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5 COVID-19 in Zimbabwe: An Islamic Response to the Pandemic

Abstract

The chapter seeks to investigate the place of religion in the context of the COVID-19 pandemic in Zimbabwe. Using the concept of religion in relation to Islam, it explores the Islamic response to the COVID-19 pandemic in the country. This is inevitable in a context with a multi-religious landscape, which implies that people's contribution to public health message was, by and large, shaped by religious beliefs and the response of religious actors. Yet, despite the fact that Zimbabwe is a multi-religious society, it has been a common practice to regard the dominant religion, Christianity, as the only key development agent that the Zimbabwean government could work with in the fight against the COVID-19 pandemic. In this way, minority religions such as Islam are excluded in development initiatives for health. Utilising a qualitative phenomenological research design, the chapter foregrounds the role of the Islamic community in promoting public health and human well-being during the COVID-19 pandemic through their cultural identity and other religious resources. As COVID-19 takes a downward curve, the chapter advocates for the inclusion of minority religions such as Islam in post-COVID-19 recovery initiatives and in any other future pandemics.

Keywords: COVID-19, Islamic Response, Pandemic, Zimbabwe

Introduction

The novel coronavirus that causes the COVID-19 pandemic which was first reported in Wuhan City, Hubei province, China in December 2019 and in Zimbabwe in March 2020 affected all spheres of life including religious communities. This unprecedented health phenomenon was declared a pandemic by the World Health Organisation as it affected societies at their core (WHO 2020). In Zimbabwe, while the intersection between religion and the pandemic attracted media attention, the religion and public health interface continued to receive limited scholarly attention. This is despite the fact that religion manifested its presence in public

health not only as a provider of healthcare, but also as part of the emergency response team. This chapter interrogates the place of religion in the context of the COVID-19 pandemic in Zimbabwe. The chapter examines the Islamic response to the COVID-19 crisis in Zimbabwe. This was inevitable in a context with a multi-religious landscape, which implied that people's contribution to public health messaging was largely shaped by religious beliefs and the response of religious actors. Given that COVID-19 is a novel pandemic, the chapter seeks not only to contribute to the religion and public health discourse in Zimbabwean scholarship that has been preoccupied with other pandemics such as HIV and AIDS, but also to take stock of religion's complex role during pandemics and consequent contribution during a crisis. Cognisance of the fact that different religions were involved in the fight against COVID-19, the intersection of religion and public health in Zimbabwe during the COVID-19 pandemic is deliberately situated in the setting of Islam. This is because although Christianity remains the dominant religion in Zimbabwe, the religious landscape in Zimbabwe is multi-religious, with representation of other religions including *interalia* Islam, African Indigenous Religions, Rastafarianism, Baha'I Faith and Hinduism among others, which account for smaller percentages in terms of following. As Maposa *et al*. (2016:127) rightly observed, "Zimbabwe is a multi-religious society where living religions like Christianity, Islam, Hinduism and African Traditional Religion co-exist." According to Chitando (2003:123), "a multi-religious society occurs when some people living in a pluralistic environment consciously and deliberately undertake to deal with the existence of the other." The context of co-existence among different religions in the country helped in the fight against COVID-19 as the religions deployed their respective religious resources in response to the pandemic. However, while scholarly literature on the nexus between religion and public health in Zimbabwe has mainly focused on Christianity, there is a dearth of research on minority religions. This chapter explores this neglected dimension of religion and public health, focusing on Islam.

Research Methodology

The chapter utilised a qualitative phenomenological research design that provided a description of the lived experiences of participants from an insider perspective. The study corroborated insights from the phenomeno-

logical and historical approaches to describe and analyse data. The historical method involves hermeneutics and is important in tracing the origins, development and impact of the COVID-19 pandemic and to bring out how the Muslim community perceived the disease in Zimbabwe. The study used the phenomenological principles such as *epoche* (bracketing out), descriptive accuracy, *eidetic* intuition (establishing the meaning), empathy and comparison (Cox 1996). The two approaches were used in a complimentary way. The chapter is based on a study conducted among Muslims in Zimbabwe. In order to collect data, the study conducted unstructured in-depth personal interviews with thirteen purposively sampled information-rich African Muslims in Zimbabwe. Of the thirteen study participants six were female and seven were male and they were all located in Harare. The interviews were significant in understanding Islamic responses to the COVID-19 pandemic in Zimbabwe.

Religion and Pandemics: A Review of Existing Literature

The chapter situates the Islamic responses to COVID-19 in discourses of religion and pandemics. This scholarship has partly engaged with the role of religious actors in curbing pandemics. For instance, Chitando (2009)'s book *Troubled but Not Destroyed*: *African Theology in Dialogue with HIV and AIDS* emerged from the conviction that African Theology can stir African churches and communities to provide effective responses to HIV and AIDS. Where Afro-pessimists are writing off Africa – due to AIDS, corruption, ethnic wars, and other challenges – the book contends that Africa will, as always, stubbornly refuse to die. Where one will in all honesty concede that Africa is indeed troubled, one must also celebrate the fact that it is not destroyed.

Similarly, with reference to the HIV and AIDS pandemic, Mapuranga (2009) highlights the effects of the pandemic on the traditional Ndau women in Chipinge District in Zimbabwe. She argues that while there are some negative aspects of Ndau traditional religion which have helped to spread HIV among women, the same women have played a key role on the overall response to the HIV and AIDS pandemic.

In the case of the Ebola outbreak, which profoundly disturbed three West African countries (Guinea, Liberia and Sierra Leone) in 2014-15, Marshall *et al*. (2015) posited that religious beliefs and practices shaped (positively and negatively) ways of caring for the sick, patterns of stigma,

and gender roles and affirmed that throughout the crisis, religious institutions provided services including health, education and social support.

In the same line of thinking, with reference to Ebola, Jansen (2019) concluded that the unified voice and collective action from faith leaders around infection prevention activities decreased the fear and stigma about Ebola. He observed that the Muslim and Christian faith leaders drew lessons from their own Quranic and Biblical texts respectively to support the recommended infection control and prevention measures for Ebola.

With regard to COVID-19, emerging scholarship has also been centred on religion's role in spreading the pandemic. For instance, Jaja *et al.* (2020) while focussing on social distancing, examines how religion, culture and funeral rites undermined the efforts to curb COVID-19 in South Africa.

Emerging scholarship on religion and COVID-19 has also focused on the positive responses of religion through the use of the media in addressing the pandemic. For instance, scholars in different contexts such as Zambia (Mwale *et al.* 2022), Nigeria (Aluko 2020), South Korea (Wildman 2020) and the Philippines (de Castillo *et al.* 2020) concluded that most religious groups were innovating in response to demands of social distancing by conducting online services, including disseminating practical health information, and offering urgent financial help in the wake of rapidly degrading economic conditions.

Sipeyiye (2022) analysed the indigenous religious resources deployed by the Ndau people in coping with the COVID-19 in Chipinge District in Zimbabwe. He concluded that indigenous people's belief systems are both a source of their resilience and can also pose a threat in preventing and containing the COVID-19 pandemic.

While acknowledging the complex and ambivalent role of religion during pandemics, the foregoing studies affirm how pandemics can be positively or negatively shaped by religion and religious actors in different contexts. However, there has been limited work on the responses of Islam as a religion to COVID-19 in Zimbabwean context. This chapter, therefore, seeks to contribute to emerging scholarship on religion and COVID-19 with specific reference to Islam.

Islamic Religious Actors and public health in pre-COVID-19 Zimbabwe

The participation of Islamic religious actors to public health was not new in Zimbabwe. Apart from religious institutions, forming the bulk of the health delivery systems as part of national health service delivery, the Islamic umbrella body in Zimbabwe, the Supreme Council of Islamic Affairs in Zimbabwe, has often collaborated with other religious umbrella bodies on different fronts in health related ventures. For instance, in the wake of HIV and AIDS, the Supreme Council of Islamic Affairs joined hands with umbrella bodies of other religions such as the Zimbabwe Council of Churches (ZCC) in the fight against the pandemic.

The Alkauther Aids Foundation which was formed in 2007, is a good example of the Muslim organisations which work in collaboration with other religions in Zimbabwe. The organisation has its headquarters in Mutare. The director of the Organisation is Mustafa Wasile. The main aim of the organisation is to provide treatment and nutritional support to Muslims living with HIV and AIDS in Zimbabwe. It encourages people to disclose their status as a way of eradicating stigma and discrimination. Thus, the organisation established support groups of Muslims living with HIV and AIDS and it has assisted by providing anti-retroviral drugs (ARVs) to Muslims in need of them. It has, therefore, complimented the efforts of the Zimbabwean government in public health service delivery through access to care and treatment. The organisation also deals with advocacy on HIV and AIDS issues, awareness programs, counselling and home-based care. More so, it engages in self-help projects in order to improve the quality of life of both the infected and affected (Maposa *et al.* 2016). This Islamic organisation networks with the National AIDS Council of Zimbabwe (NACZ). With such existing institutional structures like the Supreme Council of Islamic Affairs in Zimbabwe and the Alkauther AIDS Foundation already dealing with the HIV and AIDS pandemic, the chapter observes that Islam in Zimbabwe was well-placed to deal with the COVID-19 pandemic.

A key Muslim practice which has helped a lot to curb the spread of HIV is male circumcision. Every Muslim man is supposed to be circumcised. Male circumcision involves removing the foreskin. Scientific research has shown that male circumcision reduces by up to 60% a man's risk of becoming infected with HIV during heterosexual intercourse

(Anita 2014). Muslims have always utilised this religious resource to reduce HIV infection. This resonates well with Chiwara (2013) who postulated that Muslims have always advocated and brought an awareness of circumcision as a measure that reduces HIV infection. It was against this backdrop that the Zimbabwean government acknowledged the efficacy of circumcision in containing the spread of HIV. Muslims through the Supreme Council of Islamic Affairs in Zimbabwe headed by Sheikh Duwa, have been part of the team that is helping to conscientise the people about the merits of circumcision.

Traditionally, Muslim boys attend the male circumcision rite called *murundu* (Gumbo 2020). Magesa (1997) observes that traditionally, Muslims who wanted to be circumcised were physically removed from the mainstream society and sent to secluded places where they had practically no contact with people from their community. For instance, among the Muslims in Mberengwa District, *murundu* (circumcision) takes place in a forest in the mountain called Dumbwi, where they camp for about two months, normally in winter (Mrs Badge, interview, 2022)[1]. Muslims associate circumcision with hygiene. This, therefore, means Muslims in Zimbabwe were well-placed to respond to COVID-19 through the call to practise hygiene to thwart the spread of the pandemic. In addition, the practice of physical isolation during *murundu* also meant that Muslims had no problems implementing the COVID-19 containing measures such as lockdowns, social (physical) distancing and self-quarantine, as they were already part of their religious practices.

While Muslim boys attend male circumcision rite, their girl counterparts attend *Komba* (girl's initiation rite), a practice which is widely respected among the indigenous Muslims in Mberengwa. The practice requires that young girls of 13 to 16, be sent for initiation schooling outside the villages with old women (Gumbo 2020). A major component of the school curriculum is that the girls are taught how to handle their menstrual periods. In other words, they are taught hygiene. Like the boys, *Komba* girls are supposed to remain in those secluded places until the end of the school calendar, whereupon they return to the community for graduation. As in the case of the boys, the teachings on hygiene and the practice of physical isolation from the rest of the community were used by Muslim women as coping measures in response to the COVID-19 pandemic.

[1] All the names of the participants used in this chapter are pseudonames.

Muslims in Zimbabwe were also key actors during national epidemics like cholera. In 2008, Zimbabwe was hard-hit by a crippling cholera epidemic, which began in Chitungwiza (a town located about 35 kilometres south-east of Harare). The disease subsequently spread countrywide. Cholera is a highly infectious disease spread through poor sanitation, contaminated water sources and infected food by *bacterium vibrio cholera* (Cholera Country Profile, WHO 2009). An assessment carried out by the Crisis in Zimbabwe Coalition (2008) attributed the cholera outbreak to a direct result of Operation Murambatsvina launched by the Zimbabwean government in 2005. Operation Murambatsvina, according to Chiwara (2013) left many people homeless, without access to food, water and sanitation or healthcare. Similarly, Manyonganise (2013:146) notes that "in this operation, government demolished all perceived "illegal" structures and the United Nations Report compiled by Anna Kajumulo Tibaijuka estimated that about 700000 people were affected by this operation." Fenga (2018) opines that apart from Operation Murambatsvina the cholera outbreak was also due to a crumbling health-sector, erratic urban water supplies or no supplies at all, power outages and shortage of chemicals to treat the water. Harare was the most affected due to the big population in the city.

The Islamic community responded to the cholera epidemic through the Islamic Organisation called The Direct AID: Africa Muslim Agency of Zimbabwe, by drilling boreholes in many areas in and out of Harare in order to provide safe water for the people. The organisation drilled boreholes at Budiriro High School, Seke 5 High School in Chitungwiza, Dzivarasekwa Muslim community, Nyabira High School in Darwendale, Dorowa Community Centre, Mvurwi, Hatcliffe Clinic and Chinyika Clinic in Gutu. This was in keeping with the Muslim belief that health is a fundamental human right (Chiwara 2013). This fundamental belief was at the centre of the Islamic response to the COVID-19 pandemic in Zimbabwe as will be demonstrated below.

With a background of engagement in pandemics and epidemics, it became imperative to understand the Islamic response to the COVID-19 pandemic. The chapter unfolds by situating the Islamic responses in existing scholarships before exploring the responses of the Muslims to the pandemic.

Islamic responses to the COVID-19 pandemic in Zimbabwe

A number of precautionary and intervention strategies were implemented in response to the COVID-19 pandemic in Zimbabwe as will be explored below.

Suspending public physical worship

When COVID-19 announced its presence in Zimbabwe in March 2020, the Zimbabwean government swiftly responded by instituting a raft of measures which were meant to curb the spread of the virus, including lockdowns. Mosques, churches, masjids and other collective worship places were placed out of bounce by the successive government statutory instruments meant to legalise the lockdowns. Muslims complied with these preventive measures as also informed by the Ministry of Health and WHO guidelines on the pandemic. They suspended public physical mosque and *masjids* (houses of prayer) gatherings and instead met in their homes for worship. Thus, homes were turned into temporary mosques and masjids (Dube 2022).

The following extracts from participants illustrate this:

> With the advent of the coronavirus, we closed all mosques and masjids and started praying at home." (Sheikh Salim, interview, 2022).
> COVID-19 was a reality and it was killing. So during the days of the pandemic mosques decided to cancel Friday prayers and Quran classes. (Imam Sadiki, interview, 2022)
> The closure of mosques and *masjids* was a challenge to our prayers. It was a very difficult time as we had never had such an experience since we were born. Mosques and *masjids* had always been open places for worship. However, it was for the benefit of everyone. We Muslims are law-abiding citizens and we tried our best to adhere to the lockdown rules. (Sheikh Phiri, interview, 2022)

Muslims in Zimbabwe did not have any problems complying with the lockdown rules. This was because the idea of lockdown was long prescribed by Prophet Muhammad as noted in the *hadith* above that if any pandemic may appear in a land, do not go there, and if you are in that land, do not escape from it (and spread elsewhere). This was confirmed by one participant who said:

> "We had no problems with COVID-19 because Islam taught us about such diseases as our beloved Prophet Muhammad said that if such disease happens, you are not allowed to leave the city or any place you are in. So we already knew how to respond." (Yoshua, interview, 2022)

Self-quarantine

Apart from the general lockdown and barring of public gatherings at churches, mosques, *masjids* and other public gathering places, the government also recommended self-quarantine at home as a COVID-19 containment measure. Muslims also complied with this measure and those who tested positive to the coronavirus had to self-quarantine within the home. Islamic self-quarantine was also guided by Prophet Muhammad's recommendation about not leaving a city in the case of infection by a disease. Islam is one of the Abrahamic religions apart from Judaism and Christianity. It considers the Bible as a Holy Book and believes in the Biblical prophets. The idea of lockdown and self-quarantine are also found in the Biblical text from the book of Isaiah 26:20 which says, "Come my people, enter your inner chambers, and shut your doors behind you, hide yourselves for a while, until the wrath is past." Thus, for Muslims the lockdown and self-quarantine were not only secular measures but also divine laws which warranted total obedience.

However, the Islamic response to the COVID-19 pandemic also entailed the promotion of family health as they were locked down in their homes. The lockdown at home facilitated adaptation to the disease or the restrictions resulting from it. This was really necessary considering the fear and uncertainty that had gripped all and sundry in addition to situations where some family members got infected. It was in such situations that the Muslims interpreted their concept of family health and applied the WHO theme of 'Health Begins at Home', discussed above, by caring for their loved ones who would be in self-quarantine. As one participant put it:

> If any member of the family got infected by the coronavirus, we would attach one person with them, to take care of them like bathing, food and so forth, and with protective equipment such as gloves and masks because in Islam we live as family and do not leave any person behind. (Mrs Sarifu, interview, 2022)

Social (physical) distancing

Social (physical) distancing was also one of the many containment measures introduced by the Zimbabwean government. Since it is agreed that the coronavirus does not move but it is moved from one locality to another by human beings, physical distancing which is a method to minimise crowd interactions and prevent the spread of disease within groups of people (Aslam 2020), is viewed as reducing the rate at which infection takes place. This is a common practice, which has been carried out over generations. Globally 50-100 million succumbed to the 1918 influenza pandemic. Although social distancing was not implemented back in 1918, the majority of the population took reactive social distancing measures that made it possible to escape the disease outbreak (Aslam 2020). This behavioural practice followed by several millions led to the pandemic limiting the damage after World War 1 in several European countries. With this in mind, many governments, including the Zimbabwean government at the advice and direction of WHO, regulated social distancing which ranged from one to two metres. This recommended distance was believed to curb the transmission of the coronavirus from one person, who could be infected, to another (Muyambo 2022).

In compliance, Muslims in Zimbabwe also acted to promote public health protocols through social distancing and avoiding large gatherings, particularly at mosques and *masjids* to prevent the spread of the disease. As one participant noted:

> During the COVID-19 period, our leaders, the sheikhs and imams told us to close all mosques and *masjids* to implement the social distancing rule stipulated by our government. (Musa, interview, 2022)

In addition to closing all mosques and *masjids*, the Islamic community in Zimbabwe also responded to the COVID-19 pandemic by celebrating Ramadan in individual households (*ummah*). This resonates well with Shaban (2020) who observed that the 2020 edition of Ramadan was celebrated in homes despite it being the Muslim annual season of worship, comradeship and relationship. In concurrence, Picciaredda (2020) notes that Muslims experienced the first Ramadan without public ceremony between 23 April and 23 May 2020. In the 2020 Ramadan edition, Muslims also cancelled the communal *ifar*, which ended fasting in the evening, pulling together huge crowds to share meals together. Since the inception of Islam, this comradeship had been an indelible mark of Ramadan. On this note one Sheikh participant said:

> In 2020, we celebrated Ramadan in our homes and not in mosques as is the traditional practice. Especially *ifar*, the feast to break the fast of Ramadan where we gather together in large groups in the mosque and partake food together. (Sheikh Zhou, interview, 2022)

According to the Sheikh, Muslims generally increased mosque attendance during Ramadan to do marathon prayers known as *taraweeh* and *qiyam*. Such attendance gained momentum in the last ten days as they spent consecutive days and nights at mosques for the *I'tikaf* prayers. Against this backdrop, the Sheikh further intimated that:

> As Muslims we missed these acts of comradeship. However, we had to do this in obedience to our religious and Quranic rules which forbids the deliberate promotion of pandemic diseases such as COVID-19. (Sheikh Zhou, interview, 2022)

The study also revealed that apart from the cancellation of the 2020 edition of *ifar*, the Islamic community in Zimbabwe also responded to the COVID-19 pandemic by cancelling the minor (*umrah*) and major (*hajj*) pilgrimages to Mecca, in their endeavours aimed at curbing the spread of the disease. The *umrah* normally runs throughout the year while the hajj takes place in Dhu al-Nijjah (Abdalati 1998). The shrine in Mecca draws millions of Muslim pilgrims from all parts of the globe. In this case, the Muslims were also guided by Prophet Muhammad's advice on what to do in the event of a pandemic breaking out in another city or their own city. Given that COVID-19 was a global pandemic which had broken out in both Arabia and Zimbabwe, the Muslims, therefore, decided not to go to Mecca and not to leave Zimbabwe. These findings were confirmed by one of the participants who said:

> Due to COVID-19, in 2020 we cancelled the *umrah* and *hajj* to Mecca so that we would not infect others, nor be infected. Since COVID-19 was a global pandemic which affected both Mecca and Zimbabwe we referred to the rule which we were given by our beloved Prophet Muhammad neither to enter a city (Mecca) nor leave one's area (Zimbabwe) where the disease had broken out. (Imam Sadiki, interview, 2022)

To this extent, the Islamic community in Zimbabwe reasoned that since the COVID-19 pandemic is a contagious disease, social distancing was imperative to roll back the virus. However, the study also revealed that, to some extent, the Muslims had challenges in implementing social distancing, particularly at home. This is because Muslims live a communalistic life. They embrace each other, live, eat and sleep as family, in some cases

using the same utensils or the same blankets. Thus, the call to implement social distancing created serious challenges for them at home.

Islamic funeral rites

The challenge of implementing social distancing among the Islamic community in Zimbabwe manifested itself most in their funeral rites. In Zimbabwe, COVID-19 containment measures sought to limit the number of mourners to forestall the possibility of virus spread due to congestion. However, the study revealed that Muslims, just like their Christian and African indigenous counterparts in Zimbabwe demonstrated a blatant disregard for the personal and collective safety measures in their funeral rites.

A case in point was the funeral service of Mitchelle (Moana) Amuli which drew headlines in November 2020. Moana was a socialite of repute, with estranged parents – a Muslim and Christian father and mother, respectively. After her death in a road traffic accident, each parent claimed her body intending to bury it according to their respective traditions. After deliberations which even included the High Court, it was finally agreed that the body would pass through the mother's Christian home in transit for burial at the father's Islamic home (Kafe 2020). Although the government had limited funeral attendance to a hundred mourners with face masks and maintaining social distancing, a few hundred mourners gathered at Moana's funeral ceremony, as many mourners also violated the COVID-19 containment measures of both face masks and social distancing (Mandivengerei 2020).

Paradoxically, this was happening at a time when improperly handled funeral rites had led to the inadvertent spread of COVID-19 in other countries. For instance, as noted above, Jaja *et al.* (2020), while focusing on social distancing, examined how religion, culture and burial ceremonies undermined the efforts to curb COVID-19 in South Africa. They observed that during funeral rites, social distancing was not necessarily followed while cultural practices (such as those relating to washing of hands in the basin after the funeral) presented an opportunity for guests to contract the virus. In the Zimbabwean context, although religious leaders had been at the forefront encouraging compliance with the rules, adherents were not always meticulous in following the rules; thereby putting themselves and others at the risk of infection by the coronavirus. Commenting on the issue of the Islamic funerals, one of the female participants had this to say:

> We are Africans. Our practice of *Hunhu/Ubuntu* is that we should mourn with those who mourn. When someone has lost a loved one, the whole community is supposed to stand with them in solidarity in their time of bereavement. We cannot abandon this noble practice. (Mrs Makore, interview, 2022)

Cleanliness/ Hygiene

The Islamic community in Zimbabwe also responded to the COVID-19 pandemic through practising a high level of cleanliness/hygiene. Participants highlighted the fact that the issue of hygiene was central to Islamic teachings which stress the significance of cleanliness. Muslims must maintain cleanliness before regularly scheduled prayers, the *Salaat*, which takes place throughout the day. In Islam, religious teachings and practices play an important role in promoting hygiene practices, including frequent hand-washing. Below are some of the extracts from participants:

> One thing I like about Islam is its emphasis on cleanliness. This is within our communities and we wash five times a day for prayer. (Mrs Hove, interview, 2022)
>
> As Muslims we had always practised hygiene. One of the five pillars of Islam is prayer. As Muslims we pray 5 times a day facing Mecca. Before each prayer, we should first wash our face, hands and feet. Hygiene is our way of life. Thus, during the COVID-19 period, we had no problems in implementing the call for hand-washing. Besides, cleanliness is enjoined in the Quran while Prophet Muhammad taught us that cleanliness is half the faith. (Fatima, interview, 2022)

These Islamic hygiene standards show that Muslims have been pacesetters in this regard. These practices proved handy in their response to the COVID-19 pandemic.

Interviews with participants also revealed that apart from social distancing, the issue of hygiene was also a major consideration behind the cancellation of the *umrah* and *hajj* to Mecca in 2020. The cancellation was not just in line with the theory of the spread of COVID-19 through human contact, "respiratory droplets and contact with contaminated surfaces" (WHO 2020:1), but had a concrete foundation in the research works surrounding early pilgrims to Qom and Mashhad (Barmania *et al*. 2021). The Shia shrines in Iran and Iraq, which ordinarily drew millions of pilgrims, were eventually closed due to such research works. As one participant, a Sheikh noted:

> I am a Shia Muslim and I have been to Qom in Iran on many occasions. In Qom we kiss the walls of shrines where our religious figures such as Ayatola Khomeini were buried, which often bred diseases in ordinary times. We, therefore, thought the situation would be worse with the more infectious coronavirus. (Sheikh Phiri, interview, 2022)

The practice of kissing and the sheer numbers of millions of pilgrims from across the globe to Mecca, led to *hajj* cancellation in 2020 not only in Zimbabwe but worldwide. Another participant imam said:

> I have been on pilgrimage (hajj) to Mecca. Hajj is one of the five pillars of Islam. In Mecca, those nearest to the Kaabah kiss the black meteorite during hajj circumambulations. This would, therefore, be very risky during the COVID-19 pandemic. (Sheikh Neza, interview, 2022)

Islamic Halal food

The study established that the Islamic community in Zimbabwe sought to promote health through halal food. For Muslims, good health is considered the greatest blessing and gift God has given humankind. Halal is an Arabic term which means permissible. In Islam terms, it means permissible according to the rules of Islam. The opposite of halal is Haram or sometimes referred to as non-Halal. This refers to anything considered unlawful under Islamic teachings. Halal food is all food that is permissible to eat according to the teachings of Islam. This is essentially any food that does not fall into the category of haram (or forbidden). In Islam, all foods and beverages are halal except for those that were explicitly forbidden in the Quran. Muslims in Zimbabwe accept the Quran to be the book of perfect direction and bearing for humankind and believe the Quran to be the last disclosure of God. God says in the Quran:

> Eat what is lawful (Halal) and wholesome (Tayyib) on the earth (Quran 2:168).
> O mankind, eat from whatever is on earth [that is] lawful and good and do not follow the footsteps of Satan. Indeed, he is to you a clear enemy (Quran 2:168).

The study established the efficacy of halal food in the Islamic response to the COVID-19 pandemic in Zimbabwe. Halal food include natural foods and a lot of vegetables and fruits. Muslims in Zimbabwe rely on traditional halal food which is not only highly nutritious but also has a lot of medicinal value.

The traditional halal food proved very effective in the Islamic response to the COVID-19 pandemic. This was confirmed by two female participants who said:

> We live on a healthy and nutritious diet which helped to fight the COVID-19 pandemic. We drank *zumbani* tea, ginger tea, garlic tea and *moringa* tea. For relish, we ate natural vegetables such as blackjack, *nyevhe*, pigweed and mushroom. African loquats and figs served as fruits. (Mrs Zhou, interview, 2022)
>
> During the COVID-19 pandemic, we had no problems on issues of diet because the Quran had already taught us about what is lawful and healthy food. For example, the Quran says we should eat of the good things which Allah provided for our sustenance. (Mrs Hove, interview, 2022)

For meat and poultry to be halal, it must be slaughtered according to Islamic dietary laws (*Zabihah*). The issue of hygiene is again a major consideration in the Islamic slaughter of animals. Muslims in Zimbabwe believe that the Islamic slaughter drains most of the animal's blood. As it is known, blood carries all the bacteria and any harmful toxins in the body of the animal. Sometimes, these toxins are not released when boiling or cooking the meat. According to Muslims, it is, therefore, important to get rid of all the blood before one eats the meat. Muslims in Zimbabwe, therefore, utilised halal food in the fight against the COVID-19 pandemic.

Islamic herbal remedies

The Islamic participants in Zimbabwe highlighted the importance of indigenous natural herbs to promote good health. The participants affirmed the centrality and vitality of herbal healing in the context of the COVID-19 pandemic. Top on the list of indigenous herbs used by Muslims in Zimbabwe were *zumbani/mushani* and *tsangamidzi* (ginger). These herbs were used to steam as a precautionary measure or for managing the infected, on a regular basis. The herbs help to clear the bronchitis and breathing system. For Muslims, therefore, steaming and bathing could keep the coronavirus at bay because of the high temperatures and the herbal therapy. In the case of ginger, the herb could also be chewed to treat flue and coughs. Since COVID-19 had flue-like symptoms, the herb, therefore, proved handy in combating the pandemic. The utilisation of natural remedies was confirmed by all participants as extracts below illustrate:

> During the coronavirus, *zumbani* and ginger were very helpful. My husband was infected by the coronavirus, and he went into self-quarantine

> where for two weeks, he used *zumbani* for steaming and bathing as well as chewing ginger." (Mrs Makore, interview, 2022)

In light of this analysis, it is clear that natural herbs were pivotal in the Islamic response to the COVID-19 pandemic in Zimbabwe.

Physical Activity

Regular physical exercise was also a major strategy used in the Islamic response to the COVID-19 pandemic apart from a healthy lifestyle characterised by halal food and diet. Participants indicated that the Islamic daily performance of five prayers was itself a form of exercise which helped in the fight against COVID-19. This resonates well with Fatimah *et al*. (2008) who postulated that its prescribed movements involve all the muscles and joints of the body, and exercising the concentration of the mind. On this note one participant had this to say:

> Since mosques and masjids were closed because of the lockdown, we prayed at home. In Islam prayer helps to strengthen the body because we pray with different body positions such as standing, walking, squatting or lying down. The Quran also teaches that Allah likes strong believers. Physical exercise, therefore, helped us not to fall sick from COVID-19. (Musa, interview, 2022)

From this mitigation measure, one cannot miss the positive Islamic response to the COVID-19 pandemic in Zimbabwe through physical exercise.

COVID-19 and Islamic environmentalism

Islamic communities are super environmentalists informed by the Islamic concepts of *Tawhid, Khalifa and Al Mizah* which all points to harmony between humanity and nature. In this way Muslims in Zimbabwe are convinced that the global lockdowns and quarantine made the global environment to reset and improve in health. *Tawhid* (unity of Allah) is the relation of humanity to the creator (Mawil 2013). Thus, all things were created by Allah and they are supposed to live in harmony which means humanity has no mandate to exploit the environment. According to one participant:

> Everything was created by the Creator including human beings and all other creation. Thus, humanity has no power over creation and the destruction of nature is unlawful. However, we believe that because of the lockdown, nature had time to gain strength and get healthy. For example,

> with the closure of industries, water in rivers, lakes and seas and oceans rested from being polluted while air got more fresh with the ban on air travel. (Sheikh Neza, interview, 2022)

Linked to *Tawhid* is the concept of *khalifa* or stewardship. Muslims believe that when Allah created everything on earth, he gave humanity a responsibility to look after the environment which means nursing rather than destroying it. The Quran declares that human beings are stewards of Allah's creation. For instance, Quran 2:30 says, "Behold, the Lord said to the angels; "I will create a vicegerent on earth." On this note another participant said, "The Quran says one of our duties is to look after Allah's creation and not destroy it." The COVID-19 related lockdown helped in the sustenance of nature.

Al Mizan is another fundamental Islamic environmental concept which says that each form of creation is meant for a purpose on earth (Khalid 2002). Each form of creation is meant to balance the universe. It is often said that the universe is one of the amazing creations by Allah. In emphasising the importance of every form of creation, one of the participants said this, "Everything that was created by Allah was created for a purpose, and thus, is supposed to be conserved."

Muslims argue that while modernisation has to some extent improved the standard of living, it is also affecting the health of the environment (Hamid 1989). Lately, in the Zimbabwean context, we have been tested with various natural disasters including *interalia* climate change, cyclones, droughts, flash floods and pollution of air. These disasters are to a certain extent, due to anthropogenic sources such as deforestation and uncontrolled open burning, not due to natural causes alone. The Islamic concern is on what steps can be taken to restore the health of the natural environment for the sake of the present and future generations. According to Quran 30:41:

> "Mischief and disaster on land and sea has appeared because of what was done by the hand of man, that He may make them taste a part of the reward of the bad deeds they have done."

From the above analysis one cannot miss the point that Muslims are environmentally friendly. They promote a healthy environment with green trees, unpolluted water and fresh air. While Muslims forbid deforestation, afforestation is regarded as an act of worship. The Islamic faith, therefore, calls for the conservation of natural resources. Muslims believe that wastefulness of the natural environment is a major contributing factor to our

present lives like global warming, climate change and the extinction of natural resources. Furthermore, the green colour is important to Islam as it presents a profound sense of the values of nature for God and the people. Muslims also believe that green is the colour of the clothes which people will be putting on in the next world as a reward for those who would have obeyed the laws of God (Hamid 1989).

During the COVID-19 pandemic, Muslims in Zimbabwe were guided by these positive Islamic attitudes to the environment. As one participant stated, "As a human being one's relationship to the environment is not based on one's immediate want and needs but is shaped by one's consciousness of the needs of the future generations. This was stressed by Prophet Muhammad when he said, "If the hour of death is imminent and anyone of you has a palm shoot in his hand and is able to plant it before the hour strikes, he should do so and he will be rewarded for that action.

This *hadith* shows that in Islam improving the quality of this life for others brings several rewards both to the doer of good and those who benefit from his action. It also shows that it is never too late in one's life to do good and that there is a close connection between this world and the hereafter.

Conclusion

The chapter explored the Islamic responses to the COVID-19 pandemic in Zimbabwe. As the chapter has demonstrated, the Islamic communities in Zimbabwe are a force to reckon with in the quest for health and well-being in response to the COVID-19 pandemic and the development agenda through their cultural identities. Islamic cultural identities such as halal food, cleanliness or hygiene, holistic natural herbalism and environmentalism as well as spiritual and physically balanced lives engender creative and unique parameters that foster public health and human wellness in Zimbabwe. As the COVID-19 pandemic takes a downward curve, the chapter concludes by making a clarion call to the Zimbabwean government, policymakers, the international community and all stakeholders to include Islam in post-COVID-19 recovery initiatives and in any other future pandemics.

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