970s, home-schooling had become popular. In other words, home-schooling has been an established part of the western world from the twentieth century and even well before that. It offers an alternative to the formal school system within an existing legal framework.

Parents who choose to home-school their children do it for a variety of reasons. These range from religious reasons, to the lack of trust in schools, to the fear of bad peer influence, to general dissatisfaction in the public-school-system. Other reasons for home-schooling a child may be due to illness, multiple disability, disciplinary cases or the outbreak of a communicable disease. It is not surprising that home-school became a ready alternative to formal school in the face of the school lockdown occasioned by the COVID-19 pandemic.

There is no data for home-schooling of students in Nigeria, though there are a few elite families who choose to home-school their wards on account of religious and or socio-economic concerns. The truth is that, the practice is somehow strange to the generality of Nigerians. In any case, Nigerian schools too explored home-school as an alternative or temporary measure during the COVID-19 school closures. Radio and television stations broadcast educational programmes for students of between thirty to sixty minutes in length, daily or on alternate days, depending on the station. WhatsApp was equally employed by some state government for disseminating information. Tertiary institutions, however, were left out of digital classes. The Hon. Minister of Education, Adamu Adamu mandated all tertiary institutions in Nigeria to commence online lectures in April 2020. Unfortunately, this order was blatantly rejected by lecturers. Their excuse was that the various institutions lacked an environment that enabled effective e-learning. Invariably, students in public institutions in Nigeria

were left without educational support services during the COVID-19 lockdown. However, private universities did engage their students via online learning and by correspondence.

Emerging Challenges

The home-school initiative as a form of distance learning adopted during the COVID-19 lockdown suffered set-backs in Nigeria for several reasons. These include:

1) **Poor Digital/Information Communication Technology (ICT) and Literacy**

There is no doubt that Nigerian students in public elementary and secondary schools are exposed to computer studies but the truth is that they are not exposed to practical aspects that will actually help them to operate the computer for effective educational purposes. Public schools in Nigeria, right up to tertiary level, suffer from insufficient digital infrastructure and sometimes, even from the absence of such. Alumni associations of some secondary schools in the metropolitan areas donated computer units to their alma mater but students had not been exposed to or prepared for e-learning. Teachers were not adequately trained in computer competence (let alone online pedagogy) and could not, in most cases, use digital or ICT as a substitute for classroom delivery. Invariably, adopting sophisticated e-learning platforms like Zoom or Google Classroom during the COVID-19 school closure was more than a mirage or fantasy. This is why the Ministry of Education across the states opted for teaching-learning through radio and television.

The story is the same at the tertiary education level. Lectures have mostly been delivered without any recourse to ICT resources; examinations remain paper-based. Large percentages of students seeking admission into tertiary institutions fail to secure placements in the institutions of their choice. This is not unconnected to the computer-based testing introduced by the Joint Admissions Matriculation Board (JAMB). About sixty percent (60%) of candidates learned to use the computer for academic purposes a few days before writing JAMB qualifying examinations.

2) High Cost of Digital/ICT Access

The socio-economic status of parents is a major determinant of the form and quality of education provided for children and youths. Providing digital or ICT access is capital-intensive. Low-income earners are very often excluded from internet access due to lack of financial resources to procure ICT products and applications. The cost of android phones and computer systems is beyond the reach of most average Nigerians. This has further increased the vulnerability and social exclusion of children of low-income earners, most pronouncedly during the COVID-19 school lockdown. ICT products are designed with little or no consideration for the economic and environmental circumstances of their users (Ahmed 2007:333). The cost of a regular subscription to the internet in Nigeria is quite high. Not many students using devices that can launch the internet can afford the exorbitant charges of internet service providers. One might expect a relief in the charges of telecommunication companies during the COVID-19 pandemic, especially for Nigerian students across all levels of the educational system but the reality in Nigeria is that no such gesture was extended to subscribers.

Home-schooling requires maximum utilization of internet access. The environment with the best record of success in this mode of study has easy and affordable access to the internet. Connectivity to the internet is another big challenge for ICT utilization in Nigeria. Few parents can afford the high cost of digital or Zoom classes like Microsoft Teams, U-leson and the likes, and even if they can, they might still be frustrated by poor internet connectivity. Students, in the end, complain of boredom and frustration as a result of a constant disruption in their classes due to poor internet connectivity.

3) Disparity in Gender ICT Participation

The twenty-first century world is characterised by inventions and utilization of Information Communication Technology (ICT). Nigeria is rated high among African nations that have embraced the use of the internet. ICT has been employed in banking operations, education, and social interactions to name but a few sectors. However, scholars have expressed concerns over gender disparity in both the awareness and utilization of ICT. George & Barnabas (2015) put the gender distribution of internet users in Nigeria at 69% male and 31% female, indicating that access to ICT is still unequal. Reporting on a study conducted by Intel, Antonio &

Tuffley (2014:677) note that 45% of women in sub-Saharan Africa lack any internet access due to either non-availability or prohibitive cost. The implication of this is that, even where digital infrastructure is available, relatively few women are likely to benefit from it meaningfully. During the COVID-19 school closure, children are not able to benefit effectively from home-schooling in households where mothers have low or no ICT competence. Although young women in tertiary institutions know about ICT, lack of adequate digital infrastructure has widely excluded them from continuing learning during the COVID-19 lockdown.

4) Power Failure

The provision of uninterrupted electricity has long since formed part of the social infrastructural priority of successive governments in Nigeria. Despite this, the erratic power supply is the norm in Nigeria. The low-cost technology adopted by the Nigerian government during the COVID-19 pandemic, that is, teaching-learning delivery through radio, television and telephones is hampered by power failures. Many rural communities in Nigeria are not connected to the national grid. Obviously, girl-children in rural communities is, therefore, completely left out. Only families that can afford alternative power generation are consistently able to follow the online education programme. The irregular power supply made many students frustrated and unproductive.

Implications of COVID-19 on Women's Empowerment

The various challenges highlighted have implications for gender education and empowerment. In periods of epidemic and conflicts, females are particularly vulnerable to abuse and unequal access to education. Women are known to carry multiple family responsibilities at such times. The economic down-turn occasioned by COVID-19 has mounted pressure on girls and women to contribute to family income. When they should be pursuing their education, they are instead found on the streets, hawking wares, while the radio and television education programmes are going on. Again, ineffective education programmes during the COVID-19 pandemic have left many youths idle, left out and less productive. It has been said that an idle hand is the devil's workshop, and idle, bored youths engage in many anti-social behaviours. As mentioned earlier, women are often disadvantaged during outbreaks of pandemics. Cases of rape and

other forms of gender-based violence multiply and make headlines on electronic and social media. Girls have been raped daily, including by relatives; women have been gang-raped and brutally murdered. These abuses raise questions for formal social protection for women folk during the COVID-19 pandemic (Iroanusi 2020). Many girl-children have been impregnated during the lockdown, and those in this category are not likely to further their studies in the post-COVID-19 school resumption.

Unequal access to qualitative education during the COVID-19 school closure will have negative consequences on socio-economic and political participation of women in the post-COVID-19 Nigerian society. A poorly educated girl-child or a drop-out will not have access to resources that will make self-sufficiency and good family life more likely. A well-educated mother has a better prospect of contributing positively to family health, to protect her family from incidences of maternal and infant mortality, to conform with health protocols during pandemic situations and to prepare herself and her offspring for national development (Osokoya 2008:72). However, attaining this will be even harder for the womenfolk of Nigeria, if the present gender inequality and injustice, exacerbated by COVID-19, in the Nigerian education system is not addressed. Consequently, to meet the 2030 Education Agenda for women's empowerment in Nigeria, there is a need to consider the following:

- There is the need to design the school curriculum across all levels by education stakeholders to be student-centred and ICT driven. There is a need to reconsider the place of technology in education.
- The government needs to focus on capacity building for teachers on the use of digital resources for teaching-learning.
- Adequate funding is required to reposition the infrastructural decay in the Nigerian education system. Government agencies like the Nigerian Communication Commission (NCC) should partner with non-profit non-governmental agencies to procure computer systems and other ICT resources for schools and students.
- Efforts should be stepped up to remove gender inequality in access and utilization of ICT resources by females in Nigeria.
- Government and public philanthropists should install solar power electricity in schools, especially schools in rural communities.
- There is a need for legislative affirmation for the design and operation of home-schooling as practised in the developed nations.

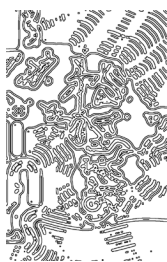
Conclusion

From the foregoing, discussions have established the fact that COVID-19 has further revealed the educational inequalities in Nigeria. Students from economically advantaged homes continue to have access to learning in the face of the pandemic, while students from poor homes are left out. COVID-19 has also exacerbated the gender divide in terms of digital access and utilization in Nigeria. These have grave implications on girl-child education and women's empowerment in Nigeria. COVID-19 will definitely end, but its impact on female education in a society that has records of socio-cultural obstacles for female education in the pre-pandemic Nigerian society will linger for a long time. Education policymakers and other stakeholders need to synergize efforts to reposition education in Nigeria to address the gender divide and other inequalities in technology-driven life-long education for all categories of learners, but particularly for women and girls.

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COVID-19 AND THE STANDARDISATION OF AFRICAN INDIGENOUS MEDICINE IN NIGERIA: Contemplating the Functionality-Empirical Model

Celestina Omoso Isiramen

Abstract

COVID-19 is monstrosly devastating the nations of the world. Researchers' interest in herbal medicine for combating the pandemic is on the increase. Yet, literatures interrogating the uniqueness of African indigenous medicine (AIM) for the purpose of standardization are limited. This paper examines the "prudential personalist" philosophical theory, buttressed by the concepts of "post-formal thought" and "language game" in propounding the functionality-empirical model aimed at comprehensively assessing among others, the functions of the undermined components of AIM. Findings point at the need for a combination of criteria for accurate standardization. The paper recommends that specially trained investigators should assess the uniqueness of African indigenous medicine, along the lines of the functionality-empirical model, towards the standardization of African herbal treatment for COVID-19 patients.

Introduction

Inadequate funding makes Nigeria a country with a compromised healthcare system. This is most poignant in the midst of the inability of scientists and researchers across the globe to discover a drug or vaccine aimed at combating the COVID-19 pandemic. Consequently, the patronage of African Indigenous Medicine (AIM) for the prevention and treatment of the virus in Nigeria has assumed monumental dimensions (Aworinde 2020:15). There are reports about self-medication, abuse of doses, unauthorized prescriptions, fake drugs and the combination of AIM with Orthodox medicine (Akintunde 2020:1).

Warnings by the Nigeria Federal Government Task Force on COVID-19 on the risks involved in self-medication and the use of local herbs are made daily through the mass media, social media and other available organs of communication (Daily Trust, 26 May 2020). The concern about the use of local herbs derives from their non-validation through clinical

standardization (Adepeju 2020:3). Yet, questions regarding their standardization emanate also from the suitability of the criteria that are presently employed.

The available official guidelines for standardization do not address some vital and unique components of AIM. A suitable standardization model for herbal medicine (distinct from that of Orthodox medicine) needs to be carefully constructed. Such a model should focus on the total components of AIM, in order to discover its suitability for the treatment of COVID-19 patients. We propose an adequate instrument for validating AIM by reflecting critically on its uniqueness through the assessment of the philosophical concept of prudential personalism, buttressed by the concepts of postformal thought and language game.

Indigenous Healthcare in Nigeria

AIM is defined as:

the sum total of the knowledge, skills, and practices based on the theories, beliefs and experiences, indigenous to different cultures whether explicable or not, used in the maintenance of health as well as the preventive diagnosis; improvement or treatment of mental and physical illnesses (WHO, 2014a).

AIMs are substances derived naturally from plants, animals, minerals and other components which have been in use for the treatment of ailments within the socio-cultural and religious practices of the people (see Tilburt & Kaptchuk 2008:594). Religious and cultural practices are vital components of AIM which cannot be undermined. These involve the ability to spiritually diagnose (known as divination in African worldview), the cause of ailment towards the effective treatment of patients; body and spirit. Thus, wellness in the traditional African perspective is not restricted to the physical, it extends to the spiritual wellness of a sick person; through processes that may incorporate some elements of secrecy. (Erinosho 2006:224).

The existence of AIM in Nigeria dates back to antiquity. It was the only means of treatment for every form of ailment before the incursion of the European colonialists, who introduced Orthodox healthcare system. The Europeans extolled Orthodox medicine and derogatorily classified AIM as barbaric, idolatry, witchcraft, repulsive, magic, satanic, and anti-Christian. This began an ideological clash between biomedicine and AIM. Mapara

(2009:1), stated that this cultural-ideological clash dovetailed into the stigmatization of the traditional healthcare system.

In spite of this, AIM has remained resilient as the peoples' patronage continued to increase. Thus, the efforts of the colonialists to push AIM into extinction failed. Abdullahi (2011) quoted Weintritt (2007:119-131), and reported that there are not less than 522 medicinal plants that are effectively used in disease management in Nigeria and WHO (2002b) also added that African medicine is gaining grounds in Canada, France and Australia and a fraction of United Kingdom's physicians have made referrals for alternative medicine (Abdullahi 2011:361).

Indigenous healers in Nigeria, are variously designated across her various cultures. Among the Igbo of South Eastern Nigeria, they are known as Dibia, within the Yoruba ethnic nationality they are called Onisehun, the Edo people of South South, Nigeria refer to them as Oboh and in Northern Nigeria, and they are referred to as Boka. Consequent upon the widespread use of AIM, the agitations for its standardization and integration into the Nigerian mainstream healthcare system have advanced (see Okigbo & Mmeko 2006:226). In response, the Nigerian Federal Government directed the Nigerian Natural Medicine Development Agency (NNMDA) to study the local healing methods towards standardization (FMOH, 2004). Internationally, WHO (2002C) published guidelines for assessing the quality of herbal medicine with reference to "contaminants and residues" and according to Gilson, Mattieu, Shalley & Ruddy (2005:521-531), standardization does not necessarily amount to effectiveness. Thus the instrument for standardization of AIM derived by WHO is deficient in its strict insistence on scientific measures aimed at assessing only the safety of herbs for the purpose of consumption while ignoring the effectiveness of the spiritual components of the healthcare practice. The challenge here revolves around the complex curative processes of AIM which differentiates it from Orthodox medicine.

COVID-19 and the quest for remedy in Nigeria

A report from Wordometer has it that, as at 25 May 2020, the global confirmed cases of coronavirus infections stood at 5,537,050, with 347,292 deaths. Out of these, Nigeria recorded 7,839 confirmed cases with 226 deaths (NCDC, 25 May 2020). Unfortunately, the efforts of researchers and scientists globally have only resulted in "89 products that are currently

under vaccine development” (WHO, 2020). Even at that, the Nigerian physicians and scientists are unable to participate in global scientific research because of the inadequacies in the health sector. Records show that a paltry sum of 4.14% was the budgetary allocation for the Nigerian health sector for the year 2020 (Olufemi 2019:1).

Painfully, Nigeria is most likely, hoping to depend on the advanced countries for importation of drugs and vaccines for the prevention and treatment of COVID-19. This means that when a drug or vaccine is eventually developed, Nigeria would have to wait for the developers to first attend to the needs of their people. In this circumstance, several years would roll by and the catastrophe for the Nigerian people would be massive.

At present, many Nigerians have resorted to self-medication with AIM and in some cases, a combination of the local herbs and Orthodox medicine either as preventives or treatment for COVID-19, obviously ignorant of the health risks involved in such combination. It is to be applauded that there are reports that some scientists in Nigeria are making waves in the sphere of research into the herbal remedies for COVID-19 patients. Adebayo (2020:1), reports that Maurice Iwu, a Professor of Pharmacology has laid claim to herbal cure for COVID-19 and Atemake (2020:1), reports that Rev. Fr. Dr. Anselm Adodo of the Catholic owned Pax Herbal Medical Centre, Ewu, Nigeria has also developed an herbal remedy. NCDC is yet to give a pass mark to these claims.

The Nigeria Federal Government’s response to the pressure from Nigerians to give herbal medicine a try, is the directive given to the National Agency for Food and Drug Administration Control (NAFDAC) to begin the process of assessing herbal mixtures for possible treatment of COVID-19 patients (Adebowale 2020). As earlier stated, WHO (2007C) has also published guidelines to be employed by Member States towards the validation and standardization of AIM.

Our concern in this paper, is that the official instruments (from both NAFDAC and WHO), for the standardization of AIM are drawn along the criteria, clinically used for validation of Orthodox medicine. This amounts to a muddle because AIM differs substantially from Orthodox medicine in practice, structure and composition. Its diagnostic methods rely on divination, herbal assessment and spiritualism. The understanding of the wellness of a person in AIM is holistic, which encompasses the wellness of body and soul. This stands in strict contrast to the perception of wellness in orthodox medicine.

Functionality-Empirical as a Theoretical Model for Standardization of AIM as Remedy for COVID-19 in Nigeria

“Prudential personalism” philosophical theory, was developed by Kelvin O’Rourke and Benedict Ashley in their book *Health Care Ethics. A Theological Analysis*, published in 1978. It is a teleological framework centred on the intelligent and thoughtful choices of persons aimed at the flourishing of the human person in a community of persons. Theologically, the theory defines the genuine happiness of the human person beyond physical considerations into the realm of the ultimate purpose of human earthly existence in relation to ultimate happiness.

Ashley & O’Rourke (1978:170) explained further that the human person is a social being whose authentic happiness must be actualized as it relates to “interpersonal relations” in a given human community. They stressed further that, the prudential choices of persons must generate from intelligent considerations toward a common good (see also Bouchard 2007:10). It is all about the ultimate happiness of the person in relation to other persons in the social context of a society.

Genuine choices, according to O’Rourke & Ashley, negate generalizations in healthcare judgments. Such judgments must be relative to cultural ideologies and the uniqueness of specific communities. This is an agreement with our thought that the validation or effectiveness of AIM for COVID-19 should not be decided by parameters which are alien to its uniqueness, because such parameters are likely to undermine those vital components that are peculiar to the healthcare system.

Apart from the WHO and NAFDAC guidelines which majorly reflect Orthodox clinical test criteria, most of the erudite scholars that have advanced AIM standardization have also not examined the challenge posed by non-recognition of the spiritual component of the healthcare practice (see Izugbara 2005:1-14); Lawal, Banjo & Junaid (2003:75-87); Okigbo & Mmeka (2006:226); Abdullahi (2011: online). Here lies the challenge. How can a practice that embodies the spiritual be validated solely through empirical modalities? How can the sacred and secret essence of AIM be accurately validated in the laboratory? Therefore, interrogating the effectiveness of AIM which is a combination of “divination, spiritualism and herbalism” (Ezekwesili, Ozioma & Okaka 2019:1), through the instrument used for Orthodox medicine’s validation is logically faulty. An adequate instrument should take into consideration, the empirical values of

the natural herbs as well as the functions of divination and spirituality in AIM. While the importance of the assessment of the quality of natural herbs through scientific measures cannot be undermined, the assessment of its spiritual component in relation to its functions in the lives of the people would provide a holistic authentication of AIM in Nigeria.

The above is in line with post-formal thought concept propounded by Sinnott (1988:1-89), which concludes that complete knowledge transcends the formal into the post-formal through which one is able to “conceive multiple logics, choices or perception ... in order to better understand the complexities and inherent biases in truth” (Griffin, Gooding, Semesky, Farmer, Mannchen, Sinnott 2009:170). Sinnott (1998:31) further explained that post-formal thought, is the “step beyond formal thought by which individuals come to know the world outside themselves”.

The Post-formal thought concept, in congruence with the Prudential Personalist Perception model, accentuates the application of a carefully thought-out standardization framework. It also goes beyond the strict application of empirical instruments. It emphasizes flexible realities that recognize the transcendent in relation to human ultimate happiness and purpose of existence (Cartwright 2001:186; Griffin et. al. 2009:180).

Therefore, any instrument for standardization that concentrates only on the assessment of the natural elements of AIM will be tantamount to reductionism and exclusivism, leading to the loss of a vital aspect of African herbal values and cultural imperatives on healthcare. What is required is an inclusive model that recognizes both the spiritual values and the safety of natural herbs for consumption. The spiritual dimension of AIM explains its uniqueness in offering wholesome wellness to persons in the Nigerian cultural entity in relation to the sacred.

Strict emphasis on empiricism corresponds with the proposition of “logical positivism” McCloskey (1989:47), which states that “scientific knowledge is the only kind of factual knowledge and that all traditional metaphysical doctrines must be rejected as meaningless”. Thus, statements about the sacred and religion are considered nonsensical. This philosophical reasoning became unpopular with many scholars pointing at its flaws in philosophical discourse (Warnock 1958:72-73; Ara 2006:47; Rhees 1970:55-56).

Shibles (1996:63) and Wittgenstein (1953) have come up with the concept of “language game” and stated that accurate definitions must include the

functions of phenomenon in “the course of everyday life. He stressed further that, in “most cases, the meaning of a word is in, its use” in the context in which it is used. Therefore, to accurately standardize AIM, we agree with the concept of language game, post-formal thought and the prudential personalist ideology, by stressing the importance of a comprehensive instrument aimed at the flourishing of a person’s health in terms of the complete wellness of the person’s physical and spiritual essence in relation to the social context within which the therapeutic process is practiced. This affirms the prayer in 3 John 2: “beloved, I pray that you may prosper in all things and be in health, just as your soul prospers” (NKJV). AIM’s focus is total wellness of body and spirit.

Our model is functionality in combination with empiricism. It combines methodologies (empirical and functionality) towards the possible comprehensive validation of AIM. The functionality-empirical criteria require the intensive training of special investigators who would be saddled with the responsibility prudently to select appropriate criteria for AIM’s validation. Therefore, the Nigeria Federal Government should not depend solely on the present guidelines from WHO and NAFDAC for the standardization of AIM. Government should consider the training of the selected investigators who are experienced scholars in the field of African Indigenous Religious and Cultural practices for collaborative partnership with scientists in order to evolve a combined instrument capable of validating the potency of the herbs used in AIM as well as its spiritual component. Thus, the herbs used in AIM would be validated in relation to their fitness for consumption through scientific parameters while its spiritual essence would be preserved through the critical assessments of its functions through the instrument created by religious and cultural experts.

The above model provides answers to the questions we asked earlier: how can one accurately validate the sacred dimension of AIM through empiricism? Can the Dibia’s claim about the healing power of Chineke be validated in the laboratory? The prescription of the indigenous healer could provide wholesome wellness to the people which may appear nonsensical in the realm of science.

Conclusion

This study has interrogated the possibility of validating AIM as a possible preventative or cure for COVID-19 for the Nigerian people through instruments constructed and derived in relation to Orthodox medicine. It resolved that AIM is a cultural practice whose standardization should be culturally influenced, resulting in the reliance on the assessment of its functionality in the society and at the same time, validated for consumption through empirical assessment of its natural herbs. Healing in African conception goes beyond the physical wellbeing to the spiritual; the understanding of wellness in body and soul. For a wholesome standardization, we propose a combined instrument of validation that would comprehensively assess the values of AIM (in its entirety), termed the functionality-empirical model.

The functionality-empirical standardization model reflects the ideals that derive from the functions of the qualities of cultural experiences suited to serve the healthcare purpose in Nigeria, in conjunction with the ability to derive herbal values through experimental laws. It is functional because the values are derived from the functions of the spiritual in the lives of sick persons in a community of persons beyond scientific authentication. It is empirical, because there are qualities of facts involved in the treatment of persons as they relate to herbal substances that can only be determined through the instruments of science.

The study recommends the need for the Federal Government of Nigeria as a matter of urgency, to set up a team of investigators made up of scholars in the field of Religious and Cultural Studies in conjunction with experts in science, who would be tasked with the responsibility comprehensively to construct a unique instrument for the standardization of AIM along the lines of the functionality-empirical model for the treatment of COVID-19 patients in Nigeria.

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PART B

**RELIGION,
HUMAN VALUES,
GENDER, AND
WORSHIP**

ADDRESSING POVERTY IN THE ERA OF COVID-19: A FOCUS ON THE GIRL-CHILD

Mark S. Aidoo

Abstract

Poverty is a complex phenomenon that has various roots, branches, and fruits. Incidentally, various theories of poverty seem to emphasize its social and economic dynamics at the expense of the psychological, moral, and spiritual aspects. Children living with poor parents have their own concerns and challenges. With the advent of the COVID-19 pandemic, poor people have been really exposed, with women and girls being disproportionately impacted as in most cases. When the COVID-19 pandemic broke out in Ghana, the government instituted a lockdown in parts of Greater Accra, Tema, Greater Kumasi and also, Kasoa. Some of the poor people were supported with food items and money. Similarly, the church also supported the poor with food items. In all, teenagers were not considered. Much of the attention was on the basic food needs and the packages went to adults. This paper highlights some of the challenges two poor teenage girls in Accra, Ghana, faced in the wake of the COVID-19 lockdown. It then proposes how the church and society can help affirm their presence. It argues that for a comprehensive approach to poverty reduction, the psychological, moral, and spiritual needs of the poor, especially the girl-child, must be taken seriously.

Introduction

Poverty is a precarious experience to all, but for children, especially teenagers, it raises multiple risks that solicit various responses from church and society. The girl-child for instance often carries a burden of the family amidst stigma and desperation when their parents are poor leading them to be vulnerable. Some of them end up in the streets or in the hands of men who abuse them. This paper highlights some of the challenges poor teenage girls in Accra, Ghana, faced in the wake of the COVID-19 lockdown and proposes how the church and society can help affirm their presence. It highlights the vulnerability and uncertainty faced by the girl-child who lives with the family using stories from two girls. One of them is a fifteen-year-old girl and the other a seventeen-year-old girl living in Accra,

the capital of Ghana, who were detained for moving about after a government operation: “stay at home”, was issued due to the COVID-19 pandemic. It argues that lack of attention from the church and society contributes to their inability to have a decent and acceptable living, together with diminished self-respect. Their problems can be addressed if the church and society understand how these persons define their poverty indicators.

Forms and Types of Poverty

Poverty is a complex and multidimensional phenomenon that can be understood from various angles. According to the Longman Dictionary (2008:1280), poverty is defined as “the situation or experience of being poor ... impoverished.” The Chambers Dictionary (2005:1286) also defines poverty as “a multidimensional concept reflecting clusters of disadvantages affecting people and making them vulnerable and powerless.” Ajakaiye et.al. (1999) say poverty is “a living condition in which an entity is faced with economic, social, political, cultural and environmental deprivations.” These definitions show how multidimensional poverty can be. However, the definitions do not touch the inner disposition of the poor person.

Ted Bradshaw (2006) mentions five theories of poverty. The first theory focuses on poverty as caused by Individual Deficiencies. It holds that individuals are responsible for their own poverty situation. Such a theory is reinforced by religious beliefs and doctrines that equate wealth with the favour of God and poverty as punishment for either one’s sins or their parents’ sins. It affirms an individualistic theory from a “moralizing perspective” and notes that the poor are “afflicted with the mark of Cain. They are meant to suffer, indeed must suffer, because of their moral failings. They live in a deserved hell on earth” (2006:6).

The second theory is that poverty is caused by Cultural Belief Systems. It suggests that poverty is created by a set of beliefs, values, and skills transmitted over generations that are socially generated. Individuals are not necessarily to blame because they are victims of their dysfunctional subculture or culture. For instance, poor people raised in ghettos, rural areas, or oppressive social contexts develop a shared set of beliefs, values, and norms that make them psychologically unready to take full advantage of changing conditions or improving opportunities that may develop in their

lifetime (Bradshaw 2006:8). They develop a culture that hinders their development and makes them unable to depart from it.

The third theory holds that poverty is caused by Economic, Political, and Social Distortions or Discrimination. Here, it is believed that these external social factors cause people to have limited opportunities and resources with which to achieve well-being. The economic system makes people earn low wages, prevents poor families from getting better jobs, thereby complicating their situation (Bradshaw 2006:10).

The fourth theory states poverty to be caused by Geographical Disparities. Here, disparities between the rural and urban localities define poverty and it calls attention to the fact that people, institutions, and cultures in certain areas are disadvantaged to generate well-being and income, and that they lack the power to relocate or claim redistribution (Bradshaw 2006:12).

The last theory is that poverty is caused by Cumulative and Cyclical Interdependencies. The cyclical interdependencies are most complex and to some degree build on components of other theories in that they look at the individuals and their community as caught in a spiral of problems that create a cumulative set of problems to exacerbate poverty (Bradshaw 2006:14). For example, “a lack of employment opportunities leads to out-migration, closing retail stores, and declining local tax revenues, which leads to deterioration of the schools, which leads to poorly trained workers, leading firms not to be able to utilize cutting edge technology and to the inability to recruit new firms to the area, which leads back to a greater lack of employment” (2006:14). This cycle also repeats itself at the individual level, affecting psychological abilities and spreading to society and social structures in cycles.

Another theory can be mentioned where poverty is subdivided into three types namely: absolute poverty, relative poverty, and subjective poverty. First, absolute poverty is measured in terms of access to basic necessities, a state of severe deprivation of basic human needs. It is a situation where an individual is constrained with limited financial resources and unable to meet the basic needs of life. Absolute poverty is defined in the World Summit’s Declaration of Copenhagen 1995 as: “A condition characterized by severe deprivation of basic human needs, including food, safe drinking water, sanitation facilities, health, shelter, education, and information. It depends not only on income but on access to social services.” Second, relative poverty is about economic inequality that occurs in particular localities where people live. It describes a situation where an individual or

household is considered poor when goods and services which other persons in another society acquire cannot be afforded. A relatively poor person has fewer opportunities than others in their society since the income is less than the average income of the population in the society being considered. Lastly, subjective poverty is based on a perception an individual can have about oneself due to the standard of living (see Haralambos and Holborn 2004). These three types – absolute, relative, and subjective – focus on only physical and material needs. They settle on the social dynamics and give little attention to the individual's own potential and spirituality that gives a human being an identity.

Eric Jenson (2009) goes beyond the above three and adds situational poverty, generational poverty, urban poverty, and rural poverty. Situational poverty describes a situation caused by a sudden disaster or crisis or loss and is often temporary. Situational poverty may depend on the overall state of the global and national economy or be triggered by a crisis specific to those experiencing poverty. Generational poverty is where at least two generations in one's family have undergone situations of poverty. Families living in this type of poverty are not equipped with the tools to move out of their situation. Urban poverty occurs in metropolitan areas with populations of at least 50,000 people where the population struggles with inadequate services. Rural poverty occurs in nonmetropolitan areas with populations below 50,000 where the population has less access to services, support for disabilities, and quality education opportunities. Jenson's categories also dwell on social dynamics.

Mcferson (2010:50-73) also classifies poverty into two types: Contingent poverty and structural poverty. Contingent poverty is where there are inadequate resources due to a particular adverse event or activity. This type of poverty can be reversed whenever the cause of the event stops. Structural poverty exists where various factors make it difficult to reduce the intensity of poverty no matter the general policy of economic stimulus or investment adopted. Here, too, the individual does not come into focus in Mcferson's classification.

Eegunlusi (2016) gives a more comprehensive view when he mentions the dimension of Mental/Psychological Poverty. Mental poverty is the inability to engage the mind in intellectually productive means and achieve good results that facilitate personal or national development, deficiency in knowledge acquisition, appropriation, and exhibition such that one is not abreast with certain important facts necessary for knowledge-enriching

enterprises, or inability to cope with diverse systems of learning or highly theoretical issues. An aspect of mental poverty is moral poverty, which is to lack a good sense of moral judgment that can promote healthy personal and societal moral values. It is the failure to exhibit good human character as a result of the depravity of the human mind (2016:373). Another aspect is emotional poverty, a sense in which there is the human deficiency to control one's emotion, thus, an emotional display devoid of meaningful rational reflection (2016:374).

A very comprehensive theory has been put forward by Compassion International. They categorize poverty under the following: social poverty, educational poverty, health poverty, environmental poverty, economic poverty, and spiritual poverty. The social aspect of poverty focuses on conditions of scarcity to aspects of the distribution of resources and power in a society. It recognizes poverty as a function of the diminished capability of people to live the kind of life they value. According to Eegunlusi (2016:376),

Social poverty is the poverty resulting from deficiencies in human interaction. This is the underlying factor in criminal activities and wars. It is based on human ill-will or nonchalance in relating well with others such that mutual survival, mutual help, mutual benefits and mutual development are hampered. Obviously, good social relations should guarantee bilateral or multilateral benefits. In human relations, there are behavioural traits that are spoilers of social relations.

Hence, social poverty falls under human relations. Social poverty, in an online publication by Compassion International, "Types and Characteristics of Poverty" includes people groups that are undervalued and have few rights; people who have no say and their rights are minimized.

Similarly, the United Nations Development Program (UNDP) sets various indicators in its Human Development Index (HDI) to measure poverty, particularly within social poverty. These include:

- life expectancy at birth
- average school attendance period
- expected school attendance period as well
- per capita income

Educational poverty is where people lack education and that creates a lack of options. Lack of education makes people vulnerable and unable to maximize their knowledge, skills, and training, making them trapped in the

cycle of poverty. Health poverty describes a situation where a person due to an unhealthy condition is unable to work and develop positive relationships. Environmental poverty including climate, housing options, land availability, water supply, insects that carry disease, water-borne illnesses, weather, drought, and much more plays a large role in a person's wellbeing and poverty level. Economic poverty is where a household's income is less than \$2.50 a day. This is where there is a lack of money to provide oneself with basic needs.

Oftentimes, economic poverty is overemphasized against other forms of poverty. That is to say, poverty is seen as a lack of access to the basic amenities of life such as a lack of clean water, shelter, and health care. It also includes little or no opportunity to go to school or learn a trade. Such a category captures social, health, educational, and environmental poverty. The World Bank, for instance, emphasizes the economic aspects of poverty focusing on material needs. According to an online World Bank publication on "Poverty" updated on 16 April 2020, poverty is limited "access to good schools, health care, electricity, safe water, and other critical services remains elusive for many people, often determined by socioeconomic status, gender, ethnicity, and geography." The World Bank (worldbank.org 2020), in effect, recognizes the multidimensional view where all other aspects are included, but the focus is more on "consumption, education, and access to basic utilities is approximately 50 percent higher than when relying solely on monetary poverty." The report states that the standard measure for the Poverty Line is on households who have less than US \$1.90 a day to live or about US \$700 per year.

Compassion International rightly adds spiritual poverty as one of the categories. However, they claim that spiritual poverty can be summed up by the word "hopelessness." In my estimation, when people have spiritual poverty, they may have all the material and physical resources to live on. Hence, they tend to have hope, but the sense of inner hollowness distorts their personality. Spiritual poverty predisposes a person to a state of emptiness, purposefulness, barrenness, boredom, or alienation from the self. It could also be seen as a lack of human virtues. A spiritually poor person may be financially sound and economically stable but feels unfulfilled. It puts a person into a state of worry. Some people have all the basic necessities of life and lots of money but cannot use the resources due to ill-health or disability. There are those under spiritual covenants that forbid them to use their abundant resources. Some have houses but sleep at the

cemetery or under tents for fear of breaching the laws of the gods. For instance, there are those who through “sakawa” (a type of juju that intends to make a person rich), acquire much wealth through spiritual means but must abide by the restrictions of the spiritual powers or deity, like not sleeping in their own houses, fishing for used menstrual pads from the waste bins and extracting the blood to prepare concoctions they have to drink, having sex with only psychologically unstable people, etc.

From the above discussion on the theories and categories of poverty, it is worth saying that poverty has to do with wellbeing: body, soul, and spirit. It is not only concerned about incomes one accrues, for having money but being unable to have a good sleep is as bad as not having money but having a good sleep. Having money and not having the opportunity to buy what is needed due to incarceration is a sad situation. A country may have the best of health care facilities yet some of its people are unable to get access to the best health care service. It is like building good facilities for education, yet people cannot get a quality education. It is like owning all the military might, yet people are constantly exposed to violence, theft, and insecurity. It is like creating an atmosphere for a plethora of media firms, yet the people cannot express their independent thoughts and are voiceless. Hence, addressing poverty is not simply about the availability or affordability of food, healthcare, education, jobs, and security. It is about finding answers to inner and outward needs. It is about human dignity and empowering abilities.

Poverty – A Dilemma for the Young

It is estimated that 88 to 115 million people will fall into extreme poverty (under US \$1.90/day) in 2020 as a result of COVID-19, depending on assumptions on the magnitude of the economic shock (Peer 2020). The global extreme poverty rate could rise by 0.3 to 0.7 percentage points, to around 9 percent in 2020 (worldbank.org 2020). The report adds that the 43 countries in the world with the highest poverty rates are in fragile or conflict-affected situations (FCS) and/or in Sub-Saharan Africa. In fact, twenty-seven of the world’s 28 poorest countries are in Sub-Saharan Africa. Each of these countries has a poverty rate of over 30 percent. It is also estimated that 256 million Africans are hungry, an increase of 44 million since 2014 (World Bank 2020). More than 416 million Africans still live in extreme poverty.

The UNDP alludes to the suggestion that “in Sub-Saharan Africa, 55 percent of the population (558 million people) is multidimensionally poor. Of these, 98 percent (547 million people) do not have access to clean cooking fuel, 84 percent (470 million people) lack access to electricity and 66 percent (366 million people) do not have access to clean drinking water” (HDRO 2020). Between 2000 and 2019, Sierra Leone made the fastest progress in reducing its global Multidimensional Poverty Index (MPI) value. Sierra Leone is one of seven Sub-Saharan African countries in the top ten fastest-moving countries, alongside Côte D’Ivoire, Guinea, Liberia, Mauritania, Rwanda, Sao Tome and Principe. The global Multidimensional Poverty Index (MPI) is a measure that looks beyond income to include access to improved drinking water, clean cooking fuel, electricity, nutrition, school attendance and five other indicators (HDRO 2020). This means that Ghana is not doing well in addressing the poverty situation of its people.

The above discussion proves that poverty is not a simple phenomenon to capture in a single definition or programme. It has various roots, various branches, and various fruits. Poverty includes various dimensions of discrimination, denial, inability to have access to so many things, and lack of exposure. Poverty dehumanizes and impacts a person’s self-worth. It prohibits a person from belonging to a community. It lies at the core of existence. It impacts all of a person’s basic needs and touches every aspect of his or her existence. Poverty changes everything about a person’s life experience.

The Case of two girls in Ghana

The announcement of a two-week lockdown in Accra, Kasoa and parts of Kumasi on 28th March 2020 brought a lot of scare among the populace, especially young people. The lockdown was to take effect on 30th March 2020. The head potters who help carry the wares of traders and the purchases of shoppers in the market were not spared from this situation. Some of them migrated from the northern parts of the country. Some live on the streets in the cities while others live with relatives. The lockdown meant very few people would come to the market and the movement of head potters would be restricted. They would lose their job during the lockdown. They would no longer feel safe living in the city so most of them decided to travel to their hometowns before the lockdown came into force.

Schools were closed and children were asked to stay at home. Educational and entertaining programmes were aired on TV for children to learn and enjoy.

When the lockdown came into effect, about thirty-five women and girls, joined a cargo truck going to the northern part of the country to transport yam back to the city (YOUTUBE 2020). Most of the girls who joined the truck were between fifteen and thirty years and could not get transport to travel due to the number of people intending to stay outside the lockdown areas. The driver covered them with tarpaulin so that no one could see that human beings were in the truck. Unfortunately, they were arrested by the military patrol team in Ejisu about 20 miles to Kumasi and had to be transported back to Accra.

One of the travellers, Amina (real name withheld), was a 15-year-old girl who had been living with a relative in Accra for about two months. Amina had been working as a head potter and had earned some money. Since the lockdown would make her unable to keep working, the little savings she had made would be used up. She was therefore travelling to stay in her hometown till the lockdown was lifted. She had saved some money to support the family in the North and to use part of it for farming. Amina's attention was on her parents and someone who would support them to farm. Restricting her in Accra meant her parents could not manage their poor situation. She could not imagine living in an area where COVID-19 was prevalent. Amina thinks it is her responsibility to provide for the family since they are poor.

In another incident, Adoma (actual name withheld for the sake of anonymity), is a seventeen-year-old girl who lives at Odorkor Tipper in Accra with her parents and six siblings (YOUTUBE 2020). She was detained by the security personnel during the COVID-19 lockdown. She is the first among seven children. The family resides in a kiosk that is a wooden structure/container wherein traders ply their trade. The kiosk is a dilapidated structure measuring about 8 by 6 feet, and is situated on a big open drainage system along the street. The family had moved there to rent the kiosk because the parents could not afford to pay the two years advance payment for the room where they used to live in. The father is a young man in his forties who was a casual labourer at a construction site while the mother is a trader. Unfortunately, the father was accidentally shot by armed robbers while on his way home from work. Since then, he manages to work as a driver's mate to earn some money to take care of the family,

but has not been able to raise enough finances to pay for the surgery to remove the bullets from his body. As a result, he goes through constant pain and cannot do hard labour.

Adoma dropped out of school despite all the attempts of the parents and other neighbours to encourage her to pursue formal education. Although she was playing truancy all along, she decided to stop because she could not concentrate on her studies. Since she did not like to study, the parents sent her to a dressmaker to learn a trade. The dressmaker was ready to train her for free but she abandoned the idea after a few weeks. She has also refused to join the mother in carrying goods on her head for sale. In most cases, Adoma will be found in the company of peers roaming in the streets.

On 17 April 2020, Adoma left home and invited her two friends to accompany her to Madina, a town in Greater Accra which is about 15 miles from Odorkor. She had apparently told them that they should accompany her to the boyfriend and return later in the day. Adoma, however, had other plans. She had decided to go and live with her boyfriend until the lockdown was over because the boyfriend had a television. The two friends of Adoma who were also seventeen years of age do not live with their biological parents and did not know anyone at Madina, therefore, they saw it as an opportunity for a visit.

That afternoon, after eating with her parents and siblings, Adoma left home against all persuasion to stay at home. She quickly took her bath, dressed up, and told her mother that she was going out. The mother could not convince her to stay at home because they are poor. After a few hours, Adoma was escorted home by a UTV media reporter who was moved by the story of the girl. The Police had arrested the girls while on their way and made them sit by the side of the road. The TV reporter trying to find out why people had flouted the 'stay at home' order interviewed the three girls. Adoma told the truth that she was seventeen years old and was on her way to visit her boyfriend. Her main concern was that the parents did not have a Television but the boyfriend had one. She believed that her boyfriend had not been infected with the virus and staying with him would be the safest thing to do.

Sharing the Burden of the Girl-Child

In almost every country in the world, children of poor parents are more likely than adults to feel the effects of poverty, and they become more vulnerable to its effects. For children, living in poverty is a denial of their fundamental social rights. Poverty diminishes life chances and abilities to realize potential. It inhibits their progress and makes them fight for life. Such lack of motivation has devastating, long-term consequences for future generations and societies. As discussed earlier, poverty has to do with the wellbeing of the body, soul, and spirit.

Musa Dube (2004) is right in alluding that because of these cultural gender roles, the girl-child of poor parents come under lots of psychological pressure. The girl-child feels burdened to work out her own salvation so that she can break the poverty cycle. Dube says that, “the school going girl-child also carries the burden of care should one of her parents or family members fall ill. This affects her school performance and sometimes leads to school drop-out as family funds are increasingly depleted by the management of opportunistic infections and as work hours of breadwinners are cut down” (2004:16). It needs to be noted that the burden is not exclusive to the girl-child. The boy-child also carries a similar burden. Aku, for instance, has become a victim of circumstances and is carrying the burden of her family. The situation hardly allows a girl-child, especially when she is the first-born of the siblings to concentrate on her studies. Such a girl would do all she can not to identify with poverty, but as a teenager, she does not know the appropriate way to go.

Adoma’s parents always manage to put food on the table for the children and provide parental support but that does not provide answers to the lack of self-worth. She is not interested in acquiring money so that she could break free from economic poverty. She knows that education can help her break out of poverty and maximize her skills and knowledge but she has little willpower and mental strength to study. She is not concerned about her health, because she is in a state of severe deprivation. She longs to break from the family since their poverty erodes her foundations of life and existence. She cannot accept that her situation is hopeless because she has a boyfriend who can provide for her needs. She uses Television as an excuse to seek love and attention from her boyfriend. She is not comfortable living in her environment because it is a key factor to reveal her

poverty. She is always on the streets dressed very well to affirm her identity. The girl-child tries to make decisions to make herself happy but is not mentally capable of making responsible decisions. She is thus, mentally poor.

In some cases, teenagers living in poverty do not want to share their situation publicly for fear of stigmatization. According to Ennew and Swart-Kruger (2003:5), people tend to stigmatize street children as having no family or being members of dysfunctional families, whereas street children in Africa come from every conceivable family type. Children living with poor parents are more concerned about social love and friendship. They spend time building street networks and a culture that opens its doors for peers into the fold, to explore survival skills and that which would make them happy.

According to Turshen (2008:496), “child poverty is a reflection of family circumstances. In effect, the poverty of boys is not separate from the poverty of their sisters. Yet African women represent 70% of the poor, so the issue is to find ways to measure the impact of the discriminatory systems operating in childhood that lead girls to greater poverty in adulthood.” The family circumstance is a social factor that needs attention.

Social Policies against Poverty

All countries and people have indeed been hit enormously by the social consequences of the COVID-19 pandemic. Women and girls, however, are disproportionately impacted by the crisis. It has made so many young people more vulnerable to the pandemic. Sustainable Development Goal (SDG) 1 is about “End poverty in all its forms everywhere.” Some of the targets are that by 2030, all nations must reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions, and that all men and women, in particular the poor and the vulnerable, have equal rights to all resources through the creation of sound policy frameworks based on pro-poor and gender-sensitive development strategies.

In Ghana, the President, H.E. Nana Addo Dankwa Akufo Addo directed the Ministry of Gender and Social Protection in March 2020 to provide food items and cooked meals for the poor and vulnerable in all the lockdown areas when he instituted the lockdown. Yet there were instances captured on TV broadcasts where the women and girls could not struggle

with their male counterparts who fought their way to take more than a package of the distribution. The crowds were always overwhelming and the security officers who were outnumbered found it difficult to control the queues. Considering the numbers that came out to struggle to get the food supplies during the lockdown arising from COVID-19, one can say that Ghana has a long way to go in terms of ending poverty by 2030. According to United Nations Secretary-General, António Guterres, in his foreword to the Sustainable Development Report 2017, "... the rate of progress in many areas is far slower than needed to meet the targets by 2030." The social protection system cannot adequately meet the needs of the poor. TV stations often broadcasted aged men and women who could not go out and were calling for the government to remember them in the distribution, especially when philanthropists visited homes and distributed food items. The Vice President of Ghana, H.E. Mahamadu Bawumia distributed GHC 500 (about US\$90) each to some poor and vulnerable people as part of his efforts to help the poor but many complained that they were left out.

Although a complete impact assessment of the interventions is beyond the scope of this study, it needs to be noted that no significant focus was placed on the psychological, moral and spiritual aspects of poverty on the part of the government. In fact, interventions for poverty reduction that are family-oriented can sometimes ignore the peculiar psychological, moral and spiritual needs of children. What can be said is that the government provided a free meal policy aimed at providing one hot meal to the poor, especially those who live on the streets. Also, packages of rice, canned foods, and cooking oil were distributed to the poor. In my view, supporting an adult with a single meal package without considering the number of children or dependents would not produce a holistic remedy. Planning for the children too can yield positive benefits. Since the foundation of a strong family, as well as the individual's health and well-being, depend largely on the experiences during childhood, the right time to break the cycle of poverty, or prevent it from the beginning, is during childhood. As such, child-related interventions must be at the forefront for policy-makers and governments. It is true that planning for the parent will eventually benefit the children but since the issues confronting the children are diverse, they must be given some attention.

COVID-19 has heightened the challenge to address poverty among young people and children. According to a World Bank in Africa report (2020),

the COVID-19 outbreak has set off the first recession in the Sub-Saharan Africa region in twenty-five years, with growth forecast between -2.1 and -5.1 in 2020, from a modest 2.4% in 2019. It further states:

Volatility in the global environment due to COVID-19 pandemic, which is taking a heavy toll on human life and placing excessive pressure on health systems, continues to negatively impact Sub-Saharan Africa. Economic and social impacts are immense, costing the region between \$37 and \$79 billion in estimated output losses in 2020, reducing agricultural productivity, weakening supply chains, increasing trade tensions, limiting job prospects, and exacerbating political and regulatory uncertainty (World Bank 2020).

It needs to be noted that the Sustainable Development Goals (SDGs) and the African Agenda 2063 emphasize attention on all – children, youth, and adults. In fact, it seeks to (a) Prioritize child poverty in national development strategies and plans, and (b) Expand child-sensitive social protection programmes. The five key principles for inclusiveness are:

- 1) Include all in the opportunities for development. This can be achieved through enhancing opportunities for education and employment; access to publicly-provided civic amenities such as infrastructure for water, energy, transport, health and safety; and safety nets for those who cannot access these opportunities;
- 2) Include the knowledge of all in development processes (e.g. inclusive knowledge, indigenous and community knowledge, and scholarly knowledge focused on inclusive development);
- 3) Engage all in the politics of development (in political, economic, social, environmental, and cultural- governance processes);
- 4) Build targeted capacity building to help the most vulnerable benefit from opportunities and engagement processes; and
- 5) Enhance the level of protection for the most marginalized communities.

In all, addressing poverty must be holistic, but bearing in mind that the girl-child is also vulnerable can increase the attention given to her. Providing money alone cannot solve social, mental, psychological, and spiritual poverty. The social protection systems should be motivated by love for neighbours. The girl-child does need affirmation, love, and respect. They want to contribute to the needs of their parents but they are spiritually and psychologically poor.

Addressing Poverty from the Christian Perspective

During the lockdown in Ghana, most of the churches started distributing food items like bags of rice, cooking oil, canned fish, yams, etc to the church members as well as the general populace. An interview with 20 elders of various churches in Accra revealed that the emphasis was on all who were in need. However, most of the people they reached were adults. The teenagers did not avail themselves to take the packages. Almost all the elders interviewed were of the view that as long as the adults received a package, the children would benefit. The attention of the churches was on those who could not have enough to feed on and not those who were psychologically or spiritually poor.

The Bible presents a broad view of the concept of poverty. The Old Testament uses nouns such as *dâl* (poor), *râš* (poor), *ăbîôn* (needy), and *ănî* (the afflicted or oppressed of the land), *tsadîq* (innocent/righteous) to identify the poor. The poor include the widow and the orphan (e.g. Job 24:3-4; 31:16-19; Jer 5:28), fatherless, stranger, and alien. The New Testament uses two Greek words: *penes* to represent the poor labourer, and *ptochos* to represent those who are dependent on others. A critical look will indicate, except *ptochos*, the vocabularies do not focus on children.

The various Hebrew and Greek words used in the Bible portray different categories of poverty. One category is the one who is under oppression and helpless (Prov. 28:15; Ps 109:16). When Solomon and Jeroboam became kings of Israel, they instituted many policies that impoverished the people (1 Kgs 4-11; 1 Kgs 12-14 cf 1 Chron 13:1-20). Christopher Wright makes the point that “the Old Testament asserts, as all modern analyses demonstrate, that only a tiny fraction of poverty is ‘accidental’. Mostly, people are made poor by the actions of others – directly or indirectly. Poverty is caused” (Wright 2004:170). Another category is one who suffers misfortune (Job 1:12-19; Lam 5:2-3). Another category is the lazy (Prov 6:9-11; 10:4; 13:4; 19:15; 20:13), those who disregard discipline (13:18), and the drunkards and glutton (23:21). This category could be seen as self-inflicted. Another category is social poverty which is caused by prevailing social structures and policies. Proverbs 10:15 says, “The ruin of the poor is their poverty.” Social poverty is structural, systemic and cyclical. It creates a complex situation where the poor cannot break free. In the view of Christine Yoder (2009:124), whereas wealth gives social protection and

connections, poverty “renders people defenceless, exposed to the elements, and bereft of means and support.”

The Bible does not condone ill-treatment of the poor. Justice should not be denied them (Exod 23:3,6; 30:15; Lev 19:15; Deut 24:10-11). The king has the responsibility to provide justice for the poor (2 Sam 12:1-4; Prov 31:5b, 8-9). The people were not to be hardhearted towards the poor but open-handed and lend freely to them (Deut 15:7-8). The Sabbatical year and Jubilee were some additional provisions instituted as a way of bringing relief to the poor (Deut 15:1ff). Moreover, the poor must enjoy some privileges. They were not to be charged interest (Exod 22:25; Lev 25:35-38). They were to be given free access to gather the gleanings after the harvest so that they could get something to live on (Lev 19:9-10; 23:22; Deut 24:19-22). Deuteronomy 15:4, 7, 9 anticipated an ideal society where none will be poor. As long as the Lord will richly bless the Promised Land and the Israelites, there will be no poor among them. However, Jesus made it clear that the poor will always be in our midst (Matt 19:16-21; Mk 14:1-9).

Abusing the poor is contrary to God’s expectation (Amos 5:12; 4:1; 8:4, 6; cf Isa 32:7; Ezek 22:29). Amos 3:9-10 and 4:1 alludes to extortion, exploitation, oppression, and attack from the powerful in Israel, against the poor and needy. The poor were to be specially treated because God was concerned about them. “Whoever oppresses the poor insults their maker” (Prov 14:31). God is the Creator of the rich and poor. If some people and certain factors contribute to poverty so that the poor are despised or reproached, God will intervene and bring judgment. God listens to the cry of the needy and assures them of being there for them as their God (Exod 22:27; Lev 23:22). Hannah’s prayer reveals the plight of the poor along with their dependence upon the Lord (1 Sam 2:5-8).

In the New Testament, Jesus identified with the poor by saying that he did not have a place to lay his head (Matt 8:20; Lk 9:50). Jesus always taught on the need to help the poor. He always had compassion for them, and Peter attests to the fact that everywhere Jesus went he was doing good (Acts 10:38). To Jesus, those who would inherit the kingdom of heaven were the ones who fed the hungry, invited strangers to their homes, clothed the naked, and visited the sick or imprisoned (Matt 25:37-40).

From the Old Testament’s perspective, poverty in itself is not a moral problem. The moral issue surrounding poverty is how poverty is caused

by oppression, abuse, and exploitation. Another moral issue is that poverty distorts human relationships, causing family and friends to abandon the poor (Prov 19:7). Poverty is a misfortune that leads to the loss of status and shame. As such, the church must explore ethical dimensions to address structural and social poverty.

From the biblical background, some recommendations are proposed for the church to pay attention to if it has to play its role in addressing poverty holistically. However, it needs to be noted at the outset that “any effective solution to the problem of poverty must involve not only economic remedies but also spiritual and moral solutions” (Kunhiyop 2008:162).

The experiences of the girls in our stories means that it is very important to listen to the worldview of children who are caught in the poverty web. The head potters were not simply looking for accommodation or food for themselves. Preventing them from being with their parents predisposes them to social and spiritual poverty although it was a move to stop the spread of the virus to other parts of the country. Some teenagers are concerned more about their parents than keeping themselves safe. Others are concerned about social dignity. James Cone (1975:102-3) gives food for thought when he says:

Every person has a story to tell, something to say to themselves, their children, and to the world about how they think and live, as they determine their reason for being... When people can no longer listen to other people's stories, they become enclosed within their own social context... And then they feel they must destroy other people's stories.

Understanding the nuances of how these victims feel in times of crisis can have implications for the way the church can minister to the children as well as their parents.

The church needs to be a parent figure for the girl-child suffering from poverty. They must have parents to nurture and guide them in their life-choices and especially attend to their spiritual needs. Social ministry to poor children ought to be shaped by a theology of compassion, which motivates members to demonstrate the love of Christ in obedience to a divine commission. Hence, the kinship/family structure of the Christian church, which is also a key principle of the African society, should serve as a key factor in preventing poverty and restoring people from it (Wright 2004:173). In the words of D.A. Brueggemann (2008:528), “protective actions can be described figuratively as those of a ‘father’ (Job 29:16; Psa

68:5; 89:26) or of a ‘mother’ at whose breast children find not only nourishment but also protection (Psa 22:9b; Lam 4:3).” When the poor are ignored and overlooked, their inalienable and inviolable human dignity is obscured, violated, and threatened.

A pastoral and shepherding approach to the poor makes the girl-child not be in want (1 Sam 25:16; Ps 23:1-6; 28:9). Such an approach must provide a hedge around the poor to protect them against any adverse attack (Psa 80:12; Job 1:10). If poverty is caused by injustice and oppression, then the church has a moral duty to speak prophetically against the perpetrators. The church must not only speak out but empower the poor to manage their lives in an unjust world order. Musa Dube (2004: 23) declares that, “even where the oppressed take control of their lives, it demands the willingness of the powerful to relinquish power. The powerful must be willing to feel power going out of them and accept it. They must share power with the powerless. It is not an easy thing.”

The church needs to insist on social structures that do not make the poor unable to access health and social amenities. It should stand for the poor and take a preferential option to be in solidarity with them. In the view of Mercy Oduyoye (1990:43), “Solidarity with a human face is mutual and reciprocal. It involves elements of cooperation, rapport and sharing. It develops among people who are bonded in harmony. Solidarity is walking hand in hand, developing strength through unity so that common interests are protected and common aims are achieved.” Musa Dube (2004:21-22) further observes that the poor can be likened to the woman who bled for 10 years and had been impoverished by many healers. She adds that, “we are confronted by a model of abuse of power, embodied by the physicians. They are powerful people with knowledge of healing. But when the bleeding woman comes to them, they do not heal her. Instead, they worsen her situation by adding poverty to her illness. This is a good example of the exploitation of the poor by the powerful.”

The church also ought to have a pro-poor policy as part of its social responsibility. Such a policy must consider the girl-child desperation in searching for an identity. It should consider what makes her feel burdened to help the parents out of poverty. It should give them an assurance of life in its fullness and self-dignity. It may take a cue from the third tithe that was to be collected every three years and distributed to the poor and needy (Deut 14:28-29; 26:12). This was God’s way of making sure that the widows, orphans and strangers in the land were provided for. The church

can always set aside a portion of the tithe for the poor and design a policy where it can periodically attend to the needs of the poor. In the New Testament, Paul admonished the church to set aside monies to help meet the needs of the poor (1 Cor 16:1-4). To withhold sharing with the poor will make a person poor: “A person gives freely, yet gains more; another withholds unduly, and comes to poverty” (Prov 11:24). Christian giving must be generous to distribute the resources to others compassionately (2 Cor. 9:7; 1 Tim. 5:9-10; 6:18; Jas 1:27).

The fact that all human beings are created in God’s image makes it imperative that everyone must be treated with respect and worth, no matter the social, economic, or political status. Prejudices against women and girls who are poor would not help in understanding their situation and adequately empowering them. Stigmatization against the poor such that they cannot contribute meaningfully to the church must be eschewed. The negative effects of African culture on women’s roles are to be exposed and eliminated. Musimbi Kanyoro (2001:159) observes the conditions of African women by saying that:

African women are the custodian of cultural practices, for generations, African women have guarded cultural prescriptions that are strictly governed by the fear of breaking taboos. Many aspects that diminish women continue to be practiced to various degrees, often making women objects of cultural preservation. Harmful traditional practices are passed on as “cultural values” and therefore are not to be discussed, challenged or changed. In the guise of culture, harmful practices and traditions are perpetuated. Practices such as female genital mutilation, early betrothals and marriages, and stigmatization of single women and widows, [polygamy, domestic violence] hinder the liberation of women.

The girl-child does not want to live a life on the streets. She needs an identity. The church should stand in solidarity with women and girls who are worst affected by poverty in the era of COVID-19. Mercy Oduyoye’s words are apt in this light:

A church in solidarity with women will not only join in eliminating dehumanizing elements in cultural practices both indigenous and imported. It will also seek justice in the world economy and the end of the use of power-nuclear and otherwise-for death-dealing purposes. It will pursue peace and ensure the contribution of all and the honoring of diversity. It will inculcate an attitude and a behavior that ensures that the sacredness inherent

in creation is not eroded. The violence that women endure will be eliminated if the future church will disown all structures and practices that deny the equality of women and men (1996:500).

Christians should gently but firmly admonish those whose poverty is as a result of poor work habits to begin taking responsibility for their own lives. The church needs to admonish people who are lazy and indulge in habits that lead to poverty to make decisions. As Christopher Wright (2004:148) avers, “it is our responsibility and right to be engaged in productive economic work with the material resources of the world. This means not only that we ourselves have the moral duty to work, such that voluntary, deliberate idleness is a sin (cf. 2 Thess 3:6-13), but it surely also means that we have a responsibility to enable or allow others to work.” The lazy will be unable to help themselves. They lack the interest and skills to progress in life. Therefore, preparing their minds through prayer, pastoral care, and counselling can help them to be ready to work with their hands.

The church also needs to assist victims in developing coping mechanisms that can help them in times of stress. An example is the case of Amina and others like her. Madipoane Masenya (2004:58) avers that “In our world which idolizes marriage (cf. also the one which produced the Naomi-Ruth story), a world in which married women are not expected to have control over their bodies, it is common place to find women availing their bodies, whether willingly or not, as a coping mechanism to survive through marriage.” A similar incident was the case of Adoma who wanted to spend the lockdown with her boyfriend.

Conclusion

This paper has exposed the way poverty has been addressed in the midst of COVID-19. It discussed the different theories used to categorize poverty and argued that all categorizations must pay attention to the individual and not only the social dynamics. It has revealed that the most vulnerable group which includes the girl-child needs attention. Various interventions have been put in place by the state and church during the COVID-19 pandemic outbreak. To analyse the effectiveness of the policy of inclusiveness, there is the need to determine the obstacles related to the implementation of this policy, to become aware of the extent of the situation of the girl-child. African women and the girl-child are fighting for survival for

life, and they have to do so struggling with men. COVID-19 has come to expose the identity of the girl-child in the midst of poverty. It has revealed that poverty is not only about economic stability or the provision of basic amenities. Poverty is a very complex phenomenon that must be addressed holistically, and every person affirmed. Yet, the girl-child is most vulnerable. An all-inclusive policy should not only target the educational needs of the girl-child but also the individual psychological and spiritual burdens. The Bible calls the people of God to address poverty through compassion, social action and practical developmental policies. There is the need for the church and society to stretch out their hands and take the hands of the girl-child and call them back to life saying, “Talitha Cum”, or “little girl, get up.” Society must constantly redefine its commitment to the stigmatization, family-oriented policies, as well as problems associated with gender-roles. The church must be a parent who listens and provides for their needs, a shepherd who is in solidarity with the vulnerable and affirms their dignity.

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COVID-19 PANDEMIC:

TOWARDS UNDERSTANDING THE MEANING OF ‘HEALING EVERY DISEASE AND SICKNESS AMONG THE PEOPLE’ IN MATTHEW 4:23-24

Samuel Sunday Alamu

Abstract

It seems, no challenge or infectious disease like the coronavirus, also known as COVID-19, has ever faced the world before and the African continent is no exception. The virus has claimed many lives and rendered many more incapacitated, both through illness and restrictions attending lock-down. It has affected the economic, political, social and spiritual lives of human beings worldwide. As of today, there is no cure and no end to this ravaging pandemic, including in the western world. With lock-down widely imposed by governments, citizens do not always receive effective, adequate, or ongoing resources. This has hit the poorest hardest. This paper focuses on Africans and their rights to health and quality of life, in the context of Jesus preaching the good news of the kingdom and healing every disease, sickness, severe pain, and paralysis among people. This paper attempts an examination of Matthew 4:23-24 using historical-critical analysis.

Introduction

4²³ Καὶ περιῆγεν ἐν ὅλῃ τῇ Γαλιλαίᾳ διδάσκων ἐν ταῖς συναγωγαῖς αὐτῶν καὶ κηρύσσων τὸ εὐαγγέλιον τῆς βασιλείας καὶ θεραπέων πᾶσαν νόσον καὶ πᾶσαν μαλακίαν ἐν τῷ λαῷ. 24 Καὶ ἀπῆλθεν ἡ ἀκοὴ αὐτοῦ εἰς ὅλην τὴν Συρίαν· καὶ προσήνεγκαν αὐτῷ πάντας τοὺς κακῶς ἔχοντας ποικίλαις νόσοις καὶ βασάνοις συνεχομένους [καὶ] δαιμονιζομένους καὶ σεληνιαζομένους καὶ παραλυτικούς, καὶ ἐθεράπευσεν αὐτούς.

4²³ Jesus went throughout Galilee, teaching in their synagogues, proclaiming the good news of the kingdom, and healing every disease and sickness among the people. 24 News about him spread all over Syria, and people brought to him all who were ill with various diseases, those suffering severe pain, the demon-possessed, those having seizures, and the paralyzed; and he healed them (Matthew 4:23-24, NIV translation).

The effect of COVID-19 draws attention in Africa to the important matter of sickness and healing. In terms of its extent, the nature of this pandemic is unprecedented. This is not localized, like most natural disasters, such as earthquakes or, volcano eruptions, or most wars. COVID-19 has quickly spread worldwide, striking down rich and poor, powerful and powerless, and posing multiple challenges for the World-Health-Organisation (WHO). Repercussions have seen educational, economic, commercial and political systems seriously compromised. Measures such as the imposition of quarantine, large-scale repatriations of citizens, and adaptations in workplaces and public places number among these. Regarding private spaces too, governments in multiple nations have adopted lockdown policies restricting people to their homes. Money and palliatives have also been distributed as means of interventions. Health systems are also being upgraded and better resourced to address the crisis. International borders have been closed in an effort to prevent the spread of the pandemic. However, all these efforts have not halted infections, which continues to increase daily. Even well-equipped health systems have not prevented deaths. Technology has offered some hope but technology and globalization have also exacerbated the spread, both of the disease and misinformation. The spread persists across racial, national, religious, ethnic, economic, and social boundaries, all over the African continent and the rest of the inhabited world. This paper argues for the need of the church to study the life and ministry of Jesus, as encapsulated in Matthew 4:23-24, to learn how he ministered to both the physical and the spiritual needs of the people who came to him.

COVID-19, is a new virus, identified as the cause of an outbreak of respiratory illness, first detected in Wuhan, China in December 2019. Its typical symptoms include a persistent cough, fever, shortness of breath, muscle aches, sore throat, sudden loss of taste or smell, diarrhea and headache among others. COVID-19 can be severe, and sometimes fatal. The virus is thought to spread mainly from person-to-person, or to be transmitted through contact with infected materials, such as respiratory droplets contaminating objects or surfaces. There is currently no vaccine to prevent Corona Virus. The WHO declared the outbreak a public health emergency of international concern on 30 January, and a pandemic on 11 March 2020. As of 29 May 2020, more than 5.86 million cases of COVID-19 have been reported in more than 188 countries and territories, resulting in

more than 362,000 deaths; more than 2.46 million people have recovered (Williams 1997:342).

Origin of Sickness – African Cosmology and Bible Perspectives

Almost everyone at some stage struggles with the problem of sickness. There are probably very few people in the world who have not ever been sick at some time in their life (O'Donovan 2000:306). In traditional African cosmology, God is the ultimate source of both sickness and health, as expressed, for instance, in the Akan proverb *Onyame ma wo yarewa, oma wo ono aduru* literally 'if God gives an ailment, he also provides the cure' (Larbi 2006:447). Although sickness may come from God, it is more usually associated with evil powers, such as witchcraft, sorcery or the personal evil deeds of an individual. In such cases, the cure for infirmities may not be scientific but achievable through rituals and sacrifices to assuage or defeat the forces behind the ailment. Hence, the office of the traditional priest is associated with divination, diagnosis, healing and exorcism (Larbi 2006:447). According to the Bible, God created human beings from the dust of the earth and breathed into their nostrils the breath of life to become living souls (Genesis 2:7). Not only this, it is recorded that everything that God created was very good (Genesis 1:31; Psalms 18:30). This implies that at creation God gave to human-beings bodies in full working order. Wilbur O'Donovan (2000:306) explains this further:

Sickness was not part of the original creation. When God told Adam not to eat the fruit of the tree of the knowledge of good and evil, he gave Adam this warning: in the day that you eat from it you shall surely die (Gen 2:17). Adam disobeyed God and ate the forbidden fruit. We learn from Romans 5:12 that sin and death entered the world as a result of this act of disobedience by Adam. Death and sickness are related processes.

Sickness can bring about death and healing can prolong life. Jewish teachers believed that suffering, including sickness, was sometimes due to sin: one could suffer for one's own or for one's parents' sins. Just as sickness might be a form of judgement or punishment from God for the violation of his laws (Exodus 15:26; Deut 28:22), so, conversely, good health could be the result of one's obedience to his laws (Exodus 15:26; Deut 28:1-4). However, there are times when it may be a wrong conclusion to associate a particular calamity with sin (John 9:1-3). Sometimes the reason for sickness is elusive or mysterious. Healing is also a common phenomenon in

the Bible. Apart from examples found in the Old Testament, such as those involving Miriam (Numbers 12:9-16), Jeroboam (1 Kings 13:4-6), The widow's son (1 Kings 17:17-24), The son of the Shunammite woman (2 Kings 4:1-37), Naaman (2 Kings 5:8-14), or Hezekiah (2 Kings 20:1-11), Jesus also performs a lot of healing acts during his ministry. For instance, he cures the blind (Mark 8:22-26; 10:46-52), person afflicted with skin disease (Luke 17:11-19), the disabled and the paralysed (Matthew 9:2-7; Mark 2:3-12; Luke 5:18-25). Generalizing, the healing ministry of Jesus was a manifestation of three fundamental purposes. These are:

1. It was a demonstration of God's compassion towards the sick and the oppressed
(Matthew 9:35-36; 14:14; 14:29-34; Mark 1:40-42; Luke 4:18-27).
2. It demonstrated his true messiahship
(Matthew 9:1-8; Mark 10:46-52).
3. It showed Jesus inaugurating a task that he wanted his disciples to continue after his departure
(Mark 16:9-20; John 20:21; cf. Acts 3:6-10, 12-16; 14:8-10).

The Historical Background of the Gospel According to Matthew

For a proper study of this text, Matthew 4:23-24, it is a good idea to examine the author, date, audience, and purpose of the book.

Authorship:

As one commentator states, "Modern scholars hesitate to ascribe [the Gospel's] present form to Matthew because of its heavy dependence on the non-apostolic Mark, which seems an improbable thing for a member of the 12 apostles to do" (Akintunde 2005:14). The best way to respond to Matthew's alleged dependence on Mark for a substantial part of his Gospel is that Matthew agreed with Mark and wanted to demonstrate that the apostolic testimony about Christ was not divided. Matthew is called by his other name, Levi, both in Mark 2:13-17 and Luke 5:27-32. "It was Papias, bishop of Hierapolis (CE:150) who first attested to Matthew as the author in his exposition of the Oracles of the Lord about A.D. 130" (Easton, online).

Date:

The date of Matthew is also debated. Although there is little in the book itself to indicate the time of its writing, it was written before the destruction of Jerusalem (Matthew 24), and sometime after the events it records. The probability is that it was written between the years A.D. 60 and 65 (Barker & Kohlenberger 1994:3). The Gospel of Matthew is the most highly revered and frequently quoted canonical gospel during the first three centuries of the Church. The earliest possible date is much more difficult to nail down because it depends on so many other disputed points, such as whether Luke used Matthew, Matthew used Mark or Mark used Matthew” (Keener 1993:43-44). Some have argued based on its Jewish characteristics that the Gospel was written during the period of the early Church, possibly the early part of A.D. 50, when the Church was largely Jewish and the gospel was preached predominantly to Jews (Acts 11:19). However, those who maintain that Matthew and Luke used Mark date it later than A.D. 50. Craig Keener (1993:44) observes that,

Some conservative scholars, like Robert Gundry, date Matthew before AD 70 and some even later. They based their argument on the fact that Matthew addresses the emerging power of the Pharisaic rabbis considerably more than Mark. However, it is reasonable to summarise that Matthew was written in the seventies, although this date is not certain.

Genre:

The consensus view is that the Gospel of Mark was already in circulation by the time Matthew was written. Therefore, as to its genre, Matthew followed a source (Mark), which was regarded as highly reliable. This was in line with the standard literary practice of the day. Material distinctive to Matthew was inserted around material from this dependable source (Keener 1993:44). Matthew is in part biography but this genre followed distinct conventions from those practiced nowadays (Boer 1982:15).

Audience:

The audience of this Gospel was mainly Jewish. This is evident from Matthew’s strong interest in messianic fulfilment of the Old Testament (Johnson 1993:273). A book’s purpose is to a large extent determined by its audience and, it is clear that Matthew’s Gospel is aimed at a primarily Jewish audience. Hence, the Gospel serves as a link between the Old Testament

and the New Testament; it traces Jesus' descent from the patriarch Abraham (Matthew 1:1-17); it does not explain Jewish customs (unlike Mark). It uses Jewish terminology like 'Kingdom of Heaven' and 'Father of Heaven'. At the same time, the writer also hoped for a gentile audience, discernible in occasional references to gentiles as also forming part of God's Kingdom.

Purpose:

The main purpose of Matthew's Gospel is to demonstrate that Jesus was the fulfilment of messianic prophecy. This is achieved by showing a Jewish audience how Jesus in his life and ministry fulfilled Old Testament Scripture.

Literary Analysis of Matthew 4:23-24

Matthew 4:23-24 falls into the context of the ministry of Jesus in Galilee (Matthew 4:12-25). Jesus began his ministry in Galilee. He started when he heard that John had been put in prison (4:12). His dwelling place was in Capernaum, which is probably the modern Tell Hum (Barbieri 1989:28). Matthew describes the place as in the territory of Zebulun and Naphtali associated with the prophecy of Isaiah the prophet (4:13-16). The emphasis of Jesus' sermon was on repentance (v. 17). In the course of his ministry, Jesus came across Peter and Andrew and asked them to follow him. The two became his first disciples (4:18-20). As he walked a little further, he met two other brothers, James and John the sons of Zebedee. These two also left their father and their business to follow Jesus (vv. 21-22). Moving away from the street, Jesus went into the Jewish synagogues teaching and preaching about the Kingdom. As they saw him doing this and healing, people all over Syria brought to him all those that were ill with various health-related problems and Jesus healed them (vv. 23-25). There is no mention of the reason for, or cause of the illness, diseases and impairments. Jesus is simply described as healing all, seemingly unconditionally.

Thematic Structure of Matthew 4:12-25

The immediate context of Matthew 4:23-24 can be summarized as follows:

4:12-17 The Sermon of Jesus

4:18-22 The Call of the First Disciples

4:23-25 Jesus Heals the Sick

The structure can be interpreted as relational and sequential. It begins with the sermons of Jesus to his Galilean audience which centre on repentance for the sake of the kingdom being at hand. This is followed by the call of his first disciples who would take over from him after he has departed. Finally, the sequence closes with Jesus healing people with a range of health challenges. This demonstrates Jesus' power and identity as Messiah and inaugurates the kingdom he is proclaiming.

Exegetical Analysis of Matthew 4:23-24

Matthew 4:23-24 falls within the three-fold ministry of Jesus, comprising preaching, teaching, and healing. Mat 4:23 is an important summary statement crucial to Matthew's theme (Goodrick & Kohlenberger 1990:1541). The ministry of Jesus is not limited to teaching and preaching. It also involves healing and deliverance of those who are sick, as well as, pastoral care and counselling for troubled souls. This fulfils the notion of holistic ministry, that is, a ministry that soothes the human's spirit, body, and soul. The people also brought their relations that were sick with different kinds of sicknesses and diseases. The news about Jesus had clearly spread throughout Syria and large crowds from Galilee, the Decapolis, Jerusalem, Judea and the wide region across the Jordan followed him. The Gospel of Matthew uses the Greek word *καί* (*kai*, 'and') four times in 4:23 and seven times in verse 24. The recurrence of this word indicates its significance in the text under study. Most often *καί* is used as a conjunctive particle.

In Matthew 4:23-24, it conveys a relationship between a preceding word or verse and a successive word or verse. For instance, the first occurrence of *καί* in Matthew 4:23 shows that verse 23 is a continuation of what began in verses 12 through to 22. The Greek word, though not translated in the NIV, explicitly links verses 22 and 23. In the same way, the second and the third occurrences of *καί* link together the words *διδάσκων* (*didáskōn*,

‘teaching’), κηρύσσω (*kerússōn* ‘preaching’) and θεραπεύω (*therapeúōn*, ‘healing’) indicating that they are collectively important parts of the ministry of Jesus. The last occurrence shows a continuation between πᾶσαν νόσον (*pāsan nōson* ‘every disease’), and ‘πᾶσαν μαλακίαν (*pāsan malakían*, ‘every illness’). This also indicates that there is a link between ‘every disease’ and ‘every illness’ in this context. The words and works of Jesus in Matthew 4:23-24, therefore, form part of his three-fold-ministry in the region of Galilee. Consequently, the large crowd from the region and beyond became his followers having seen and received healing from him. What does the word “healing” used here imply? What does it mean to heal? What does “every disease” and “every sickness” mean here? A further analysis of the words healing, disease and sickness will help in understanding the phrase “and he healed them”.

Philological Study

For a clearer understanding, there are some key words that demand careful study: teaching (διδάσκων), preaching (κηρύσσω), the gospel (τὸ εὐαγγέλιον, *to euangélion*), healing (θεραπεύω), every disease (πᾶσαν νόσον) and every illness (πᾶσαν μαλακίαν).

διδάσκων

The Greek διδάσκων is translated “teaching” and comes from the verb διδάσκω which means “I teach”. Διδάσκων can be either a present active participle nominative singular masculine or a present active participle vocative singular masculine. In this text, it is the former, the nominative. Διδάσκω (*didáskō*) is the root and it means ‘to teach’, ‘to instruct’, ‘to provide information in a manner intended to produce understanding, either in a formal or informal setting’ (Vine, Unger and White 1996:619). It is used here in the sense of, ‘to give instruction’. It can also be used transitively with an object, whether about persons, (e.g. Matthew 5:2; 7:29 and frequently in the Gospels and Acts), or things ‘taught’ (as in Matthew 15:9; 22:16; Acts 15:35; 18:11), or to both persons and things (e.g. John 14:26; Rev. 2:14,20) (Barker & Kohlenberger 1994:21). The teaching of Jesus is illustrated by Matthew in five major sections in the Gospel on various topics such as discipleship (chapters 5-7), mission (chapter 10), parables (chapter 13), community relationship (chapter 18) and the end of the age (chapters 24-25). “The ministry of Jesus included teaching, preaching and

healing. Galilee, the district covered, is small (approximately seventy by forty miles), but it had a population of up to three million and over two hundred cities and villages. Jesus “went around doing good (Acts 10:38)” (Mounce 1993:281). In this context, Jesus is instructing or providing information to the people who come to him. He does this in an informal setting and in a manner that is intended to bring about understanding. Seemingly, instruction is an important prerequisite and preparation for the kingdom.

κηρύσσω

The Greek word κηρύσσω is translated “preaching”. It is from the primary root κηρύσσω, which means ‘to publish’, ‘to proclaim as a herald’ or ‘to announce openly and publicly’, as in Mark 1:4 and Luke 4:18 (Wiersbe 1989). While κηρύσσω is the present indicative active of the first person singular, the word κηρύσσω appears in the text under consideration as a present participle active nominative singular masculine. The word κηρύσσω connotes the activities of Jesus, which he was performing during the week outside the synagogues. Miracles of healing were one part of Christ's ministry throughout Galilee; but He also taught and preached the Word. The word “preach,” in this text (Matt 4:23), means “to announce as a herald.” Jesus proclaimed with authority the Good News that the kingdom of heaven was at hand (Bock 2002:49). Jesus was proclaiming the good news (τὸ εὐαγγέλιον). Thus, apart from teaching, preaching is another essential ministry of Jesus. The word “preach” has been used in a great number of ways in the Gospels. A careful study of the word follows.

θεραπεύων

This is a present active participle nominative singular masculine. The Greek word θεραπεύων is from θεραπεύω, which primarily signifies the service of an attendant to a sick person. It also has the idea of caring for the sick, treating, curing and healing. The word has been used a great number of times in Matthew and Luke, but just once in John (5:10). It may also denote caring, giving attention to something or somebody (Luke 12:42), or rendering medical service (Luke 9:11; Rev 22:2) (Mounce 1993:244). In the words of Williams D. Mounce (1993:244), θεραπεύω could also mean rendering divine service or worship (Acts 17:25). It is the act of giving help or taking care of another, and by extension, to heal or

cure (Barker & Kohlenberger 1994:22). In this text, Jesus, in the course of his ministry in the region of Galilee, heals various types of sickness. Although details of these sicknesses are not given in the text, sickness in the New Testament may result directly from a particular sin (e.g. John 5:14; 1 Corinthians 11:30) or it may not (e.g. John 9:2-3). But both Scripture and Jewish tradition take sickness as resulting from living in a fallen world (Bock 2002:50). Therefore, the healing ministry of Jesus is a proclamation of the Kingdom of God, which he heralds by dealing with sin and infirmities. Healing foreshadows life under God's rule when death, the consequence of sin, will be banished (cf. Rev 20:14) (Larbi 2006:447). Healing is the manifestation of God's goodness and compassion in response to human shortcomings and suffering (Exodus 15:26) (Vine, Unger & White 1996:275).

τὸ εὐαγγέλιον

The word εὐαγγέλιον – in pagan contexts often used in reference to good news from or about the emperor – translates in English as “good news”. It originally denoted a reward for good tidings. Later, the idea of reward dropped, and the word stood for “the good news” itself (Mounce 1993:222). It can be referred to as glad tidings or joyful news. (cf. Matthew 9:35). The word can be either nominative singular neuter or accusative singular neuter. However, in this context, εὐαγγέλιον is used as accusative singular neuter. Therefore, in Matthew 4:23, Jesus is proclaiming “good tidings” of the kingdom that will liberate us from the bondage of sin. The Greek verb εὐαγγελίζω (*euangelizō*) – not used in this text – means ‘I preach/bring good news’. This word is almost always used with “the good news” concerning the son of God as proclaimed in the Gospel. With reference to the Gospel, the phrase “to bring, to declare, good, or glad tidings” is used in Acts 13:32, Romans 10:15, and Hebrews 4:2. In the Septuagint (the early Greek translation of the Old Testament and Apocrypha), the verb is used as any message intended to cheer the hearers (e.g. 1 Sam 3:19; 2 Sam 1:20). Preaching tends to describe a public proclamation concerning what God is doing and what people should do by way of response (as in Matthew 4:23, “repent, for the Kingdom of God is nearer”). The good news that is being preached is the gospel of the kingdom. It means that God is at work fulfilling his promise about a Messiah to liberate people from some type of tyranny and bring them under his rule (Vine, Unger & White 1996:295).

νόσον

The word translates in English as “disease”. It is the accusative singular feminine of the word ‘νόσος’. As one of the several words for “disease” in verses 23 and 24, ‘νόσος’ can be translated as sickness or distemper (cf. Matthew 4:24; 8:17; 9:35). It is the singular word for “disease” and “sickness” in Matthew 4:23, 8:17, 9:35 and 10:1 (RV, KJV, cf. Matthew 4:24; Mark 1:34; Luke 4:40; 6:17; Acts 19:12). However, in Luke 7:21, the KJV has “infirmities”. Some manuscripts (in terms of textual criticism criteria) omit the word in Mark 3:15 (see Mounce 1993:307). Although the precise natures of these diseases (and illnesses, sicknesses and infirmities) is not known, these may refer to weakness of the body, unwellness, seizure, pains and physical deformities or inabilities, as well as, mental or emotional conditions. But regardless of their nature, Jesus cures them all. None are too much for his healing powers. It is interesting that there is no record in Matthew 4:23-24 that anybody went back home with his or her own sickness not cured.

μαλακίαν

This word primarily denotes “softness” (Matthew 11:8), “debility” or “disease” and in the New Testament is found only in the Gospel of Matthew (4:23; 9:35; 10:1). It is, however, in the Septuagint (Genesis 42:4; 44:29; Deuteronomy 7:15; 28:61; Isaiah 38:9; 53:3). Μαλακίαν is an accusative singular feminine of ‘μαλακία’ *malakia*, which means softness of disposition, weakness, infirmity of the body (cf. 9:35; 10:1). It is described as an ailment (Barker & Kohlenberger 1994:21). From the analysis done so far, it is safe to conclude that the English words “disease” and “sickness”, adopted in the New International Version (NIV) of the Bible are inclusive and refer to a wide range of health-related problems. Today, this might, therefore, include such conditions that are now diagnosed and called by such names as Coronavirus, Lassa Fever, Ebola, HIV/AIDS among others. The context, however, suggests severe pain or incapacity, as well as demon-possession, paralysis and seizures.

Theological Analysis

Matthew 4:23-24 relates to Jesus’ three-fold-ministry: teaching, preaching and healing. As an itinerant teacher and preacher, Jesus was going around doing good (Acts 10:38) and proclaiming the Kingdom whose nearness

had already been announced (3:2; 4:17) and which is the central subject of the Sermon on the Mount in Matthew 5-7 (Keener 1993:55). The healings of different diseases and sicknesses among the people further support the Kingdom's presence and approach (cf. 11:2-6; Isaiah 35:5-6). Jesus, it is clear, has a personal concern for people's health. His ministry is not complete unless it meets both the spiritual and physical needs of humans. For me, this text speaks to the physical and the spiritual well-being of every human being – not only of Jesus' time but also up to the present. It is necessary to say that this verse (Matthew 4:23) exemplifies Jesus' life as an itinerant gospel minister. During his earthly ministry, He travelled throughout the region ministering to the needs of the people. Three important elements are further expanded:

First, Jesus went throughout Galilee ministering in the synagogues. He ministered through teaching to his Jewish audiences. Visiting teachers, especially popular ones, were normally invited to speak in synagogues, which in this period were led by priests or laymen who were prominent members of their communities (Barbieri 2000:28). In Matthew 4:23, the mention of Jesus teaching in the synagogue is especially worthy of note. His teachings, both in private and in public, indicate that he was a respected person in the synagogue. His teaching is considered remarkable. For instance, as he taught, he used everyday life situations to tell people about the Kingdom of God, and about how to treat one another. He simplified and made accessible the big theological ideas of God, which then made it easy to apply to the lives of his audience.

Second, Jesus ministered through preaching. He was involved in a prophetic ministry for he is "the prophet" announced in Deuteronomy 18:15-19 (Chianeque & Ngewa 2006:234). In the New Testament, this announcement is interpreted as referring to Jesus. This is why John the Baptist denies being "the prophet" (John 1:21) (Barbieri 2000:28). His preaching centered on "the kingdom". God was coming to fulfil his covenant with Israel and to establish his kingdom on the earth. This must also be the message of the churches in Africa. Jesus preached about God and his love for humanity. By this act, he has set an example for the church to follow. He preached and charged Christians to love one another as God loves. It was his preaching that intrigued people. It was his message to his audience to live according to God's will and to live justly and with compassion for others that compelled people of Jesus' original audiences. Therefore, the church today must also do same to attract people to God.

Third, Jesus' healing ministry is an integral part of his work among the people to whom he ministered. Jesus' ministry was characterized by his willingness to heal. He was moved by compassion for the weak. He healed every disease and sickness among the people. For example, in Matthew 9:35, Jesus was going about cities and villages in Israel teaching people and preaching to them. His messages were backed up by miraculous signs of healing every kind of disease and every kind of sickness, which served to authenticate that he is indeed the prophet (Larbi 2006:447). Jesus healed so that people could live and be fully part of society. As he went about healing people of their diseases, and news about him and his miracles began to travel quickly throughout the region of Galilee. Therefore, in the same way, the church needs to be compassionately working to improve the condition of the people and the wide society. The church must emulate the example of Jesus by teaching and preaching true and undiluted sermons to the congregation and the general public, bearing in mind that Jesus did not lay undue emphasis on "miracles" but on "the Kingdom". The message must be capable of liberating both the soul and the body. Furthermore, this must not be for money-making as is the practice in some churches today. Many people today in Africa are going through hard times. Apart from economic hardship and security challenges ravaging the entire continent, there is now also the issue of the COVID-19 pandemic that has taken over the entire globe. People who are ill with various diseases, those suffering from pain, and other infirmities including COVID-19 should be encouraged to invite Jesus into their situations so he may heal them.

Conclusion

The text of Matthew 4:23-24 occurs within the larger context of the early ministry of Jesus. The chapter begins with the temptation of Jesus and ends with his teaching, preaching and healing of the people. Historically, Matthew the Levite, who also wrote this gospel, addressed an audience that consisted mostly of Jewish persons, although he also hoped for gentile audiences and he occasionally referred to them. The Gospel, probably before the destruction of Jerusalem (in A.D. 70), was written to demonstrate that Jesus was the fulfilment of messianic prophecy. An exegetical analysis of the passage and keywords of the text led to the insight that

νόσον (*nóson*) and μαλακίαν (*malakían*) encompass those problems relating to human's health which echo the travails of modern-day health challenges. Although the natures of the ailments referred to in the text are not specified, the fact remains that there are several of people who are physically sick in society. At the time of Jesus and the early apostle, severe pains, demon-possession, seizures, and paralysis, were some of the commonest ailments in Palestine. The phrase "healing every sickness and every disease" does not mean that all that was sick at that time were all healed without a single one left, however, a number of them had their health restored. Therefore, it will be wrong to assume that everyone who is infected with COVID-19 or with any other health-related issues will be healed by the preachers today, who are not Jesus.

It has been observed that traditional understandings of the cause of disease have survived in African Christianity, as is clear from the popularity of prophets and faith healers. However, the church must teach and preach the message of the Bible and guide members in order not to be misled as they try to attend healing services or consult spiritualists for solutions to their problems. Furthermore, the church in Africa must realize that the power to heal lies in the hands of God. He possesses absolute power to either heal or not. He also decides whom to heal and whom not to heal. After all, not all those that were sick in Jesus' days were healed. Many died in their afflictions. Not all those that were oppressed were delivered. John the Baptist was beheaded while in prison. Not all the dead were raised to life like Lazarus. It can be concluded that Jesus may choose to heal a patient from COVID-19, or he may choose otherwise. Whichever way, this does not change his nature. Therefore, considering the nature of COVID-19, everyone must take responsibility and the infected people or their relations, while seeking medical care, should invite Jesus into their situation, as a matter of importance, to come and save their lives, just like the centurion did on behalf of his slave that was sick and about to die (Luke 7:1-3). This is because it would be suicidal to carry an infected person into the church or any other place where there is a crowd.

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COVID-19 PANDEMIC IN RELATION TO CHRISTIANS' INTERPRETATION OF END-TIME SIGNS IN MATTHEW 24:7

Oghenekevwe Kate Jibromah

Abstract

The impact of the recent COVID-19 pandemic on the global scene has changed the course of history. COVID-19 has brought a lot of challenges to the developed and the developing countries of the world including to Nigeria. Not only has it affected all aspects of socio-economic life, but also, religious life and the various belief systems of the religions of the world. The concept of the end-time and the Second Coming of Christ among the Christian teachings that permeate the New Testament seem to be becoming more prominent in this period. A lot of Christians are assuming that the coming of the Anti-Christ is very close, hence, they tag COVID-19 as one of the signs Jesus referred to in his eschatological teachings in Matthew 24:7. Thus, this study examines Jesus' teaching in Matthew 24:7 in relation to the COVID-19 pandemic. Employing historical-critical and contextual methods of interpretation, the study concludes that a sound exegetical interpretation of scripture will help a Christian's better understand the signs of the end times.

Introduction

Any pandemic disrupts the life of society at large and this applies also to the social activities of religious life. Moreover, despite progressing secularization, religions, including churches and other denominational associations have an impact on individual ethical choices as well as business decisions. Consequently, religion is entwined with and exerts influence on other sectors. This is also true in the case of Nigeria.

The COVID-19 pandemic has had an extremely significant impact on the functioning of societies across the planet. It is still very difficult to forecast the directions and depth of this impact and the nature of the long-term changes the pandemic will bring. This is due in part to the fact that there are different developments in different countries. The COVID-19 pandemic is spreading very rapidly, taking lives, restricting lives, and recon-

figuring lives. Religious practices, which have by their very nature, a community dimension, certainly in Christian denominations, are also changing under the influence of the pandemic. The purpose of this paper is to examine some Christian perceptions of the COVID-19 pandemic about Jesus' teaching on end-time signs in the Gospel of Matthew. In order to do justice to the topic, there arises a need for conceptual clarification of major terms in the study.

Pandemic

The word “pandemic” originates from Greek *pan*, meaning “all” and *demos*, meaning “people”. The word is commonly taken to refer to a widespread epidemic of contagious disease throughout a country or one or more continents at the same time (Honigsbaum 2009). Nevertheless, over the past two decades, the term failed to be defined by many modern medical texts. Even authoritative texts concerning pandemics do not list it in their indexes, including such resources as comprehensive histories of medicine, classic epidemiology textbooks, and the Institute of Medicine's influential 1992 report on emerging infections (Qiu, Rutherford, Mao, and Chu 2017).

The word “pandemic” is defined by the *Oxford Advanced Learners Dictionary of Current English* (2000:843) as a disease that spreads over a country or the whole world. On the other hand, *Merriam Webster Dictionary* (Online) defines “pandemic” as an outbreak of disease that occurs over a wide geographical area and affects an exceptionally high proportion of the population. Pandemics are for the most part outbreaks of disease that become widespread as a result of the spread of human-to-human infection. There have been many significant disease outbreaks and pandemics recorded in history, including Spanish Flu, Hong Kong Flu, SARS, H7N9, Ebola, and Zika (WHO, 2011 cited in Maurice 2016).

The term “pandemic” has not been defined by many medical texts, but there are some key features of a pandemic, including wide geographic extension, extensive disease movement, novelty, severity, high attack rates and explosiveness, minimal population immunity, infectiousness and contagiousness, which help us to understand the concept better and to ascertain similarities and differences. The pandemic crises have been associated with enormous negative impacts on health systems, economies, social life and the security of national, and global communities. As well,

they have caused significant political and social disruption, including for religious communities (Lukasz and Grzegorz 2020:1-15).

Virus

The word “virus” comes from a Latin word meaning “venom” and describes a tiny agent that causes infectious disease. Coronavirus is a family of viruses that gets its name from its appearance. The word “corona” means “crown”. The scientist, who in 1968 came up with the term coronavirus, thought that under a microscope, the virus resembled a solar-corona: that is, the bright crown-like gases surrounding the sun that are visible during a solar eclipse. The COVID-19 disease currently spreading across the globe is part of the coronavirus family. It is caused by one type of coronavirus: SARS-CoV2. Calling this particular one “novel coronavirus” is simply a way of making it clear which coronavirus is at issue: namely, the new one. There are now multiple variants of the novel coronavirus, which are labelled by letters of the Greek alphabet, in order of their emergence and identification.

History and Origin of Coronavirus

The first case of a coronavirus was seen in 1960. According to a Canadian study in 2001, approximately 500 patients were identified with flu-like symptoms. Seventeen or eighteen cases of these were confirmed as a coronavirus strain (Kamur, Mavliya and Sharma 2020). Coronavirus was treated as a simple, non-fatal virus until 2002. In 2003, various reports published proof of the spread of coronavirus to some countries, including the United States of America, Hong Kong, Singapore, Thailand, Vietnam and Taiwan. Also in 2003, cases of a severe acute respiratory syndrome caused by a corona were reported. Further examinations to analyse the pathogenesis of the disease saw more than 8096 patients confirmed as infected. In 2004, the World Health Organization and Centers for Disease Control and Prevention declared a “state of emergency”. Another report from Hong Kong confirmed fifty patients with the severe acute respiratory syndrome, thirty of them confirmed as coronavirus infected.

The Federal Ministry of Health confirmed the first case of COVID-19 in Lagos State, Nigeria. The case, which was confirmed on the 27th of February 2020, involved an Italian citizen who worked in Nigeria, and who had returned from Milan, in Italy to Lagos, on the 25th of February 2020.

He was confirmed to be with the virus by the virology laboratory of the Lagos University Teaching Hospital, which is part of the Laboratory Network of the Nigeria Centre for Disease Control (Nigeria Centre for Disease Control, online).

Having given some explanation of COVID-19 and its emergence in Nigeria, let me next turn to the Bible, with a view to explaining how the virus and its pandemic dimensions are interfacing with interpretation of the Bible.

The Contextual Setting of Matthew 24:7

Matthew 23-25 records Jesus' eschatological discourse. It is called the Olivet Discourse. It was Christ's purpose to give the disciples a clear picture of what will happen to the world and to prepare his disciples to face and understand future events. In Matthew 23, Jesus had just denounced the scribes and Pharisees and had lamented over Jerusalem. Later, he foretold the destruction of the Temple and gave the signs of the end to His disciples in Matthew 24. Then, He closed his discourse in Matthew 25 by talking about the coming of the Son of Man. It was in the midst of this discourse that the disciples were understandably confused and wanted to know: (1) when shall these things be? and (2) what is the sign of His coming and of the end of the world? (Mt 24:3).

One of Jesus' responses to the questions raised by the disciples was that the gospel of the kingdom shall be preached in the world for a witness unto all nations, and then shall the end come. This verse falls in the immediate proximity of the section that starts from verses 4 to 14, where Jesus gives signs of events to come. These signs are false messiahs, wars, famines, pestilence, earthquakes, persecutions, false prophets, lawlessness, the lack of and the enduring of faith, and the preaching of the gospel to the world (Ogouma & Oppong 2017:153-158).

Common Interpretations of Matthew 24

Before we examine this text, we will briefly consider a variety of perspectives on Jesus' discourse. According to Jackson Wayne (2020)

in this era of change, from one millennium to another, there may be no text that has become the focus of more controversy than the twenty-fourth

chapter of Matthew's Gospel. This marvelous depository of prophetic literature has been victimized by considerable theological speculation. Several theories spawned by a misunderstanding of this chapter have generated confusion in the religious community.

First, it is very common today to argue that Matthew 24 (and Mark 13) has nothing to say about the destruction of the Jewish Temple in A.D. 70, but rather speaks solely of signs that portend the Second Advent. This view is popular among old-style dispensationalists who argue that the Olivet Discourse is directed to Jewish disciples who are representatives of the converted Israel of the last days. In other words, the passage is targeted at Jewish converts who will live in the far distant future (our present). Such interpreters argue that only the Luke 21 discourse (written to a Gentile audience) applies to the destruction of the Temple and Jerusalem in A.D. 70. As we consider this passage, we will see that such an interpretation is arbitrary, imposed on the text, and violates the perspicuity of Scripture.

As Jesus left the environs of the sacred area, his disciples directed attention to the temple. The Lord declared that this edifice would be "thrown down" so that not one stone would be left upon another (24:2). There is no doubt that Jesus was uttering an oracle concerning the destruction of the city by the Romans (cf. Matthew 22:7; Luke 21:20). Later, on the Mount of Olives, the disciples ask: "When shall these things [i.e. the demolition of the Temple] be?" They also want to know what would be the "sign" of his "coming, and of the end of the world" (24:3). The disciples asked concerning the times, when these things should come to pass. Christ gives them no answer to that; but they also asked, what shall be the sign? This question he answers fully. The prophecy first respects events near at hand, the destruction of Jerusalem, the end of the Jewish congregation and state, calling of the Gentiles, and the setting up of Christ's kingdom in the world; but it looks to the general judgment, and points more particularly to the latter. What Christ here says to his disciples, tends more to promoting caution than to satisfying their curiosity, to preparing them for the events that should happen, than to giving a distinct idea of these events (Matthew Henry's Bible Commentary Online).

Wayne (2020), citing R.C. Foster (1971), also rightly observes that:

Much of the confusion in interpreting the predictions of Jesus recorded in Matthew 24 and the parallel passages [that] arise from the failure to see

that the disciples asked and Jesus answered two questions: one, concerning the fall of Jerusalem; the other, concerning his second coming The disciples likely assumed that the destruction of the temple, and the end of the world, would occur at the same time. The Master sought to correct that impression, first, by discussing the Roman invasion (vv. 4-34), and then by commenting regarding his final coming to render universal judgment (vv. 35-51).

Matthew 24:7-8

“For nation shall arise against nation, and kingdom against kingdom: and there shall be famine, and pestilences, and earthquakes, in diverse places, all these are the beginning of sorrows.”

But the end is not yet: According to David Guzik (2015), the kind of thing Jesus mentions in these sections is not the things that mark the signs of the end. Things like false messiahs, wars, famines, pestilences and earthquakes have certainly marked human history since the time of Jesus’ Ascension – but were not specific signs of the end. In effect, Jesus said, “Catastrophes will happen, but these will not signal the end” (Spurgeon’s Bible Commentary Online). In the midst of any great war, or any great famine, or any great earthquake, it is natural to believe that the world is coming to an end. But Jesus said that there is a far more specific sign that would indicate his return. Guzik (2015) submits that, “One clear aim of this chapter is to prevent premature excitement about the Parousia.”

One would think that there is sorrow enough in “famines, and pestilences and earthquakes, in diverse places”, but Jesus said that “all these” were only “the beginning of sorrows”, the first birth-pangs of the travail that must precede his coming, either to Jerusalem or to the world. If famines, pestilences, and earthquakes are only “the beginning of sorrows”, what may we not expect the world to be? This prophecy ought to warn the disciples of Christ of what they may expect, and wean them from the world where all these and greater sorrows are to be experienced (Spurgeon’s Bible Commentary Online).

Christians’ Interpretation of COVID-19 in Nigeria

With the spread of the COVID-19 pandemic, the world has been plunged into a state of uncertainty and fear. Christians in the world and Nigeria in

particular have come to interpret the COVID-19 pandemic in various ways as cited below.

1. COVID-19 Pandemic as God's Judgment on the Nations

There has been much speculation that the COVID-19 plague is God's judgment on the nations as a result of the sins of humans. Sheryl Haw (2020) opines that COVID-19 should not be seen as God's judgment on sin. According to Haw, the disciples of Jesus had similar concerns in Luke 13:1-5, where the people of Galilee had been killed by Pilate and also, those who were killed when the tower in Siloam fell on them: were they worse sinners than others? Was this judgment? She affirms further that Jesus clearly says no. In her view when Jesus recounts the tragedy at the pool of Siloam, where the tower fell on eighteen persons, Jesus asks "do you think the people who were massacred, or the people who the tower fell on were sinners above all other sinners who perished?" He was simply saying that not all tragedy is punishment, or results from one group being more badly behaved than others. That is, we should not necessarily ascribe pandemics to God's Judgment. Haw states further that COVID-19 should not be viewed as God's judgment, but Jesus does underline that the tragedy should be taken seriously as a warning for us all. She goes on to assert that Jesus calls us to turn away from wrongdoing, choose good, choose life, and follow him. COVID-19 should be viewed as a call to repent and turn to God (Haw 2020).

2. COVID-19 is a Sign of the End Time

The description of the "end times" as outlined in the scripture of Matthew 24, refers not only to a far-off end time in the future, but refers to the time since the first coming of Christ until he returns. In other words, we all live constantly in the time period known as "end times". In every generation, there seems to be a group of people who try to predict the date and time of Jesus' return. Jesus clearly warned his disciples that the date and hour is not known until it occurs (Mark 13:32). Our role is to live in readiness at all times so that we will be found doing what we have been called to do (Haw 2020).

According to Samuel Gbenga (2020), the COVID-19 pandemic has nothing to do with the end-time sayings of Jesus. Instead, there has been the development over the ages in the interpretation of this pericope where Jesus talked about what will happen in the future at the time and his sayings are mainly directed to the Jewish community and not to the Gentiles

of his time or of the future. This would mean that the current pandemic, or recent wars and an act of terrorism, or any other violent acts or cosmic catastrophes of our time have nothing to do with the New Testament sayings of Jesus about the end time.

Olusola Igbari (2020) submits that most pandemics are human-made, especially the one that is ravaging the world now. According to him, some have already foreseen worse pestilences that are still to come, either through the effects of climate change, or through scientific discoveries. Even though Jesus gave an indication that there would be wars and rumours of wars, nations rising against nations, families rising against their own, and a long list of strange things that people will witness (Matthew 24; Mark 13), it cannot be taken literally. What will characterize the end of the age of which the elect should be watchful and get prepared is only known by God. Igbari concludes by saying that there is an element of conspiracy theory linked with COVID-19, which suggests that corona-virus is not a natural phenomenon (Igbari 2020, online source).

3. COVID-19 Vaccine as the Mark of the Beast

Some Pentecostal and Evangelical Christians have come to associate the COVID-19 vaccine and any puncture mark or scar it leaves with the Mark of the Beast spoken of in the Book of Revelation (13:16-18). Matthew Halsted (2020) argues, however, that in Revelation 13, the Mark of the Beast is by no means a medical procedure. Most likely, it is not even a physical or visible mark. According to Halsted (2020), the Mark of the Beast is a mark that is closely tied to the worship of the Beast. Thus, the Mark of the Beast is a mark of loyalty and devotion to the Beast. He states further that the mark is most likely a spiritual, non-visible stigma. It is a mark of loyalty and worship and is not, therefore, something you could accidentally accept (Lukasz & Grzegorz 2020).

Conclusion

If there is one thing that one can say for certain, no one knows the day or times of the end. Jesus himself said only God knows when the end times would be (Matthew 24:36). Who are we to try to determine it? It is important for us to keep a wider perspective throughout all of this. Christians have been trying (and failing) to predict the end of the world since the early days of the church. Although the word “unprecedented” keeps being

brought up about the COVID-19 pandemic, this is not, indeed, the first crisis of its kind; there have been far, far darker times in human history. War, diseases, and natural disasters – these are sadly nothing new. Jesus said his return would be sudden and unexpected and he said we were to ignore anyone who thought they knew about specific dates and times (Matthew 24:3-31). The truth is that there is no one who has the answer, and we should ignore those who think they have one.

In times of distress and confusion like this, it is natural that human beings ask about the origin and purpose of the calamity. Theologians also give possible interpretations and explanations, most of the time using biblical texts as guidance and proof. In the time of COVID-19, there are many teachers, preachers and ministers giving different theological explanations on the origin and even the purpose and meaning of the pandemic. In the media and social network outlets, COVID-19 has been interpreted theologically in different ways: such as a sign of the end times, or as God's judgment of the world for all kinds of sins. But the biblical evidence shows that every attempt to give such an explanation remains speculation, even when backed by biblical quotations or "proof texts". COVID-19 should not be viewed as God's judgment but this tragedy should be taken seriously as a warning for us all.

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SOCIO-CULTURAL AND RELIGIOUS IMPACT OF COVID-19 PANDEMIC IN NIGERIA

Nkechi G. Onah

Abstract

The COVID-19 pandemic is a major health challenge facing the world today. Many countries are under lockdown as a way to control the spread of the virus. Nigeria in her own response to the pandemic has mapped out measures to control the pandemic, which also includes lockdown and closure of borders. The COVID-19 pandemic has had an unprecedented impact on different people across the globe. The impact of the pandemic on the socio-cultural and religious life of Nigerians has not been adequately explored. This is what this paper sets out to investigate. The article draws data from official documents, interviews, and other relevant materials. Using a descriptive narrative approach, the paper reveals that the family life of Nigerians is disrupted, poverty is exacerbated and gender-based violence is aggravated. The religious life of the people is also affected. The communal religious experience and participation which the people see as essential in their daily lives are also interrupted. The situation leaves the people in a state of despair. Recommendations were made on how to alleviate the suffering of people.

Introduction

COVID-19 is a major health challenge facing the world today. According to Wu, Chen, Chan (2020:217), "In late December 2019, a previous unidentified coronavirus, currently named as the 2019 novel coronavirus, emerged from Wuhan, China, and resulted in a formidable outbreak in many cities in China and expanded globally". The novel COVID-19 has spread to different parts of the world, infecting 5,813,239 people while 357,892 people have died after contracting the virus (Worldometer, as of May 28, 2020). The number of infections around the world keeps increasing by the day. COVID-19 was declared a pandemic on 11 March 2020 by the World Health Organization (WHO 2020). The pandemic is affecting all segments of the population creating human, social and economic crises (United Nations 2020). However, older people are particularly susceptible to the risk of infection from COVID-19, especially those with chronic

health conditions such as hypertension, cardiovascular disease and diabetes (United Nations 2020). Similarly, The Center for Disease Control and Prevention (2020), notes that older adults and people of any age who have serious underlying medical conditions might be at higher risk of severe illness from COVID-19.

After exposure to COVID-19, one may start experiencing the symptoms of the virus from 2-14 days (CDC 2020). Symptoms of COVID-19 range from mild to severe illness. These symptoms, according to CDC (2020) include coughing, shortness of breath or difficulty in breathing, fever, chills, muscle pain, sore throat, and loss of taste or smell. Others include gastrointestinal symptoms like nausea, vomiting, or diarrhoea. At the time of writing this paper, although a number of interventions had been in circulation for some time in some countries, there is no approved vaccine for the virus but scientists are working hard towards developing one. As a result of this novel Coronavirus, many countries are in complete lockdown while some are in partial lockdown.

In Nigeria, the Federal Ministry of Health confirmed the first case of COVID-19 in Lagos State, on the 27th of February 2020 (Nigeria Centre for Disease Control 2020). The first index case was from an Italian citizen who works in Nigeria and returned from Milan, Italy to Lagos on 25th February 2020 (Nigeria Centre for Disease Control 2020). In Ogun State, another patient was identified and was discovered to have been in contact with the Italian (PM News 2020). Since then, there have been many more cases and the virus has spread to different parts of Nigeria. By the time of writing this paper, Nigeria has recorded 8,733 cases and 254 deaths (Nigeria Centre for Disease Control, as of May 28, 2020). The global spread of the virus has overwhelmed health systems and caused widespread social and economic disruption (World Health Organization 2020).

Initially, there were misconceptions surrounding the novel COVID-19 virus in Nigeria. A lot of rumours, misinformation, and misconceptions were spreading on social media. Some people believed that the virus was not real, some believed it was a disease for the rich and elite. Some said it was for foreigners and those who had travelled overseas. And for some others, it was just a different type of malaria. Many people also assumed that the virus could not survive under the sun so could not thrive in Nigeria. This assumption came from finding that the COVID-19, like many other viruses, is heat-labile, meaning it is deactivated or destroyed by higher temperatures. However, this does not necessarily translate to the

above assumption, as they will later discover. These false beliefs and lack-adaisical attitude of some people contributed to the spread of COVID-19 in the country. The World Health Organization (WHO) listed Nigeria among other 13 African countries identified as high-risk for the spread of the novel Coronavirus (Ezighbo & Ifijeh 2020).

Slowing viral transmission during pandemics requires significant shifts in behaviour (Bavel, Baicker & Willer 2020). To control the spread of the COVID-19, different measures have been put in place by the Nigerian government. These include travel restrictions, placing a ban on international and national flights, allowing only essential and emergency flights, interstate travel ban, border closure, internal lockdown, social distancing, closure of all schools, ban on all religious and social gatherings, compulsory wearing of face masks in public places, forced quarantine and curfew from 8pm to 6am in different states of the federation. People are also advised to stay at home, observe personal hygiene, wash hands regularly, and use sanitizers.

COVID-19 has an unprecedented impact on the social and religious life of different people across the globe but how it impacts the life of Nigerians has been understudied. The crux of this paper therefore is to investigate how COVID-19 has impacted the socio-cultural and religious life of Nigerians.

COVID-19: A Dilemma

COVID-19, the new global disease, is a threat to humanity and transmissible from person to person (World Health Organization 2020). The Coronavirus 2019 pandemic; (COVID-19), is caused by the severe acute respiratory syndrome Coronavirus 2 (SARS-CoV-2) (Sankar, Dhochak, Kabra & Lodha 2020:433). The disease is transmitted through direct inhalation of infected droplets (produced during coughing or sneezing by infected person) and direct contact with surfaces and fomites soiled by infected respiratory secretions (Sankar, Dhochak, Kabra & Lodha 2020:433). Transmission may occur through contact with contaminated surfaces followed by people touching their own eyes, nose, or mouth with contaminated hands (CDC 2020). Direct transmission from person to person can occur if the person is within six feet of someone who has the disease (CDC 2020). Therefore, the COVID-19 virus can be transmitted by direct contact with infected persons and indirect contact with surfaces in the immediate

environment or with objects used on the infected person (e.g., stethoscope or thermometer) (WHO 2020). WHO (2020) also observed that infected persons may not exhibit signs or symptoms but can transmit the virus to others. The virus can lead to pneumonia, respiratory failure, septic shock, and death (WebMD 2020).

Impact on Socio-Cultural and Religious Life

As the world battles the COVID-19 pandemic, it has different implications for different countries of the world. The COVID-19 Pandemic does not only have health implications, it also has socio-cultural and religious implications. Since the emergence of the virus, lockdown, stay-at-home order and social/physical distancing have become imminent across the globe. In Nigeria, offices, businesses, Churches, Mosques, markets and event centers were closed except for those providing essential services such as hospitals, pharmacy shops, food distributors and food stores. Many Nigerians live in poverty despite being blessed with natural resources. Nigeria is Africa's biggest oil exporter and has the largest natural gas reserves on the continent (The World Bank 2019). But Nigeria has overtaken India as the country with the largest number of people living in extreme poverty (Adebayo 2018). The 86.9 million Nigerians living in extreme poverty represent nearly 50% of its estimated 180 million population (Kazeem 2018:n.p). With an abundance of natural resources, Nigeria ranks 158 out of 189 countries on the Human Development Index (HDI) (UNDP 2019).

The COVID-19 disease has already exacerbated the poverty situation in Nigeria. Lockdown and social/physical distancing measures put in place to control the spread not only distressed the daily lives of Nigerians but placed a burden on the livelihood of Nigerian families. These measures have altered the rhythms of everyday life for the Nigerians. Many households are struggling with income especially those running small businesses. The small businesses are struggling to survive and there have been job losses too. Many farmers find it difficult selling their products and the scarcity of farm produce has made the price of the available products beyond the reach of the poor.

Panic-buying as a result of government measures to contain the COVID-19 pandemic has also contributed to scarcity of both imported and locally manufactured products. For example, in Enugu, Ijeoma (interview, May

20, 2020) stated that imported rice (50 kg) that used to cost ₦22,000.00 now cost ₦27,000.00, Semovita (10kg) which was ₦2,800.00 is now, ₦3,500.00, adult diapers which was ₦18,000 is now ₦24,000.00 and prices of garri and yam have also gone up. Food scarcity and high-cost of available food products have led to the insecurity of lives and property as well as contributed to the spread of the virus. Some people defy the lockdown order in search of survival. As the Food and Agricultural Organization of United Nations (2020) observed “if food supply chains become disrupted and livelihoods untenable, vulnerable populations may be more likely to leave behind their livelihoods and move in search of assistance ... with the unintended consequence of potentially further spreading the virus and possibly encountering heightened social tensions”. The case of looting and armed robbery has been reported in Lagos and Ogun states (Mbah, Aljazeera April 14, 2020). The Nigerian government has provided cash transfers and made food donations to the less privileged to cushion the impact of the COVID-19 pandemic, regardless, poverty is rife in many families.

The family is the foremost institution in Nigerian society. Family is referred to “as the oldest social institution in human history” (Oloya 2013:181). The family plays important roles such as nurturing, socialization, economic support, and the protection of vulnerable members (Shaffer 2000). Families gather to celebrate occasions such as births, naming ceremonies, weddings, thanksgiving etc and also gather during burial and funeral ceremonies. Many events have been cancelled or postponed indefinitely. Communal-living is at the core of the social life of Nigerians. Nigeria, like many African countries, also values communalism. Communalism, according to Mbiti means “whatever happens to the individual happens to the whole group” and vice versa (Mbiti 1969:109). Therefore, contemporary Nigerians have found themselves in Socio-cultural and religious disruptions as a result of the COVID-19 pandemic. The challenges brought about by the virus cannot be ignored. The mandatory measures to contain the virus threaten communalism and disrupt cultural and religious activities. Social visits among friends are discouraged. The usual common handshake or hugs when family and friends meet are also discouraged to curb spread of the COVID-19 disease. As earlier mentioned, festivities that bring families and friends together are banned. Commenting on this Ifeoma (interviewed, May 13, 2020) stated thus: “My wedding scheduled for April was cancelled because of the ban on gatherings. I and

my husband have already paid for the hall where the entertainment would have taken place. But everything has been cancelled for now”.

A person suffering from COVID-19 disease cannot be visited by family members and friends. Many hospitals in Nigeria do not permit visitors for patients with COVID-19 disease to avoid transmission. Unfortunately, the person suffers alone in the isolation centre. The needed social support, love, and care from family members are not granted. As Bellou and Geroianni (2020:n.p) observes that the family provides effective psychological and emotional support to patients undergoing treatment in the hospital. The presence of family members reduces fear and instils hope which has been found to help in the recovery process. If a person dies, the family members and friends also gather to give respect to the dead. The burial is organized and the family members in most cases are allowed to view the dead. In some cultures, immediate family members are allowed, as a ritual, to throw sand in the grave before the final covering of the grave with sand. Then the funeral ceremony can commence immediately or on an appointed date. But in the case of death as a result of COVID-19 disease, the deceased family is not allowed to claim the body for burial because it is contagious. Only the Ministry of Health is allowed to handle the dead. When the burial is taking place the family members are not allowed near to avoid being infected. A lady (Blessing, interviewed, May 25, 2020) lamented that she lost her niece due to COVID-19 but her corpse is yet to be released for burial. According to her, “my niece died of COVID-19 but the government has refused to release her corpse for burial. It is so sad”. In Igbo land, for example, the corpse of every Igbo is expected to be buried in his/her country home and necessary rituals are performed to enable the person to join the league of ancestors. This is why Nwosu et.al. (2017:53) noted that “the Igbo believe that corpse of the deceased should be brought home for “correct” burial while the spirit of the deceased should be “brought” home through essential rituals to join his ancestors”. Ancestors are revered in Igbo land. They are dead but they continue living in the community. In the Igbo worldview, there is communion and communication between the ancestors and the living (Ogbukagu 1997:263). The ancestors are the guardians of family affairs, traditions and ethics (Mbiti 1970:83). Therefore, burying the dead in his/her home is very important to Igbo people. Even when someone dies of other causes in this period of COVID-19 pandemic the restrictions attached to it do not give room for elaborate ceremonies that come with burial in Igbo land. This

has led to dead family members being kept in the morgues awaiting when the ban on gathering is lifted before burial.

Since COVID-19 induced lockdown and restricted movement, some people have found it difficult to visit their aged parents in their hometowns. In Nigerian culture, it is the responsibility of the children to care for their aged parents. Respect and care for the elderly form part of the African value system. Taking care of the elders is an obligation in African societies and Nigeria in particular. Many of the elderly parents cannot perform their daily activities without assistance from other family members. According to Atchley (2000) cited in Okoye (2012:140), adult children generally are considered to be the first line of support when caregiving assistance is needed for their parents. Unfortunately, the COVID-19 pandemic has created a vacuum in the care of aged parents. Giving aged parents financial assistance amidst economic meltdown in the wake of the COVID-19 pandemic is becoming more difficult. The economic loss has put a strain on the family and social fabric of the society.

Another impact of COVID-19 pandemic that is of serious concern is gender-based violence especially against women and girls especially in homes as a result of the lockdowns to curb the spread of the virus. In Nigeria, women and girls have been experiencing sexual and gender-based violence (SGBV) with 30% of women and girls aged 15-49 having experienced sexual abuse but with lockdown, reported cases of gender-based violence have substantially risen (International Growth Centre 2020). Those experiencing domestic violence are confined in their homes with those abusing them because of the lockdown. A day hardly passes without reports of sexual and gender-based violence (SGBV) in major towns and cities across the country (THISDAY 2020). The Women Aid Collective (WACOL) recorded more than 30 cases of violence against women and girls in the last week of March, 12 cases were also recorded within the first week of April (THISDAY 2020). The causes according to THISDAY (2020) include idle stay at home by estranged couples, the lockdown of businesses, depleting family finances and increased fear and anxiety over the future and life after the COVID-19 pandemic. For instance, Lagos state, Ogun state, and the Federal Capital Territory which were under full lockdown experienced an exponential rise in the number of cases of domestic violence. Reported cases rose from 60 in March to 238 in April, an increase of 297%. Places like Benue, Ebonyi, and Cross River states, which

were placed under less stringent lockdowns by their respective local governments, had lower rates of increase in reported cases. The increase in cases of domestic violence in these states were only 53% between March and April (International Growth Centre 2020). Similarly, United Nations Nigeria (2020:4), noted that there has been a sharp increase in reported cases of intimate partner violence and domestic violence in Nigeria. Data on reported incidents of Gender Based Violence (GBV) cases in Nigeria based on preliminary information from 24 states shows that in March, the total number of GBV incidents reported were 346, while in the first part of April, cases rose to 794, depicting a 56% increase in just two weeks of lockdown (United Nations Nigeria 2020). United Nations Nigeria (2020) further noted that some of these incidents of violence have tragically resulted in the death of victims.

COVID-19 pandemic has impacted religion in Nigeria. Places of worship are shut down while religious activities that will bring people together such as conventions and congregational meetings have been cancelled. Worship is done live on social media, radio and through online television channels but this does not give room for physical interaction with other members of the church. Religious activities bring people together in love and solidarity. It allows people to reach out to members especially the needy and vulnerable groups. This social support is very important in a poverty-ridden country like Nigeria. Studies have shown that communal religious experience is very important in human life (Weinstock 2019). Attending religious services brings about better physical and mental health (VanderWeele & Siniff 2016). According to VanderWeele & Siniff (2016), “Something about the communal religious experience and participation matters. Something powerful appears to take place there, and enhances health. It is something quite different from solitary spirituality”. In a study conducted by VanderWeele (2016) cited by Rowley (2017) it was revealed that “people who attend religious services at least once a week enjoy better blood pressure, healthier cardiovascular, immune and endocrine functions and less coronary artery disease than those who don’t attend at all”. Research also suggests that religious participation might increase longevity, that is, decrease the odds of death within a 5-year or 10-year follow-up (VanderWeele 2016). Nigerians are religious and religion permeates every aspect of their lives. The Nigerian people have a serious attachment to their faith. Some of them view the inability to attend and participate in religious activities as a disruption to their everyday lives. For

many, going to church brings them closer to God who is all-knowing and capable of healing any disease, including the COVID-19 disease.

Despite the hardship caused by the COVID-19 pandemic, there are positive impacts that are worth mentioning. COVID-19 has led to improved hygiene. As part of the precautionary measures against the spread of COVID-19, individuals are advised to wash their hands with soap and clean water or use alcohol-based hand sanitizer. This has led to keeping clean water and hand sanitizers in public places in Nigeria. This is essential in maintaining good hygiene. In order to support governments in the battle against the Coronavirus outbreak, many corporate organizations have switched from their core business activities to producing materials needed in the fight against Coronavirus such as ventilators, sanitizers, personal protective equipment, etc. (Gbenga 2020).

The lockdown has also helped in strengthening relationships in families. Many families with working parents find it difficult to spend quality time with their children. With lockdown, they get more united, enjoying each other's company and thus, improving their relationships.

Recommendations

Notwithstanding all the efforts of the Nigerian government to contain the COVID-19 pandemic, there is still much to be done to control the spread of the virus in Nigeria. These include:

- 1) The Nigerian government could invest in healthcare. There should be an improvement in health facilities in Nigeria. Many hospitals and health centres in Nigeria are dilapidated. Many hospitals are ill-equipped and inefficient to handle COVID-19. Many hospitals do not have testing kits, drugs, Personal Protective Equipment (PPE), ventilators and other facilities needed for proper management of the disease. The Nigerian government needs to equip the hospitals to enable the citizens to get proper medical care when the need arises.
- 2) Although the Nigerian government has been sensitizing the citizens on the nature and mode of transmission of COVID-19 disease, more awareness is needed especially in the rural communities. The misinformation concerning the novel coronavirus should be dissuaded and active effort through the use of billboards, pamphlets, social media and the local news, should be made to disseminate the right information. It is important for the government to acknowledge the impact of

COVID-19 on the social and cultural life of the people and to reassure them that the measures put in place to control the spread of the virus are temporary and for the greater good and wellbeing of all individuals. These will go a long way to contain the spread of the disease.

- 3) The federal government could ensure that cash transfers and other palliatives being distributed to cushion the effect of the pandemic get to the households that are in dire need of it. This will go a long way to decrease frustration and improve the lives of different families going through difficult times.
- 4) The government at all levels in Nigeria could distribute alcohol-based hand sanitizers and masks to different communities to mitigate the spread of the disease.
- 5) The Ministry of Health could, through the local government chairmen and health officers, reach out to the community leaders. These leaders should be made to ensure that events that will draw crowds are avoided to limit the exposure and spread of Coronavirus in their communities.
- 6) In the fight against the novel coronavirus, individuals should comply with the safety measures such as regular hand-washing with soap under running water, use of at least 65% alcohol (ethanol) based hand sanitizer, avoid face touching, maintain social distance and report to the hospital when sick.

Conclusion

The novel COVID-19 pandemic is a health challenge affecting people of all ages across the globe leading to the death of many people especially older adults and people with co-morbidities. From all indications, the virus poses a real threat to humanity, leading to the global communities articulating ways to contain the spread of the virus. Nigeria tries to respond to the virus through enforcing lockdown and border closure. Social distancing and personal hygiene are encouraged. This article has shown that the COVID-19 pandemic is not only a health challenge but a pervasive issue in Nigeria affecting the socio-cultural and religious lives of citizens. The number of COVID-19 cases in Nigeria has also continued to increase by the day. It is on this note that the article insists that stemming the tide of the pandemic should be everybody's concern but more importantly the governments. It becomes imperative to state that the government should intensify its effort in stemming the rise of COVID-19 cases by improving

the health facilities, sensitization of the masses, and ensuring that cash transfers and other palliatives being distributed get to the most affected members in the society. The citizens should abide by the measures mapped out by the government to control the spread of the virus. Family members should enjoy each other's company within this period of lockdown since many families with working parents find it difficult to spend quality time with their children before now.

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DOMESTIC RELIGION AND HOME CHURCHES IN THE ANCIENT WORLD:

THE ROLE OF WOMEN IN E-WORSHIP AT HOMES BY CHARISMATIC CHURCHES IN GHANA DUE TO COVID-19

Daniel Nii Aboagye Aryeh

Abstract

The article discusses domestic religion in the ancient Jewish homes, Greco-Roman homes, and church service at homes of the early church members to draw polemic lessons for the role of women in e-worship service at homes of members of the Charismatic Churches in Ghana due to COVID-19. Domestic religion is a common phenomenon in the ancient Mediterranean world. In ancient Jewish homes, particularly during the patriarchal era, there were designated rooms for worship and offering of sacrifices to Adonai. A similar phenomenon was found in Greco-Roman homes. The early church started in the homes of some members of the Jesus movement. The presence of the divine is not limited to buildings dedicated to mass worship but individual families could worship God/god in their homes. The demand by Charismatic Church Pastors for the members to shout amen, praise the Lord, dance, jump at homes while watching the virtual service at home through television, Facebook, YouTube, etc. strikes the cord of domestic religious activities in the ancient world. This article argues that members of the Charismatic Churches can adapt domestic religious principles in the ancient world, and the early church emphasizing the role of women in worship services during the COVID-19 pandemic.

Introduction

The outbreak of COVID-19 has forced many governments including Ghana to suspend social gatherings, including church services in an attempt to control the spread of the disease. Ghana had its first confirmed COVID-19 cases on 12 March 2020. Consequently, His Excellency President Nana Addo Dankwa Akufo-Addo announced the suspension of all social gatherings in Ghana on Sunday night of 15 March 2020. Since the church is a social entity and there was no prior arrangement for distance worship services, although members who were not able to attend physical

church service due to work or travel engagements could participate in the service by watching or listening to proceedings through any medium, the suspension had a toll on the church and its members.

The Charismatic Churches in Ghana directed its members to listen to them on radio stations and actively participate in the e-worship service on Television, Facebook, YouTube, etc. In a pastoral letter to the branches of the Church, Most Rev. Dr. Charles Agyinasare encouraged all branches of the Church (Perez Chapel International) to observe the directive of the President and added that “we will conduct all our worship services on Precious TV (PTV) and my social media platforms (Facebook and YouTube: Bishop Charles Agyinasare).” On 22 March 2020 during the second virtual service, Agyinasare encouraged members of the Church who were watching or listening to him to be active by responding amen, praise the Lord, etc. Pastor Mensa Otabil also advised the congregation to respond to the preaching of the gospel in their homes. Preaching in Charismatic Churches is a participatory act by both pastors and members of the congregation. In other words, members were expected to respond affirmatively to the preaching. A concept George Ossom-Batsa (2007:91-104) referred to as participatory communicative perspective of preaching the Bible in the African context.

The challenges of participatory response to Church service at home as if one was in physical church service is that the home has been partly converted into a worship place during moments of virtual church service through the organizational skills of the woman of the home (if any). A phenomenon that is new to the family although some families gather for devotions, it may not be to the extent of responding to virtual church service through Television or any other social media platforms. The challenge will be aggravated if members of the family attend different Churches and the virtual Church service is held at the same time on Television. How should the Ghanaian home be organized to participate in e-worship services through any distance medium such as Television, Facebook, and YouTube? How can negative effects be minimized on the family and opportunities be maximized to worship through distance medium as a coherent family unit?

In this study, Charismatic Churches refer to Charismatic Churches that began in Ghana in the early 1980s such as Perez Chapel International (PCI), Action Chapel International (ACI), International Central Gospel Church (ICGC), and Light House Group of Churches among others. My

procedure is to (i) define terms and concepts related to the study; (ii) examine Christian worship during Pandemics/Epidemics in the 20th century; (iii) discuss religion at homes of ancient Jewish, Greco-Roman, in the Gospels, and the early church (iv) assess the role of women in e-worship of Charismatic Churches due to COVID-19; and (v) draw a conclusion.

Definition of Terms and Concepts

There are terms related to this study that need to be explained. These terms and concepts feature prominently in many distance communication models. Drawing from distance education, this paper argues that worship service during pandemics and epidemics where social gathering for worship service is restricted can be referred to as Distance Worship Service (DWS). DWS is a one-way real-time online interaction. The clergy/pastor conducts worship service for members of the Church through distance medium. The members could not interact with the clergy/pastor through the audio-visual medium but through text communication that may not be made known to other members. It is the prerogative of the clergy/pastor to make the comments of members known. The terms and concepts that need explanation are "Independent Theory," "distance," "autonomy," "devices," "e-worship service," "m-worship service," "epidemic," and "pandemic."

"Independent Theory" was propounded by Michael Grahame Moore (1989:1-7). He identified three forms of interactions in distance communication where an expert (individual) addresses a group: (i) expert-audience; (ii) audience-audience; (iii) and audience-content. It emphasizes the independence of the expert to initiate the on-line interaction and the autonomy of the audience. In other words, although the interaction is initiated by the expert, it is the audience who decides when to participate in the on-line interaction. Expert-audience/Pastor-Congregants interaction is critical in DWS. If a congregant will do well to understand the preaching of the Pastor, it is largely dependent on the type, frequency, activities, and appropriate interaction that are designed for teaching and learning, which would motivate the congregant to join the DWS.

"Distance" worship service is where the church members are not worshipping together (physically) in the building/auditorium with the clergy/pastor as a result of the need to control a disease/disaster. The clergy/pastor

gets connected to the members through distance communication media. This is different from church members who may join worship service through distance communication media due to work or any other schedule that takes them out of their usual place of residence.

“Autonomy” in distance worship service in Charismatic Churches in Ghana is the pastor/clergy. He/she initiates the worship service. It reflects the Independent Theory of distance communication propounded by Moore (1989:1-7). Because it is usually a live programme, which has to be started by the clergy/pastor and the distance Church member may not tune-in to those media if the clergy/pastor is not present on them. That notwithstanding, the Church member is independent to decide whether to tune-in, log-on, or not.

“Devices” refer to electronic equipment used by the Church member to get connected to the clergy/pastor. The devices include television, smart-phone, tablet, computer etc. In some distance communication systems, the devices were provided by the institution that is hosting the programme.

For example, in distance education, the computers used by the students were provided by the School at a venue where the students will go to access the uploaded notes for study. The University of Ghana (UG) distance learning centres are provided by UG at all regional centres of distance education in Ghana (<http://www.ug.edu.gh/distance/accessing-course-materials-online>). But the devices for distance worship are provided by the church member because it is an emergency and it is assumed that many of the members of the Church might have some of these gadgets already. However, I have not yet found research that indicated the percentage of members of the Charismatic Churches in Ghana who have distance worship devices.

Generally, in distance learning, there are options or modes. One of them is “e-learning”, which is characterized by moving to a particular venue periodically where information is uploaded on the computer to be accessed. In distance worship service, there is no e-worship service where church members would have to go to access worship service. Although the use of television in a fixed location in the home and used to connect to the worship service may be considered as an e-worship service, it is however provided by the member. Since many Charismatic Churches in Ghana conduct their main weekly service on Sundays when many of them will be at

home as part of health directive to control the spread of the pandemic, e-worship service is ideally put in place.

M-worship service is where palm devices, smart and mobile phones, tablets, etc. can be used to join the live worship service at any location other than home. It can be related to m-learning in distance education where palm devices, smart and mobile phones, tablets, etc. were used to access information at any location that an internet network is available (Keegan 2005:25-28). M-worship services usually require internet data while e-worship service through television does not necessarily require data. M-worship service allows the member to practice his/her faith at varied locations during worship services while the e-worship service allows for corporate participation by the entire family – communal worship. The e-worship is the distance worship service that the Charismatic Church in Ghana encourages because it supports the stay home health directive. The home and the woman/wife are critical elements in the e-worship service.

According to David M. Morens, Gregory K. Folkers, & Anthony S. Fauci (2009:1018–1021), epidemic is a milder form of a pandemic. They explained that although an epidemic and a pandemic are concerned with novel diseases, an epidemic has a limited geographical spread, less infectious and contagious. Conversely, they argued that a pandemic is characterized by a wider geographical spread with a limited period. A pandemic is highly infectious, severe, contagious, and transmitted from human to human. It is very difficult to control. Both pandemic and epidemic affect the worship life of Christians and eventually introduce a new form of worship that is aided by technology.

Christianity and Pandemics/Epidemics

Christianity has gone through several pandemics and epidemics successfully although without challenges. In this section, the “Spanish influenza” or “Spanish flu”, of 1918-1919 which some scholars refer to as a pandemic or an epidemic due to the angle from which they see the disease or experienced it is discussed (Yount 2018; Phillips 2008:34-36). The choice to discuss the “Spanish flu” is due to the assertion that it is the deadliest outbreak of a disease in the modern period that destroyed human social life and relations (Barry 2005:17), probably next to COVID-19.

Since the beginning of the 20th century, five epidemics have been observed but the one that caused the most havoc/disaster is the “Spanish

flu". The "Spanish flu" was officially reported in Spain in March 1918. It was caused by a virus known as H1N1. "The death toll was once estimated to be 40-50 million worldwide and has in recent years been corrected to reflect twice that number" (Paget 2020). The figure shows that the church and its members will be infected and affected. Members of the church that may not be infected will be affected by family relatives that may be infected. The Spanish "flu brings new challenges. Not least it brings the challenge that the Church itself may see 25% of its ministers and faithful ill, bringing consequent issues for ministry and also possible financial strain. The numbers of very ill and dying people may overwhelm the Church's ability to provide pastoral care" (Donnelly and McManus 2006:657-663). The Spanish flu infected and affected both members of the church and the clergy. Social distancing and the wearing of face masks were prescribed such that transport managers would not allow persons without face masks to board public transport (Yount 2018).

However, health agencies, institutions, and some governments found that "there is also a consensus that these agencies will need the resources of the Church to provide for a pandemic, such as a clergy, in their roles as community leaders, reinforcing government health guidance, reassuring a frightened public and clergy and volunteer laity visiting the sick" (Donnelly and McManus 2006:657). Hence, the leadership of the church was a frontline agency in the fight against the Spanish flu. There were no church services. Pastors would have to use the available medium – newspapers to print their sermons and distribute them to members' doorstep. Recalcitrant members of the church flouted the restrictions to meet at homes (in groups) and open spaces or parks for prayer meetings (Yount 2018).

Some diocese of the Anglican Church in the U.K. decided to print prayer and liturgy books and distribute them to members of the Church to guide them to worship at their various homes. This idea was emulated by other Churches. "The diocese is considering the distribution, if necessary, of a Liturgy of the Word booklet to enable the faithful to worship at home. The New Zealand Bishops plan to do this and are currently developing catechetical material." (Donnelly and McManus 2006:660). It is obvious that during epidemics or pandemics, the home is the immediate option for worship service with the help and guidance of the clergy through making available materials and information for individual home worship service.

During the Spanish flu, individual homes served a dual purpose for worship service and the abode of families for protection and security. In this context, the priest/clergy is the leader of the worship service which may be a male or a female. Epidemics and pandemics affect religious roles and functions. The role of the clergy as the leader of the worship service is being temporarily transferred to the leaders/heads of homes (Wildman, Bulbulia, Sosis & Schjoedt 2020:115-117). It implies the re-organization of the home to reflect religious ideas in addition to its primary function as the place of family abode. The leader/head of the home would lead the service based on his/her knowledge about God and the Church although materials may be made available for the service. He/she will administer the Holy Communion if necessary.

The difference between the worship service during the Spanish flu and COVID-19 is technology. During the Spanish flu, information was given to members of the church through postal mails, print newspapers, and personal delivery at doorposts. During COVID-19, technology has allowed church members to see or hear the clergy through television and social media and follow through the worship service. The challenge here is television or electronic devices, electricity supply, and internet service and data. The common issue between the two is that the “home” has greater religious responsibility. Not only the “home” but persons who join the worship service through m-worship medium imply that the location where they are have been converted to a place of worship as they respond to the preaching.

Religion at Homes of Ancient Jewish, Greco-Roman, in the Gospels, and the Early Church

Ancient Jewish homes during the patriarchal period served a dual purpose. Many houses were built to have a room for worship services to Adonai. The architecture of houses depended on the economic and the religious status of the head/leader of the family. Thus, the building materials available and the artisans to undertake the project are all determined by the head/leader of the family. A key component that distinguishes a home from a house is a room dedicated to offering sacrifices to Adonai (Wright 1969:118-120). The father/head of the family is the priest and in his absence, the first son of the family acts (Wright 1969:118). This practice is not limited to ancient Hebrew Patriarchs. It was a norm that a home must

have a dedicated place for God/gods for worship. The stealing of the *teraphim* (household gods) of Laban by Rachel demonstrated the significance of having a visible deity in the home (Ntrel 2006:8) and implied that she would find a place for the *teraphim* in the home of Jacob.

The worship service is usually around an altar. “The religion in the homes of those early days largely centred about an altar upon which animal sacrifices were offered unto God.” (Wright 1969:119). The purpose of the sacrifice was to seek forgiveness of sins and the favour of Adonai. This domestic worship where the father is the priest was transferred to the Levitical priesthood after its establishment by Moses (Wright 1969:120). However, the transference did not mean to be termination or ban, but the appointment of formal intermediaries. Therefore, domestic religion continued on the quiet in many homes (Pearson 2000:298-302).

The Greco-Romans believe in gods/spirits that are responsible for every day of the week and that attending to them bring favour. Hence, there is room for varied forms of gods/spirits in Greco-Roman homes (Pearson 2000:299). Protective gods such as Genius, Lar Domesticus, and Penates are among the principal deities in Greco-Roman homes (Pearson 2000:299). This domestic religious practice was brought to flux during the reign of Alexander the Great due to frequent social movement (instability) of families (Pearson 2000:299). It is an ancient Hebrew and Akkadian psychology of religion that portrays the parental role of deities at homes to seek the welfare of the family (Bosworth 2015:681-700). According to Pearson (2000:299), the situation led to domestic religious syncretism because the movement allowed for introduction to other deities that were added to existing ones even by Hebrew people.

There were religious activities in homes in the Gospels. Activities/ practices that take place in religiously dedicated buildings were also performed at homes. The use of non-religiously dedicated venues for public religious activity was to indicate that what happens in the religiously dedicated auditoria could equally take place in other non-religious accommodations. In the Narrative of the healing of the paralytic man (Mk. 2:1-12), Jesus declared that the sins of the paralyzed man are forgiven. This declaration is exclusively performed in the Temple by a priest after the victim had offered mandatory items for sacrifice. The primary audience (Jews) of the passage would understand the incident as the religion of the patriarchs where an altar is set up in a house and sacrifices were offered periodically

to Adonai for a favour; and the secondary audience (Romans) would understand it as a meeting for worship of household deities for protection (Aryeh 2018:1-20).

Besides, it also resonates with the domestic religion that Luke portrayed of Jesus and some key persons in society. For example, the invitation of Jesus by a Pharisee to dine with him (Lk. 7:30-50), which led to a religious activity of forgiving a sinful woman; Jesus' visit to Mary and Martha in their home and teaching them (Lk. 10:38-42); and Jesus' dining with Zacchaeus (Lk. 19:1-10), which led to Zacchaeus' repentance from cheating in tax collection and the recompense to those he might have cheated earlier. This domestic religious fellowship that Luke sought to portray is premised on dinner or meals, which is a religio-cultural practice in the ancient world. This religio-cultural element of inviting Jesus for dinner or meals, which Luke presented, lay behind the idea of Jesus going to the house of Simon after the Synagogue service for the Sabbath meals (Destro & Pesce 2003:211-238). This phenomenon facilitated the establishment of house Churches in early Christianity (Pearson 2000:302).

The early church started in the homes of some individual members of the Jesus movement. It can be argued that domestic religion gave rise to the conversion of households in the book of Acts because household God/gods were worshiped by almost all the occupants of the home to show the spiritual parentage of the family. The conversion of the Philipian Jailer and his household (Acts 16:33), the conversion of the household of Crispus (Acts 18:8) points to family units that have accepted to worship God in their homes because Christian worship places were not established at the time. Hence, household Christian worship at homes was occupying the vacuum that had been created by the demise or weakening of domestic religion during the period of Alexander the Great (Pearson 2000:301). However, it is not clear who led the worship service but it is likely to be the head/father of the family. Nonetheless, the input of the woman/wife to organize the home for the worship service is indispensable. Since Christianity is a new religion that barely had liturgy, the conduct of the service is likely to be dependent on the brief Christian instructions received towards conversion and the religious intuition of the leader.

Christianity moved on from household conversion to become a domestic religion, without *teraphim*, altars, and other images. It had achieved the status/concept of religion in the Mediterranean as part of the home. The

homes were later opened for other early Christians to join in worship service. Probably, these early Christians who joined other homes had limited space to gather for worship or were individuals who could not convey worship service in their homes.

The use of *oikos* (oikos) meaning 'home' and *ἐκκλησία* (ekklesia) meaning 'assembly/gathering' in 1 Corinthians 16:19 have varied nuances. However, the reference to a group of Christians in Ephesus who meets in the home of Aquila and Priscilla as argued by Robert Banks (1980:38) is favoured. This is based on historical evidence that there were no dedicated church buildings at the time in Ephesus, and Paul's salutation to the Church in the house of Aquila and Priscilla in Romans 16:5. Comparing the use of Aquila and Priscilla's home for Church services, the gathering of the disciples after the ascension (Acts 1:13), Eutychus falling from the upper floor during worship service in a home (Acts 20:6-10), and Saul moving from house to house to arrest Christians (Acts 8:3) suggests that homes of wealthy early Christians were used for worship service. It is a reflection of the use of halls on the upper floors for meetings among the ancient Mediterranean people (Petersen 1969:264-272). "It was in the homes of the faithful, in different parts of the city (Rome) that, these Eucharistic gatherings were held, and it would seem that the historic titular churches of Rome today, each of which is assigned to a cardinal are the direct descendants of these humble assemblies" (Petersen 1969:261). Christians whose homes were used as venues for worship services were referred to as the faithful and those ancient homes have become cathedrals today in Rome (Petersen 1969:261).

Membership of the early Churches in homes mainly consisted of members of the extended family, business associates, and neighbours. A successful service is dependent on the critical inputs of the wife of the owner of the home if it is a male and the slaves in the home. The woman (wife) is responsible for arranging activities in the home such that it aided the worship service. She directs the servants in the home to keep the meeting hall tidy, provide meals for persons who would like to eat, and assist the elderly and weak to climb up the stairs (Aryeh 2019:128). It means that the leadership role of women in home Churches is critical such that she would be expected to convert or transform the family home into a worship venue consistently.

Women in Distance Worship of Charismatic Churches due to COVID-19

COVID-19 pandemic has forced governments to implement social distancing directives that had to compel Churches to embark on distance worship service at home. Many of the Charismatic Churches have encouraged their members to gather around the television or any other medium used to reach them and be active by responding “amen”, “praise the Lord”, “I receive it” etc. as if they are in the physical church auditorium. They are expected to open the Bible as the scriptures are being mentioned by the pastor, take notes, dance to worship songs and give offerings and tithes through e-payment platforms. The concept has some commonalities and shares some differences with how Christianity dealt with the Spanish flu, ancient domestic religion, and the home churches of early Christianity.

Domestic religion during the patriarchal era, some epochs of the Greco-Roman periods, and early Christianity were largely due to the lack of a central dedicated place of worship, and the desire to indicate the spiritual parentage of the home. Women were not found actively performing religious rituals in the domestic religion of the patriarch and the Greco-Romans. However, women’s role in the ancient world was to show hospitality to visitors by washing their feet, or they sometimes direct servants to do it on their behalf (Coleman 1984:77-78). They also prepare the meal for the breaking of bread in the early church and the servants serve the congregants (Button & van Rensburg 2003:1-28). As managers of homes, the woman (wife) would be expected to control the children from making unnecessary noise and drawing attention from the service.

The important role played by women in ancient religious homes is not different from the contemporary situation due to COVID-19. Because there is no distance worship service for children in the family, they will have to worship together with their parents and other members of the family. In traditional Ghana, women (wives) are the managers of the home. They are generally responsible for the health needs of the family by preparing healthy and nutritional meals for the family, maintaining family and social hygiene, instilling moral values among children, and playing a supportive and advisory role to their husbands. Hence, in the distance worship service, the wife serves as the *diakonos* (deacon) who would prepare the area/room where the entire family unit will meet for e-worship. Unlike in the domestic religion and during the Spanish flu

where the father/head is the leader/priest, in the e-worship of COVID-19 pandemic, the pastor is the leader through the medium being used. The woman/wife plays a supportive organizational role. It partly relates to the home Churches of early Christianity where the head/father of the home is not necessarily the person who presides over the worship service but the role of the wife as the person who prepares the ground for worship service is not negotiable. However, care must be taken so as not to allow the wife to exert too much authority that would lead to undermining the authority of the husband/man. E-worship service would help expose the good potential of women/wives in Christian worship service.

Conversely, E-worship could lead to schism after the restrictions on social gathering are lifted because some women may assume egocentric tendencies which they may find difficult to submit to other leaders/persons. However, some of the e-worship homes that invite neighbours to join may become cell meeting centre for the Charismatic Churches as seen in the case of some of the homes used for worship services in the early church in Rome. Hence, this article enjoins the leadership of the Charismatic Churches to observe the E-worship in homes to improve it to the level of cell meeting after the social distancing restriction is reviewed. Since the Charismatic Churches do not frown on the leadership of women in the Church, it is hoped that the effort of women during the pandemic period will be honored by making them the leaders of the home cell meetings. This will emphasize the position of women in the Charismatic Churches as being able just as men to be used by the Holy Spirit to lead.

Conclusion

In this article, the author argued that Christian worship has experienced many pandemics and epidemics that necessitated the suspension of physical contact worship. Although the technology was not available for e-worship service, guideline manuals were supplied through mails, and newspapers to members to be used to conduct worship services at home. It is an indication that Churches today must emphasize the need to adapt family worship as seen in the ancient world, particularly during pandemic periods. The COVID-19 pandemic that has led to E-worship service laid more responsibility on the wife (woman) of the home to set-up the room for the e-worship service. This phenomenon will develop the leadership

potentials of women in the Charismatic Churches in Ghana. The e-worship service is likely to develop into cell meetings at home. The article, therefore, calls on the leadership of the Church to make women the head/leader of the home cells to demonstrate appreciation for their work during the COVID-19 pandemic.

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COVID 19 AND THE DECLINE IN AFRICAN COMMUNAL VALUES:

Religion and Social Media to the Rescue

Bolatito A. Lanre-Abass

Abstract

The coronavirus pandemic (COVID-19), is the defining global health crisis of our time and the greatest health challenge we have faced since World War II. In an attempt to deal with this pandemic, hand-washing, the use of masks, social distancing and self-isolation have been recommended and practiced by many. This paper examines the socio-economic and psychological implications of this pandemic on African communal value system particularly social distancing and self-isolation as approaches of containing the pandemic. The paper argues that although these approaches undermine the communal system of living that Africans enjoyed in the past, the need for social distancing and self-isolation becomes imperative when viewed from an Islamic point of view. The paper offers a reconciliation of Islamic social distancing approach with the benefits of the social media as a panacea in handling the gradual decline in African communal system. It recommends that given the spread of the virus, social distancing and self-isolation can both be maintained while at the same time upholding African communal values.

Introduction

According to the World Health Organization (WHO), ‘coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Those infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems like cardiovascular diseases, diabetes, chronic respiratory disease and cancer are more likely to develop serious complications’ (www.who.int/health).

The COVID-19 pandemic is a major health crisis of our time being experienced by virtually all countries. Since its emergence in China late last year, the virus has spread to almost all countries and continents. Though cases are rising daily across the continent, countries have attempted to

slow the spread by testing patients, isolating those that are positive, quarantining suspects of COVID-19 symptoms, suggesting preventive measures such as social distancing, the use of face masks, hand sanitizers and hand-washing for up to twenty seconds.

It is important to note that COVID-19 is more than a health crisis given its attendant socio-economic and psychological challenges. A quick look at the countries that are affected suggests that this pandemic has the potential of creating devastating social, economic, and political crises which may eventually alter the world order. According to UNDP report, 'we are in uncharted territory. Many of our communities are now unrecognizable. Dozens of the world's greatest cities are deserted as people stay indoors, either by choice or by government order and across the world, shops, theatres restaurants and bars are closing' (www.undp.org). The implication of this is that communal values particularly in many African countries are gradually been eroded either forcefully, or by choice due to the rise in this pandemic. Consequently, the African community with its inherent communal system of living is seriously affected because an important aspect of the life of its members is gradually declining.

The Socio-Economic impact of COVID-19

Economically, people are losing jobs on a daily basis, airlines are prevented from flying in order to prevent the spread of the virus, inter-state transportation system has been discouraged, and non-essential markets are prevented from opening their shops. The implication of all these is that workers are laid-off as sales decline. Nobody knows when normalcy will return. Many nations that economically rely on tourism now have empty hotels, deserted beaches and deserted shopping malls. Going by this scenario, the International Labour Organization estimates that over 195 million jobs may be lost globally (www.undp.org).

COVID-19 has sparked fears of impending economic crisis and recession. Social distancing, self-isolation and travel restrictions all have the consequence of decrease in the workforce across all economic sectors and caused many jobs to be lost. Schools have closed down and the need for commodities and manufactured products has decreased. This has implications on nutrition due to the lack of free school meals provided in many countries to children from low income families, social isolation, and drop-

out rates with students less likely to return once closures end and an impact on childcare costs for families with younger children. (Nicola et.al. 2020). Many tutors are also at the verge of losing their jobs due to long-time school closure. This has also extended to many privately-owned organizations that cannot sustain payment of wages to workers. The consequence is laying-off of workers with its attendant effect of a rise in unemployment level in the country.

Contrastively, the need for medical supplies has increased significantly. The food sector has also witnessed increasing demand due to panic buying and stockpiling of food products (Nicola et.al. 2020). COVID-19 has caused an unprecedented challenge for healthcare systems worldwide. In particular, the risk to healthcare workers is one of the greatest vulnerabilities of healthcare systems worldwide particularly in countries such as Nigeria where personal protective equipment are not adequately provided for healthcare workers.

In addition, hospitality, entertainment, tourism and aviation industry are the most hard-hit with workers facing potential devastating hardships. For instance, as a result of travel bans, many aviation workers are presently experiencing unemployment and the aviation sector is presently grappling with an unprecedented wave of cancellations and a significant drop in demand amid strict governmental instructions to implement social distancing and the restriction of unnecessary travel. Globally, border closures are on the rise and interstate travels are restricted in many countries particularly Nigeria. Furthermore, COVID-19 has had serious impact on sporting activities as some of the world's largest sporting events such as Euro 2020, Tokyo 2020 Olympics, Australian Formula one Grand Prix and other spotting activities anticipated for the latter part of the year 2020 have been cancelled.

Talking about family dynamics, the social impact of the pandemic on the family cannot be underestimated. According to BBC internet report of 7th April 2020, lockdown and social distancing measures to prevent the spread of COVID-19 have heightened fears of increasing domestic violence which includes physical, emotional and sexual abuse (<https://www.bbc.co.uk/news>). The concentrated time spent in Lockdown means that vulnerable people are more exposed to abuse and it is more difficult for them to seek help. Marital conflict was also at its increase during the lockdown as couple complained about nagging spouses.

Psychologically, mental health issues are on the increase for many are afraid of contracting the virus and the hopelessness of not being able to develop a timely vaccine that can cure the pandemic heightens the fear of many.

With fears of a new recession and associated socio-economic problems such as financial collapse and degeneration, times like these call for resilience and strong communal bond which will cushion the effect of depression and isolation which is foreign to Africa where each person is seen as his brother's or sister's keeper.

African Communal Value System

The defining characteristic of traditional African societies is communitarian. Communitarianism emphasizes the values of specifically communal and public goods and conceives of values as primarily rooted in communal practices (www.iheu.org).

Communitarians are of the view that the community rather than the individual, the state or the nation is the ultimate originator of values and in their analysis of human rights, group or communal rights rather than individual rights are emphasized. They stress 'the need to foster neighbourhood associations, create communal ties, promote public health, and develop national goals' (Beauchamp and Childress 2001:369). Contemporary communitarians reject the central tenets of liberalism due to its commitment to individuality, autonomy and what liberal individualists protect as personal rights. Communitarians thus believe that liberals miss the essence of morality by unduly emphasizing abstract principles and abstract agents, while failing to see that both principles and agents are products of communal life (Beauchamp and Childress 2001:365).

Pointedly, Communitarians take a stance far less opposed to autonomy and individual rights. J.L. Mackie for instance appeal to 'inter-subjective standards' which explains that community-wide agreements form the basis of acceptable moral rules and that these inter-subjective agreements cannot be further validated or invalidated by appeal to rationality' (see Beauchamp and Childress 2001:365). Mackie understands morality in terms of social practices that express what the community demands, allows, enforces and condemns.

Mackie's position explains the prominent themes in contemporary communitarian theories which centres on the influence of society on individuals and the roots of values in communal history, traditions and practices. Much of what a person ought to do in communitarian societies is determined by the social roles assigned to or acquired by this person as a member of the community. Understanding a particular system of moral rules requires adequately comprehending the community's history, sense of cooperative life, and conception of social welfare (Beauchamp & Childress 2001:364).

A communitarian ethos is embraced by many African societies as a solution to the alienation and disintegration of ethical values and social institutions in modern life. Many African scholars are of the opinion that the roots of a communitarian ethos can be traced back to indigenous African societies with a social structure which was communitarian in character. Leopold Senghor for example explains that 'the Negro African society is communal because it is a communion of souls rather than an aggregate of individuals. Negro African societies put more stress on the group than on the individual, more on solidarity than on the activity and needs of the individual, more on the communion of persons than their autonomy' (Senghor 1964:34).

Senghor's emphasis on the communal nature of Africans is similar to that of Julius Nyerere who advocates Ujamma (African Solidarity) as the ideal of social solidarity where people agree to subordinate their individual interests to the interest of the common objective of the collective. Nyerere maintains that Ujamma emphasizes 'the Africanness of the politics we intend to follow, it brings to the mind of our people, the idea of mutual involvement in the family and regards all human beings as members of this ever extending family-hood' (Nyerere 1968:2).

In an attempt to throw more light on Nyerere's claim, Chukwudum Okolo explains that the African, through cultural upbringing is not individualistic and 'there is no question of rugged individualism in outlook and lifestyle so characteristic of the European or the American' (Okolo 1985:397). Human persons are intrinsically communal beings embedded in a context of social relationships and have common values, interests and goals.

The above analyses by African scholars serve to explain the essence of the individual and the fact that the African understanding of the human community plays a crucial role in the individual acquisition of full personhood. When applied to COVID-19 pandemic, one would realize that many

of the values that support full personhood are gradually being eroded during this period because individuals who were initially subjected to the normative power of the community through constant interaction with others, are now consistently isolated and distanced in order to avoid being infected with the virus. In order to continue to maintain our heritage as Africans who are not only deeply religious but also constantly embedded in a network of relationships, it is imperative to utilize the benefits of religion coupled with that of social media such as, Zoom, Whatsapp video call, Facebook, Twitter and so on while at the same time taking cognizance of the Islamic recommendation of isolation and social distancing when there is an outbreak of any pandemic. This will aid in containing the spread of the virus and at the same time continue to maintain relationships with loved ones.

Harnessing Religious and Social Media Benefits during COVID-19 Pandemic

Islamic Response to Pandemics

Islam has been handling pandemics for more than one thousand four hundred years and the tradition of the holy prophet Muhammad (SAW), demonstrated that the control of pandemics is inherent in Islamic practices. Aizaz Khan (2020) highlights some of prophet Muhammad's teaching regarding pandemics.

Travel ban:

The holy prophet recognized and preached the importance of travel bans and quarantine in places contaminated with a pandemic or any disease in order to mitigate the spread of such a pandemic. According to the prophet "if you hear of an outbreak of (a) plague in a land, do not enter it; and if the plague breaks out in a place while you are in it, do not leave that place" (hadith: Sahih al-Bukhari). The implication of this is that in the event of any pandemic, it is absolutely necessary that we 'assume the worst until we know otherwise and act accordingly' (Khan 2020). Therefore strict travel bans imposed as a way of mitigating the spread of COVID-19 is a case in point.

Social distancing:

The holy prophet also practiced social distancing as a way of mitigating the spread of pandemics like COVID-19. It was reported that a leprous man once wished to pledge his allegiance to the prophet and this required touching and holding the prophet's hand. But the prophet rather sent words to him while keeping his distance that his pledge had already been accepted and that he should return home, (hadith: Sunan Ibn Majah).

Isolation/staying at home:

Concerning isolation, the holy prophet taught that those who are sick should not in any way compromise the community at large. According to him: 'do not place a sick patient with a healthy person and at the level of nonhuman animals, even the cattle suffering from a disease should not be mixed with healthy cattles' (hadith: Sahih al-Bukhari). Since social distancing and isolation were both religious injunctions during the time of the prophet, muslims practiced them. This is quite unlike our present circumstances in Nigeria where it is difficult for citizens to comply due to economic hardships and the need to survive.

The Islamic ruling on isolation that was practiced many centuries ago is similar to the current approach of self-isolation and modern quarantine in curtailing the spread of covid-19 globally. According to Karadas, as the COVID-19 outbreak continues to kill thousands of people across the globe, 'prophet Muhammad's recommendation on how to respond to a pandemic offers a motivation to people to stay put in their homes and protect themselves from this deadly disease' (see Sofuoglu 2020). Karadas views the most important element of the pandemic as that of human contact which can be circumscribed by staying at home in order to reduce the pandemic and its deadly effect to its barest minimum.

Hygiene:

An important lesson learnt from the COVID-19 experience is that of hygiene which entails the proper hand-washing technique and other hygienic practices. This is the hallmark of Islam due to the tradition that says 'cleanliness is half of the faith.' It is expected of every Muslim to perform ablution before each of the five daily prayers which entails cleaning vital parts of the body with clean water. The holy prophet also taught that during ablution, the right and left hands should be washed thoroughly and this suggests a high sense of cleanliness on hourly and daily basis.

Similarly, when sneezing, the holy prophet ‘covered his face and muffled the sneeze, effectively containing the spread of airborne bacteria and viruses’ (Hadith: Jami’ al-Tirmidhi). Muslims all over the world are taught that there is a close connection between physical cleanliness and spiritual purity. Hence the holy Quran teaches that ‘Indeed, Allah loves those who turn to him (repenting) and he loves those who keep themselves clean and pure’ (Q2:V223).

Seeking medical treatment:

Islam has answers to many practical questions and has been viewed as ‘a practical and progressive faith-based religion’ (Khan 2020). The holy prophet has urged many Muslims to always seek medical care alongside their reliance on the power of prayers. He was once asked by a group of Bedouins if it would be considered sinful if they did not seek medical treatment and he replied ‘seek medical treatment, o slaves of Allah, for Allah does not just create any disease but he also creates with it the cure except for old age’ (Hadith: Sunan Ibn Majah). The implication of this is that seeking medical assistance with divine intervention is the key to successful and complete treatment. Hence ‘every disease has a cure. If a cure is applied to the disease, it is relieved by the permission of Allah the Almighty’ (Hadith: Sahih Muslim).

Free Medical Care:

In successfully controlling the spread of a pandemic, free medical care and financial assistance are two major factors to take into consideration during a pandemic. Citizens of a country are more likely to follow laid down rules and regulations no matter how stringent if there are provisions for their health care and social wellbeing. According to Khan (2020) ‘the bait-ul-mal (government treasury) was introduced during the time of the holy prophet. The taxes collected in this treasury were used to provide for the poor, disabled, elderly, orphans, widows and others in need. The government was also made responsible to stockpile food supplies in case of disaster and famine’.

One could see from the above that Islamic rulings on the need to protect people from pandemic that may later result to death has been mentioned severally by prophet Muhammad (SAW). In his numerous hadiths, prophet Muhammad (SAW) has advised his companions to value their lives and see it as sacred over death by urging people to stay away from

places where there were pandemics. The prophet's major aim was to propose an infection control mechanism that calls for both faith and practical solutions to effectively control the spread of the pandemic. One can see strands of the holy prophet's recommendation being adopted in dealing with the COVID-19 pandemic globally and this can also aid in improving the way we respond to the pandemic in Africa.

Re-invigorating African Communal Values through Social Media

How do I remain in touch with my family members both nuclear and extended and still maintain the social distancing and isolation techniques of curtailing the spread of COVID-19? Many have taken solace in virtual life. There is no gainsaying the fact that there is need to re-ignite a sense of community that many people have lost during the period of COVID-19 pandemic. How then do we go about it? What beneficial social media devices do we employ during COVID-19 to keep the family together and prevent disunity? What type of information can I pass that will be beneficial to members of my family that are distant to my place of location? How do I pass such information in such a way that it will not affect their psychological state? How can religion impact my social life at these present times? How do I harness the benefits of religious injunctions for practical and meaningful application?

COVID-19 has had a great impact on the way we perceive our world and everyday lives. Actions that are inherently human and those relating to finding comfort in the midst of others are gradually being eroded due to physical and social distancing. Hence, the benefits of social media and religious injunctions have become imperative.

Depending on the location of each person's family members, WhatsApp video call, email, Facebook, Instagram, Facetime and Zoom call (meeting) can be employed in informing them about important and relevant updates relating to COVID-19 and also advising them accordingly. This is presently the right thing to do for such valuable information will help in strengthening one's relationship with family members at this crucial time that they need it most. Family members can be provided with information via WhatsApp video call and Facetime and be constantly reminded about how to: boost their immune system, care for and speak to children at home, deal with fear, stay positive, cope with stress or sleeplessness, pass

the time, protect their family, general information and updates as they become available (Gandolf 2020). It is important to ensure that all communications are informative, relevant, accurate, empathetic and in touch with the current situation and environment.

Social media can also aid in convincing family members to comply with social distancing and consequently help in flattening the curve. There is a lot of misinformation out there and millions of people in Africa, particularly Nigeria still wildly underestimate the seriousness of the virus. Hence the responsibility of positively influencing family members through our social media accounts in order to stay in touch and avoid the gradual erosion of African communal lifestyle.

Social media can be used in alleviating the fear of family members who are afraid of contracting the virus. Due to a lot of mixed messages and misinformation, some family members may be confused about what they should do if they think they have COVID-19. For some, apart from the general advice of hand-washing coupled with social distancing and self-isolation, the appropriate course of action depends on community. But many want answers to questions such as: what are COVID-19 symptoms and should I get tested? Where in my community can I get tested? Should I stay home if my symptoms are minor? How will I know when it is time to seek help at a hospital? How do I avoid infecting others? What are the risks of the transmission of coronavirus disease at home? Is there anything else I should know about coronavirus disease, diagnosis and transmission? (Gandolf 2020).

Utilizing social media aids in easing the psychological effect of COVID-19. It is important to be empathetic and considerate at this time because many people are going through a series of depressing conditions arising from the spread of the virus. If we are using twitter or Instagram, our communication style and the tone with which the messages are sent is also important; the tone should neither be too harsh nor serious and should be mixed with some lighter content.

Social media also assists in re-assuring family members and giving them a sense of belonging. This can only be achieved by keeping in touch through social media because right now, millions are staying at home spending more time online to keep busy. This is an incredibly challenging time for everybody hence social media strategies can positively influence family members to stay safe.

Thus far, this paper has shown that the importance of religious practices and the need for media intervention to correct the socially disruptive outcomes created by COVID-19 are standard themes which cannot be underestimated in order to continually sustain the communal lifestyle of Africans. Hence, harnessing the benefits of religion and social media will further re-connect family members and this will eventually serve as a form of relief for family members that might likely fall through the cracks and assist them to gain psychological balance and re-energize following this crisis.

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IGBO CULTURE AND VALUES AS TOOLS FOR OVERCOMING THE EFFECTS OF COVID-19 PANDEMIC IN NIGERIA

Roseline Uchenna Okeke

Abstract

This paper posits that that one of the most effective way of combatting the negative effects of the COVID-19 pandemic is to fall on Igbo traditional culture as well as her core values as embedded in the major institutions and traditional core values. The study identified corruption, greed, poverty, poor governance and misinformation as the main moral challenges facing Africa in the fight against COVID-19. The benefits of reviving and embracing Igbo traditional institutions, cultures and values for curbing COVID-19 are further enunciated. It concluded that the Igbo true spiritual and moral qualities and virtues should come to the fore in the fight against COVID-19.

Introduction

The coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered virus which broke out towards the end of 2019 in Wuhan city of China (Fenner 2020). The first confirmed case of COVID-19 in Nigeria was on 27 February 2020. Available information indicates that the South-East where the Igbo extraction is concentrated is excluded in the record of the affected states with confirmed cases as at May 2020. As of June 2020, only one confirmed case has been recorded in Owerri, the heartland of Igboland. The seemingly minimal presence of the virus in the South-Eastern part of Nigeria where the Igbo extraction is domiciled can be as a result of the value systems of the people.

This study examines some of the core values of the Igbo that can be highlighted and applied by the public so as to curtail the ravaging effects of the pandemic. The truth remains that COVID-19 outbreak is a crucial global health calamity of the twenty-first century, and it is one of the greatest challenges that humanity has faced since the Second World War. Accord-

ing to the report of World Health Organization (WHO), the virus has affected 2,164,111 people and killed more than 146,198 people in more than 200 countries in the world as at 30 April 2020 (Worldometer April 2020). Three months down the line in Africa, the number of confirmed cases has increased to 222,000 with Nigeria recording second in the top of the list of the infected persons with above 14,000 as at 14 June 2020 (Worldometer June 2020). In addition to its upsetting effects on human life, COVID-19 is capable of drastically slowing down the global economy, increasing the high rate of unemployment, crime and poverty rates. Corroborating this, Turckur (2020) predicted that COVID-19 is likely to cause bankruptcy for many global firms because of the stringent measures needed to contain its spread, which includes restricted movements for both buyers and sellers. In the present paper, however, our main concern is to highlight how the adoption of core Igbo values can be of help in the mitigation of the frightening effects of COVID-19. Imbibing such cultures and values by other ethnic groups and nations by way of cultural acceptance and assimilation, will ensure a speedy recovery from the present global crisis.

COVID-19: Origin and Transmission

The coronavirus disease, also known as COVID-19 is a highly transmittable and pathogenic viral infection. It was first identified in Wuhan China and later spread across the globe. In fact, Corona is a Greek word for crown. The term “coronavirus” stems from the crown-like spikes on the outer surface of some species of virus. It is believed that coronavirus infections causing severe acute respiratory syndrome coronavirus (SARS-COV2) were first witnessed in 2002 in Guangdong, China. A decade later in 2012, another of its kind emerged from the Middle East, and was known as Middle East respiratory syndrome coronavirus (MERS-COV). Rahman and Sukar (2019:1288-93) report that MERS-COV infected more than 2428 persons and about 808 died in the process. These viruses are known to cause acute lung injury and acute respiratory distress that are fatalistic. They were initially thought to infect only animals until the world witnessed a SARS outbreak caused by SARS-COV 2002 in Guangdong China (Interim Guidance, WHO, March 2020). A Genomic analysis revealed that SARS-COV2 with its characteristic severe acute respiratory

syndrome is possibly having the bats as its primary reservoir. The intermediate source of origin and how it is transferred to humans is not known, but its transfer from human to human is confirmed globally.

In fact, COVID-19 infected over 70,000 within the first fifty (50) days of its discovery. The World Health Organization (WHO) on the 11th March 2020 named the virus COVID-19 and declared it as a pandemic. This COVID-19 virus was actually identified as a novel coronavirus. It was observed to be spreading from human to human as a result of close contact with an infected person or by being exposed to coughing, sneezing, respiratory droplets or aerosols of an infected person. It is known to be so contagious that those aerosols can penetrate the lungs through the eye, mouth or nose. Thus it is instructive to realize that human civilization has witnessed at least six public health emergencies of international concern as declared by WHO on January 30, 2020. They are the HINI in 2009, polio in 2014, Ebola in West Africa in 2014, Zika in 2016, Ebola in Democratic Republic of Congo in 2019 and the on-going COVID-19.

It was generally thought that COVID-19 is most contagious when the infected persons' symptoms are at their peak. However, scientists have proved that it is also possible to spread the virus without having any symptoms (Kandola 2020). A study by Shereen & Siddique (2020:91-98) suggests that 10% of infections are from people exhibiting no symptoms. While elders and those with chronic diseases such as heart disease and diabetes are most vulnerable to infection, children and young adults are major sources of asymptomatic infection. The most dreadful aspect of its spread is that the virus can be picked by mere touching the surfaces on which the infested droplet fell even hours later. The virus is said to survive on both metal and plastic objects, as long as 3 days after it drops on the surface. This explains why the public are required to stay at home or minimize their movements.

Social hygiene is absolutely necessary. The wearing of face masks and maintaining a 6-foot or 2-meter social distance is recommended by the Center for Disease Control and Prevention (CDC). The risk of contracting COVID-19 is higher for any one in close contact with people already infected with the disease, including health workers and care-givers. Early symptoms of COVID-19 include fever, difficulty in breathing or breathlessness, coughing, sore throat, headache, muscle pain or lasting chest pain, chills, loss of taste and loss of smell. These symptoms occur within two to fourteen (2-14) days after exposure to the virus. In this regard, the

CDC has recommended preventive measures which include, avoiding close contacts, not just with people that are positive with COVID-19, but with any person, seeing that infection can be through both symptomatic and asymptomatic transmission. Washing of hands regularly, especially after being in public places is highly recommended. Use of hand sanitizers with at least 60% alcohol is necessary where hand washing is not possible. Avoiding touching the face with unwashed hands and wearing a face mask, especially by people who have the virus and those with close contact with people with COVID-19 is made mandatory.

Fighting COVID-19 in Nigeria

The COVID-19 pandemic has brought the world to a standstill in spite of the prevailing technological advancement (Madyntre 2020). This explains why discussions on how we came to the experience of this pandemic is important. With a population of 200 million, an overstretched health care system and inadequate workers and equipment, coping with such a dreaded infection in Nigeria will definitely pose a huge challenge. Women, children and the vulnerable in Nigeria will feel the challenges more than others.

With Nigeria's peculiar socio-economic challenges that range from high population, poverty, shortage of healthcare workers, health care infrastructure and facilities, the report of the first case of COVID-19 was welcomed with serious worry. Strict intervention measures were introduced in Nigeria to counter the pandemic. These include lockdown of churches, markets and all forms of social gathering, social distancing must be applied where people must meet, increased personal hygiene was encouraged as people must provide facilities for constant hand washing with soap and running water. Coughing and sneezing were not tolerated. If they must be done, such persons were mandated to cover their mouths and noses with tissue or sneeze into their elbow. Later, a compulsory stay-at-home for 3 weeks was introduced as part of the intervention measures. Good-spirited Nigerians and Organizations began to donate huge sums of money as palliatives to cushion the harsh effects of the stringent measures imposed on Nigerians in the fight to prevent the spread of COVID-19. To confirm the brotherhood values, many business men and women of the Igbo extraction participated in the donation of the palliatives.

Although there is the existing moral decadence in Nigeria evident in vices such as greediness, selfishness, corruption and violence, the outbreak of COVID-19 seems to deepen the problem. Among these are the vice of ‘I will not die alone’ mentality. This attitude has led some who contracted the virus to refuse self-isolation, instead they mingle with others to ensure that more people are infected (Muoghalu 2020).

Misinformation is another moral challenge in the fight against COVID-19 in Nigeria. Misinformation in some places has created panic leading to making rash decisions. Many people on hearing that chloroquine is effective in the treatment of COVID-19 embarked on self-medication which resulted in the development of very serious health challenges. Misinformation has led some Nigerians to believe that COVID-19 does not exist. Some peddle the rumour that blacks in tropical Africa cannot have the virus. Others believe that it is the disease of those who travel by air. The fact remains that COVID-19 is a serious disease that must be tackled with seriousness and focus. Most carriers of the disease may be asymptomatic or with mild illness, and they will pose a great risk to those who are more susceptible to disease and death. People like the aged and those with some underlying diseases like diabetes and high blood pressure are believed to be at high risk.

The vice of extortion and exploitation prevalent among Nigerians will be a key challenge in this critical period of lockdown. Even when the government ordered that all should stay at home, some felt they could not obey the order so they had to bribe their way out by paying some money to those at the checkpoints. Market men and women saw the pandemic as an opportunity to maximize their profits. The quest for survival demanded that people pay any amount just to buy the necessities such as food and drugs. Consequently, people were being exploited.

It seems the government did not put in place a coordinated response in the fight to contain the disease in Nigeria. There was little or no concerted control from the Federal government and the Nigerian Center for Disease Control and Prevention as coordinators in issuing out information and ensuring the implementation of decisions. In Nigeria’s case, the states seem to be making independent decisions. While some states shut down their schools, markets and boundaries when positive cases of COVID-19 broke out in Nigeria, some other states were complacent.

Using Igbo Values as a Response to COVID-19 Pandemic

Historically, the Igbo as a people are known to have descended from Eri, a divine figure who, according to Igbo folklore, was sent from heaven to begin civilization. Another account presents Eri as one of the sons of Gad, a tribe in Israel, who travelled down from Israel to establish the present day Igboland. In Nigeria, the Igbo inhabit an area referred to as Igboland. Muoghalu (2020:6) describes the Igbo as a cultural group of people that live in the east of Niger, South-East Nigeria. Geographically, the Igbo are found in two major sections along the lower River Niger. They live in a section that constitute the five states of the Federal Republic of Nigeria. These are Abia State, Anambra State, Ebonyi State, Enugu State and Imo State. The Igbo also found in some minor parts of Delta, Rivers and Benue States. Other minor Igbo communities are also found in parts of Cameroon and Equatorial Guinea (Obichere 1982:207). Owing to the transatlantic slave trade, the Igbo found themselves in other countries of the world such as Jamaica, Cuba, Barbados, Belize, the United States of America among others (www.igbodefender.com). Today the entire Igbo population is estimated to be about 40 million, with about 2 million immigrants in the United States since the late 20th centuries. This explains why Asikogu (2019:42-51) describes them as a vibrant group who are versatile with very business acumen and who are also great travelers, and one can hardly go to any part of the world without seeing an Igbo person.

Culture is an indispensable aspect of a human society. It is therefore important to discuss its meaning generally, before focusing on Igbo culture. Every distinct human society has its unique and original culture, which is often accompanied by its religion. Idowu (1973) opines that culture and religion are inseparable though they are distinct from each other. Tylor (1871) defines culture as that complex whole which includes belief, knowledge, arts, morals, law, custom and any other capabilities and habits acquired by man as a member of the society. I personally perceive culture as the beliefs, attitude and behaviour a group of people in a given environment have come to accept and identify with as their way of living.

Africa is said to have diverse and many religions as well as cultures, yet all African religions and cultures have common features and backgrounds. Hence, it will not be out of place to regard Igbo culture as representing the African culture. It is believed that no culture is inferior

or superior to the others, but some cultures can dominate others due to their philosophy, ability to improve human life and innovation (Keesing 1981:459-62).

Cultures that are non-innovative and non-protective of its traditions do end up giving way to other cultures (Adekola & Midala 2018:156-7). Culture changes partly because of the dynamics of humanity. The human is the only living species that constantly changes its surroundings and by doing so ends up dropping some of her traits and picking up new ones.

Madu (2014) observes that cultures must necessarily interact. Thus, there must be a mix of cultures; a situation of diffusion, assimilation and a rejection of cultures among people of different cultural backgrounds. This is inevitable as no singular culture can sufficiently satisfy the needs of its owners. When a culture comes in contact with another culture, some consequences that are both positive and negative usually result. The colonization of the old African society by Europe resulted in cultural consequences that are both positive and negative (Obukar 1965). Europeans have introduced into Africa new and improved techniques of agriculture, new and improved medicines and medical services, western education and religious style of worship, western training and employment, new methods of transportation by road, air, and water and these have influenced some African cultures. Other positive impacts of the western contact are seen in the areas of democracy, telecommunication and military prowess (Adekola & Midala 2018:158). These apparent gains do not rule out the fact that the western people have negatively impacted Igbo culture as well as the entire African culture. For instance, capitalism with its characteristic exploitation, alienation, unequal exchange (low wages, slave labour and high taxation), and what Donovan (1984) identifies as the imposition of loss of personal identity, fear, insecurity, and loss of personal integrity have led to the breakdown of African traditional and family values.

The traditional Igbo culture stems from the Igbo philosophy and cosmology (Muoghalu 2020). Their moral philosophy is based on the actions and relationships carried out in reverence and fear of Chukwu (the Supreme Being) *chi* (divinities), *Muo* (spirits) and *erim* (ancestors). The norms and values of the Igbo are chiefly dictated by the people's allegiance to these supernatural beings. For instance, the Igbo have what is called ground norms (*omenala*) which stipulates moral codes that guide their lives. The

Igbo also have a sense of covenant called *Igbandu* and a sense of the sacred (*nso ala*). Nzomiwu (1999) avers that any action which is in tandem with or fits into the pattern outlined by the ground norms (*omenala*) is regarded as right and just. Anyone who fulfils the requirements of the *omenala* of the society in both vertical and horizontal directions is regarded as a just person.

In his 1999 Odenigbo lecture, Chinua Achebe, making use of Okonkwo as a character in his book, *Things fall Apart* reveals the Igbo culture by presenting Okonkwo as strong, devoted, hardworking, honest and wealthy. In the person of Okonkwo, the values of the Igbo are detectable as well (Diala 2019:38). Values are the ideal aspect of a culture. Each culture has its own ideals that are affirmed by the people that uphold it. The Igbo greatly affirm strength, devotion, hard work, honesty and wealth. The Igbo live communal lives with a long chain of connectivity known as the extended family system, which includes father, mother, children, uncles, nephews, nieces, cousins, grandparents, great grandparents, the dead relatives and the unborn (Agulana 2011). The Igbo place much values on respect for elders, large family, religion, inheritance among other things.

To the Igbo, family is the main heart throb of human existence. This informs why great importance is attached to children. The more children a person has, the more recognition is accorded to him or her in the society. A woman who is able to give birth to twelve children for her husband is celebrated with a live goat or cow (for wealthy families). Large families are needed for the labor they provide on the farm, and in the chain of food production.

The Igbo have *omenala* which stipulates moral codes that guide their lives. Their traditional lives are also underlined by prohibitions and taboos. In the words of Ilogu (1985), Igbo traditional ethics is characterized by three main features which are; custom (*omenala*), prohibition and taboo. Prohibitions includes those prescriptions that should not be found in the conducts of the Igbo such as do not kill another member of the community, do not commit incest, do not steal, do not mistreat strangers. In Igbo culture, taboos are means of social control. Though they do not strictly come under ethics, contravention of any taboo results in disrupting the social equilibrium that exists between the living and the dead, sacred and profane, and they result in causing negative upheavals in the community. Taboos (*nso-ala*) or things forbidden embraces everything

that could be considered as sin. Apart from inculcating a sense of spiritual and moral values, which are the hallmarks of Igbo culture and religion, taboos observance also promote the needed sense of mutual responsibility and communalism, that are the two concepts on which Igbo culture and religion are solidly built. Incidentally, having a sense of mutual responsibility, solidarity and communalism are the needed tools for the successful combat against the effects of COVID-19 pandemic. In the face of crisis, all must choose solidarity and cooperation over the pursuit of individual interest.

Igbo culture is laden with a sense of sacredness. This explains why the ethics of the Igbo is based on religion. The Igbo world is believed to be created by Chineke (the God that creates) or Chukwu (the great God). He is believed to be the author, creator and sustainer of heaven, earth, animals, humans and vegetation. In fact, Chukwu is the source of life. Life to the Igbo is the chief good. Hence, they name their children Ndubisi or Ndukaku meaning "life is the ultimate" or "life is greater than wealth". Based on such an idea of life, anything can be sacrificed to secure and protect life. In times of plagues, as in COVID-19, the Igbo person is prepared to give up anything in order to retain life. Life is sacred and every other person is regarded as a brother, irrespective of lineage and descent. Cleanliness is held in utmost importance in Igbo culture. Its importance is based on the fact that it is one the lifestyles that ensures life and longevity, traditionally, days are set aside for environmental sanitation in various communities in Igboland. Cleanliness is also an issue to consider in the character of a lady to be married. Considering the prescriptions of the WHO in the fight against COVID-19, cleanliness or hygiene is paramount. Therefore, adopting the attitude of personal hygiene and environmental sanitation as a culture is key in the fight against COVID-19.

Socialism and solidarity are natural values in the traditional Igbo culture (Okeke 2015:115). These values are expressed in their attitude of helpfulness, collective responsibility, cooperation, interdependence and reciprocal obligation. The value of reciprocity is expressed in the Igbo maxim that says - *aka nri kwo aka ikpa, aka ikpa akwo aka nri, aka abuo adi ocha* - meaning, "if the right hand washes the left hand, and the left hand washes the right hand, both hands must become clean". Seeking the well-being of each other is a unique value in Igbo culture. A typical Igbo person is willing to share part of his inadequate meal with his neighbor without feeling that he has done something extraordinary. Julius Nyerere (1968)

corroborates this value of sharing and attributed it to the belief in common human descent and universal brotherhood. This culture of seeking each other's wellbeing informs why individuals among the Igbo are supportive of others during the lockdown to ensure that nobody around them dies of hunger. To the Africans and the Igbo in particular, the sense of common good is a core shared value (Okeke 2015). This is commonly expressed in Igbo maxims like, *biri kam biri* meaning "live and let's live", *egbe bere ugo bere, nke si ibe ye ebela, nku kwaa ya* meaning "let the hawk perch while the eagle perch, may any one that refuses the other a space be violently dewinged".

Unity and solidarity are regarded as cosmic values in Igbo culture. The Igbo usually demonstrate the power of unity and solidarity with the broom. A community can hardly be defeated by war, plague or hunger when they are united. The basis of this solidarity and unity is love. To the Igbo, fidelity is the soul of life and it is highly cherished. Fidelity means keeping chaste and being true to what you profess. Without fidelity, a covenant relationship (*igba ndu*) is meaningless. The antonym for fidelity is infidelity which also means corruption. In the present Nigerian political and economic situation, and with the COVID-19 pandemic, corruption can be a serious cog in the wheel for a successful eradication of the plague. An Igbo person believes that there is a covenant relationship between him and his relatives to which he must be true and sincere. Such covenant relationships are also called *erim*. The concept of *erim* is premised on the fact that no one is expected to engage in any act or conduct that will harm his or relatives. Thus in a situation of an outbreak of an infectious disease, an Igbo can quietly opt for self-isolation just to ensure the safety of his neighbour. That is why the traditional Igbo value of fidelity should be their watchword. In a speech, Uzezi (2020) says:

"I joined the medical profession because I wanted to save lives and just be like my father. The oath I took when being inducted into the profession and my determination to help people in need have been my biggest motivation during this crisis" (<https://www.unicef.org/nigeria/press>)

Igbo traditional political system is built along the principle of egalitarianism which recognizes equality among citizens. This system of egalitarianism is quite different from kingship arrangement, though the Igbo recognizes title holders such as the Nze and Ozo who are respected solely on the basis of their hard work and achievements. Adopting the values of

equality of citizens and universal brotherhood of the Igbo cannot be over-emphasized in this period of a pandemic. No single individual is more important than the others, therefore, equal medical and economic attention should be given to every COVID-19 victim, irrespective of status, race or sex.

The COVID-19 pandemic has left a terrible impact on the society globally ranging from loss of human life, unprecedented challenge to public health, shortage of food supply and reduction in the global workforce. The lockdown has led to sudden economic and social disruption and tens of millions are at risk of falling into extreme poverty, especially in the developing countries including Nigeria. As many enterprises face existential threat, the joint research of WHO, ILO, FAO and IFAD discovered among other facts that up to half of the global 3.3 billion workforce are likely to lose their sources of livelihood (WHO, 13 October 2020). In fact, the report has it that there is a geometrical increase in the number of undernourished people because no income means no food and less food means less nutritious food. In Nigeria as well as other African nations, loss of livelihood will result in the increase in the number of vulnerable children. Igbo culture recognizes, respects, and has values that aim at protecting the family. Nigeria and the global society should give priority attention to such values to ensure the safety of children and women in the on-going pandemic, since they are the major constituents of the family.

In this present state of global crises from the COVID-19, people and nations must choose solidarity and cooperation over and against the pursuit of individual interest as found in Igbo culture. The Igbo are known for their close-knit relationships in which everyone is one another's keeper. The world must unite under the banner of mutual trust and inclusiveness in the face of the deepening COVID-19 crisis. According to Angela Merkel, the Prime Minister of Germany (2020) "As virtually no nation was spared by the COVID-19 pandemic, no country can solve this problem alone. We must work together". So our leaders in Nigeria must be committed to cooperation in international relations and to transparency, accountability and continuous improvement of the health care facilities.

There has to be a good sense of honesty and fidelity in our dealings with one another as individuals and as international bodies if the world will contain with challenge of COVID-19. This aligns with the Igbo culture that values brotherhood and sees a fellow human being as a person that deserves care because we all have common descent. The traditional Igbo

culture of truthfulness must be upheld in Nigeria and globally if the battle against the COVID-19 pandemic can be won. This principle agrees with the position of the United Nations when she launched 'Verified Initiatives' on 20 May 2020. Through the 'Verified Initiative', the UN is encouraging the world to check the advice we share about COVID-19 to our friends, families and social networks with the goal of saving lives. This is because the world can only contain the virus if every person has access to accurate, reliable information.

Nigeria's government should launch a social media campaign to spread information about COVID-19 among vulnerable communities such as elders, disadvantaged people, illiterates and those in hinterlands as well as those with disabilities. Nigeria government should also team up with advertising agencies, actors, writers and comedians to highlight simple actions that can keep one safe, such as frequent hand washing, staying home, especially when sick, avoiding unnecessary social gathering, and not touching one's face with unwashed hands. Poor governance, corruption, greed and in-transparency can only be abated with the moral values of fidelity, hospitality and universal brotherhood on the part of decision makers and the entire nation. Efforts should be made by the government to increase her supply of essential services by recruiting more health workers, as well as delivering and distributing vital medical supplies such as respirators, protective equipment and diagnostic tests. Nigeria and other nations should most importantly fight the vice of misinformation, and efforts should be made to rebuild trust and cooperation within and among nations. Responses of the Nigerian government to the COVID-19 pandemic should be comprehensive, equitable and inclusive so that none is left out or neglected. In a situation of pandemic as COVID-19, those who suffer most are usually women and children. These are the core groups that constitute the family.

Conclusion

The Igbo culture of communal living needs to be imbibed by Nigerians and the entire globe. With the grave impact of COVID-19 on the entire world, the Western culture that views the community as a mere secular institution must be replaced with Igbo culture that, according to Agulana (2011:139 61), conceives a community as having sacred unity with living members, its ancestors and the unborn children so that all can be their

sister's keeper. Indeed, Igbo culture sees community as supreme over individuals, accords equality to all citizens, and recognizes universal brotherhood and inclusiveness, and these values are needed more now than ever in Nigeria and the world over. Among these are values of brotherhood, socialism, and an extended family system where everybody cares for one another. Respect and care for the elderly and general respect for life. It has been recommended in this paper that the norms and values of the Igbo chiefly dictated by the people's allegiance to these supernatural beings should be upheld by all. Also, it will take strength, devotion, hard work, and honesty to fight COVID-19. Solidarity and cooperation should overtake individual interest. Caring for the life of all is important because of the principle of egalitarianism which recognizes equality among citizens. Life is sacred and every other person should be regarded as a brother or sister. All should adopt the attitude of personal hygiene and environmental sanitation as a culture is key in the fight against COVID-19. Moreover, the world can only contain the virus if every person has access to accurate, reliable information. All these values are regarded as cosmic values in Igbo culture. As Igbo culture recognizes, respects, and protects these groups because of their flair and values for large families, Nigerians and the entire world should give priority attention to the lives and safety of their citizens in this COVID-19 pandemic.

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COVID-19 CRISIS: LESSONS FOR THE RELIGIOUS/CHRISTIAN LIFE – DURING AND AFTER

Estelle M. Sogbou

Abstract

This article reflects on the challenges and lessons of the COVID-19 pandemic for religious life. The aim is to share some of the exhortations based on the challenges and the transformations that the COVID-19 pandemic has brought to Christians. It provides some analysis of what the crisis, an unexpected storm, has revealed to an African Christian. It approaches the topic from the views of clergy, the religious and faithful of the Catholic Church, and calls for all people to help in rebuilding the world during and after COVID-19. The lesson is to see the pandemic as an opportunity for the renewal of religious life, and for the Church. It holds that the work of rebuilding is not only for our religious communities but also for the whole human race. It is argued that the COVID-19 crisis challenges the Church and all Christians to discover afresh their prophetic vocation.

Introduction

On the 17th March 2020, the French government implemented a total lockdown and said the possible date of lifting the lockdown is uncertain (www.elysee.fr/emmanuel-macron). As of the time of writing up this paper, France has been under lockdown for almost three months. Life changed for all sectors of life, religious life not excluded. Indeed, it has hit my religious community, the Catholic Chemin Neuf Community in France, hard, just as it has many other religious communities worldwide. For us, everything has become unpredictable and religious life, too, runs the risk of being destabilized. Religious community life needs stability, space for contemplation, community gathering, prayer, and in some cases pastoral care in its diverse forms (counselling, retreat, parish evangelization). But the COVID-19 pandemic and its corollaries are like an unexpected turbulent storm that has hit religious communities hard and brought with it many challenges. It has shaken the foundations of daily life, communities' sources of income, prayer life and has indeed led to

one important question about the meaning of this situation and its message for the Catholic Church and the world. My personal side of the story needs to come out. Thus, my reflection has its source both in my daily life at the Abbey Our Lady des Dombes, in Ain (France), as an African nun and theologian faced with this upheaval.

In a time when the Roman Catholic Church throughout the world has lost credibility because of all the scandals it has faced, perhaps this crisis situation that also touched the Church, including through the lockdown, can be seen as an opportunity for renewal. Hence, to talk about the impact of the pandemic on religious life is a way to say that the pandemic presents an opportunity for the Roman Catholic Church, an opportunity for seeing how far humanity has drifted from its core values of solidarity and kindness, as it allows us to see how we are interconnected more than we think. These connections go beyond boundaries, beyond continents, beyond gender and religions. It is therefore imperative we start to search and pitch together to see which lessons may be learnt from the crisis provoked by COVID-19, especially for me here as it concerns my Christian life.

Admittedly, the COVID-19 pandemic is not over yet and the primary question of when it will be over remains unanswered. Hence, most of the lessons to be learnt are still some way off – maybe more than a year off. Nevertheless, the situation as it stands at present reveals some points which we can and must deal with.

The aim of this paper is to share the challenges and the transformations that the COVID-19 pandemic has brought to me as an African Christian in Lyon, and to others who have committed their life to one in the monastery. The approach is based on highlighting various exhortations made by persons of authority in Catholic Christian religious communities (the Pope, abbots, and nuns) alongside other testimonies of religious establishments. Different lessons will be identified (without a ranking of value between them), followed by a conclusion. Beyond this narrower illustration of the religious life in monastic or apostolic life, the COVID-19 lessons could be taken as new proposals for Catholic Christians.

When the Mask Falls

“An unexpected turbulent storm ...” These were the words Pope Francis used to describe the pandemic. Pope Francis decided to hold a prayer for the world on Saint Peter’s Square on the 27th March 2020. His intention

was to pray for all the victims of COVID-19 and for healing. During this prayer time, he offered a homily from Mark 4:34-41. As part of this, the Pope said:

We find ourselves afraid and lost. Like the disciples in the Gospel we were caught off guard by an unexpected, turbulent storm. We have realized that we are in the same boat, all of us fragile and disoriented, but at the same time important and needed, all of us called to row together, each of us in need of comforting the other. On this boat... are all of us. Just like those disciples, who spoke anxiously with one voice, saying "We are perishing" (v. 38), so we too have realized that we cannot go on thinking of ourselves, but only together can we do this.

(http://www.vatican.va/content/francesco/en/homilies/2020/documents/papa-francesco_20200327_omelia-epidemia.html)

These words of Pope Francis describe very well not only the global nature of the situation but also and particularly the connectedness of human beings. This storm was like a stark revelation of the truth of the human condition: of the fragility, the fears and the temptations of life, and of the vanity of power. Our fragility is often hidden – especially among and by the powerful and privileged. However, with this COVID-19 crisis, the vulnerability and the pride of all human beings, including those building a Tower of Babel to control everything, have been exposed. All are restricted, confined, at risk of the virus. Humans appear in their true and exposed dependence. The mask that all of us wear in our daily life has fallen, exposing our real image to face the pandemic.

Pope Francis says further in his homily:

The storm exposes our vulnerability and uncovers those false and superfluous certainties around which we have constructed our daily schedules, our projects, our habits, and priorities. It shows us how we have allowed [ourselves] to become dull and feeble about the very things that nourish, sustain, and strengthen our lives and our communities. The tempest lays bare all our prepackaged ideas and forgetfulness of what nourishes our people's souls; all those attempts that anesthetize us with ways of thinking and acting that supposedly 'save' us, but instead prove incapable of putting us in touch with our roots and keeping alive the memory of those who have gone before us. We deprive ourselves of the antibodies we need to confront adversity. In this storm, the façade of those stereotypes with which we camouflaged our egos, always worrying about our image, has fallen away, uncovering once more that (blessed) common belonging, of which we cannot be deprived: our belonging as brothers and sisters."

(http://www.vatican.va/content/francesco/en/homilies/2020/documents/papa-francesco_20200327_omelia-epidemia.html)

It is understandable that for Pope Francis the pandemic became an important moment, even a blessing, albeit in disguise, which can make us return to our “primary state”. This “primary state” should not be understood in a romanticized perspective, but in terms of the way that our existence is related to one another. We belong to each other. We can rediscover that equality as we stand equal before shared pain and suffering. The pandemic situation has told us that we are bonded to one another. It is exceedingly difficult to see who is poor or rich because we all confront the same pandemic. Furthermore, the situation is leading us for the Lord, leading us to recognize who He is.

First Lesson: “Be still, and know that I am God” Psalm 40:10

The world seems to have stopped and is practically shut down. Different activities, economies, social and political life, journeys, entertainments, are all shut down. Public religious life and service, the Eucharist celebrations, and all those others where the faithful gather physically, are shut down. It has been a big fast from these activities; indeed, it seems like universal abstinence. Silence seems to have won and many hearts and souls are confused, even reason seems to be losing in the battle in the lives of many people. It is time for me to be still.

This big “stop” imposed by the COVID-19 contagion and by political authorities is being seen as a necessary evil. This is because some people in our contemporary world do not know anymore how to stop or slow down. They seem to be in a hurry in the fast lane of life. They only halt when they are forced. To stop on their own, from personal will, seems impossible. Such people have got used to running also in the religious apostolic life. The Church’s pastoral care ought to have provided more and more initiatives to make life orderly. Unfortunately, only unpleasant setbacks like the present COVID-19 pandemic that has called for lockdown in multiple nations can stop us in our race. And, as it were, the coronavirus pandemic seems to have stopped almost everyone. Our plans and projects have been cancelled and we do not know for how long.

To stop and take a break, however, signals a time to find out and discover the present, a call to live right in the here and now and to evaluate the reality of time, which will make us appreciate our own reality, our life, ourselves, the things that matter most. This reminds us that humans can

only ever live in the present, though we always have the temptation to get stuck in the past, which no more exists, or to project ourselves into the future, which also does not exist and perhaps might not come.

In the Scriptures we read in Psalm 46 that God invites us to halt and to recognize his presence in our midst. He speaks:

Be still and know that I am God!
I will be honoured by every nation.
I will be honoured throughout the world.
The Lord of Heaven's Armies is here among us;
The God of Israel is our fortress. (Ps 46: 10-11; NLT)

These ancient words speak profoundly in our present. The Lord is asking us to halt. He does not force us to act frenetically. He just wishes that we stop and stay with Him, freely, by choice, that means by and with love. He does not stop us like in a police arrest. He wants that we stop before Him just like we stop before a beloved one, or like we stop before the beauty of a new-born, like when we gaze at a sunset with amazement in our eyes – still and silent. Being still for the Lord means that His presence fills the now and so satisfies all our heart, whatever the conditions and the circumstances in which we are. It also touches the heart of the vocation.

To live in this COVID-19 storm and to make sense of it leads to a new reflection on the fundamental vocation of the religious life and the sense of this commitment when circumstances are changing. The call of God to be still does not throw away the thought of fears or anguish. It signifies a move to accept an uncomfortable situation, with trust. In fact, we can think that like with a magic word or mantra, our fears and prayers will make the anguish, or the bad thoughts disappear. The Lord's invitation also means that He is with us in this difficult situation, to believe in the peace that only God can give. For Sister Veronique Margron (OP) (2020) in one of her statements on air during the lockdown, she said:

But the virus mocks our positive thinking as anxious. These thoughts do not affect events. Believing otherwise still maintains the illusion of an omnipotence that has done us so much harm. I wish us to simply consent to the feelings that we have, to our 'intranquillité' restlessness for the other, deeply believing that the peace that comes from our God is given in this very place, during all these days (translation mine).

Our present situation is an invitation to accept our humanity as it is: with its fears, lack of comfort, bad and good thoughts. Sometimes, this anxiety

during the crisis is for our fellows a sign of our solidarity in humanity. At this point, it is important to underline the place of the body.

Second Lesson: Re-membering the Body

Being still for the Lord presupposes restlessness, even the restlessness of the body. The silence that covers the world also puts the body into silence. Physical distancing has been recommended as an occasion to redefine how we deal with our body. The exchange of pleasantries with words is allowed and this goes through our senses. We use some senses more than others: sight and hearing are more prominent than smell, taste, and touch. But if there is something that we miss very much during this time, it is touch. For some African Christians, as it is in most places in the world, the touch, the hug, is our way to be in the world. We are used to touching each other. Physical distancing has limited our way of being: not to come near to each other and sometimes to be very far apart. The apprehension of this distancing reveals how sometimes it can be too much in closer proximity and to cross over some boundaries. However, we can notice the lack of touching and being touched. This lack of touching and being touched explains how important all the senses of our human body are, not only, or above all, sight and hearing. That is why Brother David, the Abbot of a Benedictine monastery chose to address this issue in an interview during the pandemic in these terms:

It is, however, the meaning that is the most vital and, at this time, the most questioned. Touch is the first sense that awakens, in the baby who, from birth, needs to be caressed, and the last one that falls asleep: the sick person in a coma still needs someone to take his hand to accompany him to death. Touch is a disinherited sense in our society. It is clear that the ongoing social distancing will allow this dimension of contact to be revalued. Being in the physical presence of my friends is different from talking to them by videoconference or telephone. Perhaps we will finally realize how sad it is to see all these people around a table, at the time of the aperitif, keeping their eyes glued to their respective mobile phones (translation mine).

In fact, relationships that take place ‘online’ and through social media do support physical distance. However, online relationships cannot become all that human beings need. Our humanity is expressed not only through imaginations, but also from bodily action. Therefore, the rediscovery of the place of the body and appreciating the body in a time of growing virtual existence is what we could learn in this stormy time. In other words,

it means to accept and inhabit our humanity, even as this humanity is experiencing this storm as a constraint.

Third Lesson: Troubled but Free

The COVID-19 storm, lockdown and other consequences have not been a choice. Actually, we do not have a choice except to live with it. The religious life is founded on choice, a real liberty of choice. But what will happen when we do not have a choice, even the liberty of choice? What does liberty mean in this situation? Dom Mauro-Giuseppe Lepori (2020:3), the general Abbot of the Cistercian Order writes in his letter for the members of the Order thus:

That we can live it with freedom, even if constrained. Freedom is not choosing always and anyway that which we want. Freedom is the grace to be able to choose that which gives fullness to our heart even when all is taken from us. Even when our freedom is taken from us, the presence of God preserves us and offers the supreme freedom of being able to stop before Him, to recognize Him as present and as a friend. This is the great testimony of the martyrs and all the saints.

This concept of freedom as proposed by Lepori is based on the deep relationship with God that gives sense to the religious life. It is not about choosing what one wants, but choosing what gives one the most opportunity for peace and fullness. It is no more the beginning of the action but what will be the finality, the aim. The first and main point is to stay in God. The freedom does not become an absolute and unique criterion of any acting or being. The absolute freedom is the one that God himself gives and the one we can choose with him. In this COVID-19 storm, the only one who remains free in acting is Jesus himself. He can walk above the waters, approach the disciples without being stopped by nature. He is the one who does not know opposition. Freedom is freedom in Jesus. That is also what Dom Mauro-Giuseppe (2020:3) writes to the monks and nuns of his order:

It would also be blasphemous to think that God sends us these trials Himself to then show us how good he is in freeing us from them. God enters our trials, he suffers them with us and for us, to the point of death on the Cross. Thus, he reveals to us that our life, in trial as also in consolation, has an infinitely greater meaning than the resolution of the current peril.

In other words, this COVID-19 situation does not take away our freedom, because God is in it. He set us free by living with us in this constraint. We always do have a choice when we can see that Jesus is there with us.

Women in particular, especially in Africa, have suffered so much in times past from a myriad of calamities. African women need to take cognizance that God is with us in the wake of this COVID-19 pandemic. In fact, in all the troubles that African women face, God has been by their side. In the words of Teresia Mbari (2017:78):

Since women live in the same historical circumstance that has led the affirmation of Jesus as being on their side, wishing to affirm them when they were disempowered and alienated, I would say that African women would take part of the affirmation of Christ. They celebrate the fact that Christ empowers them to fight against social injustice. By the same token, Jesus is on their side as they fight for liberation from sexist attitudes and practice in society.

With Christ on the side of African women, as well as all women in the world, Freedom remains the work of Christ and he is the only one who can give freedom from all constraints and oppression, even during a pandemic. For a religious person, it becomes a calling, a vocation for more solidarity with the oppressed, the socially excluded and segregated.

Fourth Lesson: Existing for the Other

The German Lutheran Pastor Dietrich Bonhoeffer (1998:588) wrote the following about the Church when he was in prison: “The Church is the Church only when it exists for others...not dominating but helping and serving. It must tell men of every calling what it means to live for Christ, to exist for others.” That is to say, if there is a great lesson for the Church during this pandemic, it is to reconsider her meaning to be a Church that exists for the other. It has to be expressed through the solidarity with the poor, with the suffering ones and in the prayer for and with all in another way, especially African women.

The Church through its clergy and religious persons of faith needs to teach all to exist for one another. One of the ways is the choice to make streaming-services under many different channels. Many religious communities, congregations and monasteries have chosen to stream the daily and Sunday services. This action has been named streaming-service or streaming-Mass. The streaming-services somehow make visible the body of Christ. Out of this initiative, the idea of community and belonging has

become more and more visible. It was for the sake of those who cannot take part in the service that the streaming-service was activated. However, sharing has always been difficult. There is the need to find a way to stay in touch when the possibility of the physical presence is not there is felt. Virtual presence becomes in this way an avenue to reach out to a body of members who could no longer be bodily present. This is indeed the paradox of being a body without a body. Chemin Neuf (2001) quotes the late Fr. Paul Couturier the founder of the Prayer Week for the unity of Christians as saying:

Suppose that each Thursday, when every week that Great Thursday is commemorated, and ever increasing multitude of Christians of every denomination were to form an immense network encircling the earth, like a vast invisible monastery in which all were caught up in Christ's prayer for Unity. Would that not be the dawn of Christian Unity breaking upon the world? Is not this the attitude of sincere, profound and burning spiritual emulation for which the Father is waiting in order to make Unity a visible reality? This Invisible Monastery is made up of all those souls to whom the Holy Spirit has made known, with an intimate understanding, and because they have really tried to open themselves to His fire and so to His light, the grievous state of divisions between Christians, and in whom this awareness has given rise to an enduring suffering and a corresponding regular practice of prayer and penitence ... The name 'Monastery' is appropriate because it is the same suffering, the same yearning, the same concerns, the same spiritual activity, the same goal which draw together into the heart of Christ this multitude which comes from every nation.... The cloister is none other than living in the Christ who prays for Unity.

The vision of Fr. Paul Couturier has become a reality and a place of new understanding, a better and deeper understanding of the Church beyond the walls, beyond the physical communities without having to throw this last one away but giving it a broader signification. In fact, it means that the visible Body of Christ possesses an especially important invisible part. For the religious life that means to inhabit deeper its vocation in the consecrated life: be there for the other and share their life beyond the convent. Another way is to be sensitive to the plight of others. Dom Mauro-Guiseppe (2020:4) in an advice to the religious expressed it further in his statement in the following words: "In reality, our vocation as baptized persons, like our vocation to consecrated life in the monastic form, should always help us and remind us to live like this. The current situation reminds us and all Christians a little bit of what St. Benedict says of the time of Lent

(cf. RB 49:1-3): we should always live like this, with this sensitivity to the drama of life.” Being sensitive to what goes on around us takes not only the form of prayer and a presence through the streaming-services but also in this imposed silence of the monasteries and convents. The choice to close the abbeys and monasteries and to welcome no guest also follows the sanitary advice. It is also a way to express solidarity with the most vulnerable. In fact, in many cloisters in France, the average age of the sisters and brothers is 65 years old. This (i.e. the elderly) is the demographic that is the most vulnerable to the virus. In order not to expose their brothers and sisters, the communities chose to close their guest houses. Therefore, many convents and monasteries have seen their incomes decrease like that of many other workers who lost their jobs. Here, the solidarity with the world is once again taking on a new face. Indeed, religious life is grounded in the poverty vow which is a form of solidarity.

Furthermore, COVID-19 crisis allows religious life to be lived no more as a privilege but to embrace the drama of the worldwide situation. In other words, it becomes more evident that the religious life should be lived with the conscience that we have responsibility for one another, that our lives are connected and bound together for the best and the worst of times. Moreover, all our actions and choices, even the most hidden or without significance, have consequences. The religious life becomes more and more a life in the middle of the world and with the world. It could be said that the world takes its place in religious life. Thus, we are in the same boat in this turbulent storm, as Pope Francis would say.

Again, the presence of the world is felt more in daily prayers of religious life. First of all, prayer is a normal part of religious life. Yet in this situation, it becomes like the main and specific responsibility to supply this commitment and also to beg for help in the offering of prayers. The specific vocation of the consecrated person as nun or monk receives again a resonance in her/his daily life. In this COVID-19 storm, in the vocation of a nun or a monk, in the vocation of prayer, it becomes a richness to have nothing other to do and through this to accomplish the mission of Jesus. So, the different media (internet, telephone...) that have been used are helping the world to come to the monastery. The streaming-services with chat features give the possibility to the faithful to be also part of worship through the sharing of their own prayer. It is no more only to pray for them but also to pray with them, that is in an invisible presence in the

communities in the morning prayer and Sunday services. This opportunity becomes a high responsibility and a top priority and task for all the world, a responsibility in faith in this vocation which the Lord through the Church has given to the religious life. It is important to be reminded that it is only a privilege because the consecrated person is not the best. On the contrary, it is because the consecrated knows that they only live from the mercy which they have to plead for each day. Moreover, this consciousness should grow so that there is no service or prayer which could not take place without this feeling present in the house of the faithful when they are present in the abbey. It is the unity of the Body of Christ, the great assembly of the baptized. In other words, it means to embrace the whole of humanity, to exist for it. In the communities, the Christians would have to answer the new call and challenges addressed to them.

This answer will be possible perhaps by learning from the crisis. Sr. Veronique Margron, OP (1944) makes this remarkable proposition:

What is expected of us, perhaps, is to be 'breach repairmen.' You will rebuild the ancient ruins, restore the age-old foundations. You will be called: He who repairs the breaches, He who restores the ways" (Isaiah 58:12). Repairing the breaches, putting the roads back into service, is not just about our communities, our future - when it must be done too - but about the bonds that unite us all. Of our common destiny, damaged by so many tragedies and by this collective trial, this catastrophe. Breach repair is not the same as before. Remember the little surveyor of Jerusalem (Zechariah 2:5). He comes to measure the city for its reconstruction, its width and length. But an angel makes him understand that 'Jerusalem must remain an open city, because of the number of men and cattle that will populate it' (Zechariah 2:8). A city whose glory will be the Lord Himself (*translation mine*).

So, let us not be mere little surveyors. But builders. Not pretentious people who would pretend to falsely wipe their memories clean. The whole depth of the history of religious life, of its audacity, of its capacity for innovation in favour of the abandoned of every age as well as of those thirsting for justice, beauty and truth, for God himself, invites us to risk a lucid hope in order to move forward into the future. The biblical accounts, the history of the Church, the living tradition of our communities' bear witness to this: something new can come from where it was not expected. Let us try together, whatever our strength, our number, our age, to be up to the task of 'speaking absolutely to men' as Saint-Exupéry also said in the same letter. This proposition opens a new call and vocation for the religious, but

moreover for all Christians. She proposes a new mentality towards the situation, which is for all people not to be a survivor but a builder.

Conclusion

The mission of the Church and pastoral care should go on after the reopening (or end of the lockdown). It will never be the same and how it will be, no one knows it. The new situation will demand something new. However, this newness carries the marks and the wounds of the storm, for the World and the Church. It means that to start new again will call for all to be co-workers in the work of the Lord not only for our religious communities but also for the whole human race. After COVID 19, the rebuilding of our societies is the responsibility of all women and men.

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PART C

REFLECTIONS

COVID-19 AND ITS EFFECTS ON CHRISTIAN MARRIAGE IN CAMEROON

Jennet Tabe Benoni-Wang

Abstract

This paper examines the place of the marital vow of inseparability 'till death' in the face of the COVID-19 pandemic. It discusses the significance of the marital vow today as inscribed in the Church's liturgy. Using the well-known phrase: "... for better and for worse ...", this study exposes the thoughts/minds of lay people in three local congregations of Kumba Presbytery of the Presbyterian Church in Cameroon (PCC) and the extent of the threat of the COVID-19 pandemic to the marital bed and bond. Interviews considered solely married people of all ages. Findings revealed that even strongest marriages that have lasted (up to) 40 years or above, can face difficulties in the shadow of COVID-19. A few lovers, however, still pledge their inseparability even with the virus. The study concludes that the COVID-19 virus poses a challenge to our understanding of marriage, the family, and the rest of society.

Introduction

Every community and generation attempt to extract meaning from sudden happenings that challenge humanity and grapples with solutions that address these existential problems. In our world today, the major problem which is threatening human lives and affecting every facet of our society is the outbreak of the Coronavirus pandemic. At the close of 2019, an outbreak of coronavirus began in Wuhan, China and quickly spread throughout the globe like veldfire. After almost four years of a socio-political crisis that has bred hardship, pain, poverty, and death throughout Cameroon and especially in the two English speaking regions, who could have imagined another plague called COVID 19? In the struggle to contain the virus, many new rules were introduced locally, nationally and internationally. Amongst these were safe distancing, wearing of masks, regular washing of hands, and application of hand sanitizers among others. Locally, in Kumba, Cameroon where this study was conducted, these rules are implemented to the letter, with major consequences on the non-compliant.

Before long, the consequences of these new norms came to strain many social interactions and relationships. One might imagine that marriage, which is the foundation of society bound by sacred vows, would survive any crisis. Even if marriage endured socio-political chaos, my study argues that the COVID-19 pandemic is threatening to melt some formerly strong marriages.

Gathering empirical data through the methodological lens of the layman's perspective from three local congregations in Kumba, Cameroon, we noticed that marriages are threatened by the pandemic in that, spouses fear, doubt and are suspicious of one another; some succumb to untimely deaths far from the presence and warm embrace of their partners, yet others are being buried without the presence of the surviving spouses and their families. The current events across the world demand a contextual understanding of the implications, that is to say the effects of the COVID-19 pandemic and the challenges it places on love bonds and the marital vows.

This recent pandemic, like the socio-political crisis, is claiming the lives of the community's sons and daughters, causing fear, panic, and pandemonium. Often, when faced with challenges in the external world, the family is the safest place where one finds solace, in the arms and embrace of loved ones. Most Cameroonians turn home, and to loved ones; to spouses, parents, uncles and aunts as sources of solace and warmth, as shoulders to lean on and to find meaning when clouds get darker. Today, however, anyone who quickly runs home, especially with traces of sickness, is suspected of trying to jeopardize the lives of loved ones.

Family space ensured by the strong bond of marriage occupies a prominent place in Cameroonian society. Though marriage continues to be held in high esteem, the pandemic is exposing strange tensions, controversies and dilemmas among couples. The high incidence of deaths alongside the circumstances of lockdown and its repercussions (e.g. unemployment, poverty and increase in depression), is changing the face of and the dynamics of many families. Most of these spouses got married in the Presbyterian Church in Cameroon (PCC), where the marriage liturgy includes vows of inseparability. Is it possible that the COVID-19 pandemic can destabilize such strong vows taken for life?

One of these vows especially captures attention and it is this that has inspired this study. A synopsis of it goes thus: "I call upon these persons here present to witness that I..., do take you..., to be my lawful wedded

wife/husband... for better, for worse, for richer, in sickness and in health, till death us do part, according to God's holy law."

The paper is approached in two parts: first, it scrutinizes the place of the marriage vow "... for better or for worse...", in the institution of marriage in this era of COVID-19. Second, it reveals data that exposes the strengths and challenges of the marriage vow and bond in the context of the COVID-19 pandemic which has put to the test the church's liturgical vows and the commitment of many couples.

Background/Motivation

A prominent and highly respected Christian in one of our local congregations of the Presbyterian Church, Cameroon (PCC) was being carried away as he was gasping for breath to survive. In this pathetic state, most members of his family who suspected COVID-19 were standing aloof. As he was ferried past us to the ambulance, he kept on saying "that woman is not my wife. If I die, let my family know that the woman in my home is not my wife. In shock, we tried to understand how a man was refusing a woman to whom he was married to, and with whom he and their children had lived together for more than a decade. Family members and relatives explained that she refused to stand by her husband, to touch, take care of and support him in his most dire moment, with the excuse that he has contracted Coronavirus, she was not willing to be infected too, or risk dying prematurely. While his wife was renouncing her marital vow for fear of death, the man was renouncing his on account of the shock of betrayal. Even if both survive(d), this marriage will never be the same again.

Marriage in Context

Kumba Presbytery is one of the largest presbyteries of the PCC. The presbytery houses 17 congregations and a large Christian population, most of whom are married and took their marital vows within the church's liturgy. We selected three of these congregations to sample opinions of married people on the implications of the pandemic on the marital bond, one of the foundations of society. We used a layman's perspective, wherein open-ended questions were put to the local congregants requesting them to respond spontaneously or on the spot. We then used a tape recorder to (gather) record responses which were transcribed and analysed. All ethical

checks were observed and data anonymized. The study was transparent and respondents spoke freely with no compulsion.

The vow – “to have and to hold from this day forward ...” - that is taken during the solemnization of marriage where the couples are made to hold each other’s hand and pledge their unending, unbreakable allegiance to one another in all circumstances; better or worse. Amongst other threats against the married (stead) such as infidelity, infertility, HIV/AIDS and STDs, is the COVID-19 pandemic that is threatening to extinguish marital bond the most. This is so because the disease brings fear of death very close to the people, it is like a death sentence. Once one is declared a patient of the virus, no one wants to be infected and so people stay away from infected persons as much as possible, even couples. Statistics from empirical data collected in three local congregations of PC Kosala 2, Teke and Mambanda Native reveal varied and difficult challenges on the marital state and the family. The question that was asked to the study participants is as follows:

If you suspect that your spouse is having COVID-19, or he/she suddenly reveals that he/she is infected with the virus, what will you do?

Statistics on Respondents:

	<i>Mam- banda Native</i>	<i>PC Kosala 2</i>	<i>Teke</i>	Total	Altogether
Men	11	14	13	38	79
Women	9	8	24	41	

Analyses of responses from respondents

Responses were grouped as follows:

Men's responses

- “When we get to that bridge we will cross. We are not there yet.”
- “I will “palapala” (I will fight the situation when it arises)”.
- “I will first of all be very afraid, then I will carry her to Dr Dewah but not to the hospital.”
- “I will move her into a separate room so that I do not risk my life.”
- “I will not pretend, because this matter has no pretence anymore. I will call Doctors Without Borders to come and take her away fast. If she goes and she is healed, I will bring her back. If she is not healed, she will stay there. Until she is cured, I cannot go beside her.”
- “I will make a special room in my house and quarantine her and leave her there alone”.
- “First my heart will skip seriously and beat terribly. My heart will worry me seriously because my wife is part of me. Then I will place her in God’s care, for only He will know what to do. I will beg Papa God to help me.”
- “I will take very serious measures, knowing that people contract the disease everywhere. And since I love her, I will hold her by the hand and we will go to the hospital. It is better if it is death, let us die together.”
- “I think that I will expect my wife to understand that we cannot die with the children. Because if it were me, I would be expecting the same treatment, that she quarantines me. If she is well, that will be fine, if not, then I will call doctors to take her away.”
- “As soon as she enters the house, I will make sure that I cover my nose and she stands very far to talk to me, so that at least I am safe first.”

Women's responses

- “I will first thank God that he has even revealed that he has corona, because many of these men do not reveal their status in most cases.”

- “I will put my ‘cover nose’, and I will console him now. Then I will tell him that you know the truth that not so? Rather than all of us to die, it is better for papa alone. So I will tell the children to leave papa alone in his corner and we will quarantine him and call the doctors. If he dies ooh, oooh! If he gets well oooh, oooh!”.
- “I will wait until he gets well then will satisfy him again sexually.”
- “With this disease we cannot come together no way.”
- “I will put on my mask, then I place him in our room. Then I find herbs and cook and cover him well. While doing this, I will isolate myself from the children as well. I will cook some herbs for myself too and drink and cover alongside him.”
- “I will support my husband because when we were getting married, it was said “for better or for worse”. If I leave him, it will mean only for better, and not for worse.”
- “I will cook herbs for both of us and we drink.”
- “This “for better or for worse” thing cannot work with coronavirus, no way. No one wants to die with another person, even if it is your better half.”

Both men and women’s responses were strict on isolating the other member of the couple until some form of sanity returned to their health situation. The responses revealed the fear factor, the unknown factor, the betrayal factor, and the stigma factor that have suddenly been exposed by the pandemic. The question that steadily comes to mind is: Has COVID-19 become bigger than love and the marriage bed? This is because as soon as a symptom is noticed, many couples keep their distance immediately and also abstain from sex and other emotional expressions even without any diagnosis.

It is important also to note the distinction between the responses of men and women. There exist multiple gendered undertones. Some people said they would quarantine their spouses at home rather than take them to the hospital to a medical doctor. This is as a result of the recent scandals that erupted from the local and public hospitals around the country, reported on national and local television news, where family members of deceased

persons fought with doctors who declared their relatives COVID-19 positive. They reported that these relatives left home for the hospital to do their regular high blood pressure checks, but were hospitalized with Coronavirus.

Conclusion

The study is a light-hearted survey of people's inner struggles with the dreaded COVID-19 pandemic that is changing many people's lives in Cameroon. Three congregations were engaged due to their struggles with the pandemic and practical prevailing realities such as love and health. From them, we come to the understanding that the COVID-19 pandemic is radically changing the face of the globe. If the pandemic continues ravaging the society and in some cases separating couples the way it is doing, either through death, quarantine/intentional isolation, are we sure we will still have partners who will live together in sickness and in health, for better and for worse? And if love and marriages fail, what happens to the home and the rest of society? We are searching.

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THE IMPACT OF COVID-19 ON WOMEN IN BAMENDA, CAMEROON

Asenek Cynthia I. Teno

Introduction

COVID-19 otherwise known as Coronavirus for over three months now has made news all over the world. Radio, television, and social media have reported on deaths, illness and restrictions as a result of COVID-19. Cameroon is one of the African countries which has been affected. As of 7 May 2020, the Ministry of Public Health in Cameroon COVID-19 Update stood at 2,265 confirmed cases and 86 deaths. These deaths occurred because one of the key measures put in place by the World Health Organization (WHO) to fight COVID-19 has not been respected in Cameroon: social distancing. Social distancing has not been respected with regard to transport of goods, as well as of people, including beyond national borders. Also, markets have not been locked down, nor have off-licenses and on-licenses. Such negligence has led to the easy transmission of the virus. In this paper, my focus will be on Bamenda, the capital city of the North West Region of Cameroon.

The Case count in Bamenda

Bamenda is the capital city of Cameroon's North West Region. The population of this town stands at 533,000 inhabitants, with an increase of 3.7% in 2019 (from 514,000). Bamenda has a tropical savannah climate, bordering on a tropical monsoon climate. It has a long wet summer season and considerably less rainfall during winter. According to WHO, Bamenda is the most polluted city in Africa in terms of its PM at 2.5 (particulate matter). Economic activities in Bamenda city are dominated by small and medium-sized enterprises and by agricultural production from neighbouring regions. There are a variety of banks and micro-finance institutions. One major product of the region is coffee. Agriculture within the city boundaries is also common, as the majority of the population is involved in urban agriculture (crop or livestock), irrespective of their class.

Bamenda is one of the towns in the North West Region of Cameroon suffering from an ongoing political crisis between the Ambazonian Separatists and the Cameroonian Military. This crisis which started in 2016 and escalated in 2017, has affected the activities of the people such that the economy is running down the drain as the days go by. Characterized by shut down of schools, gunshots and a series of ghost towns, hardship and poverty keep knocking at peoples' doors. This has led to kidnappings for ransom. This high rate of insecurity has caused many to abandon their settlements and move out of the region and settle in towns such as Yaounde, Douala, or Bafoussam.

As of 19 May, 2020, a press release from the Regional Delegation of the North West Region revealed that 44 persons have tested positive for the coronavirus. Among these were 26 active cases, 9 recoveries, and 9 recorded deaths. The Divisions affected include Momo (5 cases) and Mezam (39 cases).

Is COVID-19 real?

This is the million-dollar question which many people in Bamenda asked when news about COVID-19 first went viral on social media with images of infected persons and reports of numerous deaths. From the very beginning when the virus had not yet reached the North West Region, many people found it difficult to accept without proof that the virus is real. One could hear questions such as:

“What kind of virus carries the name COVID-19? Is it man-made? Does it originate from an animal? What kind of virus is this, stopping people from greeting each other by a handshake or embrace? What kind of virus is this, preventing people from sitting close to each other?” I cannot even count the number of persons who doubted. Some people were of the view that COVID-19 in Cameroon is a new-found trick by the government to deceive the International Community in order to receive money from the International Monetary Fund (IMF). Those who have lost family members to the virus as declared by the hospital have now come to terms with the fact that COVID-19 is real and are spreading the news. This is evident as many parents who had relocated their children and other family members to other towns for security reasons as well as schooling as a result of the political crises, rushed and brought them back.

Fear of COVID-19 or Military?

One of the effects of the ongoing war in the North West and South West Region of Cameroon is that civilians dread the military from past experiences as recounted by families and individuals as well as the television. It had been established on many occasions that the Cameroon Military had broken into people's houses and killed unarmed civilians as well as being guilty of arson. Bearing in mind the notion that the Cameroon military in the two crisis regions does shoot indiscriminately to kill, people are afraid of them more than COVID-19. From the beginning of COVID-19 more than half of the population in the city of Bamenda did not take it seriously to wear a face mask. When the Administration of Mezam Division discovered that the number of cases was rising, the military was enjoined to enforce the wearing of a face mask. Defaulters do pay to the military an instant 6000 FRS CFA whether caught trekking, in a cab, or on a motorcycle. If it were only for the sake of the fine, many would prefer to pay. But for the fear of being taken to the barracks for torture or something worse people do now move about with their masks. Out of 100 people who carry their face masks around, 99 either cover only their chins or put it in their pockets or bags until they arrive at a checkpoint where the police are. Otherwise, they don't wear them.

One of the measures to fight coronavirus is by wearing a face mask. Experts have demonstrated that the right way to wear a mask is to cover the nose, mouth, and chin. In the capital city of Bamenda, wearing a face mask to many is optional. Some feel uncomfortable wearing it for it generates heat especially with people who do wear medical prescription glasses. Others say they feel as though they can suffocate under the face mask. The fact that people have now seen the reality of the pandemic, many individuals especially women sewing and selling locally made face masks for sale.

Restoration of marriage bonds

A typical African woman has the perception that the husband has the responsibility of fending for his family while as a wife, she has the responsibility of staying at home and taking care of the children as well as the home. Many women love to have their husbands stay with them at home or spend quality time with them. It is not the custom here in our local

setting for a woman to express to her husband how she feels emotionally, yet she needs him around as well as the children who also need their father. In Cameroon, to a woman from the North West culture, it is a sign of respect to stay quiet without expressing emotional needs to her husband. This has successfully sent a wrong signal to the men. It has become a norm that women do not ask for sex from their husbands, else the men would judge them as “prostitutes”. For this reason, some women only wait until that time when their men feel like having them, only then can they satisfy their sexual needs. Usually, the man leaves his home in the morning and comes back in the evening, tired. On such days he doesn’t have time for his wife and children. Family ties suffer from this routine. COVID-19 has brought a smile to the faces of married women. I found myself in the middle of some mothers in Bamenda, North West Region, Cameroon who were sharing their experiences on their relationship with their husbands during this period of Coronavirus.

Out of 36 women present, 29 in the course of sharing their experiences made mention that “something de spoil fix someone”. It is a local idiom that means the occurrence of one bad situation is a stepping stone for the restoration of a missing treasure.

Each time such an idiom was mentioned, “ar swear oh” confirmation chorus would follow suit. They were of the view that in the past their husbands never stayed at home with them. Rather they were always out there in beer parlours, sharing drinks with their peers and running after “little” girls. But with the outbreak of COVID-19, their husbands now stay at home and the family bond is growing stronger and stronger.

These women again stated that they never enjoyed their marriage as they do now. Some explained that at first, it was difficult for their husbands to touch them at night after hustling and bustling the whole day, because of tiredness. As a result of the COVID-19 pandemic with its restrictions on movement, the men express their desire for romance more often than before. This lockdown period has also allowed husbands and wives to dialogue and solve many previously unresolved marital issues.

Response to new-found sanitation

I grew up in my North West community and heard a common idiom in our local parlance that “black man no de die dorthy”, meaning that “a black man can eat with dirty hands and will not contract any disease”. As black

Africans, both parents and children generally have always known that we wash our hands only when we want to eat cooked food that warrants the usage of bare hands. As for the washing of hands after using the toilet, some people have often considered it optional.

When the World Health Organization came up with measures to prevent the virus, washing hands with clean running water and soap as well as the usage of sanitizers were made compulsory. It was the talk of the town for weeks in Bamenda. Many took it for fun, as they could not imagine themselves washing their hands more often, not for the sake of food, rather just for hygiene/cleanliness. One could hear “I want to sensitize my hand. I need to sterilize my mouth. Give me hand sensitizer.”

For some people to see a bucket of water, soap, and sanitizer at any entrance was considered as drama. With a lot of awareness created via television, radio, and social media platforms, many have learned how to wash their hands and understood why soap must be used with running water. Before COVID-19, many had never given importance to the kind of water used in washing their hands. Importance had never been placed on whether the water is running or not. COVID-19 has opened the eyes of many in Bamenda to know that effective washing of hands is done using clean running water and soap. Besides that, every home now owns a hand sanitizer. Nobody minds sanitizing their hands as many times as possible because it is now clear and evident that COVID-19 can be transmitted through contaminated hands. The consciousness of COVID-19 has caused people to shift from the paradigm of “only hospitals use sanitizers” to “everyone must use sanitizers”. On the streets, hawkers use hand sanitizers as well as ‘buyam sellams’ (meaning ‘buy it and sell it’ products) in the market.

Phobia for Hospital in Recent Times

It is the wish of every patient to have the opportunity to seek wellness from the hospital. But today in my community in Cameroon, some families who have been victims of COVID-19 have shared terrible experiences concerning the kind of treatment received from medics when they tested positive for the virus. Firstly, the quarters for quarantine were never suitable, according to reports from those afflicted. Some complained about an unvaried diet of bread and sardines for their food, which of course has driven some to clandestinely leave their area of quarantine. On television, people

have watched family members of alleged COVID-19 patients who were declared positive with the virus without having run a test, asking for justice for their relatives. Others were declared positive with the virus before running another test finding them negative. And because of negligence for fear of being infected, such patients were abandoned to die. Such errors have promoted stigmatization and rejection of patients, even close family relations. Cameroonians have the impression that if they present themselves at any hospital with a high temperature, they would not only be declared COVID-19 positive and quarantined but would be allowed to die without any test and treatment. Therefore, many prefer to hide their illness, and treat themselves locally, rather than to go to a hospital. They prefer self-medication, knowing that their survival is 50/50 as opposed to an untimely death at the hospital.

Conclusion

This paper started with an introduction to the general state of COVID-19 in Cameroon. It narrowed down to Bamenda as a case study where it discussed the reality of the virus and how the news of it was first received. The paper showed the effects of the socio-political crisis on the people of Bamenda. Adding to these effects are also the realities of COVID-19. Some of the outcomes as a result of the measures put in place by the World Health Organization have led to the restoration of marriage bonds and improvement of general sanitation. The paper ends with an exposition of how some people view health facilities in relation to stigmatization and COVID-19. With these findings, we therefore recommend that no one should condemn another for their health situation, rather we should let love lead. Inasmuch as we have to fight COVID-19 as governments or states, we recommend that people should take care of themselves because COVID-19 is real.

COVID-19 PANDEMIC:

REFLECTIONS OF A PUBLIC HEALTH PHYSICIAN

Stella Gyamfi

This reflection highlights how I used spirituality to manage my life and my family as a health worker to cope with stressful times when COVID-19 broke out in Ghana. It shares a story of a woman doctor and how a mother encouraged the children to pray in the midst of the pandemic.

Pentecost Day 2020, which fell on 31 May 2020, was a memorable day celebrated under conditions of restricted movement and banned mass gathering. I could not attend the Pentecost Sunday service at my local Accra Ridge Church. I watched a live service on YouTube. This situation affirms that we are in unusual times.

One of the first spiritual gifts I received as a new Christian in the year 1997 was the gift of intercession. I have developed this gift particularly over the decades and have arrived at the point where I can spend almost the whole day in prayer. In the early days of learning to intercede, I came across some Christian literature on the efficacy of the blood of Jesus Christ for the holistic protection of a Christian. I also picked up the fact that Psalm 91 was very helpful when used as a prayer for the protection of loved ones. I therefore daily submerge my loved ones, friends, home, work and worship places in the blood and pray Psalm 91 as well. I have taught this same principle to all my children which they use in their intercession.

Through the various forms of Media, the world learnt about the outbreak of the COVID-19 disease which originated from Wuhan city in China in late December 2019 and within a matter of weeks had spread worldwide. As a Public Health Physician in charge of a Public Health facility and Sub-Metropolitan Health Directorate (hereafter Sub-Metro), the news of the COVID-19 pandemic outbreak was received with the hope that the disease would not cross the borders of Ghana into communities. This is because Ghana in 2014-2015 was spared the Ebola disease, even though cases abounded in the West African sub-region. However, by early March 2020,

travellers from outside Ghana infected with COVID-19 had arrived. Most of the returnees were isolated and quarantined, but in a matter of weeks, a community spread happened. The cities of Accra and Kumasi were put under lockdown in March for three weeks. Enhanced contact tracing in communities commenced in a bid to get as many positive cases to isolate them to curb the spread of the disease.

As a public health physician working in a public health facility, I am automatically a frontline worker and worked throughout the lockdown period until the present. Working every day including weekends is exhausting and coupled with observing heightened infection prevention activities (frequent washing of hands, constant wearing of masks) among others, makes it difficult to have energy for anything else.

As an intercessor, I however realized that I rather needed to, if possible, step up my hours of intercession because of the pandemic. COVID-19 generated fear and panic everywhere and so I asked the Holy Spirit for direction as to how to pray as the plague rages. On 2nd April 2020, a Christian Broadcasting Network (CBN) email devotional caught my attention. Written by Lori Wilkerson-700 Club Producer and titled “2 Ways to Stop a Plague.” It indicated that history points to two powerful and successful weapons that stop a plague. The devotional pointed me in the direction to intercede.

The devotional spoke about the use of incense and sword in the Bible to stop plagues. In Numbers 16:41-46 and Numbers 25, during Korah’s rebellion against Moses and Aaron and Israel’s idolatry and immorality with Moab respectively, two things stopped both plagues; incense and the sword. The devotional indicated that incense mentioned in both Psalm 141:1-2 “...Accept my prayer as incense offered to you” and Revelation 8:4 “...The smoke of the incense, mixed with the prayers of God’s holy people...” referred to prayers. The devotional continued to say that 2 Chronicles 7:14 admonishes the people who are called by God’s name to humble themselves, pray and seek God’s face, turn from their wicked ways and God will heal their land. Prayers, the devotional said, are to be made for the following groups: loved ones, frontline workers (all cadres of health workers), the scientific community to discover a vaccine, God’s spiritual servants (pastors, evangelists, and missionaries), national and local leaders (to make good decisions and policies with the limited information at hand) and the unsaved to know Jesus Christ to be saved. These groups I pray for especially every day during this pandemic.

The second weapon against the plague is the sword. The devotional indicates that in the New Testament, the sword is the word of God. In Ephesians 6:17, Paul writes, "...and take the sword of the spirit, which is the word of God." The word of God is to be declared out loud over the situation because it has divine power to halt COVID-19. God, in Jeremiah 1:12, declares that He watches over his word to perform it. Stewart in her devotional uses various scriptural verses as declarations to illustrate this point. She refers to Psalm 55:4-5, 16-18 for example and declares that "My heart is in anguish within me; the terrors of death have fallen on me. Fear and trembling have beset me...I call to God, and the Lord saves me. Evening, morning and noon I cry out in distress, and he hears my voice. He rescues me unharmed..." Stewart likewise makes declarations with the following scriptures among others: Zeph.3:15, 17; Romans 8:31-32,35-37; Psalm 46:1; Psalm 27:15; Psalm 107:19-20; Psalm 50:15; Mark 4:39.

I have mentioned my use of Psalm 91 as a prayer on a daily pre-COVID-19 basis and continue to declare it, especially verses 3-6, which state that "... Surely he will save you from the fowler's snare and from the deadly pestilence. He will cover you with his feathers, and under his wings you will find refuge; his faithfulness will be your shield and rampart. You will not fear the terror of night, nor the arrow that flies by day, nor the pestilence that stalks in the darkness, nor the plague that destroys at midday" (emphasis mine). I also declare Psalm 46:10 "...Be still, and know that I am God;" over the situation.

The blood of Jesus Christ was not mentioned in Stewart's devotional, but as stated earlier, I have been pleading for the blood from the inception of the outbreak in my prayers. In Exodus 12:13, God told Israel that the blood of the lamb would be a sign for them on the houses in which they lived. When God saw the blood on their doorposts, he would pass over and Israel would not experience the destructive plague Egypt was to experience. The blood of the lamb is symbolic of the blood of Jesus Christ, the ultimate sacrificial lamb whose blood was shed to deliver humankind from Satan and sin's bondage.

A look at Job 1:9-10 tells me specific areas that the blood can be applied to; myself, my house and family, my possessions and property, my endeavours and my area of influence. On a daily basis, I therefore submerge all my loved ones and other groups in the blood by prayer. I also plead the blood of Jesus over the nation and specific places like my community, my place of abode, workplace and place of worship. In doing so, I have noticed

that compared to the two other sub-metros in the Accra Metropolitan area, the sub-metro I oversee as Sub-Metro Director of Health Services, COVID-19 cases are few. The positive cases in the sub-metro are people who are asymptomatic (without symptoms), and are made to undergo home-based care.

COVID-19 is still spreading in our communities, but by God's sovereign grace, the death toll in Ghana is very low compared to other countries. Clinical observation has discovered that most positive cases are asymptomatic. The danger is that these positive asymptomatic cases pose a threat of spread and therefore need to be identified and isolated to break the chain of transmission. Field observation is also noting that positive cases are stigmatized by communities after being declared negative after quarantine. The fear of stigmatization prevents persons with symptoms from seeking healthcare. Again, fear of stigmatization emboldens contacts to refuse testing during contact tracing of COVID-19 positive cases.

COVID-19 is a novel viral disease for which no cure has been identified and no vaccine developed, (at the time of writing). It is therefore imperative for persons to adhere to all the public health guidelines developed so far to help curb its spread. This is mainly social distancing (avoiding crowds), frequent handwashing, donning of facial masks and other infection preventive measures. COVID-19 is primarily contracted through droplets, so face masks covering both mouth and nose is key in prevention.

I hope what I have shared will encourage others to join and continue to pray and trust that God will endow humankind with the requisite wisdom to discover ways to treat the COVID-19 pandemic and (an effective) vaccine to halt the pandemic.

COVID-19 – A TIME FOR PEACE AND REST

Georgina Kwanim Boateng

Introduction

In our unease and our inability to give ourselves rest, we have also damaged the environment because by not resting and resetting ourselves, we have also denied the environment, the factor upon which our work is acted, the opportunity to rest and reset itself. In a bid to increase productivity and increase wealth, people have devised ways and means of working 24/7 but have not considered the effects of these actions on the natural order of things – that is, humanity's natural need for rest, and the environment's natural need of following. This paper draws on Mark 4:35-41 to propose that the COVID-19 pandemic is like a storm raging that invites us to learn from Jesus who takes a rest in the midst of the storm. It argues that Mark 4:35-41 gives a rare moment of quiet which Jesus had with his disciples, a time of rest for the action that follows. Considering that the whole gospel of Mark is one of the swiftest, moving along with speed gospels, it is refreshing to note that we encounter Jesus sleeping.

COVID-19, the Environment and Human Response

COVID-19 has ravaged the world's economy in recent times. The information has it that it began in China and with time has spread over the entire world. Its effect has been gargantuan as it has brought the economies of many nations including great nations and developing nations alike to a standstill. It has greatly interrupted regular life as we know it. The expressions 'lockdown', 'quarantine' and 'isolation' have suddenly become commonplace and the resultant effect of this is that people's schedules have had to change. People have to stay at home, stay away from work, stay indoors if there is nothing urgent or essential that would take them outdoors. In short, people have been instructed to rest. The church has had its fair share of this instruction to rest, to rest from its activity-laden and driven church organisation. This has become a source of worry for

many people. Mostly, we are not used to this level of losing control. The number of days to stay at home and ‘rest’ is bound to ruin our well-laid down targets. If the disciples had seen the storm as an instrument in the hands of the Lord for which he was using to help them rest and prepare for the work of the next day, perhaps, they could have rested in the Lord. Instead, they were restless and continued to work until they were frantic with panic. Suffice it to say, they did not just get any rest, their exhaustion levels were probably higher. COVID-19 is the storm we face today. There is no denying that it is frightful, each day we hear of infection rates climbing higher on a global scale, death rates moving steadily, alongside people of some societal prominence succumbing to this infection, and it does not seem to be a respecter of race, tribe, sex, age, or economic status. A storm is raging, but if you and I will rest with Jesus and in Jesus, if we can trust Jesus to get us to the other side, we can avoid all the anxieties that accompany such a pandemic. If we can believe that Jesus cares about us and has the power to control the elements in his creation at will, and this includes COVID-19, we can appreciate that this is only an instrument in the hands of the Lord.

The Call to Row to the Other Side: A Call to Rest

In Mark 4:1, we see Jesus get into a boat at the edge of the lake to teach a crowd of people who had flooded him at the shore. He needed to do this because the people were so many and he needed a vantage point, preferably, a higher point to stand to serve as some kind of stage so that he will be seen and heard by all. I can imagine what this would have meant for his disciples with him, who would then have to organise the crowds to sit down or stand as the case may have been and ensure that everyone was comfortable, to go to the aid of those that needed any assistance and to ensure silence and minimal distractions so that the work that Jesus was doing would go on smoothly. They went at this all day until the evening came and when evening had come, Jesus called them to go to the other side of the lake to continue the work there. He would not let them wait and go in the morning. It was as if it was a very urgent business and needed to be done right away without any delay or preparation. As we are told, Jesus was already in the boat and so they joined him to go to the other side. Many of the disciples were fisher folks, so their natural instinct would tell them to get to work by rowing the boat. They went to work.

However, we see Jesus go to sleep, and rightly so on a cushion! Comfortably. The contrast is that we see Jesus recognise a time of rest, while the disciples continue to work because they probably assumed that it depends on them to get to the other side. A tempest came at this time of all times when the disciples were exhausted from working all day and probably not having any sleep. It is like trouble comes at the worst possible hour, the time when we feel least prepared to face it. They may obviously have needed to work harder to try to keep the boat from been battered, yet we hear the tempest was so strong that water was coming into the boat and it was about to sink. How can we ignore the opinion of the disciples about the fact that the boat was going to sink? They were the experts and they could not have been exaggerating the problem, they went into a panic and to the point of giving up because they were surely going to die under those circumstances. Where was Jesus in all this? The one who had issued the instruction for them to go over to the other side urgently was asleep and remained asleep throughout the episode.

The instruction Jesus had issued was, “let us go over to the other side”. They were to go with Jesus to the other side, not to take Jesus along to the other side. It reminds us of the call to discipleship where Jesus tells us to follow him. If they had considered the instruction this way, they may have seen it as a call to rest for the work they had the next day, to rest in God’s rest which meant a Sabbath, a leaving of everything in the hands of God, a complete trust that God can carry them over to the other side if they let go and let him. Noah sailed in a boat in a flood that destroyed the whole world, the Lord God had himself shut him in such a way that he and all those who were with him were unharmed. The disciples in our story also sailed in a boat in which Jesus himself was present, they acted out of the instruction of Jesus, but they were unable to follow it fully. Following Jesus would have meant to rest with him by his side, and trust him even if they had to go without him to the other side. They could have trusted in him enough to leave everything in his hands and trusted even in his ability to use the storm to accomplish his purpose. Jesus obviously knew that a storm will arise yet he asked the disciples to go at that time, he did not avoid it. He knew there was a storm, yet he slept on. He knew there was going to be a storm, yet he called the disciples to go with him to the other side. He knew the storm would be beyond their control, yet he asked them to go with him. It was beyond the disciples, but it was not beyond him. They had lost control but he had not. He did not call them to come and

put the storm under control, he called them to go with him. From his query to the disciples later, we realise that it was a question of the test of their faith and not their skills or ability to control the situation, a question of their ability to come into God's rest by trusting him completely to handle it and when we cannot literally see him handling it. In the midst of the storm, can we rest in Jesus?

The Unease of the Disciples, our Current Unease and Environmental Hazards

The disciples clearly could not rest in Jesus, they felt a need to work, to take control, to be the determinants of their own circumstances and future. Their expert opinion determined what the situation required and they had probably done all they could, and now their expert opinion told them again that it was all over, death was staring them right in the face. Their expert opinions had turned them over to panic and forgetfulness of who Jesus was. Jesus was no longer Lord but Teacher, also Jesus was no longer caring, but one who did not care. Perhaps the disciples would have perceived Jesus as caring, if they had seen him with them in their attempts to work hard to beat the storm and keep the boat adrift, that is, if Jesus had kotowed to their standard of how things should be managed. This is because in their panic they could no longer recognise Jesus as Lord, they had forgotten that the standards of human beings did not apply to him and that he operated by a higher, more authoritative standard. They wanted Jesus to begin to act according to their understanding and knowledge rather than his own. They had forgotten that Jesus their Lord, who had instructed them to go over to the other side was wholly capable of accomplishing that even through a storm. They had forgotten that they had opted to follow him and in applying their standards to Jesus, he was not acting logically.

Human beings today are no different. We have developed a feeling of control and a sense of work which make it nearly impossible to stop and take a rest. We have come to a place where Sabbath no longer has any meaning for us. We have surrounded ourselves with 'wise' sayings and habits that imply that hard work means nonstop work habits, where a person takes no rest because any form of rest is losing control which would make things go out of control. We just keep going though we have been working all day, we want to also work all night, we give ourselves no rest, we give

our working implements and instruments no rest. In a world like the one we live in, true rest is only found in Jesus. Today if we can find any rest or alternative lifestyle, we can only find it in submitting to the Lordship of Jesus through acknowledging that he has the authority and ability to make the earth, and his creation go round and also cater for the needs of his people. We have to be able to accept and trust in the rest he gives us from the toils of the day, in the natural order of night and rest. Again, we have to accept that, in his supernatural knowledge, all the ways things are ordered is superior to our wisdom and expert opinions.

Many of the challenges we have now stem from our inability to rest in this sure confidence. The world is in a panic because the things we trust in, our expertise, our wisdom, our work, and our busyness are failing us. We have flown into panic, and out of our panic we have simply refused to 'stay at home', because we feel we must go out there, to our usual life to make it to tomorrow. We fear that we may not make it if we stay put and at rest. Yet we can agree that this is the night and a time for rest and in a storm like this, we can find rest in nothing else, not in our expertise, not in our knowledge or abilities but in Jesus only. Jesus is the only one that can give us peace in the midst of the storm. It is heart-warming to note the testimonies that came along about some environmental 'repairs' as people took to their homes and we trust that for the sake of our environment some lessons will be learned.

Conclusion

Jesus invites us just as he invites the disciples to follow him to the other side. He has never promised a smooth route but a sure destination. If we learn to keep our trust in Jesus, we may be able to follow him completely and find rest even in the midst of our storms. The COVID-19 pandemic is like a storm raging in our world today. It has interrupted our schedules and called us to an unexpected yet needed rest, if we can trust our Lord in this storm also, we may be able to find peace in the midst of it and perhaps even count our blessings when the storm is over.

POEMS

WHO CARES?

Joyce Boham

I cry
 each day of hunger, of water, of family, of friends
 I plead
 for health, equal opportunity, quality education
 I yearn
 for somewhere to rest, at night, and in day
 Poverty pushing me to leave my family in search of basic needs.
 Losing my child, my family, my property
 O COVID-19, I am moved.
 I am moved to sleep on the street,
 And you shout 'Virus! Keep social distance!'
 Who cares? Do you care?

I sell at night
 A woman, a bread winner
 I wake at dawn to find the profits.
 A sachet of water keeps me fresh.
 Where is one meal a day for my children?
 Suddenly demolishing my home for development,
 And you scream 'Stay at home!'
 Did you say 'home'?
 I cannot travel back home
 Lockdown and barriers
 I cannot run back even into bondage
 My legs are weak
 I cannot go back to the makeshift home I share
 It is no more
 Really!! Stay at home?
 Which home?
 Do you care about my health and safety now?
 Who cares? Do they care?

They cry that it's a pandemic.
 It's deadly, it's unseen, yes, it is no respecter of persons.
 I hear it affects the powerful, the famous, the rich,
 The helpers and even our grandparents.

They did not know, I have been fighting a pandemic too
Homelessness, starvation, maternal mortality, CSM,
breast and cervical cancer, Ebola
I deal with ethnic and religious conflicts,
I have been shouting, of war, of conflict
political, economic, social, and religious strife,
our children, women, our able young men, and the elderly
You did not come to my aid
Your pandemic, who cares?

Do you care?
Give me the skill
Stop the talk and build me factories to work in
If you care, stop the gender-based violence
Stop the outdated cultures
Stop disempowering women
Your laws enforcing agency, they giggle at my pandemic
Who will hear me?
Do you care? empower me to farm, to bake, to sew, to teach, to weld.
If you care, encourage me
Hear me at your discussion table
Hear my dream, not my sex.

Do you care?
I cry for help.
Free me from the shackles.
I am a woman,
I am African.
Build my confidence
Help me resist the oppressor's rule.
If you care, develop my skill
So I too can contribute my quota to make my nation great and strong.
For the sake of my grandchildren
and perhaps even your great grandchildren, who knows?
Let me be a woman and Africa would be strong.
Who cares
Enough?

COVID, I can't breathe

Georgina Kwanima Boateng

In all this, we break free
Yes! we break free
We resist death and its dealers;
From the time of our ancestors
You have presumed to be our conscience
Telling what we are
What we are not
What we can and what we cannot
Even presuming to tell us who we are
Who we should be...
Saying to us today:
"COVID will be most devastating in Africa"
"COVID will wreak the most damage in Africa"
"More Africans will die from COVID"
Because Africa is like this and like that
Africans are this and that
Africa has not this and not that.
We can't breathe
Stifled
Led on
Yet Africa stands.
We haven't crumbled more
We are not worse off, or devastated
We are all in the same boat.
If you won't let us breathe,
How do you breathe?
All the world cannot breathe
But as one we breathe!

I'LL RAISE MY HOPES

Mark S. Aidoo

A great woman; a wealthy wife
Independent and generous; intuitive and nameless
Her table has one more space for a visitor
Her roof chamber has one more room for a man of God
A cosy bed; a comfy chair
A table and a lamp
All she needs is to comfort the comforter
Not for the prophet to raise her hopes
Not for the prophet to give her a son

A humble woman; a childless wife
What good reward does she deserve?
A pregnancy in her old age
O she knows her people
A child for her effort
She refuses a word to be spoken on her behalf
O she hates to be deceived
Not to have a child and lose him
Not to lose a son when the prophet is away

A caring woman; your strong lap
Your warmth cannot save your boy
Your joy is lost; your heart cannot beat
Whence shall help come from?
No caring father; no loving husband
Except those who frustrate a mission
From Shunem to Mount Carmel
For she refuses to deal with an intermediary
She accedes her demand; she intercedes for her seed
Not until the prophet intervenes
Not with the staff because she would not leave

A thoughtful woman; a compassionate wife
 How can she settle for deception?
 A brave woman; an insistent woman
 She resists to let go; for his God can restore
 Hoping against hope, she lives her faith
 To give and to take is more than to take and not give
 For she lives among her own people
 Not till the son sneezes seven times
 Not till she sees new life

Africa, your children are infected and dying
 COVID is trying its worst
 Our fears would be past
 Can I raise my hopes?
 Be of good cheer; women of strength
 You graced your generation
 When all refuse to care; social distance from healers
 Women near; hope is there
 Your concern for the dying is unparalleled
 Sit on your donkey; ride till you find hope
 For better in the worst, move in faith
 Nothing is complete until life is found.

Double trouble corona

Georgina Kwanim Boateng

It was not ideal for him to stay out so late
There were three young kids and a job to juggle
I could have done with some help at home
We were supposed to be partners
who lean on each other to pull through life
But how mighty glad I was
That he had found an after work hobby
It didn't matter that it was drinking
to a stupor with his boys
He seemed to enjoy it enough to stay away long hours
And he only came home when he was almost passed out
And many times he tried his previous hobby
But he only got as far as throwing a jerky punch
Which was usually easy to dodge
And the kids didn't have to see him at all
Since they slept soundly in their beds then
After all, was not an absentee father better than this image
of a father in a stupor from drink and raging,
ready to beat whatever and whoever is in his way?
It was not ideal not to have a partner
to help with the expenses around the home
Well... at least he paid the rent
And so it is worthwhile to stay with him
And I don't want to be the one with the tag:
"The woman who could not hold down a husband."
Yes, many things were not ideal,
but I lived with it anyhow,
because in all of it I was told, I was blessed:
that a man had married me at all
and made me a woman by giving me children
And was God not helping me by giving him the late nights?

They were such blessings to miss his beatings
Now all for me to endure was the dawn pestering
for intimacy that was so estranged
But wasn't it a blessing that his job required for him
to ride the company bus very early in the morning,
Cutting short my nightmares of dawn?
All of which, I thank God, the kids do not see.
But now, what is this that they say?
Hmm...coronavirus the novel is here
And all are ordered to stay at home?
Oh dear! Where is my God?
Coronavirus is not ideal
But in more intensely undesirable ways.
And now my kids are forced to witness
The venting of frustrations of a father they hardly know
And endure the stifled screams of a mother at night
And in the morning their confused and panicky looks
That a mother with a bruised heart has to bear.
Now here I stand again with child,
And already three hungry mouths had been too much.

Whispers of a pandemic

Christabel Jibromah & Olupayimo Akinola

Whispers of a pandemic from a faraway land
Now it is close
Closer than you think
Even your next-door neighbour is a suspect.
Lockdown, lockdown
All Sade could think was how she would survive
First week slides, second week runs
“All will be well my dear,” her mother comforts
Third week, fourth week
She gets a call... “She has been fired”
How? when? where? what?
“How do I cater for my two children?”
is the question that occupies her mind
Suddenly depression seems to set in
Why did my husband have to die?
How could he leave me all alone to fend for myself?

Mummy G.O., Mummy G.O.
There is now a lockdown
What? Oh no!
How do we fend for ourselves?
Pastor needs the flock to function and
Lockdown means no church service
No church service means no members
No member means no income
No income means HUNGER
All of a sudden, the truth spills in our faces like oil in a river
and then, the whole world comes crashing down.
Yemisi is 32 years old with 3 kids and a man
Shut away from the world in a sad emoticon she calls a home
She's brought closer to the man who she thought gave his love,
his heart to her.

But as each day tangles, COVID is uncovering a lot of things
 Like a funny attitude of resentment, like God reacting to sin.
 She has become the cleaner, the teacher and the cook.

While he settles day in, day out, on the sofa, flipping through channels
 until there's a power outage, when he yells, "where's my food?"
 These days, she has to move swiftly, her bruised feet from yesterday's
 punching
 To avoid today's boxing.
 COVID has brought them close enough for him to make her bleed through
 every hole in her body.
 These are tough times, but he forgets that love in hard times is not proven
 with thrusts.

Beatrice, a trader who sells petty things
 is forced to stay at home against her will
 Her husband, a driver
 cannot bring home enough to satisfy the aching bellies
 They lie in wait.
 So, they hide their tears in their laughter
 and pretend it is from over-laughing,
 Hoping that sooner or later this one too shall pass.

Lockdown has brought many partners so close
 For them to see how far apart they really are
 Some homes are surviving this asteroid that hit
 Some are collapsing from it
 But in each house is a recurring question
 "How do we fend for ourselves?"

The Mask

Georgina Kwanima Boateng

When I was younger, it was a movie
As young kids we enjoyed it so much
And looked for any available thing to put on our face,
Fantasizing about how it could stick
And change us into some superhero character.
Growing up, we forgot all about it
And no longer found it fun to play
Or thought even of superheroes anymore.
Indeed, the symbol of the mask changed for us.
Now anyone in a mask is liable to arrest
Since it reeks of hiding one's identity
And only a criminal would want to do that.
How the image of the mask moved so fluidly
From being of a superhero to being of a villain!
Only the process of growing up can unravel it
So, while we still remain yet grown up
It can only be a shock when the image changes *yet again*
Picking up the old ways *yet again*:
“Wear the mask and save your life”
“Wear the mask and save others”
“Wear the mask all day long”.
The mask has now become in itself
The image of self-preservation and other-preservation.
The COVID world has turned us all into superheroes.

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COVID-19 has, like other crises, thrown into relief social injustices and gendered inequalities. BiAS 31/ ERA 8 offers theological responses to and reflections on the COVID-19 outbreak and pandemic. All are by African scholars and authors; some are academic, some experiential, and others creative or impressionistic in tone. Reflecting the ethos and commitment of the Circle of Concerned African Women Theologians ("The Circle") to nurture and promote the publications by and about African women and men committed to social justice and positive change, this issue contains the writings of some established but, predominantly, of emerging theologians. For some contributors, this is their first publication in an international series.

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