

Editorial Special Issue: Religion at the Intersection of Gender, Health, and Leadership in Contemporary Times

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Dates

Received: May 25, 2025

Revised: May 25, 2025

Accepted: May 25, 2025

Published: June 25, 2025

How to cite

Mwale, N. (2025) 'Editorial special issue: Religion at the intersection of gender, health, and leadership in contemporary times', *Journal for the Study of Religion*, 38(1). 6 pages.

<https://doi.org/10.17159/2413-3027/2025/v38n1e1>

Article includes

- Peer review
- Supplementary material

Data availability

- Open data set
- All data included
- On request from author/s
- Not available
- Not applicable

Editor/s

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Funding

No funding was received for this article.

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Nowadays there is a global growing recognition of the need to foster gender equality, health, and leadership in diverse spheres. However, numerous factors continue to impede gender equality, health, and leadership. The outbreak of the global pandemic, COVID-19 also disrupted the gains which had been made in advancing gender equality, health, and leadership. As part of a larger societal context, religion is both shaped by, and has an effect on health, gender, and leadership dynamics in society. This interaction often manifests in the role that religion plays in shaping the ways in which a society promotes gender equality, health, and leadership within and beyond religious circles. This *Special Issue* of the June edition of the *Journal for the Study of Religion* navigates the ways in which religion has shaped the gendered narratives of resilience in relation to health and leadership positions. This interaction of religion with gender, health, and leadership can either result in positive or negative outcomes as articles in this volume will indicate.

The articles in this volume have emerged as part of the conference papers which were presented during the 2024 Pan-African and African Diaspora Conference which explored *Earth, Pandemics, Gender, and Religions* organized by the *Circle of Concerned Women Theologians* in Accra, Ghana. The articles are largely situated in the religio-cultural contexts of the African indigenous religious worldview, African Apostolic Indigenous Churches (AAICs), and Christianity. Insights into the African indigenous religious worldview and AAICs signify how religion has shaped women's reproductive health while insights from Christianity depict how religion has shaped women's resilience in the context of HIV and AIDS, COVID-19, and leadership involvement in the church. The volume covers three intersecting themes, namely religion, culture, and women's reproductive health; religion, pandemics, and health; and religion, gender, and leadership.

The first theme on religion, culture, and women's reproductive health is situated in the African indigenous religious worldview and uses puberty rites among the Bemba speaking people of Zambia to interrogate the role of rites in women's reproductive health. This is addressed in the first article by Mutale Mulenga Kaunda who demonstrates the sustained attention to the study of culture in African communities on the basis that there are life-giving aspects within the various African cultures that can be leveraged on

by women and girls for emancipation (Oduyoye, 2001; Phiri and Nadar, 2011). One such element is the rite of passage at puberty as practiced in different African communities. Thera Rasing (1995; 2001; 2004), one of the leading scholars on this subject notices that although initiations have existed from time immemorial, they have undergone several changes in relation to their current practice, including the change in duration and the evolving content of what is taught. Importantly, the rituals that are conducted during initiation rites are believed to be a property of the ancestors who are the founders of all social life and must be passed on to the generations to come. She further argues that initiation rites form a necessary part of humanity as they create solidarity among women (Rasing, 1995).

Accordingly, different scholars have studied the puberty rites of passage in diverse communities. For example, Henda (2021) focuses on the Southern Ndebele's girl initiation rite (*iqhude/iqude* or *ukuthombisa*) at puberty in the Ndebele society in South Africa. Henda indicates that during isolation, teachings include aspects such as learning about the secrets of womanhood, life skills and human physiology, rules of hygiene and privacy, advice regarding sexuality, childbirth, and marriage life, and how to be a good and loving mother and a wife. Additionally, initiates are informed that responsive sexual and reproductive behavior constitute a part of the complete society, including how to protect oneself from sexually transmitted diseases (STDs), maintaining virginity, and taking care of the family in later life (Henda, 2021).

Kaunda's article advances the constructive role of puberty rites of girls in the African indigenous communities in shaping women's reproductive health. In her article, *Icisungu – divining Mother Earth in the Bemba puberty rite*, she focuses on girls' puberty rites in the Bemba culture, being celebrated when the girls reach puberty. Kaunda utilizes African feminist cultural hermeneutics and mothering as a framework to demonstrate how the divine Mother Earth and Bemba women offer Bemba women agency. Her article is significant as it reconstructs the worth of the *icisungu* rite in relation to the promotion of female agency and reproductive health awareness among Bemba girls. She also stresses how versatile the rite is by exemplifying how it can be adapted in various ways to instruct young people about agency, justice, and life skills using indigenous perspectives that would intersect with contemporary trends. For instance, the connection between the fertility of a plant and a woman among the Bemba is linked to the contemporary Bemba understanding of taking care of nature and living in a symbiotic relationship with Mother Nature. As such, the Bemba puberty rite attests to how indigenous knowledge practices can be adapted to address current societal challenges such as reproductive health (including climate change) as depicted in *icisungu*.

As argued by Rasing (2021), female initiation rites as part of the gendered Bemba religion and culture are sites for transformation in women's empowerment as they demonstrate the buoyancy and changes of female initiation rites in the past century from a gendered and religious viewpoint. In a context where Bemba women have lost their important socio-religious position due to, among other factors, colonialism and Christianity (Hinfelaar, 1994), these female rites are regarded as a way for women to hold on to and exert their power in their families and communities.

The second theme on religion, pandemics, and health is addressed in Lindah Tsara's article, which extends the interconnectedness of religion and reproductive health to AAICs. Tsara also utilizes mothering as a lens to depict how both HIV and AIDS and COVID-19 have shaped women's sexual and reproductive health and rights (SRHR). Existing studies on the intersection of pandemics and religion have highlighted the ways in which religion either positively or negatively affects women's sexual and reproductive health in many religious traditions. For example, Manyonganise (2022) has analyzed the gendered effects of COVID-19 in Zimbabwe with reference to how religious and cultural beliefs have shaped women's experiences throughout the pandemic. She specifies how women in African religious communities navigate the tensions between faith-based health practices and contemporary public health recommendations. In the same way, Feyissa, Tolu and Ezeh (2020) argue that the COVID-19 pandemic significantly impeded efforts to advance women's sexual and reproductive health by jeopardizing routine service delivery and undermining other health priorities. Jaja, Anyanwu and Iwu Jaja (2020) have also examined how religion, culture, and burial ceremonies undermined the efforts to curb COVID-19 in South Africa, as social distancing was not necessarily followed during funeral rites, while cultural practices (such as those relating to the washing of hands in one basin after the funeral) presented an opportunity for guests to contract the virus.

Given that the narratives of women in the AAICs have not been adequately explored, Tsara problematizes the intersection of religion and pandemics. In her article on *Mother Earth, pandemics*

and women's reproductive health in African Apostolic Indigenous Churches in Nyanga, Zimbabwe, she highlights the ambivalent role of religion during pandemics. Anchored in two interrelated theories, namely eco-feminism and social determinants of health, she problematizes the intersection of gender, health, religion, and socio-cultural dynamics within the context of the AAICs and pandemics. She argues that the churches' reliance on spiritual healing has the potential to prevent women from accessing modern biomedecines and healthcare services during epidemics and pandemics such as HIV and AIDS and COVID-19, which significantly endangers women's health, especially during pregnancy and childbirth. Beyond calling for a paradigm shift within the AAICs and similar religious and cultural institutions, Tsara argues that women, revered as the 'mothers of the earth', should be celebrated for their life-giving capacity and empowered to make informed decisions regarding their reproductive health rights using a multifaceted approach for empowering women, promoting stakeholder dialogue and integrating respectful, culturally sensitive healthcare services. Through the symbolic role of a woman as Mother Earth, this article also demonstrates the endurance of women in the face of health choices aggravated by pandemics.

Importantly, Tsara opens a window through which religion can be used to harness women's health during pandemics as indicated by Barmania and Reiss (2018) that in contexts like Malaysia, religious leaders were trained to educate other religious leaders and congregants to increase compassion for those living with HIV and were given practical guidance on how to perform Islamic burials for those who had died from AIDS at a time when some mosques had refused to bury the deceased due to mistaken fears of contracting the virus. Similar narratives of transformation have been recorded in countries like South Africa, Ethiopia, and Uganda, where religious leaders who were themselves living with HIV set up faith-based organizations aimed at reducing stigmatization, increasing awareness, and promoting safer behavior practices (Byamugisha, 2010). Tsara's study therefore forms a critical foundation for rethinking the ways in which reproductive health discourses can be strengthened in the AAICs as religion remains an important part of the worldview and lifestyle of many people during pandemics. As argued by Barmania and Reiss (2018), religion has much to contribute to health promotion, including introducing perspectives on life's meaning that can differ from those held by many without religious faith. Thus, future research on AAICs, women, and pandemics could focus on the collaboration of AAIC leadership in devising life affirming strategies for women's wellbeing.

The third article builds on the intersection of HIV and AIDS, women, and religion by exploring the narratives of stigma of grandmothers in Maai Mahiu, Kenya. By revisiting HIV and AIDS, the article showcases the lasting impact that the global HIV pandemic has had on Sub-Saharan Africa (SSA) with an estimated 67% of the 38.4 million people living with HIV globally residing in SSA (Moyo *et al.*, 2023). Scholarship on religion and HIV and AIDS has since explored diverse dimensions including stigma and religion. For example, Mbonu, Van den Borne and De Vries (2009) conducted a systematic review of literature in SSA and established that the cultural construction of HIV and AIDS, based on beliefs about contamination, sexuality, and religion played a crucial role and contributed to the strength of distancing reactions and discrimination in society. Numerous other studies have designated the role of religion in HIV and AIDS, including the contributions of religious organizations (Okaalet, 2002; Haddad, 2005).

More recently, Chitando (2021, p. 182) has observed that there is fatigue around HIV in most parts of the world as the pandemic has been around in most contexts since the mid-1980s. To stress this, Chitando (2021, p. 181) uses the expression, 'We are tired of HIV, but is HIV tired of us?' in the title of his book chapter to emphasize that HIV itself is not yet tired of wreaking havoc on humanity. The statistics on the pandemic indicate that women and girls continue to be disproportionately affected by HIV. For example, while globally 44% of all new HIV infections were among women and girls (all ages) in 2023, in SSA women and girls (all ages) accounted for 62% of all new HIV infections (USAID, 2024). Further, every week, 4,000 adolescent girls and young women aged 15 to 24 years of age globally became infected with HIV in 2023, while 3,100 of these infections occurred in SSA (USAID, 2024). Factors that drive the pandemic, such as poverty, gender inequality, stigma and discrimination, poor health infrastructure, skewed global economic patterns, and migrant labor also persist. Importantly, as remarked by Chitando (2021), years of activism have not transformed the world into a sea of justice and equality.

In her article, *Mission from the margins in the context of HIV/AIDS: Grandmothers' narratives of transforming religious communities in Maai Mahiu, Kenya*, Pauline Wanjiru Njiru refocuses on the

pandemic by exploring the ways in which grandmothers demonstrated resilience in the face of stigma, consequently transforming their religious communities. Njiru's article draws on a qualitative research approach which explores the source of strength, faith, and hope exhibited by the grandmothers' parenting grandchildren orphaned by AIDS amidst the intense stigma they faced. Through in-depth interviews with purposively selected grandmothers, pastors, and health-workers, Njiru's findings specify that the grandmothers' responses to the stigma from their religious communities resulted in them gaining and promoting accurate knowledge, positive living, improved standards of living, and more importantly, the transformation of the religious communities. The article argues that by being proactive in their responses to the stigma and ostracism meted on them, the grandmothers were practically engaging in mission by doing it from the margins of the community where they had been pushed by religious communities. Njiru's article signifies the resilience of women in the face of HIV and AIDS and the ways in which they used their religious spaces to demonstrate their agency. Importantly, the narratives of the grandmothers point to the practical ways in which religion can be constructively used to promote societal wellbeing.

The themes on religion, culture, and women's reproductive health, and religion, pandemics, and health are framed in the notion of mothering. As argued by Frahm-Arp (2016), mothering needs to embrace forms and meanings of motherhood that are life affirming for both those doing the mothering and those being mothered. In this regard, the findings of the articles on this theme exemplify the active journeys of women's tenacity in religious spaces in challenging contemporary times.

The third theme on religion, gender, and leadership is addressed in an article on *Women's engagement in decision-making processes in Pentecostal Church leadership in the Laikipia County, Kenya*. This fourth article extends the notions of urgency and perseverance of women in leadership in religious circles. Existing studies have long established the problematic place of women in many religious traditions including Pentecostal circles. For example, Sande (2017), in an article titled *Faith and equality: Rethinking women in leadership positions in Pentecostalism* has explored gender equality in leadership positions within Pentecostalism, using post-structural feminist and Pentecostal hermeneutic theories as theoretical frameworks. Through interviews and participant observation, Sande concludes that there is no clear position on gender equality in leadership posts in the studied Pentecostal Church and that the gospel of equality in leadership positions in the Apostolic Faith Mission in Zimbabwe is still at the periphery owing to the traditional belief that women should not teach in the church.

The narratives of the few women who have assumed leadership positions also abound, pointing to the agency demonstrated by women in dealing with the systemic challenges which have contributed to their underrepresentation in leadership roles in churches. For example, Bishop Margaret Wanjira of *Jesus Is Alive Ministries*, a female leader, founder of one of the fastest growing New Pentecostal Churches in Kenya, confessed having been subjected to insults because of her personal status. As recounted by Mwaura (2005), members of the church accepted Bishop Wanjira's leadership, despite being an unmarried single mother at the helm of the church. These dynamics demonstrate that the gender paradox in Pentecostalism is far from being conclusive.

Using the context of Pentecostal Church leadership in the Laikipia County in Kenya, Catherine Mwihiya evaluates the influence of women's participation in decision-making processes in Pentecostal Church leadership. Foregrounded in the female leadership theory, Mwihiya employs a quantitative descriptive research approach and female leadership theory to analyze women's engagement in the decision-making processes in Pentecostal Church leadership. The findings indicate that while 60% of the women in leadership respondents affirmed the importance of women's participation in decision-making processes in the church, 62% of the participants felt excluded from the church leadership's decision-making processes. Additionally, 73% of the respondents agreed that women's viewpoints were largely taken into account during the process of choosing church leaders, signifying that their involvement in decision-making was limited to choosing leaders. Despite this, women demonstrated their pliability in church leadership by navigating leadership spaces characterized by collaborative constraints. This underscores the fact that while strides have been taken to foster gender equality in leadership roles and positions of women, more still needs to be done to create a more equal and representative leadership environment in Pentecostal Church leadership in the Laikipia County. This is because the liberating spaces in the studied Pentecostal Churches for women's leadership have not always translated into equal decision-making power.

The edition closes with a book review which compliments the volume's focus on religion and health. The book review links religion and mental health through the mirror of art and literature, and highlights an important perspective in contemporary times in which mental health and religion are receiving renewed scholarly attention. For example, cross-sectional evidence in different contexts affirms the link between religious beliefs and practices and better mental health as indicated by Kazi and Naidoo (2016) as well as Dein (2020) – an indication that religiosity can serve as a resource for mental health in highly religious contexts.

In the book review by Garth Mason on *Trance and transfiguration in rock art and literature*, authored by Richard Alan Northover (2025), the ways in which altered states of consciousness (whether induced by rituals like trance dances, meditation, or mind enhancing substances) have influenced culture and the arts are highlighted. Mason argues that the book is a multi-voiced dialogue on the use of mind enhancing techniques and substances in art, culture, and religion, which invite the scholar of religion as it is contextualized in Shamanism. Importantly, Mason highlights how Northover's book intersects religion and the discipline of art and literature in ways which amplify the link between religion and health and in turn add breadth to the psychedelia studies within religious studies by renewing the focus of mental health and religious experience origins.

Taken together, the articles in this volume demonstrate the dynamic ways in which religion interacts at different levels with gender, health, and leadership in society. The findings demonstrate that religion can be a resource for navigating women's agency and reproductive health through the adaptive nature of rites as demonstrated in the Bemba puberty rite, *icisungu* in Zambia. At the same time, religion's interaction with women's reproductive health during pandemics in the AAIC spaces of Zimbabwe has been problematized, hence the need for a multisectoral approach in addressing the needs of women during pandemics. Additionally, the findings indicate the innovative ways in which women have transformed their religious communities in the face of the HIV and AIDS related stigma in Kenya. The strides that have been made to promote women's involvement in leadership processes in the Pentecostal communities in Kenya and the pending systemic challenges that impede the full actualization of gender equity and equality in decision-making processes beyond involvement in choosing leadership have also been exemplified. As recent scholarship shifts to the digital humanities, it is imperative to interrogate how these religious discourses will shape and be shaped by digital technologies in contemporary times.

References

- Barmania, S. and Reiss, M.J. (2018) *Islam and health policies related to HIV prevention in Malaysia*. Dordrecht: Springer. <https://doi.org/10.1007/978-3-319-68909-8>
- Byamugisha, G. (2010) *Church communities confronting HIV & AIDS*. London: SPCK.
- Chitando, E. (2021) We are tired of HIV, but is HIV tired of us?: Ongoing reflections in African theology and religious studies. In: Chitando, E., Mombo, E. and Gunda, M.R. eds. *That all may live!: Essays in honour of Nyambura J. Njoroge*. Bamberg: University of Bamberg Press, pp. 181-188. <https://doi.org/10.20378/irb-94332>
- Dein, S. (2020) 'Religious healing and mental health', *Mental Health, Religion & Culture*, 23(8), 657-665. <https://doi.org/10.1080/13674676.2020.1834220>
- Feyissa, G.T., Tolu, L.B. and Ezech, A. (2020) 'Impact of COVID-19 pandemic on sexual and reproductive health and mitigation measures: the case of Ethiopia,' *African Journal of Reproductive Health*, 24(2), pp. 24-26.
- Frahm-Arp, M. (2016) 'Constructions of mothering in Pentecostal Charismatic Churches in South Africa', *Neotestamentica*, 50(1), pp. 145-163. <https://doi.org/10.1353/neo.2016.0040>
- Haddad, B. (2005) 'Reflections on the church and HIV/AIDS: South Africa', *Theology Today*, 62(1), pp. 29-37. <https://doi.org/10.1177/004057360506200104>
- Henda, N. (2021) *The rites of passage of AmaXhosa revisited*. Academia Letters, Article 3860. <https://doi.org/10.20935/AL3860>
- Hinfelaar, H. (1994) *Bemba-speaking women of Zambia in a century of religious change*. Leiden: Brill. <https://doi.org/10.1163/9789004664609>

- Jaja, I.F., Anyanwu, M.U. and Iwu Jaja, C.J. (2020) 'Social distancing: How religion, culture and burial ceremony undermine the effort to curb COVID-19 in South Africa', *Emerging Microbes & Infections*, 9(1), pp. 1077-1079. <https://doi.org/10.1080/22221751.2020.1769501>
- Kazi, T.B. and Naidoo, S. (2016) 'Does religiosity mediate suicidal tendencies? A South African study of Muslim tertiary students', *Journal of Religion and Health*, 55, 1010-1023. <https://doi.org/10.1007/s10943-015-0167-6>
- Manyonganise, M. (2022) When a pandemic wears the face of a woman: Intersections of religion and gender during the COVID-19 pandemic in Zimbabwe. In: Sibanda, F., Muyambo, T. and Chitando, E. eds. *Religion and the COVID-19 pandemic in Southern Africa*. Oxon: Routledge, pp. 123-145. <https://dx.doi.org/10.4324/9781003241096-16>
- Mbonu, N.C., Van den Borne, B. and De Vries, N.K. (2009) 'Stigma of people with HIV/AIDS in Sub-Saharan Africa: A literature review', *Journal of Tropical Medicine*, 2009. 145891. 14 pages. <https://doi.org/10.4324/9781003241096-16>
- Moyo, E., Moyo, P., Murewanhema, G., Mhango, M., Chitungo, I. and Dzinamarira, T. (2023) 'Key populations and Sub-Saharan Africa's HIV response', *Frontiers in Public Health*, 11. 1079990. 4 pages. <https://doi.org/10.3389/fpubh.2023.1079990>
- Mwaura, P.N. (2005) Gender and power in African Christianity: African Instituted Churches and Pentecostal Churches. In: Kalu, O. ed. *African Christianity: An African story*. Pretoria: University of Pretoria, pp. 410-445.
- Oduyoye, M.A. (2001) *Introduction to African women theology*. Sheffield: Sheffield Academic Press.
- Okaalet, P. (2002) 'The role of faith based organizations in the fight against HIV and AIDS in Africa', *Transformation*, 19(4), pp. 274-278. <https://doi.org/10.1177/026537880201900410>
- Phiri, I. and Nadar, S. (2011) "'The personal is political": Faith and religion in a public university', *Acta Theologica*, 14, pp. 81-94.
- Rasing, T. (1995) *Passing on the rites of passage: Girls' initiation rites in the context of an urban Roman Catholic community on the Zambian Copperbelt*. Beatty: Avebury.
- Rasing, T. (2001) *The bush burnt; the stone remains: Female initiation rites in urban Zambia*. Leiden: African Studies Centre.
- Rasing, T. (2004) The persistence of female initiation rites: Reflexivity and resilience of women in Zambia. In: Van Binsbergen, W. and Van Dijk, R.A. eds. *Situating globality: African agency in the appropriation of global culture*. Leiden: Brill, pp. 277-309. https://doi.org/10.1163/9789047412557_013
- Rasing, T. (2021) 'Female initiation rites as part of gendered Bemba religion and culture: Transformations in women's empowerment', *Zambia Social Science*, 7(2), pp. 55-79.
- Sande, N. (2017) 'Faith and equality: Rethinking women in leadership positions in Pentecostalism', *Journal of Gender and Religion in Africa*, 23(1), pp. 50-62.
- USAID. (2024) Fact sheet – global HIV statistics. Available at: https://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf. (Accessed May 15, 2025.)