


African women, religion and pandemics: Some initial responses to COVID-19



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In citing some qualitative case studies and in building on analytical-survey research design, this article explores the place of African women in warding off the pandemics, with particular reference to coronavirus disease 2019 (COVID-19) in its initial stages (March 2020). With Africa being the most religious continent in the 21st century, African women who led the onslaught against COVID-19 (refer to Ellen Johnson Sirleaf [EJS], Graca Machel, Ngozi Okonjo-Iweala, Vera Songwe, Maria Ramos, Zanetor Agyeman-Rawlings, Yvonne Aki-Sawyer and Blen Sahilu, among others), were largely informed by a religio-cultural concern for the 'other' (ubuntu). In demonstrating their sociocultural role of standing out as the bulwark against threats to familyhood, African women met in Monrovia-Liberia on 08 March 2020 during the inauguration of Amujae Leadership Forum that cropped up as a barricade against further COVID-19 spread. In a nutshell, the article draws from Sirleaf's approach in combating the 2014–2016 Ebola pandemic and samples other leading African women's contributors who played a pivotal role in responding to the initial stages of the pandemic, a phenomenon that traces its roots from the African heritage.

Contribution: This article foregrounds the interface between African women, religious inspiration and health-related matters; and indeed enriches HTS Journal and the academic world. As by-products of a religiously inclined continent, African women's initial response to the pandemic in March 2020 is well-rooted in their religio-cultural backcloth.

Keywords: African women; Amujae cohort; COVID-19; health, initial response; key women leaders; religion.

Introduction

The coronavirus disease 2019 (COVID-19) epidemic (eruption of an illness that is limited to a particular geographical area) graduated into a pandemic (widespread infectious disease) on 11 March 2020 when it was proclaimed so by the World Health Organization (WHO). The WHO was established on 07 April 1948, after it was first mooted by the diplomats who founded the United Nations at San Francisco, California, United States of America (US), in April 1945 (World Health Organization [WHO] 2020). The main purpose was to establish an international health organisation that would promote global health. Despite its acknowledgement that 80% of the African populace relies on its indigenous medicines, the WHO has not endorsed it formally; hence, it has been critiqued as a promoter of Western medicine as opposed to the indigenous ones (Gathogo 2023b). Nevertheless, it remains the most authoritative body that prescribes and proscribes medicines and vaccines for global consumption. By the time COVID-19 was declared a pandemic (11 March), there were about 120 000 confirmed cases in about 100 countries; about 4 000 persons had died, and many others were battling for their lives in diverse medical facilities globally (WHO 2020). Outside China, the then epicentre, the number of countries that had confirmed cases had a 13-fold increase, by 26 February 2020. The rate at which new infections were increasing in the Western capitals became a major cause of concern for the African women whose motherly attributes ignited them to promptly respond in diverse ways. African women, like in the rest of the world, feared that Africa was set to bear the worst brunt, as her formal medical facilities and/or Western forms of medication were largely seen as poorer.

As shown in Figure 1, only 6% of the African countries had reported COVID-19 cases by the end of February 2020. By the end of March 2020, 85% of the African countries had reported confirmed cases of the pandemic. By the end of May 2020, virtually, all 55 African countries had reported cases of the pandemic.

Note: Special collection: African women and pandemics and religion.

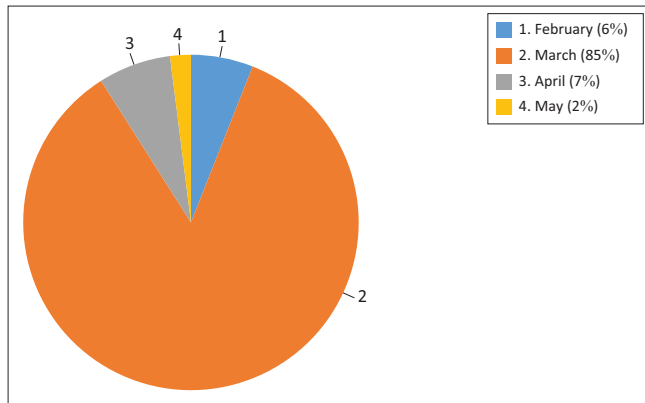


FIGURE 1: How African countries reported COVID-19 cases in 2020.

As will be noted, initial responses from some key African women leaders came after the pandemic had encroached Africa in February 2020. The initial phase was on 14 February 2020 when the erstwhile Egyptian Minister of Health, Dr. Hala Zayed, announced the first confirmed case of COVID-19 in his country. As implied precedingly, the Egyptian case of 14 February 2020 came 2 weeks after it was declared a ‘public health emergency of international concern’ by the WHO on 30 January 2020. Three weeks after it was reported in Egypt, COVID-19 was declared a pandemic on 11 March 2020 (Bwire, Ario & Eyu 2022). Shortly after, COVID-19 cases became a common occurrence in the rest of the tropical Africa, as 85% of the African countries had confirmed cases by the end of March 2020. The geographical proximity among African states precipitated the spread of COVID-19, as it dispersed across the neighbourhoods. Lesotho became the last African country to report a COVID-19 case on 13 May 2020. By 26 May 2020, most African states were grappling with community transmissions (Bwire et al. 2022). Moreover, the emergence of COVID-19 in 2020 weakened the already weak economies in sub-Saharan Africa; and inadvertently stifled the noble agenda of implementing the Sustainable Development Goals (SDGs). The 17 SDGs, also known as Global Goals, were endorsed by the United Nations in 2015 as a call of duty and as a platform of action towards ending poverty, acting as a bulwark against the destruction of the planet. With health being part of the 17 SDGs, the eruption of COVID-19 threatened the peace and prosperity that these goals sought to achieve by 2030 (Biao 2019). By 29 December 2021, there were over 7 million confirmed COVID-19 cases, and over 150 000 deaths in Africa (WHO 2021).

Methodology

This article draws its findings from qualitative case studies and analytical-survey research design in order to understand the exemplar attributes of the leading African women leaders, who stood uniquely as the bulwark against the life-threatening COVID-19 scare, in early March 2020 (Ellen Johnson Sirleaf [EJS] 2022a). An extensive review of relevant literature, that demonstrated sustainability measures, was systematically considered. The choice of key leading African women leaders has also been given attention by not only addressing the

Amujae Leadership Forum, which was inaugurated on 8 March 2020, but also by surveying the remarkable role of the pioneer elected African woman president, Ellen Johnson Sirleaf (EJS 2022b). The article has also surveyed other women leaders such as Wangari Maathai, the first African Woman Nobel Laureate of 2004, who died in 2011, by recalling her remarks on human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) pandemic, in 2003 (AFP 2023). This points to the way she could have reacted had she been alive on 14 February 2020 when COVID-19 pandemic first entered Africa through Egypt.

Other leading African women leaders and scholars who have been surveyed include: Graca Machel, Ngozi Okonjo-Iweala, Vera Songwe, Maria Ramos, Zanetor Agyeman-Rawlings, Yvonne Aki-Sawyerr and Blen Sahilu, among others. The article is not methodologically keen on giving an in-depth analysis of each leading African woman’s contribution in warding off the pandemic. Rather, the sampled cases are only surveyed and analysed so as to build our hypothetical setting that African women have, from time immemorial, acting as the bulwarks against life threatening situations. In ancient times, women could serve as educators, informers, spies, combatants and food preservers, among other roles (Gathogo 2017). The COVID-19 scare, as is demonstrated in this treatise, finds African women playing comparable roles, albeit in diverse ways. As recommended by Merriam (1998), case study and survey research design utilises various data collection methods. Thus, this article reviews some selected cases so as to give the full picture of the African women’s role, as the main aim of this article was to explore a real-life setting, as guided by Yin (2003).

Conceptual clarification and justification

As a life threatening disease, COVID-19 hurt not only women’s micro and macroeconomic developments, but also for the entire African society. It posed a threat to human survival, a phenomenon that saw African women leaders meeting under the Amujae cohort in Monrovia, Liberia, on 08 March 2020, even before the African Union (AU) made their official response. Were the African women confirming their religio-social responsibilities that are well spelt out in the division of labour, a phenomenon where family preservation fell under them in the indigenous society? (cf. Githiga 2022). The AU confirmed COVID-19’s economic threat in its April 2020 report. In this bold report, the AU admitted that COVID-19 had far-reaching negative effects on the African economy, just as with the global economy. Some key sectors that were negatively affected were: air transport, tourism and the oil sector (African Union [AU] 2020). The AU also put a disclaimer that the effects were in reference to other underlying factors such as demographics, social constraints and on account of the specific national or regional economy of the specific areas. Similarly, the president of the African Development Bank, Akinwumi Adesina – while still appreciating the recovering African nations, went on to caution that ‘Africa will [still] need at least \$432 billion to

address the effects of COVID-19 on its economies and on the lives of its people – resources it does not have’ (AfDB 2022:1). In appreciating that the sub-Saharan Africa was able to avoid a catastrophic health scenario during the high peak of COVID-19, the World Bank survey showed that the ‘region continues to face scarring effects from the pandemic’ as economic growth declined from 4.1% in 2021 to 3.3% in 2022. Such negative effects were critical factors in triggering the African women’s reaction to this medical challenge.

In the African indigenous society, women contribute heavily to matters related to family health, from mid-wifely to making medicinal concoctions, and in the socio-spiritual healing of the society (Manyonganise 2023). In general, the high peak of COVID-19 saw women undertake their indigenous roles as ‘family doctors/nurses’ who appealed to indigenous medicines, as the global society was looking forward to the coming of vaccines. These COVID-19 vaccines only became available in March 2021, a year after the pandemic had caused havoc globally (Gathogo 2023a). African women’s courageous gesture, that sought to ward off COVID-19, reminisces the bio-political activism of Prof Wangari Maathai, as she fought for environmental preservation in Kenya. Maathai, the 2004 Nobel Laureate, defied the global trend and viewed HIV and AIDS as a biological war, in 2003. She remarked, thus: ‘Why has there been so much secrecy about AIDS? When you ask where the virus came from, it raises a lot of flags. That makes me suspicious’ (AFP 2023:1).

Although Wangari Maathai could have spoken as a trained biologist, and not necessarily from a religio-cultural backcloth, a religious inclination could not be ruled out, as she remained a by-product of the African cultural heritage. The urge to embrace care for the cosmos could have, largely, informed her remarks that pushed the world to remain vigilant with reference to pandemics. A year after these ‘controversial’ remarks, she was declared the first African woman to win the Nobel Peace Prize (AFP 2023), although her remarks were not the determinant factor for this honour. She passed on in 2011, 9 years before COVID-19 entered the global stage. With COVID-19 entering the African scene, in February 2020, one wonders what she could have remarked about it. Whether she were to view it as biological war or a business gone awry, one wonders what mitigating factors she would have prescribed. Would she have attended the Amujae cohort of 08 March 2020 to strategise with other African women leaders about COVID-19 onslaught? Or would she have released a joint communique with Graca Machel and others in her bid to provide the way forward? While her passion for environmental preservation was in turn geared towards human preservation, arresting COVID-19 could have driven her to insist on hybridity, as both indigenous medicine and western medicine are all geared towards human preservation.

Graca Machel and other African women

As Africa and the global society wrestled with COVID-19 without vaccines (December 2019 to March 2021), Graca

Machel (1945–), a former first lady in Mozambique and South Africa and a leading humanitarian crusader in Africa, wrote an open letter on its impact. This letter, that appeared on 18 June 2020, was also signed by Maria Ramos (a South African corporate executive), Vera Songwe (a Cameroonian economist) and Ngozi Okonjo-Iweala (a Nigerian-American economist). It highlighted the impact of the pandemic, especially on women who bore the brunt of gender-based violence (GBV) (Machel et al. 2020). The agenda of women’s rights came up, as they vouched for the protection of the survivors of GBV, who, in their view, were mainly women. In turn, GBV was viewed as a health concern, as COVID-19 lockdown stopped breadwinners from going to work as family members found themselves blaming one another for a situation where none was the cause for it. According to Machel et al. (2020), this ushered in psychological trauma, a phenomenon that hurt women more than men. Being viewed as a psychological reaction to sudden joblessness and instant poverty that came with the COVID-19 lockdown, Graca Machel et al. (2020) displayed responsibility by swinging into action speedily and alerted the larger society. Ripples were that the health of the society, from the perspective of GBV, was swiftly addressed by the relevant bodies, local and national, as well as the religious bodies that had to provide counselling services and other provisions.

Conversely, Machel et al. (2020) created an impression that the psychological effects wrought by the COVID-19 lockdown ushered in a one-sided view of GBV, a phenomenon where women were the only victims. Although the lockdown saw more school dropouts among the girl child, as a result of rape, early pregnancy, depression because of decreased social interactions, ‘forced marriages’ through eloping, prolonged school holiday that came with indiscipline among learners who were beyond parental control, the boy child and the adult males were also victims of GBV. In an African society that is punctuated by unhealthy practices and stereotypes that compels men to always remain family providers, irrespective of some cases of joblessness, non-providing men suffered psychologically, and at times physically. There were reported instances where some ‘lazy’ and ‘parasitic’ adult males were battered by irate spouses (Gathogo 2015). As noted from an earlier research:

Other forms of men battering include: slapping; pouring hot water when asleep or pouring hot water over a gullible man; biting areas mostly hidden by clothes; chopping man’s genitals; verbal insults; insults before children; slashing; pouring petrol over him and setting him on fire; whips; throwing chairs, benches, stools, utensils and other objects in the house at the man, especially after serious disagreements in the house. (Gathogo 2015:3)

Thus, viewing GBV as a psycho-social and health concern, which was triggered by the COVID-19 pandemic, raises the bar in not just understanding African women, religion and pandemics, but also in understanding the general situation for both men and women. Are they equally to blame for unhealthy practices that went hand-in-hand with pandemics? With the division of labour placing women as

the custodians of religio-health concerns in the indigenous society (Gathogo 2001; Githiga 2022; Mbiti 1969), emerging trajectories of men battering, particularly in the era of pandemics, brings out another dimension altogether. While Machel et al. (2020) vouched for a stronger criminal justice system in order to address the plight of battered women and indeed provide psycho-social support for the survivors, male survivors were equally in need of care and concern (Gathogo 2015; Machel et al. 2020).

Besides the concern for quest for psycho-social support for victims of GBV, Machel et al. (2020) addressed other instant-poverty-related challenges such as food security, job losses, production stoppages, border closures, further marginalisation of the global poor, export restrictions, disruptions in supply chains, world-wide food economy disorder, ambiguities in supply and demands, and upsurge of prices among others. And in their well-considered assessment, they concluded that:

Women are central players in the food chain and key to agricultural output on the [African] continent. 50% of the agricultural activity on the continent [are] performed by women, who produce about 60% – 70% of the food in Sub Saharan Africa. (Machel et al. 2020:1)

Thus, even though Machel et al. (2020) were not necessarily viewing it from this angle, they were certainly striving to uphold Africa's holistic and all-inclusive religio-cultural trajectory. Indeed, it is women who swiftly respond to the effects and dangers of misfortunes and calamities, especially when it threatens the domestic domain and/or family lives. Indeed, famines, droughts, misfortunes and calamities drove society to broadly reassess their domains of life (Githiga 2022). This was geared towards building a healthy-caring ubuntu society for all.

Despite making broad-based proposals that could have posed implementation challenges, amid the novel scare of the pandemic, Machel et al. (2020) made the following points in their call for action:

All Responses Must Take into Account Gendered Impacts of COVID and Be Informed by the Voices of Women: Women and women's organizations should be at the heart of the COVID-19 response decision making and designing health and socio-economic policies and plans. ... Government and Development Partners Must Implement Gender Lens Economic Policies and Sharpen the Capacity of Women as Engines of Economic Growth: Give women and female businesses direct access credit, loans, tax and social security payment deferrals and exemptions, and preferential procurement. Structural barriers to access to finance, inheritance, and land rights must be removed. Create and support the enabling environment for [Information and Communication Technology] ICT infrastructure so rural and urban women are able to contribute to the digital economy and access online platforms to facilitate e-commerce and e-health/education/social exchanges. Invest in Women Along the Local Food Chains to Improve Food Security: Response resources should target female [Small, Mediums and Micro Enterprises] SMMEs and rural women associations to increase productivity

in both formal and informal economies, eradicate hunger and malnutrition. Boost local food production and confront head on the indignity of Africa importing its food ... (p. 1)

Their call for action against the pandemic also highlighted the need to:

Recognize and Implement Equal Rights in the Workplace: Provide equal pay for equal work. Narrow Gender-based Education Gaps: Build ICT infrastructure for online learning to bridge the inequality divide and retrain teachers on virtual curriculum so every African child, especially the girl child, has access to quality education. Efforts to protect girls from child marriage and early pregnancy, and provision of safety net resources for households to keep girls in school are also needed. Strengthen Health Systems, Gradually Implement Universal Health Coverage (UHC) and Provide Mental Health Services needed as key strategies to the improvement of health systems and citizen wellbeing. Comprehensively Strengthen the Criminal Justice System and Increase Efforts Around Survivor Support and Protection: Prevention/protection efforts must be deemed as essential services and intentional mass media efforts to spur a fundamental change of mind-set whereby GBV is rejected and deemed socially unacceptable and intolerable. (Machel et al. 2020:1)

On the flip-side, Machel et al.'s (2020:1) insistence that 'all responses [to COVID-19 health challenge] must respect the gendered impacts of the pandemic' confirms their religio-physical responsibilities that are rooted from the African indigenous knowledge systems. While the division of labour was viewed along gender lines, as all young male adults became soldiers after the weaning rites, matters of health, at the domestic levels, were largely bestowed on women. Indeed, prenatal and antenatal care were simultaneously handled by women (Gathogo 2011; Githiga 2022). The high prevalence of COVID-19 provided a religio-cultural continuity in the role of African women, as they moved fast to ward off the calamity by employing diverse methods, as in the case of: speaking out, advocacy, activism where need be, preparing concoctions that enriched the daily meals and employed diverse other ways of preserving the society from annihilation (Gathogo 2020b; Gathogo 2022). Hence, as the sampled cases will show, they stood out as the bulwarks against extinction of the society.

Amujae cohort of 08 March 2020

Apart from Graca Machel and her team, there is another case of African women who responded to COVID-19 right from its initial stages; namely, Blen Sahilu (1985–) of Ethiopia, Zanetor Agyeman-Rawlins (1978–) of Ghana, Yvonne Aki-Sawyer (1968–) of Sierra Leone, and others (EJS 2021). Others who attended the inaugural Amujae Leadership Forum on 08 March 2020, in Monrovia city of Liberia, were: Advocate Fadzayi Mahere of Zimbabwe, Aida Alassane N'Diaye-Riddiek of Côte d'Ivoire, Angela Nwaka of Nigeria, Clare Akamanzi of Rwanda, Cornelia Kruah-Togba of Liberia, Dr. Jumoke Oduwole of Nigeria, Hadiza Bala Usman of Nigeria, Kula Fofana of Liberia, Malado Kaba of Guinea, Oley Dibba-Wadda of Gambia, Hon. Upendo Furaha Peneza

of Tanzania, Yawa Hansen-Quao of Ghana, and the then Mayor of Freetown, Sierra Leone, Hon. Yvonne Aki-Sawyer (EJS 2021). As noted in Ellen Johnson Sirleaf Centre website (EJS 2022a):

The inaugural cohort of Amujae Leaders hailed from eleven African countries across four of the continent's five sub-regions. With the support of luminary African women leaders like President Ellen Johnson Sirleaf (former President of the Republic of Liberia), President Joyce Banda (former President of the Republic of Malawi), President Catherine Samba-Panza (former President of Central African Republic) and Dr. Thelma Awori (Honorary Consul General of the Republic of Liberia to Uganda), the Amujae Leaders were taken through a carefully curated program that facilitated meaningful engagement, as they interchanged ideas on the rigors of ascendance in public leadership. Following the inaugural forum, the Amujae Initiative held a series of workshops centered around the diverse paths to public leadership. In addition to the trainings, Amujae Leaders received one-on-one coaching and mentoring from some of the most accomplished African women leaders. (p. 1)

The inaugural Amujae cohort of 08 March 2020 demonstrated their trio concern for health, religion and African women as the conscience of modern society on various accounts. Firstly, their 2020 cohort was inclusive and ushered in African leaders from diverse professional dexterity. Secondly, it was an inter-religious enterprise that brought diverse religious creeds together. Thirdly, some of its leaders had health related appointments in their respective countries. A case in point was Clare Akamasi of Rwanda, who had been appointed as an inaugural member of the WHO Foundation. Such health-related appointments were critical in driving the Amujae cohort health agenda forward. Besides this, Amujae cohort leaders of March 2020 were leaders of their respective societies (bankers, politicians, religious leaders, health providers, and so on), who were now trained to mentor others. Fourthly, with Africa being a notoriously religious continent (Mbiti 1969), where it permeates other pillars of culture: refer to health, economics, politics, aesthetics, ethics and kinship, this assemblage ushered in a religio-health concern, as the welfare of God's people (ubuntu) is the climactic moment of human survival.

Further, as will be demonstrated in this article, Blen Sahilu, Agyeman-Rawlings and Aki-Sawyer's role in the initial campaign against COVID-19, and the health challenges that it posed, were first recognised publicly when they were nominated and profiled by EJS Centre as heroines of COVID-19 in March 2021, through their Amujae cohort initiative. Their unique contributions in upholding communal health in light of the pandemic was largely felt in their respective countries of origin. In turn, Amujae which means 'we are going up,' in Kru, Liberian language, was launched on 08 March 2020 by the EJS Centre as a forum of shifting 'the landscape for women in public leadership in Africa' as it seeks to move them from 'a culture of tokenism to one that truly values women leaders' (Big Win Philanthropy 2020:1; EJS 2021). In their endeavour to conquer and to stop the spread of COVID-19, whose vaccines were not yet available (Gathogo

2020a), they engaged their creativity meaningfully as they employed diverse tools in the game with vigour. As the EJS Centre Executive Director, Dr. Ophelia Inez Weeks (EJS 2021) noted, with reference to some key Amujae cohort leaderships,

In Ghana, [the] Member of Parliament and trained medical doctor Dr. Zanetor Agyeman-Rawlings has applied the practice of tapping into informal networks, launching a campaign targeting women in her community with messages about the importance of good hygiene to prevent the spread of COVID-19. In Sierra Leone, Mayor of Freetown Yvonne Aki-Sawyer, OBE has developed context-appropriate guidelines for the residents of her city and worked to strengthen sanitation infrastructure. In Ethiopia, Blen Sahilu has used social media to provide clear and consistent information about COVID-19, leveraging lessons drawn from discussions during the inaugural forum. (p. 1)

Blen Sahilu

Blen Sahilu (1985–) is an Ethiopian advocate, researcher and a gender justice crusader whose initial response to the COVID-19 pandemic was highly recognised within her country and beyond. This became clear when she was honoured by a leading pan-African body, EJS Centre, as one of the heroines of COVID-19 in March 2021 (EJS 2021). She responded to COVID-19's health concerns in Ethiopia as she was 'attending the inaugural Amujae Leadership Forum' in its first cohort on 08 March 2020 as a preparation for a pandemic that was about to enter Africa fully (EJS 2021:1). As noted in Figure 1, 85% of African countries reported COVID-19 cases in March 2020. Sahilu's country, Ethiopia, reported her first confirmed COVID-19 case on 13 March 2020. By attending the inaugural Amujae Leadership Forum on 8 March 2020, in Monrovia-Liberia, Sahilu was well trained by people who had first-hand information in warding off pandemics, as they had done with Ebola when it entered Liberia on 02 April 2014 and threatened community survival. As noted by Gathogo (2023a):

During the life-threatening Ebola outbreak in Liberia in 2014, Sirleaf strategised with community health workers (CHWs) to stop its rapid gains that had begun to reverse the gains they had made in their post war recovery, development, and growth. Ebola which was largely caused by factors such as bushmeat consumption, impingement into forested areas, population advance, direct contacts with wildlife, among others, led Sirleaf to put up community-inclusive health structures whose workers (CHWs) were relied upon to stop the gains of COVID-19 (Sirleaf 2022). This is indicative that Sirleaf was ahead of time. As a result, COVID-19 found Liberia with community inclusive health structures that acted as buffer zones that prevented the intrusion of the disease. (p. 6)

Although EJS was not the sole speaker or instructor during the March 2020 Amujae inaugural cohort, her experiences in reconstructing post war Liberia (2006–2018) and in arresting Ebola pandemic (2014–2016) cannot be gainsaid, as her leadership and/or convenor role remained exceptional. Ebola killed about 5000 Liberians and infected 11 000 people. It could have caused more havoc if EJS had failed to take action, by employing community health workers (CHWs) during her days as the president of Liberia, 2014–2016. It is no

wonder that she was among the three recipients of the coveted Nobel Peace Prize in 2011 (Gathogo 2023a). Thus, Blen Sahilu, such as Agyeman-Rawlings and Aki-Sawyer as with the other nine attendees were getting first-hand information from a well experienced continental leadership under Sirleaf.

In attending this 2020 cohort at a time when the pandemic had not fully entered Africa, Blen Sahilu was able to learn from the conversations therein. This turned out to be the much-needed inspiration that went a long way in helping her address the COVID-19 crisis that came later, from 13 March 2020 onwards. She explained this as follows:

The lessons from my fellow Amujae Leaders were so thoughtful and rooted in experience, that I was able to begin drafting my first response while still in Liberia. I learned from them that engaging local communities would help them to protect themselves and build the resilience needed to respond to the pandemic directly—help doesn't always have to come from the outside in. (EJS 2022b:1)

Upon the sudden explosion of COVID-19, Sahilu began by teaching her audiences about the value of handwashing and other hygienic measures. She ensured that her messages were availed in diverse Ethiopian languages. That is, Amharic, Afar, Harari, Kafa, Silt'e, Gedeo, Gamo, Hadiyya, Gurage, Wolaytta, Sidamo, Tigrinya, Somali, Oromo and the English language (Adane, Ademas, & Kloos 2022). These messages acted as the bulwark against COVID-19, as they were able to reach a wide audience. Besides this, they used the social media platforms to notify the citizenry that their house was on fire, hence keeping safe was the way to go. In particular, her 36 strong X forum (Twitter) provided a good starting point. In so doing, she also opened social media conversations that were geared towards urgent action against the pandemic (Adane et al. 2022). She later confessed that although she lacked an official capacity to work as a bulwark against the pandemic, nor was she sure that her activities would yield fruits, she felt it was incumbent upon her to do the best she could under the prevailing circumstances (EJS 2022b).

As Sahilu employed all tricks, especially the printed leaflets and the social media platforms, which were well received, she was constantly reminding her audiences that Ethiopia, as with most African countries, was not well-endowed with health resources. That is, unlike Euro-America, Ethiopia did not have healthcare institutions that could match the latter (EJS 2022b). As the WHO was insisting on 'better to be fast than to be perfect', she chose to be fast. Besides WHO's caution, Sahilu was also responding to the African proverb that says that the 'Arrow at night is equally returned at night' [*Mugui wa utuku ucokagio na utuku*] (Githiga 2022:23). She thus sought to return the 'arrow' to the unknown sender and eventually saved scores of her citizenry who were precariously walking in the valleys and shadows of death (cf. Ps 23). Besides this, African indigenous medicines that were largely administered by

women also came in handy as an onslaught against the pandemic. Later, COVID-19 vaccinations became available in Ethiopia on 13 March 2021; this boosted the already existing measures that were being taken by Sahilu and others. Interestingly, however, although Ethiopia had a total accumulation of 501 157 confirmed cases of the pandemic, there were 488 171 recoveries, even though 7574 succumbed to the pandemic (Adane et al. 2022). Didn't Sahilu and team's efforts, the WHO prescriptions, the coming of vaccines in March 2021, and the religio-indigenous resources provide a collective bulwark against the pandemic and eventually stopped total annihilation of Ethiopians, as in the rest of Africa?

Agyeman-Rawlings and Yvonne Aki-Sawyer

Like Blen Sahilu (1985–) their co-attendee at Amujae forum of March 2020, Zanetor Agyeman-Rawlings (1978–) of Ghana and Yvonne Aki-Sawyer (1968–) of Sierra Leone played heroine roles in addressing societal health that was threatened by the novel pandemic. In the case of Zanetor Agyeman-Rawlings, a medical doctor, humanitarian activist and a Ghanian elected Member of Parliament, she used her lessons during the inaugural cohort of Amuje leaders in battling COVID-19 in her own country. In the early days of the pandemic, she began a public consciousness movement that was very successful (EJS 2022b). She visited markets, transport hubs, business premises and other social centres where she mainly cautioned women on the awaited danger that could only be fought by upholding good hygiene. She also treated her social forums as teaching centres where she mainly trained women to take responsibilities for their families, and eventually stop the spread of the pandemic (EJS 2022b). Similarly, the erstwhile Mayor of Freetown, Sierra Leone, Yvonne Aki-Sawyer, a co-trainee during the inaugural cohort of Amuje leaders, fought the pandemic with a religious zeal that was widely acknowledged. She not only distributed protective masks and other quick-fix measures, but also provided long term solutions for Freetown's health needs, as in the case of effective sanitation (Aki-Sawyer 2021). Having come from the neighbouring Liberia where President Ellen Johnson Sileaf fought the Ebola pandemic successfully, 2014–2016, and having learnt from Amuje consortium, her contribution in the onslaught to COVID-19 and the general health of the city came out clearly. As she explained on 07 January 2021, COVID-19 found a city which had a hotchpotch of issues. Hence, she had to engage a holistic approach so as to stop it from complicating matters further. She said:

Even before COVID-19 hit, my city of Freetown faced a reckoning. More than a third of residents – many rural migrants – lived in informal settlements where disease is common and clean water rare. Then came the global pandemic. Covid-19 case rates in Freetown have been relatively low compared to other cities but infection prevention measures have wreaked havoc on our economy, where 70 percent of residents work informally. In the face of a deadly pandemic, these residents kept Freetown

functioning: unblocking drains to prevent flooding, cleaning streets and managing our waste ... I am training people from informal settlements in urban farming to ensure access to healthy food. I also worked with the government and other partners to repurpose an under-utilised military training facility space into a care centre to support Covid-19 patients who cannot self-isolate often because they are rural migrants living in overcrowded housing. (Aki-Sawyerr 2021)

Certainly, exploiting the COVID-19 scare to improve the general health of Freetown city was a big plus on her side. Conversely, Agyeman-Rawlings' father, former Ghanaian President Jerry John Rawlings (1947–2020), died of COVID-19 at Korle Bu Teaching Hospital, Ghana, on 11 November 2020 (Tarlue 2020).

Conclusion

From the outset, the article sought to understand the way in which African women leaderships responded to COVID-19 in its initial stages, February–March 2020. With 91% of African countries having confirmed cases of the pandemic, African women leaderships had to swing into action and eventually led in the onslaught against it, which was largely successful. The mortality rates of various continents were as follows: 'North America 4.57%, Europe 3.74%, South America 3.87%, Africa 3.49%, Oceania and Asia less than 2%' (Zahid & Perna 2021), a phenomenon that indeed points to the fact that Africa posted less deaths. Considering that the first case of COVID-19 was reported on 14 February 2020 when the erstwhile Egyptian Minister of Health, Dr. Hala Zayed, announced its presence in his country, the urge to understand how African women leaderships reacted to the threat of human annihilation became an important point of focus in this article. Were they informed by a religious motif, and do they have something to bequeath to the rest of society? In considering the fact that the division of labour, in the religio-indigenous Africa, placed women as the initial custodians of the family health, especially on matters to do with food preservation, health and the domestic welfare, the article has established that religion was the driving motif in the contributions of the sampled cases of women leaders (refer to EJS, Graca Machel, Ngozi Okonjo-Iweala, Vera Songwe, Maria Ramos, Zanetor Agyeman-Rawlings, Yvonne Aki-Sawyerr and Blen Sahilu).

Equally, the contributions of Wangari Maathai, the first African woman to win the Nobel Peace Prize in 2004, were consciously or unconsciously driven by a religious motif. As Maathai led in human preservation, through environmental care, amid a dictatorial regime that treated her work as subversive, her zeal in this task had a religious motif, just as with the above-mentioned women leaders who sought to ward off COVID-19 from the continent right from the initial stages. As they moved around to educate people on basic hygiene, released cautious pamphlets and employed indigenous medicines, as vaccinations only came in March 2021, theirs was a religious duty that sought

to stop human extermination. To this end, the contributions of EJS's Centre, in Monrovia-Liberia, which inaugurated a women leadership training forum, the Amujae cohort, on 08 March 2020, has been hailed as a pan-African body which acted as a bulwark against COVID-19, and whose role could be broader than what is already captured in the public domains. With women playing a critical role on health matters in the religio-indigenous society, the future of Africa is assured, as this amounts to a post patriarchal Africa that embraces holistic growth across gender divides.

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Author's contributions

J.M.G. declares that they are the sole author of this research article.

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This article followed all ethical standards for research without direct contact with human or animal subjects and the authors referred to in this article have been acknowledged appropriately. No ethical clearance was needed and/or required for this article.

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Data availability

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