

GUEST EDITOR'S NOTE

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COVID-19 has held people the world over to ransom, taking as many lives as one could never have imagined, and changed the quality of life across all social divides. No wonder the pandemic has engendered multiple levels of research across disciplines.

The papers that follow are part of a project ‘Beliefs, Feelings, And Behaviours: African Religious Perspectives on the Pragmatics of Covid-19,’ organised by Simon Kofi Appiah, Rose Mary Amenga-Etego, Kocku Von Stuckrad, and Kojo Okyere, that aimed at stimulating knowledge production in the discipline from Ghanaian/African perspectives about the experiences of COVID-19—its related beliefs, feelings and actions.

By and large, Africa was the last continent and the least to be affected during the first and subsequent waves of the pandemic. Ironically, however, this positive trend has rather precipitated a lingering discourse about Africa in the form of an international version of localised patterns of stigmatization. The discourse denies that for once Africa is doing better than expected. Thus, the continent continues to receive reminders, particularly, from Western media and scientific institutions that the peak is still to come, and that the clouds could still fall.¹

Among the various reasons given to account for the relatively tamed experience of the pandemic in Africa are religious and folk medicinal practices. Regarding the latter, for example, there is anecdotal and social media evidence that people had recourse to local concoctions for inhalation and consumption as prophylaxis or treatment. However, no serious research has been conducted to investigate the validity and efficacy of such remedies. Could they have been part of the story in the overall muted effect of the pandemic in Africa? Did religious responses also play an important role?

The popular impression that the pandemic was a homogenous communal experience can be called to question in Africa where one could observe the unfolding of the pandemic in different ways between

¹ Paul Adepoju, “COVID-19: The Sky Hasn’t Fallen Yet In Africa”, *Health Policy Watch: Independent Global Health Reporting*; <https://healthpolicy-watch.news/covid-19-the-sky-hasnt-fallen-yet-in-africa/> [Accessed November 23, 2021].

individuals and social groups. In the slums, such as the *Abgobloshi* market in Accra, the capital of Ghana, people had crowded rooming, poor ventilation and sanitation. By the nature of their struggle for survival, they had little or no opportunity to follow the COVID-19 protocols. They had neither running water nor masks and their dietary practices were not supportive of preventing COVID. Yet, it would seem that the incidence of symptomatic infections tended to occur probably in equal ways (if not more) among the middle-class and elite of the Ghanaian society as among the lower classes. Here too, more research will be needed to provide information on the comparative levels of infection across social classes. Of greater concern in the study of religions, however, is the determination of the extent to which the social class disparities in COVID -19 infections in African communities translated into disparities of care for those who became sick. It would seem that people of affluence were more likely to enjoy privileged treatment than those of less influence in society. In effect, a society, which on the surface experienced a common health challenge, was variegated on an individual and social group basis.

Beyond social disparities, people in Ghana, as in other parts of the world, saw a resurgence of social and religious values—compassion, solidarity, cooperation, respect for life, and the will to arise. But there are also stories of villainy and cowardice, and especially of stigmatization and injustice. Stigmatization discredits a person deeply.² It causes the lowering, disregard and exclusion of persons, and leads to powerlessness in dire situations.³ While religions are part of institutional sources of stigma, they also frequently provide support systems for people experiencing stigma. Three of the five contributions in this special issue provide biblical perspectives on the theme of stigmatization.

Worlanyo and Gatti contend that the arrival of the COVID-19 pandemic in Ghana led to the establishment of isolation centres, which due to the disease's contagious nature, not only 'isolated,' but often led to the stigmatization and rejection of inmates by their families and communities, even faith communities. Using the communicative approach to African Biblical Hermeneutics, the authors present a

² E. Goffman, *Stigma: Notes on the Management of Spoiled Identity* (New York, NY: Simon & Schuster, 1963).

³ G. M. Herek, "Sexual Prejudice," in *Handbook of Prejudice, Stereotyping, and Discrimination*, ed. T. D. Nelson (New York: Psychology Press, 2009), 441-467.

narrative analysis of John 5:1-15 from a Ghanaian perspective. They explain the reality and dialogue between the reader and the context. From this perspective, the authors call on Ghanaians to act responsibly in the era of the COVID-19 pandemic. In a closely related paper, this time from the perspective of the Old Testament, specifically, the book of Job, Salapki also treats the issue of stigmatization in COVID-19. Using the story of Job, he isolates the phenomenon of suffering, teasing out the concept of deeds and consequence which is often falsely used to explain why some people suffer. This relates to the Ghanaian situation where some think that covid-19 patients are somehow responsible for their fate. The paper concludes that education can be an effective way to combat the problem of stigmatization. From a similar biblical perspective, Larsey and Ossom-Batsa interpret John 11: 38-44, reflecting on the “implications of the raising of Lazarus from the dead for COVID-19 recovered persons in Ghana”. The authors are concerned with the stigmatization and rejection of COVID-19 survivors in Ghana by their families and the general public. They argue that such behaviour ‘can lead to psychological trauma and social alienation’ and plead that COVID-19 survivors are warmly received with affection by their families and community of faith’.

Adoboli’s paper on the pastoral response of faith-based communities draws examples from the Catholic Church in Ghana to address the religious factor in the fight against COVID-19. The author argues that the pandemic has “brought faith-based communities and religious leaders in Ghana to their feet in their determination to complement the government's efforts in responding to the pandemic.” According to the author, pastoral care also provided an avenue for addressing people's economic and social needs. Finally, Assanful draws attention to the role played by African traditional leaders in the fight against the pandemic. Through partnerships with national and international bodies, African traditional leaders put up several measures including the suspension of festivals and other traditional rituals that demanded mass gatherings. The commitment of traditional leaders and the success they chalked in the fight against the pandemic point to the trust many Africans continue to have in their traditional leaders. Assanful concludes that continuous engagement with traditional leaders is imperative in the fight against the pandemic and the holistic development of Africa.

Editorial

On behalf of the project team, it is a great honour for me to express my gratitude to the Management of the *Ghana Journal of Religion and Theology* for accepting to publish these papers, and to the authors who have contributed to this special volume. I hope that for all GJRT's readers these papers can offer a moment of reflection and be a starting point for further research.

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