

Law, Religion, Health and Healing in Africa



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INTRODUCTION

The Covid-19 pandemic was global in its spread and reach, as well as in its medical, social and economic effects. In many respects, the global effort to “flatten the curve” produced a flattening of experience around the world and a striking coincidence of similar experiences in countries the world over. In their original form, many of the chapters in this volume began with a nearly identical sentence: “In December 2019 and January 2020, a new virus emerged in China. On 11 March 2020, the World Health Organization declared Covid-19 to be a pandemic.” Nearly every chapter followed this announcement with recitations of remarkably standard facts: the identification of the first Covid-19 case in each country, the implementation of a national lockdown, the extensions of lockdowns, the resort to face masks and social distancing, the development and distribution of the Covid-19 vaccine and a range of social, political and legal responses to all of the above. This was an editorial challenge – clearly, each chapter could not have the same beginning!

The identity, simultaneity and uniformity of experience were also manifest in common concerns at the intersection of law and religion in many nations around the world, including Africa. The lockdowns and closure of religious worship centres – churches, mosques and religious organisations of all sorts – raised questions of freedom of religion and the related concern for freedom of assembly, along with concerns about the relation of religion to science and public health, religious channels of communication and religious provision of social services. After all, health, communications and social services are all areas in which African religious organisations play key roles. Potential tensions around these issues raised further considerations about the nature of religion-state relations, the status of religious authority and whether religious and state actors would work together or at odds in addressing the Covid-19 pandemic.

Religion was also both implicated in – but also a potential antidote to – conspiracy theories about the coronavirus that were widely circulated in communities and particularly on social media. These conspiracy theories played a role in fuelling resistance to anti-Covid-19 public health measures and the Covid-19 vaccine, but they also became opportunities for religion to work with the state and with science to allay fears and distribute vaccines and other resources. In Africa, the common knowledge goes, people often prefer to get information and resources from religious leaders, rather than the state.

Amidst all of these commonalities, there were also differences that emerged – not only between countries but also within them – as the Covid-19 pandemic had disproportionate effects on already vulnerable or marginalised groups. Women and girls experienced greater exposure to sexual and domestic violence, often because they were locked down at home with their aggressors. Workers in the informal economic sector that dominates many African economies experienced particular economic hardships from restrictions on movement. Other vulnerabilities involved

HIV status, mental illness and other sources of marginalisation, often in ways that intersected with gender, poverty and other factors. There were new challenges for people seeking non-Covid-19-related forms of health care, such as treatment for infertility. Even so, some previously marginalised groups, such as *hijabi* women in Africa's Muslim communities, reported feeling greater freedom in wearing their chosen garb in a context in which most in society were wearing face masks.

There were also distinctively African methods of coping that emerged in the Covid-19 pandemic. Some groups resorted to African traditional methods and healing, including a wide variety of plants and herbs, to address Covid-19 symptoms and restore vigour. African Initiated Churches drew on norms of community and *Ubuntu*, particularly where technology allowed them to develop new forms of virtual space and online community. The Covid-19 pandemic even affected basic understandings and uses of physical space, pushing people into private homes and away from schools, marketplaces and worship sites, but in ways that also illustrated the value of congregate worship in religious spaces. In the pandemic, Africans formed groups of mutual aid and support, while also being pushed in new ways to deal with long-standing issues of food insecurity and move forward on projects such as the African Union's Agenda 2063 and creating "The Africa We Want".

Overall, even though deficits of tracking and tracing may obscure some of the full-scale effects of Covid-19 in Africa, there is the sense that Africa came out better than expected by sceptics in parts of the world considered to be more advanced.¹ This has been attributed to various factors, including a younger population, more of life lived outdoors in warmer climates and the overarching value of *Ubuntu* and care for community.² There is a sense that the world may have much to learn from Africa not only about Covid-19,³ but about health and healing more broadly, in ways that implicate both law and religion. While not immune from religious freedom controversies, conspiracy theories and vaccine hesitancy that hindered the Covid-19 response in other countries, Africa came through the pandemic in a way that took some more affluent and developed parts of the world quite by surprise. The contents of this volume may provide some indications as to how and why.

The first part of this book, on "Legal Regulation of Religion in the Covid-19 Pandemic", addresses concerns about the particular effects that anti-Covid-19 measures

- 1 Soy A. 2020. "Coronavirus in Africa: Five Reasons Why Covid-19 Has Been Less Deadly than Elsewhere", *BBC*, 8 October; Campbell J. "COVID Less Deadly in Africa", *Africa in Transition* / Council on Foreign Relations, 29 September.
- 2 Nolen S. 2022. "Trying to Solve a Mystery: Africa's Low Death Rates", *New York Times*, 23 March; Ezech A, Silverman M and Stranges S. 2021. "Why has Covid had less of an impact in Africa", *Quartz*, 23 August; Fauzia M. 2020. "Fact Check: Coronavirus deaths across the continent of Africa are far less than in U.S.", *USA Today*, 9 December; Munyati C, Dana G, De Bruin C. 2021. "Africa's Covid-19 response: It's all about people on the ground", *World Economic Forum*, 12 November. But see Taylor A. 2022. "Africa may have been hit harder by Covid-19 than anyone knew", *Washington Post*, 18 February.
- 3 Spinney L. 2021. "What can we learn from Africa's experience of Covid?", *The Guardian*, 28 February; Pilling D. 2020. "How Africa fought the pandemic – and what coronavirus has taught the world", *Financial Times*, 20 February.

introduced by the state had on religion, particularly freedoms of religion, assembly, and worship practices. In their chapter on religious liberty and state overreach in Zimbabwe, Fortune Sibanda and Bernard Pindukai Humbe lay out the case made by many groups – not only in Zimbabwe but around Africa and the rest of the world – that state measures taken against Covid-19 infringed upon the freedom of religion of religious groups. In their study of resistance by African Initiated Churches of the Apostolic and Zionist traditions to state regulations, Sibanda and Humbe focus on how the regulations, operating as “carrots and sticks” were unevenly applied, such that the law functioned as a “spider’s web” in which only the “little insects” were caught.

A more positive interaction of religion and the state is evident in Seth Tweneboah’s chapter on the interaction of law and religion in Ghana, even in the context of Ghana’s constitutional separation of church and state. While religion played a “dual role” in limiting and promoting public health measures against the Covid-19 pandemic, the Ghanaian state was able to marshal religious actors in the anti-Covid-19 push in a way that Tweneboah argues raises questions about Ghanaian secularism. Covid-19 proved to be an environment in which the Ghanaian president, media and other sectors affirmed the public’s need to “seek the face of God in trying times” and the necessity of religion and state working together to address the pandemic.

Excellent Chireshe gives a sense of how these religion-state relations played out on the ground in her chapter on Protestant, Pentecostal and African Initiated Churches (AICs) in Zimbabwe and their responses to the effects of Covid-19 regulations. Each of the Christian traditions surveyed in Chireshe’s chapter differs from the others in its relationship to biomedical versus spiritual approaches to health and healing, with Protestants embracing the biomedical model as an important legacy of their connection to missionary health centres, Pentecostals giving primacy to spiritual healing and the AICs largely rejecting Western medicine for spiritual healing approaches. These various orientations between biomedical and spiritual approaches to health and healing significantly conditioned their responses to government-imposed regulations.

A comparison of Nigerian and Ghanaian approaches to the pandemic is the focus on Idowu Akinloye’s chapter. Akinloye examines constitutional protections of freedom of religion as well as laws in each country on religious preaching, and how these were necessarily modified or limited in the pandemic context. While both Nigeria and Ghana take largely secular state approaches to the state-religion relation, Akinloye chronicles how a separationist paradigm of state and religion gave rise in Covid-19 to a more cordial model of state-religion relations, as religion in Nigeria and Ghana largely supported state lockdown, bans on religious gathering, and other measures in order to stem the pandemic.

Rounding out the first section, Azizat Amoloye-Adebayo and Barakat Raji’s chapter examines the religion-state relation in Nigeria through the lens of the African Union’s aspirations expressed in the document “Agenda 2063: The Africa We Want”. Challenging the idea of religion as a purveyor of conflict and violence,

Amoloye-Adebayo and Raji emphasise the positive role that religion can play – with law – towards the promotion of human flourishing. This positive use of religion is one that they see operating in the Agenda 2063 aspirations in a way that can be especially important in conflict-torn societies like Nigeria and in confronting challenges like the Covid-19 pandemic.

Building upon this prospect of the positive uses of religion in addressing threats to health and healing and in promoting good governance, chapters in the book's second part, "Religion-State Relations and Religious Authority in the Covid-19 Pandemic", examine the role of religious authority in the Covid-19 pandemic. In his chapter on Algeria, Mahfoud Ali Zoui, describes how contestation over religious authority in Covid-19, took place against the backdrop of a popular movement against authoritarianism, the Hirak, which was significantly disrupted by the pandemic itself. Increased state surveillance of and intervention in religion by a government that already had a monopoly on religious life with Islam as the state religion raised particular challenges for Algeria's imams, mosques and religious and charitable institutions, as well as for non-Muslim groups. The use of emergency decrees and provisions by the state became controversial, in some cases giving rise to competing fatwas between the government and Muslim leaders, as religious leaders sought to maintain authority within the confines of their official religious establishment.

The situation was somewhat similar in Niger, though as Seyni Moumouni recounts in his chapter, the backdrop was not a popular resistance movement, but the decade-long persistence of terrorist-driven, armed conflict. As a result of this conflict, Niger's social, health and education sectors were already weak before the Covid-19 pandemic. In light of this, the Nigerian government took immediate measures to seek to control the pandemic's spread, while also recommending national prayer and inviting the participation of religious leaders in the anti-Covid-19 effort. Muslim and Christian religious leaders marshalled scriptural and theological resources in support of the government's pandemic measures. Even so, abuses of government authority are said to have occurred with "securitisation" of the pandemic, resulting in threats to freedom of religion and other human rights.

The social and psychological role of religion in Covid-19 and its implications for religious authority is the focus of Francis Falako's and Adam Sirajudeen's chapter, which examines strategies for coping with the pandemic among Muslim and Christian groups in Nigeria. Falako and Sirajudeen describe responses by some Nigerian Muslims that either discounted the pandemic as not real or not serious or spiritualised the pandemic as punishment from God – both of which discouraged adherence to government measures. Some Islamic scholars did grapple theologically with the merits and demerits of some of the measures, but Falako and Sirajudeen report considerably less subscription to anti-Covid-19 measures among the Muslim communities in Nigeria's northern states. Some Nigerian Christians viewed Covid-19 through lenses of sin or "end times" theologies in ways that led to resistance to government measures; while others, especially in more urban areas,

adapted readily to online worship and prayer. Thus, both Muslims and Christians resorted to “spiritual metrics” to cope with Covid-19, but the particular ways in which they did so had different implications for the collaboration of religious and government authorities.

Also writing from the Nigerian context, Hajara Ahmad Shuaib, focuses on the role of religious leaders in Bauchi and Plateau states in Nigeria’s northern and central regions. By Shuaib’s account, illiteracy and religious beliefs were factors that impeded adherence to the government’s anti-Covid-19 regulations by both Muslims and Christians there. As in other African nations, there were concerns about the Nigerian government’s adherence during the course of the pandemic to constitutional and international commitments to freedom of religion and the “*forum internum*” of believers. Even so, some religious groups did end up supporting government regulations. In its enforcement of the pandemic regulations, the Nigerian government and justice system also innovated through new judicial mechanisms of mobile and virtual courts.

One thing that became apparent in the Covid-19 pandemic, globally, was the key role played by new means of communication – particularly digitised communications and social media – for good and for ill. These responses are taken up in the book’s third section on “Covid-19 Cults, Communications and Conspiracies”. On the side of good, Célestin Gnonzion, chronicles how “digitalised cults” and worship practice developed in the Catholic Church in Côte d’Ivoire. The shift to digital cultic practices became necessary during Holy Week 2020, the first occurrence of the pinnacle of the Christian year in the Covid-19 pandemic. These digitalised cultic practices proved not only to be justified within the Catholic Church by papal pronouncements but also to be key methods of resilience during crisis for Ivorian Catholics under Covid-19, offering “‘real’ possibility through the ‘virtual’ to meet God”. With great sadness, we publish this chapter posthumously, as Gnonzion passed away suddenly after surgery, just one week after submitting his chapter for publication. We reflect further on Gnonzion’s passing below.

Where Gnonzion focused on the theological justifications for new methods of worship and community, Brian Muyunga focuses on the content of the communications themselves, specifically the contrast between faith-based and science-based methods of communication when it comes to matters of public health, such as Covid-19. Though both faith-based and science-based messages were resorted to by Africans in the Covid-19 pandemic, Muyunga argues for the need to promote harmony, instead of conflict, between faith and science. Through interviews with religious and public health leaders in Uganda, Muyunga lifts up three strategies for harmonising faith and science messages and argues for their inclusion in training programs for both religious and public health professionals.

When it comes to questionable Covid-19 communications, Africa seems to have been a locus for the proliferation of conspiracy theories of all kinds. Flora Alohan Onomrerhinor examines the conspiracies around Covid-19 that arose in Nigeria. As the abundant literature from scholars around Africa recounts, many of these theories

circulated not only around Africa but also the world – and yet they seem to have had particular cogency and breadth of communication in Nigeria. Onomrerhinor identifies particular roles that religion and media could and did play in debunking Covid-19 conspiracy theories, while also noting the way in which the law was confounded by and ill-equipped to deal with conspiracies and their technologies of transmission.

Among the Waaba people of Benin, conspiracy theories were just one of several social and cultural factors leading to vaccine hesitancy, as Sabine Toungakouagou Sama and Emmanuel Sambiéni describe in their chapter. In Benin, divergent opinions about the existence of Covid-19, certain vocabularies and cultural referents that developed around the disease and the availability of alternative treatments prompted many Waaba to discount the novelty and severity of the disease. Alongside these factors were religious understandings of pandemics as reflective of discontent against humans by a Supreme Being. These factors conspired to keep vaccine rates low among the Waaba people.

The fourth part of the book, on “Sex, Gender and Vulnerability in the Covid-19 Pandemic”, builds on our ongoing interest at ACLARS in the distinctive experiences of African women. It also explores how sex, gender and other factors produced distinctive vulnerabilities in the Covid-19 pandemic. Dorcas Juma’s chapter on re-reading 2 Samuel 13 towards the dignity of women’s sexuality examines reconsiders an oft-read and reinterpreted passage of the rape of Tamar in the context of Covid-19, thereby bringing biblical wisdom to the problem of sexual and gender-based violence that worsened for women in Kenya under Covid-19.

Moza Jadeed examines another aspect of the Kenyan experience of the pandemic, namely the relief that Kenyan Muslim women who wear the *hijab* experienced under anti-Covid-19 regulations requiring face masks and other coverings and various forms of social distancing. *Hijabi* women who had experienced marginalisation and discrimination for wearing the *hijab* prior to Covid-19 in many cases found the same practices validated and normalised under the Covid-19 regulatory regime. This aspect of the pandemic had important liberatory effects – a “silver lining” – for *hijabi* women, both personally and in educational and professional settings, while also illustrating the unnecessary and illegality of discrimination against *hijabi* women pre-Covid-19.

Writing from Zimbabwe, Lillian Mhuru examines another vulnerability created by the Covid-19 pandemic that affected women not exclusively, but disproportionately. This was the dramatic economic effect of the various lockdowns and shutdowns particularly on workers in the informal sectors that dominate many African economies. Mhuru focuses on the informal trade sector, dominated by women, and the informal transportation sector, dominated by men. The lockdowns and closure of borders made it difficult, if not impossible, for transporters to procure goods for traders to sell, particularly the imported goods that predominate in many African

markets, forcing many informal workers in the transport and trade fields to seek new strategies for survival.

In another chapter from Zimbabwe, Pricilar Vengesai examines the new vulnerabilities that Covid-19 introduced into the lives of Zimbabwean women living with HIV and AIDS. Much as with Mhuru's chapter on the informal economic sector, these were effects that impacted both men and women living with HIV. But while HIV and AIDS affects both men and women, Vengesai argues that women suffered disproportionately under lockdowns that not only prevented them from accessing life-preserving antiretroviral treatments, but also did so in ways that violated a range of their human rights. These included the rights to health, water, food, privacy and even freedom of religion.

The pandemic experience of women in the United Church of Zambia (UCZ), the largest Protestant church in Zambia and one whose membership is 60% women, is the focus of a chapter by Upendo Mwakasenga. Focusing on two UCZ congregations, Mwakasenga exposes how women were often frontline theological workers for the church, given their significant role in weddings, funerals and other aspects of church life, in ways that made them especially vulnerable to Covid-19 infection. Their vulnerability was exacerbated by caregiving inequalities between spouses and by women's lesser access than men to cellphones and other technologies to enable virtual communication and community.

The particular vulnerabilities of women from mental illness and domestic violence in Nigeria are the subject of Opeyemi Ekundayo's chapter. Ekundayo describes a cultural climate in which mental illness continues to be stigmatised and domestic violence is often a religious problem. The chapter draws significantly on Ekundayo's interviews with a Muslim imam, a Pentecostal pastor and a chief priest from the Obatala traditional religion to uncover each religious tradition's ways of addressing mental illness and domestic violence in the home. Both of these problems were exacerbated by the Covid-19 lockdowns in ways that made it both difficult and imperative for spouses and other family members to access help outside the home.

Zaynab Shittu-Adenuga examines the impact of Covid-19 on access to assisted reproductive technologies by couples experiencing infertility in Nigeria's robust infertility treatment industry. Infertility has a gendered dimension in Nigeria, as it is often culturally ascribed to women, sometimes in religiously inflected ways, even though both men and women can experience a range of conditions leading to difficulty conceiving and infertility. Shittu-Adenuga uncovers, in part through survey data, the difficulties that those experiencing infertility had in accessing treatment, a problem made worse by weaknesses in Nigeria's legal framework surrounding assisted reproductive technologies.

The fifth part of the book, on "African Traditional Healing and African Initiated Churches", contains chapters examining the resources that distinctively African institutions brought to bear in addressing the Covid-19 pandemic. In their chapter from Zimbabwe, Molly Manyonganise, Clemence Makamure and Vengesai

Chimininge examine the implications of Covid-19 for African traditional medicine (ATM). It was a context in which Zimbabweans, with many across Africa, found new utility and efficacy in ATM in treating Covid-19 symptoms, even as both faith healing and scientific medicine seemed ineffective against the disease. Manyonganise and her colleagues examine this resurgence of ATM through the lens of decolonial theory.

The particular value of syncretism of Western and traditional medicine is the focus of Kenosi Molato's examination of the responses of African Initiated Churches in Botswana, in what he describes as a "syncretism healing atonement motif". Molato provides an account of the suppression of African traditional healing methods by Western missionaries as part of the reason that AICs were established in the first place. The AICs became key institutions for the syncretism of cultural and religious concepts into methods of healing. This syncretism opened the door to blending theologies of water and plant-based healing into the range of treatments deployed against Covid-19.

Reflecting the location of this year's ACLARS conference in Kenya, the next three chapters involve close studies of particular African Initiated Church congregations and how they grappled with the challenge of Covid-19. Research collaborators Fancy Cheronoh and Telesia Musili both focus on the Nomiya Church, Eastleigh, in Nairobi and how its members coped with Covid-19. Nomiya Church was the first independent church to be established in Kenya. The chapter led by Cheronoh gives an overview of Nomiya Church, health and healing in African independent churches, and the challenges of the lockdown on community life. The chapter led by Musili takes up the particular challenges associated with death and grief in Covid-19 and how Nomiya Church members turned to WhatsApp groups as a means of sharing grief, support and material aid to those experiencing illness and death.

Loreen Maseno's chapter explores the world of the CITAM Ngong Church in Kajiado, Kenya, and how the resort to online worship and community under the Covid-19 lockdown produced new forms of religious space that were novel and challenging both for congregants and the scholars who study them. Maseno examines the rise of a "networked theology" at CITAM Ngong that necessitated "digital ethnography" as a method of study. It was one in which CITAM Ngong members experienced "divine action, transcendent presence and supernatural reality in the virtual world" and an "amplification of transcendent presence and intimacies in the virtual space" in a way that had distinctly impacted both member and scholarly participant observers.

The final section of the book, on "Theologies, Security and Spaces in Covid-19", collects chapters that probe theological approaches to security and space under themes of *kairos*, *ecclesia* and *koinonia* and the implications of these for health and healing. Milda Come's and Marlino Mubai's chapter surveys Catholic, Protestant and Islamic responses in Mozambique to Covid-19 and to the lengthy list of regulations enacted by the Mozambican government to secure the population

from the pandemic. The survey includes studies of the scriptural and theological resources regarding sin and death to which members of the various religious denominations resorted to cope with the pandemic and bolster compliance with the government's many anti-Covid-19 measures.

Linda Naicker's chapter examines a different problem of security that grew worse during the Covid-19 pandemic – namely, the persistent problem of food insecurity, with which so many African nations struggle. As Naicker observes, through an apt quote by Arundhati Roy, even though many around the world wanted a return to “normality” amidst the “new normal” of the pandemic, the problem of food security in Africa illustrates how a return to the pre-existing normal would be an injustice. Instead, Naicker calls upon churches and governments, including the government of her native South Africa, to use the crisis of Covid-19 as an opportunity “*re-envision* a more healthy and inclusive society, where poverty is holistically addressed and measured to eradicate food insecurity and food related health disparities are decisively challenged and confronted”.

In the book's final chapter, Yolanda van der Vyver examines the role of church architecture as a source of both *ecclesia* and *koinonia*. As Van der Vyver notes, “Christianity is a congregational religion, not built around the individual, but rather focused on the sense of community through worship or *koinonia*.” While much has been made of the transfer of ecclesial functions to new spaces – particularly virtual spaces – Van der Vyver argues that there are certain functions of *ecclesia* and *koinonia* that require a physical architecture. Within the security and shelter of the ecclesial walls, the architecture of the church becomes both a site, source and symbol of “assembly and community, liturgy and ritual, sacred space, spiritual healing and pastoral care”.

One thing that became apparent in the editing of this volume was the profusion of description. Whereas many essays in ACLARS's past have parsed texts and traditions and elaborated and expounded upon theories within legal, religious studies, it seemed that the shock and novelty of the Covid-19 pandemic, required much description just to articulate the basic facts of what was occurring, along with all of the concepts of “lockdown”, “flattening the curve”, “personal protective equipment”, “social distancing” and more that made their way into the lexicon of the “new normal”. There is a reason for the many surveys, interviews and ethnographies in the present volume. Just figuring out what was going on became a global challenge in Covid-19 amidst scientific unknowns, rampant conspiracies and other forces that challenged notions of facts and authority. And even though the stories began in the same way with the emergence of the Covid-19 pandemic, there were many distinct facets and effects of Covid-19 to chronicle.

As the world began to emerge from Covid-19 in the summer of 2022, we at ACLARS suffered our own loss of Célestin Gnonzion, a contributor to this volume and the leading light behind our planning for the next ACLARS conference on “Law, Religion and Reconciliation in Africa” to take place in his home country of Côte d'Ivoire. The loss of Célestin was not a loss due to Covid-19, but it was an especially sad and tragic event for our ACLARS organisation in a trying time for the entire

world. Célestin saw the Covid-19 as a crisis containing the seeds of possible resilience. We look forward to honouring his life and contributions to ACLARS at our 2023 conference in Abidjan, modelling resilience in the face of tragedy.

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