10.20378/irb-92487

Molly Manyonganise

1 Introduction by the Editor: Religion and Health in a COVID-19 Context in Zimbabwe

Introduction

The COVID-19 pandemic disrupted the socio-religious as well as the politico-economic spheres of nations around the world, Zimbabwe included. Sibanda, Chitando and Muyambo (2022:1) note that within a short period after its advent, COVID-19 became the world's most pressing emergency, exposing the limitations of bio-medicine and highlighting the vulnerability of human beings in different parts of the world. The impact of the pandemic across the world is visible, evidenced by the millions infected and that died. Ndlovu-Gatsheni succinctly describes the global COVID-19 situation when he says:

> One can say that COVID-19 has hit at the very center of planetary human entanglements, affecting both private and public lives. The modern world as we know it has been turned upside down. Closed borders and lockdowns have become part of the most immediate global response to curbing the spread of human infections by the virus, and within months, COVID-19 travelled along the global air and sea-lanes between China and Europe, and the USA and to the rest of the world. More than any other recent occurrence, the outbreak of COVID-19 has proved the point about the extent of global human entanglements and pushed home the necessity of finding humane ways of co-existing and sharing space on this earth between humans and other beings. (Ndlovu-Gatsheni 2020:367)

Ndlovu-Gatsheni's analysis correctly captures the intensity of the pandemic. What makes COVID-19 a pandemic of unimaginable proportions is how it ravaged countries in the Global North which tend "to associate pandemics with the Global South" (Sibanda, Muyambo & Chitando, 2022:1). Munyao (2022: xv) argues that the pandemic exposed the fragilities of societies specifically in the areas of human security, economy, social safety nets as well as the church in general. As such, scholars of religion have since begun to analyse the way the pandemic has affected religion and vice versa. For example, while religion has been seen to provide

some answers in the face of pandemics, it has shown that, it too, has been confounded by the nature and operation of the coronavirus.

Genealogies of pandemics reveal the centrality of religion as a critical resource in providing coping strategies, finding the meaning of life in threatening moments as well as explaining the origins of such calamities. Philips (2020:436) argues that the reliance on religion to make sense of and help mitigate a serious epidemic was evident throughout the world precisely during the Cholera epidemic, which started in India in 1817. He describes how the Hindus searched for an explanation beyond a traditional belief that local deities had been insulted and displeased by the villagers. The same happened during the Spanish flu. Philips (2020:438) explains how Buddhists, Hindus and a number of Africans looked to offended local deities or spirits as the source of the devastating pandemic. Muslims, on the other hand, saw it as the will of Allah and a serious test of their faith. It is instructive to note that in other times, religion can play an ambivalent role in people's responses to pandemics as shall be discussed later in this chapter. Munyao (2022) notes how at the peak of the HIV and AIDS pandemic, religions such as Christianity were chief culprits of perpetuating stigma and discrimination against those infected. As a result, religious leaders had to be challenged to promote pro-life attitudes as well as read sacred texts in life-giving ways. Hence, in a COVID-19 context, Sibanda, Muyambo & Chitando acknowledge the role different religions played in diverse African backgrounds, at times intersecting with politics while at the same time shaping the way in which people experienced and responded to the pandemic.

The global historical development of the pandemic has been captured by various scholars (see Murphy, 2020:495; Rashid & Yadar, 2020:1; Kaunda, Longkumer, Ross & Mombo, 2021) while several publications focusing on Africa can now be accessed (see Makamani, Nhemachena & Mutapuri, 2021; Machingura, Chazovachii & Mawere, 2021; Munyao, Muutuki, Musembi & Kaunga, 2022). As the pandemic ravaged nations, the role of religion in pandemic situations became clear. It is unfortunate that like in all pandemics, religion was considered critical in the response against COVID-19 a little late. The definition of frontline staff did not include religious leaders, yet for religions such as Christianity, church leaders are expected to journey with the sick, the dying and the bereaved. The closure of churches as part of lockdowns restricted church leaders from performing the accompaniment role. Governments and public health officials appear to have been oblivious to the influence that religion has in

pandemic situations. On 7 April 2020 (three months into the pandemic), the World Health Organisation (WHO) published a guide for religious leaders and faith communities. In it, the WHO acknowledged religious leaders, faith-based organisations and faith communities as critical to COVID-19 response because of their primary role as sources of support, comfort, guidance, direct health care and social service (WHO, 2020:1). It, therefore, encouraged them to follow the WHO regulations of physical distancing when they met for worship, clean their places of worship, to practice safe burials and adopt technology for worship among other expectations. In other words, the WHO was imploring faith communities and their leaders to compromise their religious practices in order to positively contribute to the mitigation of coronavirus transmission. However, within the Zimbabwean context, it became clear that as COVID-19 responses encountered religion and indigenous cultures, the long-held debate about the relationship between science and religion was reignited. I will analyse these encounters below.

COVID-19 and Culture Encounters: Reading 'Sacred Texts' in Pandemic Contexts

Religious institutions and communities of faith witnessed new dynamics as a result of the COVID-19 pandemic. This resulted in politicians and certain religious leaders religionising and politicising the pandemic to a point where attempts to explain it shifted from scientifically established truths into supernatural realms. For instance, the late Tanzanian President, John Magufuli downplayed the severity of the virus as he declared that prayer would defeat it. Hence, he refused to lock down churches and mosques in Tanzania arguing that these were places where the devil (COVID-19) would be defeated. In his opinion, COVID-19 could not survive in the body of Jesus and was going to be burned away (Kirby, Taru & Chimbidzikai (2020). In Zimbabwe, the defence minister interpreted the pandemic to be a punishment from God to Western nations who had put economic sanctions on Zimbabwe. Sibanda, Muyambo and Chitando (2022) argue that this shows the influence of religion in the public sphere. Such actions not only shaped how Zimbabweans responded to the pandemic, but also the way they received the COVID-19 vaccine.

This, therefore, calls for the interrogation of the way the sacred text shaped these responses in troubled times such as the COVID-19 context

in Zimbabwe. The use of the 'sacred text' in this case need not to be understood as the written text only but in oral terms as well. In other words, the study also interrogates how the 'Bible of culture' also played a significant role in the way Zimbabweans interpreted, explained and responded to the pandemic and how this eventually shaped vaccine uptake. The viciousness of the virus led to fundamentalist readings of the written Bible. Some New Pentecostal Movements (NPMs) in Zimbabwe appealed to the Book of Revelation in order to explain the pandemic. From this perspective, COVID-19 was a precursor of the end times. Hence, the COVID-19 vaccine was interpreted to be the 'Mark of the Beast' prophesied by John in Relevation 13. Such readings of the Bible resulted in some members of the NPMs and Apostolic sects shunning the vaccine. Their framing of the virus as a 'satanic virus' meant that it required spiritual solutions. White (2022) observes that as they addressed the effect of COVID-19, African Pentecostals resorted to the concept of deliverance from the bondage of Satan and evil forces, a view, which finds resonance in the African view of demonic attacks, and evil forces that perpetuate calamities. He further notes that some Pentecostals perceived the pandemic to be either an attack of the devil, the wrath of God due to sin or an action of God to call nations to repentance. In his analysis, "problematising COVID-19 and other pandemics in terms of supernatural evil, means that the responses to pandemics included the deployment of religious resources for supernatural intervention" (White, 2022: n.d). In Zimbabwe, most NPMs and AIC leaders told their congregants that prayer was enough to protect them from infection. For example, Emmanuel Makandiwa, founder of the United Family International Church (UFIC) in one of his sermons at his church in March 2020, told his congregants that whoever was hearing him pray against the COVID-19 pandemic that day would not die from it. Commenting on this claim by Makandiwa, Sande (2022) argues that it shows how African Pentecostal leaders [were] over-spiritualising pandemics. He contends that the problem of over-spiritualising pandemics is that it puts believers at risk by not encouraging them to act wisely. In the same vein, Kirby, Taru and Chimbidzikai (2020) accuse Makandiwa of preaching a message, which exemplifies a Pentecostal sense of exceptionalism, expressed in the claim of being 'in the world' but not 'of this world'. In their analysis, such a message instil a sense of complacency in his followers which might have been detrimental to their health as they desisted from following laid down public heath protocols during the pandemic.

There has been discussion on the link between COVID-19 and the increase in religiosity. Most religions believe that the occurrence of catastrophes point to a severance of relationship between humanity and the Supreme Being. For example, in Islam, Iqbal (2021) argues that the COVID-19 pandemic fits closely the description of calamities that are mentioned in the Quran. He avers that "the Ouran inform us that calamities of a global scale are consequences of human actions which in turn are a result of the degeneration of the collective consciousness of humanity" (2021:18) and from his perspective, COVID-19 was no exception. He notes how the demand for prayer rose significantly during the pandemic as also was noted by Bentzen (2020, 2021), which proves that the COVID-19 pandemic was a calamity intended to reconnect humanity with God. Within Zimbabwe, the government appealed to citizens to fast and pray against COVID-19. On 15 June 2020, a presidential national day of prayer and fasting was declared and a prayer meeting attended by government officials as well as church leaders was held at State House. At this meeting, the President, Emmerson Mnangagwa invoked 2 Chronicles 2:14 f and asked God to forgive the nation and show mercy towards it. He said:

> Forgive those who have worshipped idols and false gods. Forgive us for all the immorality and incleanliness. Forgive us for every act of injustice or corruption that has made the poor to suffer and the innocent to die.

As indicated in the above biblical text, he was calling on God to heal Zimbabwe of COVID-19. Mothoagae and Mavhandu-Mudzusi (2021) also note the increase in prayer by individuals during the COVID-19 pandemic in South Africa.

The WHO COVID-19 protocols challenged African religio-cultural beliefs and practices in a great way. The majority of chapters in this volume allude to how COVID-19 (re)configured how the Shona and other selected ethnic groups in Zimbabwe practised the ethic of Ubuntu specifically their communal nature as well as working together in times of crises. What was clear during the peak of the pandemic was the change in death and funerary rites that led to confrontations among relatives during a time when they were supposed to mourn together. At times, families of the deceased disregarded public health burial protocols leading to more people within families getting infected and at times succumbing to the virus. Hence, while scientific responses to the pandemic were widely publicised, most scholars have argued that they failed to take into cognisance the different social contexts of people. For example, while the concept of social

(physical) distancing is scientifically sound, within Africa it was shown to be very problematic not only in terms of one's economic status, but also in its difficulty to enforce culturally. It is highly probable that in coming up with such a very noble way of dealing with the pandemic, some religio-cultural beliefs and practices of different contexts were not taken into consideration. Hence, it is possible that as people continued to follow these beliefs and practices even in the face of death, it made the scientific response to the pandemic more difficult particularly in contexts such as Africa in general and Zimbabwe in particular. Asombang et al. (2020) have pointed out the difficulty of social distancing in Africa due to poverty while Medinilla, Byiers and Apiko (2020) as well as Manyonganise (2022) have argued that the socio-cultural set up of most African societies makes social distancing a luxury. In addition, Ndlovu-Gatsheni (2020) condemns the lockdowns that were enforced across Africa in general and Zimbabwe specifically. He characterises them as "knee-jerk responses and cut and paste versions from the Global North reactions to the pandemic with quite different implications for life, security, freedoms and economy in Africa" (2020:369). However, as people adapted to these new demands of WHO COVID-19 protocols, there is another possibility that we may notice, namely, that religious beliefs and practices (indigenous, Christian, Muslim, etc.) are not as compact/inflexible as scholars often assume. Thus, for example, Chitando (2013), "*Re-opening the Canon: The transformation of Shona indigenous religion in the face of HIV/AIDS in Zimbabwe*," shows how beliefs and practices were adjusted to fit the demands of the HIV and AIDS situation. Some of the chapters in this volume engage with the highlighted challenges and opportunities pertaining to the WHO protocols to mitigate the spread of COVID-19 particularly in Zimbabwe. For example, the adoption of Information Communication Technologies (ICTs) for church and funeral services has been highlighted as a positive development coming from the pandemic in the Zimbabwean context as may be applicable in other African contexts as well.

COVID-19 and Decolonial Discourses

In a COVID-19 context, Zimbabwe witnessed the resuscitation of not only the debate on science and religion, but also the geopolitics of knowledge between the Global North and the Global South. To start with, some African religious leaders like Pastor Chris Oyakhilome, founder of Christ Em-

bassy, Nigeria (who has a sizeable following in Zimbabwe) and Emmanuel Makandiwa among others tapped into colonial memory as they tried to explain the origins of the coronavirus. In their understanding, the virus was a new way devised by the West to wipe out Africans. Manyonganise and Biri (forthcoming) posit that present day prophets in Zimbabwe have been instrumental in presenting conspiracy theories about the pandemic being a Western invention intended to wipe out Africans as a way of paving a new wave of colonisation of African territories. Makandiwa actually blamed African leaders for failing to protect their people in the face of COVID-19 vaccination; a development, which he said, would lead to loss of territorial sovereignty. His is a call for Africa to come up with indigenous medical solutions rather than copy and paste Western solutions. In the same vein, Ndlovu-Gatsheni (2020:370), argues that the pandemic [provided] an opportunity for Africa in particular and the Global South in general not to look up to the Global North for salvation but to shift the geopolitics of knowledge by using African epistemologies of the Global South. Ndlovu-Gatsheni bemoans the way efforts and initiatives to deal with COVID-19 have remained stuck within complex global knowledge economy with creativity of Southern intellectuals and scientists silenced, marginalised and exposed. Yet in his opinion, Africa and the Global South have been facing major issues like epidemics and pandemics- hence, epistemologies of the Global South express knowledges emerging from these struggles making them relevant in confronting epidemics and pandemics (2020:372). A critical reading of the arguments being put forward by Makandiwa and Ndlovu-Gatsheni among many others shows that they are calling for the decolonisation of religion as well as concepts of knowledge production and its validation. Theirs is a demand for the provincialisation of Europe and its attendant allies. In other words, this is a call for Africa to treat Europe just as a part of the world and not 'the world'.

I have elsewhere made an analysis of the Madagascar initiative of coming up with an indigenous syrup for the treatment of COVID-19 and the support it received from some African leaders as a commendable effort in the right direction for Africa. However, the response of the WHO revealed the influence of the West in trivialising African epistemologies. Resnick (2022) calls the Madagascar effort 'dangerous and unproven [scientific] theory'. Hence, Rwodzi (2021:82) notes how the Madagascar issue ignited "widespread criticism, cynicism and outright outrage from some quarters while Chirimuuta and Chirimuuta (2021:34) lamented the doubts that were projected on the Madagascar medicine as evidence of the various

ways in which "the [Western] capitalist system would keep Africans out of the critical domains of life." Sibanda, Muyambo and Chitando (2022:14) perceive the Madagascar announcement (of having found a COVID-19 remedy) not only as an African ideology which had challenged the WHO of sustaining a colonial agenda by refusing to accept solutions from Africa, but also one that brought to the fore the politics of the centre versus the periphery. Yet in the face of no potential cure coupled with suspicion over the vaccines, most Zimbabweans resorted to indigenous medicine. It is unfortunate that some of the scholarship arising from Africa and elsewhere has not credited African Indigenous Knowledge Systems (AIKS) in their quest to explain why Africa was not hit as hard as some pessimists in the West had anticipated. Such silences invisibilise a critical component of how Africa weathered the COVID-19 storm. The silences also help the valorisation of Western perceptions, which have tried to explain the 'low' numbers of African COVID-19 deaths in ways that demean African countries' capacity to count the dead and the continent's unwillingness to release reliable data (Goncalves, 2021). Despite the denialism in the utility of AIKS during the pandemic, Sibanda, Muyambo and Chitando opine that "going forward, indigenous knowledge systems will continue to shape the responses of many Africans to pandemics", hence, they argue that "investing in greater understanding of the role of IKS among Africans from diverse backgrounds remains highly strategic" (2022:15). In doing this, African political leaders need to have the courage to push the decolonial process with the urgency that it requires.

COVID-19, Religion, and Gender

The COVID-19 pandemic has also reinforced certain gendered African religio-cultural perspectives. For example, it has become apparent that the pandemic affects women and men differently, with women suffering in a multiple of ways. Manyonganise (2022) has accused the COVID-19 pandemic of putting on the face of a woman. While she provides various ways in which the church in partic ular can be gender-sensitive and gender-competent in the face of this pandemic, it is noticeable that the gendered religious responses to the pandemic need further analysis. Scholarship on gender has shown how the pandemic increased the incidence of Gender-Based Violence (GBV) to the extent that GBV has been termed a 'shadow pandemic'. The increase in GBV cases during the pandemic has been

noted to be a global occurrence. African scholars have highlighted the intersections of religion and gender in a COVID-19 context (see Magezi & Manzanga, 2020; Mothoagae & Mavhandu-Mudzusi, 2021; Labeodan, Amenga-Etego, Stiebert & Aidoo, 2021; Manyonganise, 2022;). Some of these studies do not cast African women as perpetual victims in a pandemic context, but also reveal their agency and courage to navigate the impact of the pandemic by ensuring the health and safety of their families and communities.

As the world moved to technology, women were left behind due to their historical marginalisation in socio-economic as well as religio-political spheres. Lack of relevant technological gadgets meant that women lagged behind in conducting business online, staying in contact with loved ones during lockdowns and actively participate in online church services. In times where they had the gadgets, Manyonganise (2022) observes that the exorbitant cost of data was a barrier to most women who could not afford to purchase data bundles for internet connectivity while in other areas that are too remote, the internet connectivity itself was absent. Mothoagae and Mavhandu-Mudzusi (2021) note the same experience in the South African context. Hence, while noting that COVID-19 is a worldwide pandemic, Stiebert (2021:11) observes that it has particular severe consequences for the economically vulnerable and for women and girls. A cursory analysis of Manyonganise's (2022) study on the impact of COVID-19 on women in Zimbabwe shows how women's sexual reproductive health and rights suffered due to lockdowns and the increased presence of men in the home. She also highlights how girls in Zimbabwe became victims of child labour, sexual violence and child marriages which led to some of them failing to return to school after the lockdowns were lifted. It is, therefore, imperative that responses to pandemics factor in their gendered dimensions to ensure the safety of women from other dangers that they are exposed to in pandemic contexts.

Structure of the Book

The purpose of this book is to explore the intersections of religion and health in a COVID-19 context with a specific focus on Zimbabwe. Various scholars have examined the connection between religion and health (Koenig, MacCullough & Larsen, 2001; Koenig, 2012; Jawaid, 2014; Vanderweele, 2017; Manyonganise, 2020). With the menace of COVID-19 across cultures, focus is going to be placed on this pandemic and how it

has reshaped the discourse on the way religion interfaces with health. This book, therefore, seeks to make a valuable contribution to the body of knowledge by offering an incisive analysis of how the pandemic has shaped the way religion has contributed both positively and negatively to the discourses on health in Zimbabwe. It is envisaged that such an analysis is crucial in informing policy on the future relationship between science and religion I n public health both during this pandemic as well as in the post-pandemic era. Contributors to this volume dealt with the above raised issues in the following chapters. This chapter constitutes the first chapter and it provides the orientation of book.

In chapter two, Vengesai Chimininge examines how the COVID-19 pandemic took Zimbabweans on a journey back to indigenous cultural modes of healing. In the face of a challenged conventional health system, he shows how indigenous medicine became convenient tools in the hands of Zimbabweans as they sought to safeguard themselves from infection as well as heal their bodies when infected. Chimininge further discusses the contestations that arose between conventional and indigenous health practitioners on the efficacy of indigenous forms of healing. This has been a perennial debate, which is rooted in Western epistemologies trivialising African epistemologies. Chimininge blames African governments for failing to defend African epistemologies so that Africa can contribute to health discourses on the global stage as an equal partner.

A number of scholars has observed the deployment of Christian nationalism during the pandemic. Chapter three focuses on the deployment of Christian nationalism in Zimbabwe. In this chapter, Nomatter Sande and Clemence Makamure argue that in a pandemic context, some Christian leaders in Zimbabwe mostly those in AICs and NPMs sought to explain the pandemic as the sign of the end times. As the pandemic ravaged the country, some of them partnered with government in advancing public health messages, making a total break with their initial theologies of the end times.

In chapter four, Clemence Makamure interrogates claims by African Initiated Churches (AICs) specifically selected garmented Apostolic Churches in Harare urban and Domboshawa peri-urban, that in a COVID-19 context, prayers were enough to cushion them from infection. Such attitudes were influential in shaping their attitudes towards vaccine uptake. Makamure highlights how some AICs held on to the belief that the vaccine was the 'mark of the beast', hence not good for Christians. However, others were forthcoming in embracing the vaccines and AIC

leaders who were pro-vaccination actually encouraged their members to get the vaccines. He criticises death-giving theologies of some AICs that pits religion against science instead of complementing it. To this, he encourages government to ensure that such churches are not allowed to cause unnecessary deaths of their followers while at the same time being allowed to go scot-free. He challenges AICs to adopt both faith healing and conventional healing methods.

In chapter five, Silindiwe Zvingowanisei discusses pandemic responses of Muslims in Zimbabwe. Such a discussion is crucial as it inform us of how adherents of so-called 'minor' religions in Zimbabwe are contributing to national health responses in pandemic contexts. These discourses are often pushed to the periphery and the contribution of minor religions are subsumed in the discourses of major religions. Hence, their contributions are often made invisible. However, Zvingowanisei argues that Islam has always played a positive role in the domain of health in Zimbabwe through a number of Islamic organisations in Zimbabwe. She notes how Islam has been active in combating the spread of HIV as well as distributing Anti-Retroviral Treatment (ART) to those infected. She further argues that in the face of COVID-19 protocols instituted by the Zimbabwe following the WHO regulation, Muslims in Zimbabwe complied and like other religions such as Christianity also resorted to praying at home while suspending trips to Mecca for pilgrimage. Zvingowanisei concludes that Islam in Zimbabwe has the resources that can be deployed in response to future pandemics.

Lindah Tsara and Peter Masvotore, in chapter six, grapple with the racialisation of the COVID-19 Omicron variant, which was dubbed 'the virus from Africa'. They examine both the religionisation and politicisation of this COVID-19 variant and its implications for Zimbabwe. They accuse the western nations of playing the 'Big Brother' syndrome when dealing with Africa. In their analysis, the categorisation of the Omicron variant as an 'African virus' and the subsequent travel ban for Southern African countries, Zimbabwe included, had dire socio-economic consequences. Yet for them, such travel bans could not have been put in place if the variant had been discovered in a country in Europe or in the United States of America. On the whole, they conclude that the COVID-19 pandemic has been, on one hand, religionised as religious leaders sought to explain its origins and its intended goal while on the other hand, it has been politicised as big nations try to exercise power over 'weaker' nations. In this

case, the pandemic has entrenched inequalities in the socio-economic and religio-political spheres across the globe.

Chapter seven analyses the intersection of COVID-19, HIV, AIDS, Gender and Ethics. Bednicho Nyoni brings to the fore the moral dilemmas that the health personnel, employers and the general public have had to grapple with in the context of pandemics such as COVID-19, HIV and AIDS. For example, while the code of conduct in health stipulates patient confidentiality, for purposes of saving lives, such rights seem to have been suspended during the HIV, AIDS and the COVID-19 pandemic. Nyoni further discusses the gendered nature of these pandemics by showing how women and girls become the major victims. In the final analysis, he recommends the inclusion of vulnerable groups such as women, girls and people living with disabilities when policy formulation on pandemic responses is being done.

Tawanda Matutu examines the ethics of care during the COVID-19 pandemic by revisiting the African Philosophy of Ubuntu in chapter eight. He argues that the dire effects of the COVID-19 pandemic called for ethics of care, which are embedded in the Ubuntu philosophy, which calls for people to work together in times of crises. In his analysis, the public health protocols to combat the spread of the coronavirus worked against the concepts of friendliness and collectivism championed by Ubuntu. He, however, cautions us from priding ourselves with an ethic some of whose tenets exposes people to the dangers of infection in the name of fulfilling societal expectations. In pandemic contexts, Matutu encourages caution and the adoption of Gyekye's (2002) restricted communitarianism which empowers individuals to assert their rights to a reasonable extent, in this case, to ensure that they are safe themselves before they save others.

In chapter nine, Angeline Mavis Madongonda and Enna Sukutai Gudhlanga critisize the COVID-19 protocol of physical distancing particularly in an African context such as Zimbabwe. Their major concern is on the living conditions of most Zimbabweans who stay in deplorable conditions in Harare's high-density suburbs. In their analysis, this protocol ignored to consider people who live in over-crowded homes and suburbs as well as those whose livelihood depends on the informal sector. Hence, they condemn the one-size fits all responses that the Zimbabwean government instituted. In their recommendations, Madongonda and Gudhlanga urge government and public health officials to engage with community leaders in drafting response policies in pandemic contexts. Research

has established that trust in community leaders such as religious and traditional authorities is higher than that for formal state agencies in Africa (Resnick, 2022).

Molly Manyonganise, in chapter ten, further scrutinises the WHO protocol of social/physical distancing by focusing on how the pandemic altered African funerary rites particularly of the Shona people of Zimbabwe. She argues that the ban on travel resulted in most people who lost their loved ones during and due to the pandemic, mourning from a distance. In her analysis, this disrupted long held cultural traditions on how the Shona deal with death. For example, through embedding her study within the African ethic of Ubuntu, she contends that the COVID-19 protocol of physical distancing and the strict rule on funeral attendance challenged the Shona concept of togetherness espoused by the ethic. Furthermore, the way bodies of those who died due to coronavirus infection were treated meant that important death rituals could not be performed. She, however, suggests that in the face of a deadly pandemic, the use of ICTs can assist in bridging the gap between cultural dictates and public health protocols. From her point of view, ICTs can provide alternative ways of mourning.

In chapter eleven, Lovemore Togarasei investigates the impact of COVID-19 on Christians' handling of death. Studying the Karanga of Southern Zimbabwe and specifically engaging in an ethnographic study of one family which lost a son, Togarasei shows how COVID-19 made it difficult for church leaders to perform their expected duties in journeying with the sick, the dead and those in bereavement. What comes out clearly from his study is the way the pandemic challenged the church in Zimbabwe in the performance of its duties. Furthermore, he shows how people in rural Masvingo deployed biblical texts as a way of coping with the effects of the pandemic. Togarasei also brings out contestations that often arose between those who wanted to follow tradition and those who wanted to adhere to COVID-19 protocols in death situations. In most cases, such contestations resulted in tradition winning against public health laid down procedures of dealing with bodies whose cause of death was the coronavirus. Like Manyonganise, Togarasei recommends the use of ICTs in pandemic contexts so that the bereaving do not feel isolated, but notes that investment in ICTs needs to be done so that internet connectivity covers the whole country.

Enna Sukutai Gudhlanga and Angeline Mavis Madongonda, in chapter twelve, examine the responses of Zimbabweans in Harare to the government's regulation of mandatory face-masking. They highlight the

reasons behind resistance against face-masking. In their analysis, generally, Zimbabweans felt that most of the regulations were put in place to fool the public. In fact, they did not believe that the virus was real, but a creation of the Western countries. They questioned why in a pandemic context, Russia had the guts to start a war against Ukraine. The other contestation was why the government of Zimbabwe was allowing their party ZANU PF to hold rallies while forbidding the opposition Citizens Coalition for Change (CCC) to do the same. From their perspective, the whole COVID-19 thing was a hoax meant to disenfranchise other political parties. This is evidence to the distrust that part of the population in Zimbabwe had in government during the pandemic. Resnick (2022:183) argues that "distrust in national-level authorities leaves a critical void that imperils efforts to contain COVID-19." Gudhlanga and Madongonda also note that security agents mandated to ensure that people mask up were often the ones flouting the regulation. As a result, most Zimbabweans ended up putting on masks only when the police were around not out of conviction that it was for their safety. They also highlight how some AICs self-proclaimed prophets encouraged their followers not to mask up because their prayers were enough to protect them (see chapter 4 in this volume). Gudhlanga and Madongonda note that the unfair treatment of people by the government led to resistance against the use of face-masks among a plethora of others as "the public felt that the advice of scientific experts was being manipulated to advance political gains" (Resnick, 2022:184). Arguing from an Ubuntu perspective, they called for fairness so that people do not endanger their lives as well as those of others.

In chapter thirteen, Gift Masengwe focuses on COVID-19 and suffering bringing out the implications for pastoral care and counselling (PCC). He highlights the way the pandemic affected the services of pastors who were used to provide care and counselling to the sick and those in bereavement. Through a case study of the Church of Christ in Zimbabwe, Masengwe notes that the pandemic caused the suffering and deaths of a number of pastors. In such a case, he argues that in most cases pastors are expected to accompany their flock when in need, but at times they are also in need of accompaniment as in the COVID-19 context. In response to the lockdowns, Masengwe highlights how a Church of Christ in Zimbabwe congregation in Harare overcame the barriers to come up with ways that ensured that members were always connected through social media platforms. He, therefore, suggests that there is need to also focus on the welfare of the pastors while at the same time placing the needs of

the members at the centre. His point is that the suffering pastor is as important as the church member particularly in a pandemic context.

Bernard Pindukai Humbe (re)imagines spirituality in a pandemic context and beyond through the problematisation of the possibility of a sustained virtual church in chapter fourteen. Using AICs as case studies, Humbe argues that in the COVID-19 context, AICs posed a big challenge when it came to adhering to public health protocols. He notes that while some of the AICs followed the protocols, many others resisted and chose to hold their gatherings deep in the forests while neglecting to follow COVID-19 protocols. The lockdowns, however, forced some AICs to embrace technology and they started to offer spiritual services through social media platforms, precisely, prayers for healing. The challenge only arose where the spiritual service demanded the presence of both the church leader (prophet) and the patient. For those AICs which regard technology as evil, they resisted its use throughout the pandemic and they chose to flout COVID-19 protocols in order for them to meet. In his analysis, for many other Christian traditions in Zimbabwe such as mainline and Pentecostal churches, the possibility of a vibrant virtual church is possible because they are flexible. Most Pentecostal churches had been using technology in their services even before the pandemic and mainline churches quickly embraced technology when lockdowns were announced. While some AICs have come on board, a lot still remains to be done to convince those against the use of technology, so that in pandemic contexts, they continue to operate without jeopardizing their lives.

In chapter fifteen, Tenson Muyambo and Jane Tendere discuss the possibility of interfacing religion and science in a post-COVID-19 context. They argue that COVID-19 has forced humanity to rethink the relationship between science and religion. In their analysis, the debate on the relationship of science and religion is an academic one because Zimbabweans utilise anything that can save their lives. Muyambo and Tendere support the school of thought that deny that science and religion oppose each other, though they note that some religious believers are suspicious of science and also that in Zimbabwe, conforming to science appears to be forced by government during the COVID-19 pandemic. However, in Zimbabwe, people have always combined the use of science and religion whenever in need of both. Therefore, they conclude that even beyond the COVID-19 pandemic, science and religion will continue to interface not as enemies but complementary entities.

Conclusion

The intention of this chapter was to introduce the study and provide its orientation. It situated the study in discourses of religion and health in a COVID-19 context in Zimbabwe. It, therefore, highlighted the severe impact of the pandemic globally and specifically on Zimbabwe. The chapter engaged with the intersections of religion and health in a COVID-19 context in Zimbabwe. It showed how, as the pandemic encountered religion and culture, the latter influenced and shaped attitudes towards laid down public health responses to it. The fundamentalist readings of certain biblical texts was shown to have created negative attitudes towards vaccine uptake in followers of NPMs and AIC leaders. It further noted the various ways in which the pandemic altered African religio-cultural practices specifically pertaining to funerary rites. This resulted in contestations around the way religion and science relate in pandemic contexts. In fact, it pitted epistemologies of the Global North against those of the Global South. The chapter further discussed the gendered effects of the pandemic. Disaggregating the effects of the pandemic along gender lines assisted in showing the unique ways that women are affected by pandemics more than men do. As more research continues to be carried out on the effect of the pandemic on gender relations in Africa, it becomes imperative to also examine ways in which African masculinities were reconfigured in positive ways. This is critical in establishing Brief summaries of the focus of the chapters that make this study were also given in this chapter.

References

Asombang, A.W. et al. 2020. COVID-19 in Africa: The Nuances of Social distancing and Handwashing. *Medical Journal of Zambia*, 47(3):165-169.

Bentzen, J. 2020. Rising Religiosity as a Global Response to COVID-19. At https://cepr.org/voxeu/columns/rising-religiosity-global-response-covid-19-fear.

Bentzen, J.S. 2021. In crisis, we pray: Religiosity and the COVID-19 pandemic. *Journal of Economic Behaviour and Organisation*, 192:541-583.

Chitando, E. 2013. Re-opening the Canon: The transformation of Shona indigenous religion in the face of HIV/AIDS in Zimbabwe. In Adogame, A. et al. (eds). *Alternative Voices: A Plurality Approach for Religious Studies- Essays in Honour of Urlich Berber*, 195-210. Bristol: Vandenhoeck and Ruprecht.

Chirimuuta, C. & Chirimuuta, A. 2021. The Preparedness of Africans for the Fourth Industrial Revolution and for COVID-19. In Makamani, R., Nhemachena, A. & Mtapuri, O. (eds). *Global Capital`s 21st Century Repositioning: Between COVID-19 and the Fourth Industrial Revolution on Africa*, 19-43. Mankon: Langaa.

Goncalves, B.A. 2021. Readings of the coloniality of power in the COVID-19 global dynamics: A brief reflection on Global South's socio-political location. S*ocial Sciences and Humanities Open*, 4:1-5.

Gyekye, K. 2002. Person and Community in African Thought. In Cotzee, P.H. & Roux, A.P (eds). *The African Philosophy Reader*, 317-337. New York: Routledge.

Iqbal, N. 2021. COVID-19 Pandemic: Perspective of the Holy Quran. *Journal of Asian and African Social Science and Humanities*, 7(1):16-25.

Jawaid, H. 2014. Impact of Spirituality on Health: What are the Evidences? *African Journal of Psychiatry*, 17(6):1-5.

Kaunda, C.J., Longkumer, A., Ross, K.R. & Mombo, E. (eds). 2021. *Christianity and COVID-19: Pathways for Faith*. London: Routledge.

Kirby, B., Taru, J. & Chimbidzikai, T. 2020. Pentecostals and the Spiritual War against Coronavirus in Africa. The Conversation at https://theconversation.com/ [Accessed 23 August 2021].

Koenig, H.G., McCullough, M.E. & Larsen, D.B. 2001. *Handbook of Religion and Health*. New York: Oxford Press.

Koenig, H. 2012. Religion, Spirituality and Health: The Research and Clinical Implications. *ISRN Psychiatry*, 8:1-33.

Machingura, F. Chazovachii, B. & Mawere, M. (eds). 2021. *COVID-19 and the Dialectics of Global Pandemics in Africa*, 253-278. Mankon: Langaa.

Magezi, V. & Manzanga, P. 2020. COVID-19 and intimate partner violence in Zimbabwe: Towards being church in situations of gender-based violence from a public pastoral care perspective. *In die Skriflig*, 54(1), a2658. https://doi.org/10.4102/ids.v54i1.2658.

Makamani, R., Nhemachena, A. & Mtapuri, O. (eds). 2021. *Global Capital`s 21st Century Repositioning: Between COVID-19 and the Fourth Industrial Revolution on Africa*. Mankon: Langaa.

Manyonganise, M. 2020. Commoditising Health? Of Guesthouses and Spiritual/Faith Healing in Zimbabwe's New Pentecostal Movements. *Alternation Special Edition*, 30:257-277.

Manyonganise, M. 2022. 'When a pandemic wears the face of a woman': Intersections of religion and gender during the COVID-19 pandemic in Zimbabwe. In Sibanda, F., Muyambo, T. & Chitando, E. (eds.) *Religion and the COVID-19 pandemic in Southern Africa*, 232-243. New York: Routledge.

Manyonganise, M. and Biri, K. (forthcoming). Heading Towards the Mark of the Beast? Of Religion, Covid-19 and Vaccinations in Africa. Paper presented at the European Academy of Religion, University of Munster/Germany, 30 August to 02 September 2022.

Mothoagae, I.D. & Mavhandu-Mudzusi, A.H. 2021. The intersectionality of religion, race and gender at the time of COVID-19 pandemic: A South African Reflection. *Pharos Journal of Theology*. https://doi.org/10.46222/pharosjot.102.220.

Munyao, M. 2022. Introduction: Imagining of a Post-COVID-19 Church in Africa. In Munyao, M., Muutuki, J., Musembi, P. & Kaunga, D. (eds). 2022. *The African Church, and Security in Kenya*, xv-xxii. London: The Rowman and Littlefield Publishing Group.

Munyao, M., Muutuki, J., Musembi, P. & Kaunga, D. (eds). 2022. *The African Church, and Security in Kenya*. London: The Rowman and Littlefield Publishing Group.

Murphy, M.P.A. 2020. 'COVID-19 and emergency eLearning Consequences of the Securitisation of Higher education for post-pandemic pedagogy'. *Contemporary Security Policy*, 41(3):492-505.

Ndlovu-Gatsheni, S.J. 2020. Geopolitics Power and Knowledge in the COVID-19 Pandemic: Decolonial Reflections on a Global Crisis. *Journal of Developing Societies*, 36(4):366-389.

Philips, H. 2020. '17, '18, '19. Religion and Science in three pandemics, 1817, 1918, 2019. *Journal of Global History*, 15(3):434-443.

Rashid, S. & Yadar, S.S. 2020. 'Impact of COVID-19 Pandemic on Higher Education and Research'. *Indian Journal of Human Development*, 1-4.

Resnick, D. 2022. Trust in science and in government plays a crucial role in COVID-19 response. At https://ebrary.ifpri.org/ [Accessed 17 November 2022].

Rwodzi, A. 2021. COVID-19 and Southern Africa Development Community (SADC): A Litmus Test for Regional Solidarity. In Makamani, R., Nhemachena, A. & Mtapuri, O. (eds). *Global Capital`s 21st Century Repositioning: Between COVID-19 and the Fourth Industrial Revolution on Africa*, 77-110. Mankon: Langaa.

Sande, N. 2021. Fluid Theologies: Shifts and Changes of African Pentecostalism. Journal for the Study of Religion, 34(2). http://dx.doi.org/10.17159/2413-3027/2021v34n2a4.

Sibanda, F., Muyambo, T. & Chitando, E. 2022. Introduction: Religion and Public Health in the Shadow of COVID-19 Pandemic in Southern Africa. In Sibanda, F., Muyambo, T. & Chitando, E. (eds). *Religion and the COVID-19 Pandemic in Southern Africa*, 1-24. London: Routledge.

Stiebert, J. 2021. Introduction. In Labeodan, H.A., Amenga-Etego, R., Stiebert, J. & Aidoo, M.S. (eds). *Covid-19*, 11-13. Bamberg: University of Bamberg Press.

Vanderweele, T.J. 2017. Religion and Health: A Synthesis. In Peetet, J.R. & Balbon, M.J. (eds). *Spirituality and Religion within the Culture of Medicine: From Evidence to Practice*. New York: Oxford University Press.

White, P. 2022. Pentecostal Spiritual in the context of faith and hope of gospel (prosperity preaching): African Pentecostal response to the COVID-19 Pandemic. *Dialog*, 1-8.

World Health Organisation. 2020. *Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19: Interim guidance*. Geneva: WHO, 07 April 2020.