



Christian women bearing the brunt of burden during the peak of the COVID-19 pandemic in Zimbabwe: A social gender justice perspective

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Abstract

The outbreak of the COVID-19 pandemic in 2019 brought untold suffering to Christian women as they are the custodians of the families. A considerable number of people have succumbed to the COVID-19 pandemic globally. The hardest hit were women in hospitals, villages and families, owing to the fact that they looked after the sick. During lockdowns, the COVID-19 pandemic exacerbated the already existing gender disparities, with far-reaching implications to Christian women. The closure of offices and educational institutions, the emerging norm of working from home and online education, the lack of services of domestic workers and the need to perform unpaid chores in the household has increased. In this context, the focus of this study is to interrogate how the onslaught of the COVID-19 pandemic posed as an agonizing burden to the Zimbabwean Christian women and the girl child from a social gender justice perspective. The paper argues that Christian women were on the receiving end during the peak of the pandemic, owing to a plethora of factors, notably: there were no resources in clinics; there was no protection when looking after patients; thus, resulting in the higher risk of contracting coronavirus disease. The study is informed by insights from a social gender justice perspective to examine how Christian women were burdened during the COVID-19 pandemic in Zimbabwe. It could be concluded that Christian women suffered most during the coronavirus disease in Zimbabwe when they looked after the sick; ultimately resorting to the indigenous herbal medicines as a cure to COVID-19 when there was no conventional medicine. Utilizing the lens of the social gender justice framework, this study examines how the onslaught of the COVID-19 pandemic posed an unbearable burden, particularly to the Christian women and the girl child in Zimbabwe from. This article contributes to the ongoing academic discussions emphasizing the need for Christian women to be empowered in order to better equipped to fight for their rights globally.

Keywords: COVID-19, Burden of Christian women, social and gender justice perspective, Indigenous herbal medicine

Introduction

The outbreak of COVID-19, which took place at the end of December 2019, against the background of the collapse of the Zimbabwean economy and public health delivery system, meant that it was problematic for patients of coronavirus to seek conventional health care. Many lives



succumbed to the COVID-19 pandemic globally. The hardest hit were Christian and non-Christian women in hospitals, villages and families because they looked after the sick. During lockdowns, the COVID-19 pandemic exacerbated the already existing gender disparities with considerable implications to women. The lockdowns, though meant to mitigate the spread of coronavirus, had ripple effects on people globally, because every activity came to a standstill. There were several forms of injustices to Christian women and the girl child, which resulted in massive domestic gender-based violence which went unreported because of lockdowns. This resulted in the rise in Christian women who were looking after the patients of the COVID-19 pandemic to use the indigenous herbal medicine that had been in use from time immemorial in Zimbabwe. Many African countries, particularly Zimbabwe, are androcentric societies that have seen women assuming certain roles different from men.

Christian women are generally assigned care duties and domestic work. These gender roles create an imbalance in power relations, causing gender social injustices. The prevalence of the Covid-19 pandemic uncovered and amplified the already existing social injustice to Christian women, largely due to their domestic and care roles which burdened them during the peak of the COVID -19 pandemic. The focus of this study is to interrogate the burdens borne by Christian women during the peak of COVID-19, using the lens of social gender justice. The paper argues that Christian women are at the center stage of suffering during any pandemic because of their ascribed societal roles. The paper further argues that, owing to social norms that ascribe care duties, domestic work and certain kinds of employment both formal and informal sectors to Christian women, it led to novel trends of exacerbating the already existing social injustices.

Theoretical framework: Social gender justice perspective

This study utilizes the insights of social gender justice as a theoretical framework. The theoretical framework is used to analyze how Christian women were burdened by the roles which were ascribed to them during the peak of the coronavirus disease. Most religions have always been gendered and sexual difference has formed an organizing focus for most religious doctrines, practices and institutions. However, due to growing concern for women inclusion in religious participation through the influences of feminism, an emergence of women theologians was witnessed in the 1980s as a significant number of women became academic theologians and biblical scholars (Reuther, 1992). The emerging concern that this paper addresses is the prevalence of injustices faced by Christian women during pandemics as was evident in the COVID-19 era in Zimbabwe. This paper unpacks such injustices through the application of the social justice theory, which is a branch of gender justice theory. The definition of gender justice varies with different cultures and societies; yet, a general consensus implies a concept of justice pertaining to social and juridical relations (Rai & Paul; 2021). At the center of theories of justice is how and why persons should be treated differently from each other (Moller, 1987).

The social justice approach is grounded in the real struggles and issues of women and recognizes the link between theories and practices (McLaren, 2017). These practices can be situated in religion, culture or any walk of life and can be witnessed through differential treatment between men and women which emanates from social institutions, laws and customs (Moller, 1987). Recognizing the link between theory, analysis and real-life struggles allows for an analysis that is informed by, and may inform, struggles for social justice on the ground. Jaggar (2009) argues that non-ideal theories of justice are better suited to effectively counter injustice by beginning from actual social and political conditions.

Social injustices are birthed by social norms which regulate gendered power relations. Social norms are defined as patterns of behavior motivated by a desire to conform to the shared social expectations of an important reference group (Heise, 2013). While social norms inform gender



roles in any given society, gender roles reflect the division of responsibility based on gender (El Bustra & Sahl, 2005). Accordingly, social gender injustices arise when women find themselves in a disadvantaged position because of their sex and gender. According to Rai and Paul (2021), women have always been victims and even oppressed due to the social structures that are run by the patriarchal systems. These systems demarcate the lines between men and women that create gender norms and traditions (Rai & Paul, 2021; Gheaus, 2012). Besides the growing wave of social injustice against women in the name of culture and religion (Rai & Paul, 2021), most religions are grounded within the patriarchal society with women theologians having to carry the burden of domestic and care work. Furthermore, most cultural traditions that engender and perpetuate gender inequality, such as the patri-locality and the tradition of dowry (Rai & Paul, 2021), are also practiced within the religious settings.

According to Moller (1987), legal frameworks that uphold equality have been put in place within the past century; however, tradition, combined with the effects of socialization, still work powerfully to reinforce roles for the two sexes that are commonly regarded as of unequal prestige and worth. The deep social institutionalization of sex difference still permeates society and affects women substantially.

Biblical attitude to gender equality

Jesus informs us that the purpose of His very existence is to bring 'abundant life' to all. Abundant life is not a mere speculative aspect but is rather indeed pragmatic and feasible if women and men flourish and have fair social equality and dignity (Henriksen, 1998). Genesis confirms that all people are created in the *imago Dei* and thus should have at least basic dignity that is God-given. (Stefiszyn, 2011) This undoubtedly concurs with the 1948 Universal Declaration of Human Rights and it thus means that we should not give more prominence or status to either male or female. Galatians 3:26–28 also says that: "...for in Jesus Christ you are all children of God through faith, ... There is neither Jew nor Greek, male nor female, slave nor free, for you are all one in Christ Jesus". Women should never be degraded or have their dignity undercut. But we find that women are denied their human dignity and persist in subordinate positions in their homes, families and workplaces. Women also conduct a great deal of unpaid healthcare work in the home. Some erroneous religious beliefs and misunderstood teachings may well be a major influencing factor and are the foundation on which discrimination against women is continually perpetrated (Stefiszyn, 2011). Women should not be shouldering the bulk of the burden in caring for ill people, and enduring gender inequalities in such circumstances needs to be stopped.

The Outbreak of the COVID-19 pandemic

Ever since the outbreak of the COVID-19 pandemic at the end of December 2019, the pandemic persistently spread globally, with different countries at different stages along the curve. The outbreak caused a lot of disturbances which saw several institutions and organizations closing down. The pandemic brought various changes where educational institutions, public health facilities, supermarkets, worship in churches, workplaces, among other organizations and institutions globally, were abruptly closed down because the United Nations had recommended worldwide lockdowns (Sibanda & Muyambo, 2020). The closure of public health institutions and churches forced the migration from conventional medicine to emergency indigenous herbal medicines to curb the spread and cure of the coronavirus disease. Whilst some nations in Africa struggled with the challenges related to the shift in the use of herbal medicines to cure the coronavirus, others embraced the indigenous home remedies as a solution to the problem (Marevesa et al, 2021). In this context, public health emergencies, globally, had devastating effects affecting men and women differently, but Christian women were hardest hit. Even in



countries which were conflict-affected, where there existed gender disparities and exclusion in national decision-making processes, there was a severe deepening in the marginalization and exploitation of Christian women. In such scenarios, Christian women are usually on the margins of the solutions of the community, especially when it comes to decision-making on issues to do with health, economic, social justice and protection outcomes.

The Burden of women during the pandemic

Masomera and Chigwanda (2020) asserted at the outset of COVID-19 that given that women are a demoted gender, they would invariably bear the burden far more than men would. The COVID-19 pandemic has uncovered and amplified gender disproportion in Zimbabwe and beyond. A number of Christian women had to work harder at the peak of the coronavirus disease; but, they earned less than they would usually get. In the context of many challenges, Christian women remained resolute as foot soldiers, agitating for the significant and full political involvement in socio-economic spheres, including health. According to the United Nations (2020), the Secretary-General Antonio Guterres was very positive to call for a global cessation of hostilities to enable COVID-19 pandemic responses in situations which were characterized by crisis and conflict to allow mitigation measures by individual countries, regional bodies, women's groups and civil society groups. The United Nations (2020) also argued that there was documented evidence on the upsurge of violence against women; in particular, domestic violence. In the words of the Secretary-General of the UN, Antonio Guterres, "over the past weeks as economic and social pressures and fear have grown, we have seen a horrifying global surge in domestic violence" (United Nations, 2020:3). There were notable occurrences of unjust treatment against Christian women in their homes during the peak of the COVID-19 pandemic across the globe which needed to be stopped.

It is a fact that the entire communities were functioning perfectly well during the peak of the COVID-19 pandemic, despite the fact that the coronavirus caused untold suffering to humanity; but, was controlled by massive efforts of Christian women. Christian women often took care of the sick children, elderly and relatives voluntarily, despite the risks of contracting the dreadful disease. According to Cascais (2020:2), "[z]imbabwean sociologist Martha Mutisi believes that this is particularly true in African societies. In most cases Christian women always played the role of care givers." The situation was exacerbated, particularly, by those who had to take care of their ill relatives and also guide their children in their school work when schools were closed. Cascais (2020), citing Mutisi, says that additional duties around the home were increasing without similar increases in sources of income. During the peak of COVID-19, there was more demand on the role of women; yet there were threatening situations on the ongoing efforts for attaining gender justice. According to Cascais (2020:2), Mutisi "is one of the co-founders of the Women, Peace and Security (WPS) program at the University of Columbia in New York. Its aim is to connect women organizations in as many countries in Sub-Saharan Africa as possible and create platforms where women can share their concerns with government bodies and the media".

Gender activists, such as Mutisi, wanted to create a platform where both Christian and non-Christian women's voices would be heard to fortify their involvement in government decisions. The evolution of this platform for women was very important, considering the crisis of the COVID-19 pandemic which needed women's voices to be heard. During the peak of COVID-19, Cascais (2020) noted that Mutisi conducted several web seminars for Christian and non-Christian women in different African countries which include Sudan, Zimbabwe and Lesotho. Mutisi's main reason in involving these women in crisis management was becoming more apparent because there was more need to relieve women from the extra burdens of responsibility orchestrated by the advent of the cataclysmic coronavirus pandemic. In Mutisi's words, "COVID-19 exacerbates many risks



and problems which women were already exposed to before, for example, the problem of domestic violence, or the problem of poverty” (Cascais, 2020:3). The situation in Zimbabwe, by then, was very bad economically, where several Christian women were overburdened by the weight of the coronavirus pandemic. Before the advent of the coronavirus, Zimbabwe was struggling economically.

The COVID-19 pandemic made the economic challenges faced by Christian women more apparent and visible. Cascais (2020:2) observed that “[p]resently, thousands of Zimbabwean women are sitting in their homes with nothing to eat and no source of income. Many have been left completely destitute because of government lockdowns.” It is true that lockdowns were meant to curb the spread of the virus by limiting the movement of people, yet it adversely affected both formal and informal businesses and Christian women were hardest hit. Christian women were now living in poverty, not knowing what to do. A lot of Christian women had moved from “acute poverty” to “absolute poverty” because of the impact of COVID-19. The Government was cognizant of the negative implications of lockdowns to the economy and wellbeing of the people; but, it had to comply with the proclamation of the World Health Organization’s lockdowns as a mitigation measure to curb the COVID-19 pandemic.

The situation in Zimbabwe, by then, was similar to that of Guinea-Bissau which was engulfed in economic and political challenges for years. Therefore, the outbreak of COVID-19 further worsened their situation. Adama Djalo, the President of the Association of Economically Active Women (AMAE) argued that women suffered specifically due to the entrenched gender injustices which were exacerbated in the wake of the COVID-19 pandemic (Cascais, 2020). From the Zimbabwean perspective, major responsibilities, as well as economic roles, weigh unjustly on Christian women’s shoulders. Zimbabwean Christian women were heard saying that “many of us have small shops and bear the responsibility for feeding whole families. We get up early at six in the morning and come in the evening without a cent because economic life has practically come to a standstill” (Cascais, 2020:3). As has been reiterated above, lockdowns caused a lot of suffering, injustice and horrible treatment and risks for Christian women in Zimbabwe. According to Towo (2020:3), “disease outbreaks affect women and men differently, and pandemics make existing inequalities for women and girls and discrimination of other marginalized groups such as persons with disabilities and those in extreme poverty worse.”

During the peak of the COVID-19 pandemic, lockdowns and quarantine interrupted the daily routine that increased the risk of mental health, physical and limited information on sexual and reproductive health amenities for Christian women and girls. The closure of schools had the greatest impact on the girl child because most of them did not return to school because of this crisis. The girl child was prone to various risks which included teenage pregnancies, child marriages, sexual exploitation, gender-based violence and loss of important sexual reproductive health amenities. These lockdowns were characterized by curfews, which resulted in the preponderance of domestic violence cases on Christian women. Perpetrators of gender-based violence were not just targeting Christian women; but young Christian girls were also victims. Kinyanjui (2020:4) noted that different studies have revealed that perpetrators of gender-based violence are usually people who are very close to the victim. Many female students were impregnated during the lockdown and a lot of dropouts from school were recorded.

During the peak of the coronavirus, the twenty-one (21) days of lockdown which were promulgated to stretch from Monday 30 March 2020, were later extended, owing to the ravaging effects of the pandemic. Towo (2020:3) noted that “people [were] being recommended to stay home and safe, but one thing that [had] been forgotten [was] that not all homes [were] safe for women.” Towo (2020) was apt in his observation because a home is a place where one should feel safe and secure; yet there were homes for Christian women and girls which were



characterized by violence and intra-family tensions. Spending time in homes continually increased conflicts that ruptured peace in families. During the peak of the COVID-19 pandemic, there was no information which was reported concerning gender-based violence during the lockdown to protect Christian women and girls who were at risk. It is clear that governments made some assumptions that homes were safe for both Christian and non-Christian women; but it has been revealed in this research that homes were not safe for all women during the COVID-19 pandemic.

The outbreak of the COVID-19 pandemic derailed efforts by gender equality movements. In the preceding years before the outbreak of coronavirus, Christian and non-Christian women activists had made remarkable strides to the government for more influence in socio-economic and political decisions, but the work had been disturbed by the pandemic. In Zimbabwe, it is commendable that the Government had, since independence in 1980, allowed all women considerable recognition such as the right to vote, land, owning a business, getting the same pay with their male counterparts, equal opportunities in economic, political and social activities, similar rights with men concerning guardianship and custody of children, among other rights which were lobbied for by the feminist activists. Ironically, therefore, despite the rich heritage of a conscious effort to recognize the worth of women, there was injustice during the peak of the COVID-19 pandemic, there were unprecedented levels of Christian women's rights violations.

The coronavirus upsurge resulted in the emergencies of public health globally and its distressing impacts affected women more than men. Kinyanjui (2020:1), a senior gender adviser in the United Nations Department of Peace Operations, rightly observed that "even more so in conflict-affected countries and post-conflict contexts, where the existing gender inequalities and exclusion of women from all decision-making, including on peace and security issues, are severely deepened." It is sad to note that in these scenarios, Christian women were usually marginalized in the community's solutions, particularly in relation to political and peace solutions. During the peak of the COVID-19 pandemic, Christian women were burdened because they had restricted access to important information and decision-making authority on health, protection, economic, social and justice issues. However, with all these challenges, Christian women remained resolute as foot soldiers, clamoring for meaningful political involvement in areas such as economic and health matters.

During the peak of the COVID-19 pandemic, it is globally acknowledged that both Christian and non-Christian women largely carried the burden of providing main healthcare. Kinyanjui (2020) notes that 70% of health workers, globally, were women and there were statistics which showed that there was an increase in health workers being infected by COVID-19. This demonstrates that even if the going was getting tough but Christian women did not retreat; rather, they moved forward with might and power to save human life. Christian women were not only employed in the healthcare; but they were also in service industries and the informal sectors, which were hardest hit by the coronavirus disease, but the gallant and pugnacious Christian women tried to reduce the spread. Their remunerations in these services were far less commensurate with the work they were doing as front liners in the struggle against COVID-19. According to the United Nations (2020), women's organizations and networks were significant partners in the fight against the spread of the COVID-19 pandemic. At the peak of the COVID-19 pandemic, these women's groups provided groundbreaking community determination to resolve conflicts and bring in peace. Kinyanjui (2020:2), thus, notes that: "These same networks that are critical vehicles for women's participation in COVID-19 decision-making, prevention and responses and elevated advocacy for the global ceasefire call. This is particularly critical at the local level, where COVID-19 prevention and response measures are anchored in community engagement, participation and sharing the right information".



The United Nations Organization, under the Secretary-General for Peace Operations, Jean-Pierre Lacroix, emphasized that women played a significant role in providing important information in the fight against coronavirus in Zimbabwe and beyond (United Nations, 2020). Christian women were overburdened during the COVID-19 pandemic by shouldering responsibilities of looking after sick relatives and finding medicines for them. Kanyanjui (2020:2) further argue that “As 2020 marks the 20th anniversary of the Security Council Resolution 1325 on Women, Peace and Security, the multiple impacts of the COVID-19 pandemic and the inequalities it lays bare are a stark reminder of how women can lead to turn the tide, as actors and decision-makers at all levels, in the health sector, but also more broadly on peace and political processes in their respective countries”.

It is imperative to come together and protect Christian women in future pandemics and defend their achievements towards the fulfillment of their rights and justice delivery system as women. This will call for a mind-set shift from the chauvinistic view that both Christian and non-Christian women are ‘second class’ citizens in society, to a recognition of their significant and invaluable role as foot soldiers who can prop society during times of crises.

Another burden which Christian women and girls suffered most was the shortage of water in major cities in Zimbabwe. According to Towo (2020:4), “acute water shortages sometimes last for months- even years- and have made regular hand washing nearly impossible.” The implication is that communities which were marginalized and vulnerable social groups, such as Christian women and girls, were bearing the burden during the peak of the global coronavirus outbreak. Christian women and girls had to walk for long distances looking for water in different suburbs. They crowded at public wells, increasing fears and risks that coronavirus could spread because of closeness in the queues. In this regard, these responsibilities were putting Christian women and girls at risk of contracting the virus. Social distancing was not observed when these women and girls were looking for the golden liquid which was very important at the peak of the coronavirus in Zimbabwe. It is important to note that if power is shared with those who are primarily and directly affected, like Christian women, who know how to lead when there is another pandemic, society could become more resilient and better prepared to absorb and adapt to the blows of the pandemic or any disaster situations which may loom. Christian women were also looking after the sick, but the problem was medication, as the Zimbabwean health delivery system had collapsed. Humbe (2020) rightly notes that most of the women were healers who knew traditional herbal medicine which helped to keep their families going in times of illness. In light of this, Christian women were divided here because some such as Pentecostals and African initiated churches did not believe in taking traditional herbs, but some women from other denominations suffered in search for herbal medicines to try to save the lives of the victims of coronavirus.

Mitigation Measures for Christian women after the effects of the COVID-19 pandemic in Zimbabwe

The proclamation by the WHO that the COVID-19 pandemic was a global pandemic and that, in Zimbabwe, it was also declared a national disaster, meant that there was need for concerted effort by both men and women to contain the spread of the killer disease. According to the United Nations (2020:2), “national lockdown and prohibition of gatherings” was enacted by the Government of Zimbabwe under the instruction of the UN to have these lockdowns. The Christian women suffered most of the injustice perpetrated by men because of the lockdown and the Government of Zimbabwe thought of mitigating the effects of coronavirus by unveiling incentives for them. Firstly, with effect from 1 April 2020, the Government proposed that all frontline workers in the public health sectors be paid a “Risk Allowance” that was not taxable, which was meant to empower the Christian women who suffered most during the peak of the COVID-19 pandemic.



The Government of Zimbabwe further introduced economic stimulus measures where ZWL 18 billion from an Economic Recovery and stimulus Package sought to revitalize the economic muscle for women and to be a relief to families who were negatively impacted by lockdowns. The major mandate of this package was to proffer liquidity to both Christian and non-Christian women's projects and all productive sectors of the Zimbabwean economy in order to cushion them from the wrenching effects of the COVID-19 pandemic. The Government unveiled Tax refunds and flexible terms for payment of tax for women- run businesses which experienced COVID-19 related challenges. The Government also scraped and removed import duties for COVID-19 pandemic related goods. This was an attempt to ease the situation in the country in order to cushion Christian women from the injustices during the peak of the COVID-19 pandemic. It is also important to note that the Government of Zimbabwe allowed the suffering women to use indigenous herbal medicine as a mitigation measure.

Indigenous herbal medicine as an alternative medicine for coronavirus

During the height of COVID-19, the burdened Zimbabwean Christian women could not watch children and relatives dying of coronavirus without medication. Christian women were struggling to save the lives of relatives by desperately using zumbani leaves as one of the indigenous herbal medicines which became very popular during the onslaught of the COVID-19 pandemic. It was interesting to note that even the Pentecostal and African initiated church members/women were seen using zumbani and other traditional medicines in a desperate situation to save life. It is important to understand what indigenous herbal medicines are. Mavaza (2022:2) uses the definition that has been crafted by the World Health Organization (WHO) which states that "traditional medicines are the sum total of the knowledge, skills, and practices based on the theories, beliefs and experiences indigenous to cultures, whether explicable or not, used in maintenance to health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness." It also refers to various practices which are intended to endorse physical, spiritual and mental wellbeing which are waged on the beliefs practiced before the emergence of conventional medicine. The indigenous herbal medicine is also known as traditional medicine and has been instrumental during the peak of the coronavirus because of the desperation of Christian women who ended up using a variety of these herbs to cure patients of coronavirus. The question that can be asked is whether the herbal treatment was an effective solution to the deadly coronavirus. The remedies and treatments used in African traditional medicine received appreciation from scientific researchers. These were remedies and treatments which were used by the suffering Christian women during the COVID-19 pandemic to cure victims of coronavirus.

The Government of Zimbabwe gave the green light for people to use herbs to treat patients of coronavirus, yet scientific medical experts encouraged Governments to adhere to the WHO protocol and guidelines on how to curb the virus. According to Marevesa et al, (2020), the herbal medicines which some of these Christian women were using during the coronavirus pandemic were zumbani, moringa, concoction of ginger, garlic, tobacco snuff, lemon tree leaves, guava tree leaves and honey, among other remedies. The Christian women were forced to use the available medicines because there were no available conventional means of treating coronavirus patients since medical scientists were battling to invent a viable vaccine. It is interesting to note that religious beliefs were not observed because of the hostility and upsurge of the disease to different communities. Christian women were at the center of the pandemic, looking after the sick. Steaming was one of the home remedies which was used by those suffering from the virus. Moyo-Ndlovu (2020:2) has indicated that "with the emergence of the COVID-19 variant, traditional experts have indicated that streaming can kill the virus, especially if people add essential oils like Eucalyptus and Spearmint." This type of indigenous remedy was very effective as a cure of the coronavirus disease that was mostly used by Christian women in treating the patients.



Moyo-Ndlovu (2020) has been echoed by Mavhunga (2020:3) on the significance of understanding the indigenous knowledge systems as a solution to the COVID-19 pandemic, who says “it is important for people to value their traditional knowledge systems even in the wake of global pandemics whose cure can only be certified after scientific research.” These traditional remedies have been used in Zimbabwe and beyond from time immemorial before the coming of conventional medicine. The traditional herbal medicines are embedded in Zimbabwean culture, history and indigenous language that most people would know herbs, especially women. The most common herb which is in Zimbabwe is *zumbani* (in Chishona language) or *umsuzwane* (in IsiNdebele) which has several medicinal values to fight coronavirus virus and other ailments (Marevesa *et al* 2021). The utilization of the *zumbani* herb in Zimbabwe during the COVID-19 pandemic had great significance because it provided an element of identity in the fight against coronavirus.

Reflections

It has emerged in this paper that, at the peak of the COVID-19 pandemic, there were social injustices emanating from the inequalities of the unpaid care work, gender-based violence, marginalization of both Christian and non-Christian women in decision-making processes, in socio-political issues, on access to important information on public health delivery system and on justice matters. Drawing from a social gender justice perspective, the interrogation and examination of how the COVID-19 pandemic had been a burden to the Zimbabwean Christian women at the peak of the coronavirus disease were explained and conceptualized as injustices perpetrated by the patriarchal society dominated by men. It was discovered that due to the UN’s proclamation on lockdown globally to mitigate the spread of coronavirus, a number of students were impregnated and dropped from school, whereas some got married at an early age which demonstrate social gender injustice due to the COVID-19 pandemic. “Ensuring gender equality in the church and drawing from gender-sensitive approaches to reading the Bible are alternatives that have real potential to contribute towards those efforts aimed at the ongoing fight against the abuse, oppression and marginalization of Zimbabwean women, which in recent years have been exacerbated by the COVID-19 pandemic” (Chataira, 2022).

This research noted that during the peak of the COVID-19 pandemic, it was globally acknowledged that both Christian and non-Christian women largely carried the burden of providing main healthcare. Statistically, it was noted that 70% of health workers worldwide were women, which showed that there was an increase in health workers being infected by COVID-19. This study established that another burden which Christian women and girls suffered most was the shortage of water in major cities in Zimbabwe. There were acute shortages of water which, at times lasted for months- sometimes years- which made consistent washing of hands very difficult in the COVID-19 era. This study is a clarion call to the Zimbabwean Government that needs action which should be targeting different needs of its citizens. There is need also for the same Government to advance transformative emergency preparedness, spearheaded by Christian women, anticipating future impacts of pandemics that affect the social justice of women and the girl child. The study shows that indigenous herbal medicines were eventually used by suffering Christian women as a mitigation factor to ease the unavailability of the vaccine.

Conclusion

This study focused on the Christian women bearing the brunt of burden during the peak of the COVID-19 pandemic in Zimbabwe, with the lens of a social gender justice perspective. It has come to the fore that the outbreak of COVID-19 pandemic in 2019 brought untold suffering to Christian women as they are the custodians the families. Countless numbers of people succumbed to the COVID-19 pandemic globally. The study revealed that during the peak of the COVID-19 pandemic, the hardest hit were both Christians and non-Christian women in hospitals,



villages and families, because they looked after the sick. It has been established that the COVID-19 pandemic affected more women than men since they were frontline workers and, while at home, they had to hold their families afloat from drowning during the peak of the coronavirus. During the COVID-19 pandemic, there was an acute financial crisis; as a result, public health demands grew exponentially. It was established in this research that during lockdowns, the COVID-19 pandemic exacerbated the already existing gender disparities and injustice with considerable implications to women. This was further worsened by the closure of offices and educational institutions, and the emerging norm of working from home and online education, as well as with the lack of services provided by the domestic workers, the need to perform unpaid chores in the household has increased.

The study shows that there were lots of injustices to Christian women and the girl child which resulted in massive domestic gender-based violence which went unreported because of the lockdowns. This resulted in the rise in Christian women who were looking after the patients of the COVID-19 virus to use the indigenous herbal medicine that had been in use from time immemorial in Zimbabwe. The use of indigenous herbal medicine was a mitigating measure by desperate Christian women when they were looking after the sick relatives. The research by the UN reveals that Christian women between the ages of 24 to 34 were 25% more probable than men to be in extreme poverty. It is important to note that it was discovered that the pandemic helped to recognize the social injustice prevalent at the workplace and in the home. There is need for mitigating measures in which both the UN and governments should allocate resources that should protect Christian women and the girl child; in fact, putting the girl child and women at the center of all policy changes that should foster gender justice.

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Conflict of Interest Statement: *The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.*



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