

Confessing Jesus Christ in Cultural Context: The One-Sided Politics of COVID-19 Vaccination in Zimbabwe

Robert Matikiti

African Theology, Faculty of Humanities, Christ College of Zimbabwe, Harare, Zimbabwe

Email address:

robertmatikiti@yahoo.com

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Abstract: This article argues that confession of Jesus Christ in relation to COVID-19 vaccines is shaped in important ways by the existential cultural contexts of traditional medicines in Zimbabwe. In Africa health is grounded in and informed by religious and cultural practices that emerge from the values and beliefs held by particular communities or groups of people. The COVID-19 vaccine roll out towards herd immunity must be understood in particular historical and cultural context of the community of faith. COVID-19 vaccine hesitancy remains prevalent in Zimbabwe. Vaccination cannot succeed without taking seriously the social and cultural contexts of Christology. The presence of coronavirus in the midst of the community of faith is an assault on human dignity. It requires a clear Christological response in order to make Christianity meaningful and relevant to society. With mountains of unknowns about COVID-19 that even the epidemiologists and virologists are accepting, many Christians in the country are suffering from a religious civil war in the mind - the troubling conflict between Christian beliefs mediated by western cultural values or African traditional values. Christians are toying between sticking to their Western medical standards or stick to their trusted traditional medical practices. These conflicts do not only exist at a very theoretical level; they mean a constant series of practical coronavirus choices. The coronavirus pandemic brings with it serious theological issues for the Christian community of faith. If a Christian is sick as a result of coronavirus, should he/she go to the hospital, a traditional herbalist, or both? Should a Christian rely on traditional medicines or foreign medicines though there is vaccine politics between the West and East superpowers? The spread of coronavirus has been astoundingly rapid, complex and relentlessly killing people worldwide. In Zimbabwe, after managing the virus relatively well in its early stages, the second wave of new cases grew exponentially towards the end of July 2020. I maintain that the rejection of foreign vaccines went hand in hand with the trend to harness local resources to solve local problems and further Christ's kingdom.

Keywords: Coronavirus, Community of Faith, African Traditional Religion, Worldview, Traditional Herbs and Traditional African Medicines

1. Introduction

The Christian message must be prayerfully and consistently interpreted in new situations by the community of faith. The content of their reflection should reveal Jesus Christ as a living reality in the circumstances of coronavirus pandemic. Thus, Christian theology in Zimbabwe must be understood in the coronavirus context in which it is produced. Migliore points out that "all theology is contextual, that historical and cultural context is a factor in all Christian life, witness, and theology" [16]. Christians in Zimbabwe are

reflecting on the person and work of Christ in the midst of coronavirus. This theology represents a sharp response to the menacing virus devouring humanity at the moment and is a threat to a nation struggling to understand its future. Coronavirus has changed the conventional way of thinking in the urgency of making sense of the world and adapting to the new situation. According to the Zimbabwe National Statistics Agency, 69.2 percent of Zimbabweans belong to Protestant Christianity, 8.0 percent are Roman Catholic, in total 84.1 percent follow one of the denominations of Christianity [25]. However, it must be noted that syncretistic tendencies

characterize the Zimbabwean religious landscape. Most Christians continue to practice elements of their traditional religions. Their religion and culture make meaningful connections with their past that shape their identity in the present. Brushing aside their traditional medicines is a form of *ahistoricism* – a sentiment that the past is of little relevance. Traditional medicines have served the people healthy for generations. Having said so, it must be admitted that the church is a nation-wide club offering a badge, community, social security, support, and moral integration of the state.

There is a relentless battle between two types of theology in relation to COVID-19 vaccines in Zimbabwe. Christians in the country today have to pick their way between two possible approaches. The one we can call the conservative approach type, the other the liberal approach type. The former is a total rejection of Zimbabwean culture as a source of theologizing while the latter embraces culture as an integral component of theology. The conservative approach type emphasizes faith healing and Western medicines. The liberal approach type takes as its point of departure the traditional African cultural worldview. It baptizes traditional medicines as vital. There is a great cultural tradition which by and large has weathered with age but has retained its forms and influence over the people. Confessing Jesus Christ is creating tension among Christians in the country. The coronavirus pandemic has brought to the fore contextual Christology and understanding of who Christ is and what sort of healing He brings. Christians are emboldened by testimonies of COVID-19 survivors reflecting of God's grace and saving power.

Christian churches are very much concerned about health of the people and their well-being. Most White Garment Churches or African Initiated Churches hold faith healing sessions for their members and even other people. Pentecostals also do the same; miracle working has become part and parcel of these churches. The Seventh Day Adventist goes as far as teaching people on the correct diet and healthy living. Western founded churches such as the Catholic Church, Anglican Church, Methodist churches, United Church of Christ and others run hospitals, clinics and dispensaries to help people enjoy good health. Some Churches even train nurses and other health personnel to cater for the deficit in the society.

In the African traditional context, there is always an explanation as to why someone is ill. Thorpe opines that traditional African understanding of healing is holistic [24]. This health delivery system is made up of specialized components of divination, spiritualism and herbalism. Even though African traditional religion is a form of holistic health delivery system this article will focus on traditional herbal medicines. Herbal medicines are part and parcel of people in Zimbabwe and have proved to be very popular during this coronavirus pandemic era. On 6 April 2020, Zimbabwe's Government authorized traditional herbalists to treat coronavirus patients. Tribert Chishanyu, President of Zimbabwe Traditional Practitioners Association, said his

organization was happy that President Emmerson Mnangagwa's government is allowing herbalists to treat coronavirus-positive Zimbabweans:

Traditional medicine practice is older than science and it is accepted by the majority of Zimbabweans. If modern scientists are given opportunities to try whenever there is an emergency disease (outbreak), why can't we do the same to traditional medicine practice? We are treating symptoms related to COVID-19, so by (some) chance we may be able to treat COVID-19 [8].

He added that traditional practitioners are consulting with "spirit mediums" in hopes of finding new COVID-19 treatments [8]. The approval of traditional medicines inspired by spirit mediums is particularly disappointing for Christians when one considers that the church is the largest constituency in the country. The lack of a properly functioning modern health care systems, both private and public, is augmented by the fact that a large proportion (nearly 80%) of the African population including Zimbabwe uses traditional herbal medicine for its immediate health needs [23]. Some Zimbabweans routinely use alternative treatments, including herbs, roots, barks and powders, to meet their medicinal needs. Traditional medicines are often less expensive than physicians, and it's easier to get an appointment.

Coronavirus reshaped the religious worldview of many Christians in the country. Two points must be made clear from the onset. First, coronavirus spread rapidly around the world giving Christians no time to adopt their theology to this new crisis of crises. Christians had no time to adjust to environment. This was exacerbated by the lockdowns prohibiting church gatherings. With this fast rate of change Christians found themselves in uncharted territory. Christians were restricted and their influence curtailed at national level. The second point is that this kind of religious civil war in the sow expressed itself through the mushrooming of traditional herbs on the market claiming to heal the new virus at the time corona was spiking. Even the triumphalistic prophetic Christian movements offered no healing to Zimbabweans. This silent mode undermined Christian faith. What precisely are the coronavirus conditions in Zimbabwe that precipitated the psychological war in the mind of Christians in the country? Before discussing the conditions let us see the methods used to unpack the task at hand.

2. Research Methodology

Platoon states that research methodology is a term that refers to steps or procedures used when one is conducting a research [20]. Put differently, research methodology explains the processes and instruments used by the researcher in coming up with research findings. In the wake of COVID-19 pandemic this study incorporated the qualitative epistemology and the interpretivist philosophical stance. The author bridged the gap between risky traditional methods and demands for modern methods through the use of technology. Veith and Stamper argue that we "must recognize the sense in which this new technology is a blessing from God" [26].

Technology has opened many new ways to gather data during the COVID-19 era. Technology is in a unique position to handle challenges posed by the COVID-19 pandemic both in terms avoiding physical contact and meeting ethical considerations. The idea of the integration of technology in research has received a skeptical response from some over the past decades. It is time researchers in religion, particularly this era of coronavirus, adapt to the “Theology of Digitalism” [1]. Denying the role of technology in research as ethically troubling is retrogressive, and at best alarmist and misleading. The author made use of the Internet, WhatsApp and Telephone in line with COVID-19 health regulations and ethical considerations as part of the qualitative research paradigm. The author used the Qualitative Content Analysis method. Content analysis must be understood as a family of systematic, rule-guided techniques used to analyse the informational contents of textual data [13]. The aim of qualitative content analysis is to gather data from all sort of recorded communication be it transcripts of interviews, secondary sources such as books, discourses, protocols of observations, video tapes and documents. It systematically examines any communicative material, and in this case written materials, WhatsApp chats, telephone voice recordings and text messages materials in Zimbabwe.

3. The Context of Coronavirus in Zimbabwe

In this section it is important to briefly set out the timeline of Coronavirus events to provide context for the theological analysis. It presents the collective stories of people confessing Jesus Christ in their milieu from the time of the emergence of coronavirus in 2019 to present. It is the grand story of church history in the making; holding on to faith in times of crisis. Christians are taking a leaf from early church believers whose story is one of growth under immense pressure. The pressures faced by the early church Christians were somewhat different from those Christians face today. The story is taking place in Zimbabwe. Zimbabwe is landlocked country between Zambia to the north, Mozambique to the east Botswana to the west and South Africa to the south. Its capital city is Harare. Zimbabweans’ response to the coming of coronavirus was/is shaped by issues their cultures present(ed) to them.

Coronavirus came relatively late in Africa, in general, and southern Africa, in particular, as compared to Asia and Europe. When Coronavirus first struck Zimbabwe, it found already in place widespread socio-economic vulnerability which presented an ideal environment for its rapid spreading. Zimbabwe has to fight both coronavirus and poverty. Apostle Wilson Ndwana, the leader of Amazing Grace Fellowship, said in an interview over WhatsApp chat,

As the Coronavirus spread across the country, the church experienced services like never before. Broadcasting sermons through live streaming on social media platforms became the new normal. In addition, as social distancing

became mandatory for worshippers in order to save lives large churches, like the one I lead for Jesus, found it impossible to gather for church services. Coronavirus denied believers soul to soul social contact. The Coronavirus pandemic continues to wreak havoc on the most basic facets of Zimbabwean life, threatening to disrupt if not derail the church services and fellowship [18].

Faith Based Organizations (FBOs) have been the recipients of many accusations: of being lethargic, of promoting stigmatizing and discriminating attitudes based on conspiracy theories; of pronouncing harsh moral judgments on those infected and affected; of obstructing the efforts of the secular world in the area of prevention and limiting the power of God. Some church leaders are taking advantage of their believer’s gullibility to dissuade them from taking the COVID-19 vaccine, spreading all sorts of conspiracy themes. There is no doubt that the unscientific theories are causing alarm and mental disorientation to a nation already paralysed by fear and harangued by the deliberator effects of coronavirus that has left more than 4 million people dead globally. There is a danger of confining “the Church” to its official leaders and organs. The work and witness of the Christian church is of such panoramic proportions that it impinges on the entire course of life of every Christian living in Zimbabwe.

When Coronavirus was fast spreading in the country the responses to the disease followed the same pattern: first there was denial, complacency or a laissez faire attitude, followed by panic and finally acceptance. Zimbabwe was not quick on the blocks despite dire warnings of tough days ahead. That was not entirely unexpected. The devastating impact of the pandemic in Southern Africa is benchmarked against a historical context of widespread socio-economic vulnerability of the population over many decades. The health care system for the majority of the society in Zimbabwe before the current pandemic was chaotic. There was a dysfunctional infrastructure, lack of health care equipment including PPEs, shortage of therapeutic drugs, and poorly remunerated health care workers. The denial stage was attributable to a number of myths and that many Africans were convinced that advances in science would develop a vaccine to stop the spread of the virus. Meanwhile, scientific breakthroughs were not made until the end of 2020 and early 2021 when vaccines such as Sinovac, Oxford-AstraZeneca, Moderna, Pfizer-BioNTech, Sputnik V, Johnson & Johnson and Gamaleya entered the world health care system. Without adequate preparation to prevent the spread of COVID-19 Zimbabweans put up a brave face in the face of death and pray for divine intervention. The myth being spread that blacks are immune to the Coronavirus had a possibility of causing complacency among most black people and this turned out to be catastrophic in poor communities. With a comatose economy Zimbabwe could not do much except wash their hands and try some social distancing where they could. It is difficult to maintain social distancing when people are already living in overcrowded informal settlements where social distancing is not possible. In some

cases people share one outside pit toilet and a central water point. People use public transport to go to work and queue on benches to be treated at poorly resourced hospitals and clinics. In essence people cannot afford to practice social distance. Many people live in the same room and do not have money to buy sanitizers. They just leave everything in the hands of God. They hope that Coronavirus too, just like all other catastrophes that they face will pass and leave them stronger.

Very little preparation was done to prevent the spread of the virus. This inertia allowed the virus to spread. The denial stage was followed by the panic stage where most Zimbabweans realized that neighbouring South Africa was being ravaged by Coronavirus and it did not discriminate between white and blacks. Many Zimbabweans panicked and realized it was an emergency. McCoy argues that the COVID-19 pandemic has been a blessing in disguise for Zimbabwe as some long-neglected hospitals were refurbished, investments poured in for the building of new health care facilities [15]. Hospitals dealing with infectious diseases were hurriedly revamped and rehabilitated. People became anxious about the status of the social economic environment and future of the country. They accepted that all was not well. They started to plan and develop programs of action while the virus was making inroads in the country. The panic stage was soon followed by the acceptance stage as Zimbabweans began to fight the virus. It must be admitted that panic alone without acceptance does not yield effective action and intervention strategies. When the first death from Coronavirus occurred on the 19th of March, it became a reality check for most Zimbabweans. The national committee on Coronavirus was established and the Ministry of Health was activated. The nation witnessed citizens coming together to contribute according to their abilities and capacities. People started to learn more about Coronavirus. The government utilized many strategies including lockdown. Generally speaking Zimbabwe's response to Coronavirus can be described as slow weak and lethargic.

On 17 March 2020 President Emmerson Mnangagwa of Zimbabwe suspended all public gatherings including church services and sports events after declaring the novel Coronavirus a national disaster [5]. All public gatherings of more than 100 people were suspended for the next 60 days as part of the preventive measures. The deadly Coronavirus which has since been renamed COVID-19 by the World Health Organization (WHO) had by then claimed 7019 lives and infected 173 244 others worldwide [9]. Zimbabwe had yet to record any cases of the Coronavirus. President Mnangagwa immediately postponed the Zimbabwe International Trade Fair and the 40th Independence celebrations which were scheduled for Bulawayo in April. Funds initially budgeted for these events were now to be diverted to the fight against COVID-19. The government was also to create a special fund to fight the pandemic. In addition, the government was to create isolation centres where suspected cases were to be investigated.

On the 19th of March 2020 Zimbabwe confirmed its first

COVID-19 case, a foreigner living in Victoria Falls who appeared to have been infected in Britain but who acted responsibly on his return to Zimbabwe by quarantining himself as a returning traveller from an affected country and then continued isolating himself when he felt ill [7]. On Saturday 21 March 2020 one more case of COVID-19 was recorded in the capital city, Harare, bringing the total to 2 [6]. The son of a prominent Zimbabwean was identified as the affected person. The government opted against placing restrictions on international travel. Some citizens considered this to be a huge error of judgment as COVID-19 has primarily been transmitted across borders. As Zimbabwe confirms its third COVID-19 infection, the infection was declared a formidable epidemic disease in the terms of the Public Health Act, allowing the Minister of Health and Child Care to make sweeping regulations to control the spread of the disease and to have designated medical officers order the compulsory testing, quarantining, isolation and treatment of anyone who is exposed to infection or is confirmed as infected. By 9 February 2021 Zimbabwe Ministry of Health and Child Care coronavirus situation report had recorded 34 781 confirmed cases and 1353 deaths [4]. By February 2021 there was no world-agreed treatment for COVID-19 and Zimbabwe is more wary of the South African variant of the virus. South Africa and Zimbabwe are neighbouring countries and the borders are porous.

4. Christians Vacillate in the Midst of the COVID-19 Pandemic

There is a good deal of introspection in the church in Zimbabwe these days. The situation faced by Christians in the country is complex, with a wide array of foreign agencies and strong local traditional viewpoints. Zimbabweans are at war against coronavirus. This war has revealed a split soul within the churches. The one side puts the faith at the disposal of imported vaccines, the other has a romance with traditional medicinal herbs. There is no doubt that there is a civil war going on in Christianity that is shaking the community of faith to its very foundations. Christians experience difficulties in faithfully reconciling forces from within and without. However, there is no doubt the encounter with God through Jesus Christ in the transforming power of the Holy Spirit is powerful. Ipenbeurg states that for many mainline churches medical services were "provided by the mission to serve a basic need, but also to undermine the people's confidence in the *n'anga*¹, and the belief system connected with his approach to sickness and health." [11]. This view was also expressed by Prophet Godwin Nyakutya, founder and visionary of Apostolic Faith Union Church,

Traditional African medicines are crap. We build hospitals across the country for the medical welfare of our members and the generality of the population. Traditional herbalists do not provide information on the side effects of

1 The *n'anga* is a traditional healer.

unregulated traditional herbs and the possible implications on persons with preexisting conditions. After all, these traditional herbs are sanctioned by spirit mediums. We Christians do not partake such unholy medicines. Never. Christ is our only healer [19].

Prophet Nyakutya sidestepped a follow up question why Christians go to hospital if Christ is their only healer.

Langley points out that religion has been defined as the unique attempt of each society to express the meaning of its existence [12]. Often, people's environment is hostile: cyclones blow, thunderstorms rage and volcanoes erupt; nations go to war and famine and disease, poverty and oppression disturb the balance of living. The human spirit does not concede defeat to nature disaster or taken hostage to diversities. In the inboxes of Christians in the country was the ravaging coronavirus. It created confusion and consternation that called for pragmatic solutions. Coronavirus has exacerbated the tensions between African traditional culture and Christianity, which was brought to Zimbabwe along with its strongly European cultural background. The first Christians, like the missionaries themselves, tended to identify the various aspects of this cultural elements including traditional herbs as evil. This view is still prevalent in churches as revealed by Elizabeth Muringami, the deaconess in the United Church of Christ in Zimbabwe,

There was a time when talking about traditional medicines in church was considered synonymous with smoking weed on the pulpit, it was taboo. Traditional herbs were considered *zvemunyika* (worldly) so it was not allowed. This is attributed to the fact that the first missionaries to preach in Africa had a tendency of demonising anything African that they did not understand. This affected the attitude of Zimbabweans against traditional herbs such as zumbani [17].

Zumbani/umsuzwani/ Lippia Javanica is a delicious balsamic medicinal herbal tea that is traditionally used to treat coughs, colds, bronchial problems and to bring down fever, to treat dysentery, diarrhea and headaches. Zumbani is caffeine-free and contains vital minerals such as copper, zinc and iron. It has a strong balsamic citrus-like scent. All this has changed in 2020 with the coming of COVID-19. Traditionalists who converted to Christianity are now tracing their roots. Some Christians began to ask why they were not hearing about traditional herbs they grew up using. The denigration of traditional herbs by Christians has too often been followed by a romantic idealisation of Christianity. But the answer was clearly not to reject the African herbs, what was needed was a search for a way to bring together the best aspects of Western medicines and African traditional medicines. The conflict which so often existed in the individual heart and mind can also be seen in whole community. Many who embraced Christianity felt a sense of loss at their cultural heritage.

While there is dichotomy between Christian faith and Western medicine, there is no distinction between traditional beliefs and traditional medicines. Some Christians had to live

with both Christian medicines and African traditionalist who claimed their herbs cured the new disease. Thus, they rejected the notion that traditional African herbs are inferior to Western medicine. As Christians vacillated and dithered, the traditionalists implored *Mwari* (God) to effect healing through traditional medicines. Traditional medicines have become oasis of hope for a nation whose health delivery system is on its knees.

As stated earlier, on 6 April 2020 the Zimbabwe government authorized traditional herbalists to treat coronavirus patients, but health experts are skeptical and are urging extreme caution. Zimbabwe's Ministry of Health delivered a letter Monday 6th April 2020 to the head of the country's main COVID-19 treatment centre in Harare, asking him to consider using a herbalist who has questionable claims to have a cure for the virus. Dr. Nyika Mahachi, the President of Zimbabwe College of Public Health Physicians, said the coronavirus was still evolving and its mortality was fairly high:

So we cannot take a chance with traditional medicine that is not proven. Even on the regular medicines that we have, none of them have been proven to be effective in treatment or cure of COVID-19. So, this is an unwelcome development. I am hoping that this is not a true approval, something went wrong somewhere, and the ministry urgently addresses this [8].

Mahachi opined that the government should stick to WHO guidelines on how to contain the virus arguing that using herbs may derail the gains that came with the nationwide 21-day lockdown. Medical experts advocate for interventions which are grounded in science, that are grounded in evidence and that have shown to work elsewhere. Ministry of Health officials questioned the authorization of herbalists to treat Zimbabweans affected by the coronavirus. The authorization promoted herbs to remedy COVID-19 symptoms.

More and more people in Zimbabwe, including practicing Christians, are resorting to traditional medicine for different ailments. The practice of "kunatira/kufukira (inhaling steam laced with herbs) has been so popular that sellers are making a lot of money selling herbs like Zumbani, Moringa, and Mufandichimuka. In a press statement on 15 January 2021, Vice President Chiwenga who is also the Minister of Health and Child Care said;

Before I conclude my Press Statement, someone asked me whether traditional medicines such as Mufandichimuka, Moringa, Zumbani, and other herbs can be used to treat COVID 19 or substitute drugs for COVID 19? Some Traditional Doctors were said to be claiming that their patients recovered after administering herbs. My comment would be that, you might be aware that some modern medicines are actually derived from traditional herbs. Yes, it is possible that some traditional medicines can be used to treat COVID 19 however, there is a need for scientific researches to be done to ascertain their efficacy. The Ministry of Health and Child Care actually operationalized the Traditional Medicines Department, which is pre-occupied with researches in this area [10].

He urged citizens to rely on scientific backed evidence use of herbs and home remedies in the prevention and treatment of COVID-19. That the Minister of Health and Child Care, who is also the Vice President of the country, should be dispelling the efficiency of traditional herbs, highlights the gravity of the crisis.

Zumbani and Moringa have become much sought after traditional herbs in the country as people widely believe it can treat COVID-19. The massive use of the zumbani plant during the COVID-19 era proves that traditional remedies must be taken seriously and cherished. At first it was Moringa and Zumbani, but there is a new popular powder in town – snuff or ‘bute’. Though not scientifically proven, according to traditional healers snuff or *bute* has medicinal properties. The snuff has been used for centuries to treat various ailments, and is regarded as the pain stop version of traditional medicine. This snuff has traditionally been used to treat headaches, stomach aches, you name it. The medical and practitioners council of Zimbabwe has warned against claims by some religious personality that homemade concoctions and traditional herbal remedies can treat the virus. The council has warned practitioners against taking advantage of the sick and desperate members of the public.

Traditional African herbalists must enter into a proactive and empowering partnership with scientists to enhance its efficacy, quality control and safety and standardization. It is only through collaboration, dialogue partnership and transparency in practice with scientists that traditional herbalists can improve their medicines and wider acceptance from Christians in the country. Traditional religious practitioners’ methods of medicine practice are generally held in secrecy and mystery. Often, traditional healers attribute incurable diseases to unhappy ancestral spirits or witchcraft. However, the HIV and AIDS pandemic has taught many people the significance of taking medicines rather than divination prognosis. Thus, the COVID-19 pandemic has seen many affected people resorting to taking traditional African herbs and not divination. Scientifically authenticated traditional medicines will increase its formal recognition and entry into conventional market system. There is need for unity of purpose for traditional herbalists and scientists to improve the primary health delivery system.

5. African Christians Schizophrenia over Forgoing Rites

It is important to understand the Zimbabweans attitude to health in the context of their traditional worldview. This enables us to appreciate their response to coronavirus. The church must take serious account of the causes of illness as traditionally conceptualized. For Africans religion is almost the same thing as culture and forgoing cultural rites creates a condition in which mutually exclusive activities coexist. Taylor defines culture as knowledge, belief, art, law, morals, custom and any other capabilities and habits acquired by man

as a member of society [22]. For Africans, there is no distinction between religion and the rest of life. They see all of life as religious. Most Christians find it difficult to forgo traditions handed down by word of mouth from one generation to another. It creates a schizophrenic psychosis. They will have difficulty with perception of religious reality. Forgoing tradition is seen as betrayal of their ancestors. It must be understood that culture gives Zimbabweans a framework within which to come to terms with their environment and to give their experience meaning.

Life, even for some practising Christians, is punctuated by a series of rituals and particularly during times of crisis. Afflictions such as, illness and misfortunes are marked by their own rituals. COVID-19 falls in this category of health hazards. Although today most Zimbabweans have accepted Christianity, they continue to a large extent to take traditional herbs such medicines reinforce the traditional worldview and their identity. Disease is in their view is caused by malevolent spirits which must be exorcised by an *n’anga*. The *n’anga* provides the much needed psychotherapy. It is the spirit of the living dead, the ancestors, who receive more attention in times of crisis. Zimbabweans have a holistic understanding of salvation and as such healing touches both the soul and the body. Treatment is effected by way of physical and spiritual means. Chirenje argues that effective healing in the African setting is possibly “only if the fundamental cause of evil is taken very seriously and dealt with adequately” [3].

In Zimbabwe many have accepted Christianity at one level and at another; deeper level has persisted in the ways of their forefathers. This has led to mixed religions. The rising death toll due to the exponential surge in coronavirus is straining many people. For fear of spreading the virus new protocols and guidelines from the Ministry of Health and Child Care stipulate that COVID-19 bodies can only be removed from the mortuary or parlour straight to the burial site. In addition, body viewing or standing less than 4 metres from the coffin is now prohibited. The tradition of close relatives of the deceased to sit close to a coffin and spend a night at home before burial is not outlawed. The prohibitions also affected the “after tears” ceremonies such as *kurova guva*² ceremony.

Far more prohibited is the transporting of bodies for burial outside the city or town. Only bodies that are hermetically sealed in a triple coffin are allowed to be transported outside cities or towns. Most Zimbabweans cannot afford the expensive hermetically sealed coffins. It is clear that restrictions on moving COVID-19 bodies have connotations on traditional burial rites. For many families it is taboo to be buried away from the ancestral gravesites. Their spirit will not find rest. There is scope that to remedy the situation once COVID-19 is eventually contained some rituals can be conducted to appease the wandering spirits buried in foreign lands. People have been forced by coronavirus to abandon their rites.

2 The *kurova guva* ceremony is believed to bring the spirit of the dead into the family and serve as an ancestor.

6. Cultural Approaches to Achieve Herd Community

Cultural approaches can help convince millions of Zimbabweans to get COVID-19 vaccines acceptance. When a sufficient large percentage of a population has been vaccinated, herd immunity result. Zimbabwe is administrated by customs and social practices that have a dominant influence on public life. In this sense, culture has a direct influence on a person's opinions, behaviours, and similarly shapes persona and is understood to give character often to straddling generational continuums [21]. Community leaders play an important role as custodians of culture and oversee its enforcement through respect of cultural norms and values. Vaccine refusal is usually in a community is always linked cultural practices especially if it has a foreign origin. Acceptance of vaccines needs the whole community to be involved to come up with their local solutions. If the approaches are top down, reports have shown that communities will always find ways of continuing with the same cultural practices.

7. God Is the Only Permanence in a World of Impermanence

African Christians must realize that they do not own medicines, God does. Theology is an ongoing enterprise that is contextual and meaningful. If theology is to be relevant to people it must address the COVID-19 pandemic. Christians in Zimbabwe have an important role to play in the COVID-19 discourse. The church as a social organisation must act to serve humanity on the grounds of neighbourly love. It is my considered opinion that the church must continuously and faithfully allow its prophetic voice to be heard, so that the kingdom of God can become visible in all areas of life. The church should see itself as the Lord's vehicle for the transformation of the whole person-body, mind and soul. If the Christian mission is to continue to live and communicate the saving love of God in Jesus Christ to a society experiencing coronavirus catastrophe. For centuries the role of the church has been that of fostering social collision, providing counsel and guidance, besides extolling believers to repent in preparation for the second coming of Christ. Christians in Zimbabwe did not exhaust the theological capital. Mental shift to seek solitude is not enough. With COVID-19 ravaging the church leaders have gone into hiding refusing to speak their mind. They learn from sages that say silence cannot be misquote. Only a few ministers of religion are making themselves relevant by sticking to their active participation and uttering statements. They feared to lead peace astray, at a time they should receive counsel and guidance.

The COVID-19 pandemic is not only a health disaster, but it is also a theological crisis. While many new things have always been approved by the church, traditional herbs still divide opinion. Traditional herbs have invaded the church

and have caused uproar in some churches. The Seventh Day Adventists are known for introducing traditional herbs while Pentecostal churches reject the invasion of herbs. Adventists call for the need to decolonize the thinking regarding medicines given that many of the existing drugs in modern medicine have natural and herbal origins. Christianity has tended to carry the baggage of Western culture which it loaded on African Christians. It must discover its roots on African soil and adapt to the local environment. The church needs total re-orientation to the African setting of traditional herbs.

The experiences of the pandemic highlight the theological deficiency of the church. Some hard-core Christian conservatives argued that traditional herbs are unchristian and were given all kinds of labels. COVID-19 has exposed problems of the African world view vis-à-vis the Western world view. When health crisis strike the average African Christian recoils into the traditional religion cocoon. They believe there are some problems that cannot be resolved in the Christian faith. The African response to moments of crisis is ambivalent:

When things were not serious African converts did follow missionary teachings. But when it came to times of crisis, many fell back to their old ways. H. H Morley Wright, one of the oldest surviving missionaries told the story of a young school boy who was asked what his parents did when he was sick "when am ill," replied the scholar, "they (parents) take me to hospital. But when am very ill they take me to an n'anga" [2].

It is incumbent upon Christians to demonstrate faith that in the middle of a pandemic God is the only permanence in a world of impermanence.

COVID-19, which is wreaking havoc across the globe killing thousands of people, has placed on the shoulders of religious leaders and faith-based organisations the onerous task of saving lives and mitigating the spread of the disease. Authentic dialogue in humility and honesty with African herbalists is necessary. There is need to build useful points of contact between the Gospel and local traditional herb users. To incarnate Christianity in the country the faith must undergo a cultural baptism in order to fulfill creation of the kingdom of God. Not all traditional herbs are bad. Christianity cannot afford ignore a Christianity arising out of the identity of African people. The lockdown period has presented serious challenges that many Christians have not been able to surmount. It was unconceivable not to go to church. At a time when the church should be actively involved in spreading the gospel of hope and the saving power of Christ to a nation reeling under the effects of COVID-19 the church is in hiding. Christians should continue to put their trust in God even in the midst of the pandemic. Believing in the protection of a living God is fundamental belief in Christianity.

Christians are missing in action. When President Emerson Mnangagwa declared the COVID-19 pandemic a state of disaster, he said that government response plan was science-based evidence on fighting the pandemic. There was no

mention of a multi-sectorial approach which included Christian input.

Not all hope is lost. Religious leaders from different denominations have implored Zimbabweans to pray and put faith in God while strictly following regulations stipulated by the government to fight COVID-19. The leader of Covenant Faith Ministries, Bishop Thomas Mbeveri, had this to say,

COVID-19 has showed us that when everything else fails, a time when as human beings we have reached our limit and with no capacity to help ourselves, we must realize the abundant capacity of Jesus Christ. Humanity's wisdom is limited, God's wisdom is limitless. Our good scientists have developed vaccines but they are not perfect. As believers we must look up to Jesus for help. Christ is better than herbs that are trending in the country. Our God is able. Amen! [14].

Therefore, while Christians learn from African traditionalists reliance on the power of Christ must be domineering and a top priority. Cooperation with African herbal will enhance Christian healing and is therapeutic to many believers.

The church must live as a companion of Christ in the world choked by COVID-19. It is incumbent upon the church to be in communion with Him and pray for the coronavirus infected and affected and be a dispenser of healing to humankind. The community of faith should bring the dynamic of Christ's healing power to transform people in affliction. This community of faith should acknowledge the benefits of Western medicine and traditional African herbs. However, the church should be aware of the shortcomings of these medicines and know that they are not absolute substitute for Jesus Christ. All healing comes from God. Christians must rediscover the healing function of the faith community even to the divided church and dithering Christians.

The church's unsettling refusal to accept traditional African medicines has caused tension in the church. Declining to endorse African medicinal herbs to fight COVID-19 has resulted in psychological warfare in the mind of believers. A clear theological standpoint defining the value of traditional African medicines will help thaw the psyche of affected Christians. The psychological warfare against some Christians who back African medicines is not helpful for the community of faith.

8. Conclusion

Theology must be rooted in peoples' lived experiences by taking seriously their cultural and social contexts. There is a process of the rethinking of the Christian faith in Zimbabwe. In Zimbabwe, the underfunded health care system can be so frustrating to navigate that traditional medicine is increasingly popular. Many Zimbabweans visit traditional herbalists to treat a variety diseases. Herbal medicine is central to traditional medicine. African traditional medicine in its various forms is a holistic health care system involving both the mind and body. So as the coronavirus marched

across the country some turned to berries and herbs instead of doctors and nurses. There is no doubt that traditional herbal medicines are a backbone of the health care system in Zimbabwe in its fight against COVID-19. Herbs are part of home remedies to fight COVID-19. Lessons drawn from the pandemic are instructive. Traditional herbal medicines must be given a chance recalling that no vaccine on the world health care system market is 100 percent effective in preventing COVID-19 infections. While vaccines such as Sinopharm, AstraZeneca, Moderna, Pfizer, Sputnik V have experienced vaccine hesitance from the public while traditional herbs have been used for centuries. Some vaccines have been ineffective despite claims of outstanding performance in safety and high efficacy rate. Many fear being used as guinea pigs to prove the efficacy of the vaccine and there is reluctance to be initial recipients of the vaccines. This is worsened by government's failure to provide information about efficacy, about safety of people after taking the vaccines and which vaccines work best. Vaccination is on a voluntary basis and is free. Herbal medicines may succeed or may equally fail, but must be evaluated scientifically rather than dismissing them thereby causing confusion and panic in the country.

I argue that traditional African herbs are vital in the fight against coronavirus. African herbs can be theologically sound and relevant in the church in today's coronavirus pandemic era. There is no doubt that many Christians in the country are suffering from a religious civil war in the mind - the troubling conflict between Christian beliefs and African traditional beliefs, between Christian worldview and recourse to African traditional world view. Denying the role of traditional African herbs in the fight against COVID-19 is as mentally troubling as it is retrogressive, and at best myopic and misleading.

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