

A reformed theology critique of public health policies and practices in KwaZulu-Natal

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Abstract

Churches are currently successfully involved in community development and empowerment, providing health workers and agencies with support and helping meet tangible needs of the people. Four fundamental areas are undertaken in responding to the reformed critique of public health policies and practices in KwaZulu-Natal (KZN), namely: public health policies and practices in light of Reformed theology, public health policies and practices in KZN, the role of religion and religious entities in contributing to health in communities and to investigate the possibilities of collaboration between church and state to improve the public health system in KZN. The article aims to establish a common framework of strengths, barriers, and make recommendations for positive church responses to public health issues in order to inform an improved collaborative strategy.

Keywords

public health; Reformed theology, public health policies and practices; church and KwaZulu-Natal

1. Introduction

According to Luwaile (2015–35), the church is the second most important source of support for government run medical facilities in terms of its ability to improve people's health. Therefore, discussing the subject of health outside church is unavoidable. The church has a duty to watch out for the well-being of its people. The church is able to teach its members self-care skills and equip them to look out for one another. Luwaile adds that according to Douglas and Merril Tennenet, the term "church" has Greek roots. They contend that the Greek word "kuriako" which means

belonging to the Lord, “is the source of the English term “church”. They also mention that the term congregation is derived from the Greek word “ekklesia”, which is related to the word “church”. The word belonging in the description of the church clearly translates the African idea of the community, which emphasizes a sense of belonging. The Christian vision and its principles have clearly had a significant impact on ethical thought and behaviour as western patterns of health care development have evolved. Given the complexity of the medical challenges they dealt with, Christian intellectuals were not content to just provide an academic or inspirational contribution. They were aware that there was no straightforward “religious solution” to these issues.

But despite differences in focus, these theologians have one thing in common: they believe that religious viewpoints set a boundary within which ethical consideration and decision making in healthcare can be more rigorous and effective. Informed by a range of Christian perspectives, health issues today can present unexpected opportunities. Through these regulations, the suffering of humans from formerly common diseases has been significantly decreased. However, all of this has resulted in a feeling of helplessness, confusion, and lack of control over our life. De Gruchy (2015:262) suggests establishing a shared unity between these two worldviews because the goal of this discourse is change rather than conversation. Religious leaders and medical professionals are allies in the fight for health in the face of global political and economic system that is underworld determined on causing suffering, misery, poverty, illness, and death. They should interact with one another according to their levels starting from the National, the Provincial and the District structures.

2. Reformed theology on public health

Robert Godfrey (2009:62), articulated that Reformed theology is rooted in the 16th-century Reformer, John Calvin. Calvin’s views on some of the topics that were essential to establish the argument of this article, such as his observations on the reformed theology and public health and on his main vocation, are well-recognized in some of these main sources. A brief study of these provided understanding of Calvin’s works in relation to public health. Wright (2009:5) points out that one can look at the many

theological articles, church reformation and church order documents, the many letters, commentaries, and sermons that bear the name and works of Calvin, some of which were studied for this study. But because Calvin is probably known for his great work, the Institutes of the Christian Religion, then the first work to analyse, to be convinced that indeed, at heart, Calvin was a pastor and not just a cold, intellectual scholar, is the Institutes themselves. Wright is successful in emphasizing Calvin's pastoral heart in the Institutes, and if one reads the Institutes with Calvin in mind, this heart of his becomes evident. And thus, it may be concluded that Wright's focus on Calvin's pastoral theology in the Institutes is not inappropriate. He begins by stating and explaining the opening statement in the Institutes which says: "Nearly all the knowledge we have, that is, true and sound knowledge, consists of two parts: the knowledge of God and of ourselves", according to Calvin (cited in Wright 2009:5).

Sproul's (2016) work makes it clear that there is much more to Reformed theology than "the five points of Calvinism" and "the five sola principles". Innes (1993) attempts to integrate reformed theology and public health. The importance of this work is that it deals with the question of public health from a Reformed point of view. In an article dealing with the HIV and AIDS pandemic, Okaalet (2006) criticizes the church in Africa and worldwide for failing to deliver assets, workforces, and management essential to deal efficiently with the disease. The importance of Okaalet's work for this study is that it discusses the role of the state in making and executing policies that directly legislate health concerns among the people.

Writing about HIV and AIDS, Magezi (2007) notes that the congregation is the key to providing home-based pastoral care support to HIV positive people in developing countries like in the context of South Africa. In so doing, the Church does not only perform a social function for the affected families, but also acts in accordance with its calling of mediating God's Kingdom, thus spreading the Gospel and showing unconditional sacrificial love and compassion. Magezi's insights are important to this study because they address the responsibility of the Church to the community in health-related issues. Covering a wide range of topics, ranging from international trends in the implementation strategies of primary healthcare to information regarding the transformation of the health system in South Africa, King *et al* (1998) argues that public health requires an interdisciplinary collaboration

because it is public, diverse, and depends on a living religion for strength. The Church is that living religion. These authors add that public health is as old as the Church itself and that Jesus as founder of the Church is the exemplary healer who went about healing the sick. This essay focuses on the strategies of public health in a social context and helps in unpacking public health policy and its relevance to the teachings of Reformed theology. Kim (2011) shares insights on how theology can engage effectively with a variety of topics in the public domain, including public health policy.

According to Shepherd (2021:01), a pivotal turning point in the history of the Reformation was the posting of the 95 Theses by German monk, Martin Luther, on the Wittenberg Church door. Madise (2009:151) concurs and further explains that the Reformation was a movement that took place during the 15th and 16th centuries in Europe and brought about some changes in the Christian church. Some scholars see it as a transition in the Church from the medieval period to the modern world. Some Christian denominations, like Lutheran and Calvinist reformed churches, can trace their origin to this period. Reformers in the 16th century had one common objective, namely, to reform the Church.

Martin Luther, who was committed to the Reformation before Calvin, might also be regarded as a public theologian, according to Bedford-Strohm (2018). Luther's numerous accomplishments in the field of public health are actually only a small portion of his whole body of work.

Luther's admiration as a public theologian is based on his enthusiastic involvement in issues pertaining to social justice and the underprivileged. Calvin, a theologian, devout preacher, and clergyman, built on Luther's ground-breaking work in the Reformation and was a significant figure in Geneva's history. His work and ministry have had a significant and wide-ranging societal impact. In light of this context, Dreyer (2018:07) ends his brief but influential essay with a phrase that portrays Calvin as a public theologian. Understanding that Reformed theology is fundamentally, almost intrinsically, answerable to social commitment is crucial. Calvin qualifies as a public theologian who is still important in the twenty-first century because of his risky and theologically responsible reflections on justice, law, human dignity, kindness, and many other topics.

3. Public health

The term “public health” was first used in the nineteenth century to distinguish between the collective measures that governments may take to safeguard their population from disease and the measures taken by private citizens to enhance their health (Hetler et al, 2003). One of its enduring conflicts has been definition, where it runs the risk of becoming everything – the food we eat, the air we breathe, and sanitation – or nothing more than a collection of ideas (Griffiths & Hunter 1999:1).

Mahmood (2020) state that the main problems with this concept are the interpretation and open-endedness it fosters. Other shortcomings include the exclusion of the general public and the lack of any particular practices for those in charge of public health duties to comply with this definition. Other definitions abound:

1. According to the UK Faculty of Public Health¹, it is “The science and art of promoting and safeguarding health and well-being, preventing illness, and extending life through organized society efforts.
2. According to the World Health Organization² it is “The science and art of extending life, preventing disease, and promoting health through organized social efforts”.

According to Powers and Faden (2006:10), public health has long acknowledged that there are many causes of both good and bad health. That policies and practices have an impact on other valued measures of life, and that health can occasionally be a basic concern about other important goods. It is important, therefore, that what the normal view on public health also gets wrong is that it structures public health as if the readiness was exclusively worried with health consequences and not problems of spreading.

Mahmood (2020) state that while empirical methods (natural) were also used in ancient medical systems to explain disease, illness, and healing,

1 [Online]. Available: https://www.fph.org.uk/media/1304/good-public-health-practice-framework_-2016_final.pdf [Accessed: 21 June 2023].

2 [Online]. Available: <http://www.euro.who.int/en/health-topics/Health-systems/public-health-services> [Accessed: 21 June 2023].

these explanations were mostly based on supernatural (religious, magical, and mystical) explanations. The practice of spiritual exercise, propitiations, and libations was intended to purify the body and the soul before the god(s), and physical health was connected to moral well-being. In ancient cultures, good health and cleanliness enabled the patricians to get rid of spiritual impurity while simultaneously giving the ruling classes justification for their social rank.

According to Porter (1999:11–17), empirical classification of illness and disease was used, with environmental factors considered, and treatment based on clinical observation and suitable preventive routines including diet and exercise. The health of all the poor began to take greater significance than that of the patricians when social order started to change as a result of the population shift from agrarian to industrial urbanized cultures between the eleventh and fifteenth centuries. The population of Europe tripled as a result of the new agricultural techniques created during this time (Porter 1999:27; Garman 2007:23). As these social, demographic, and economic elements changed and transitioned, it created new opportunities for infectious diseases like the plague, leprosy, and tuberculosis to spread. Since lepers were kept apart from the general population in Biblical communities (Lev 13:45–46 and Num 5:1–4), leprosy was the disease that caused the most agony. The stigma of excommunication was not always associated with the danger of spreading the disease, but rather with leprosy as a symbol of moral decay and a consequence of sins, so that the leper lived but was considered socially and legally dead. Municipal laws governing trash collection and commercial conduct (food hygiene) started to be implemented in many European cities by the late middle Ages.

The sporadic outbreaks of bubonic plague (also known as the “Black Death”) encouraged the development of bureaucratic government and the power of civil political authorities that sought to preserve social and economic stability as well as public order in the midst of the ravaging mortality such as the Great Plague, which claimed the lives of twenty million people in Europe, or about one-third of the continent’s population. These civil administrative systems developed during the Renaissance to lessen the consequences of the plague within the emerging European governments served as a template for public health management throughout Europe (Porter 1999:30–37). According to Tognotti (2013), through public health

authorities, boards, and health rules to regulate efforts to control the plague, the control of pestilence and plague across Europe during the late Medieval and Renaissance periods gave rise to current health politics and healthcare systems. Many of the health management techniques used to contain the plague required localized urban governmental organizations, which were not present in Renaissance England (14th through the 17th century), to implement measures.

4. How does the Bible define public health?

According to Mahmood (2020), Biblically speaking, health is an integrated relationship with God in term of ideas of bodily, mental, relationship, and social wellness (Atkinson, 1993). This comprehensive understanding of health is derived from the concept of the Hebrew word "shalom", found in the Old Testament (OT), which among other things relates to the philosophies of wholeness, soundness, welfare, peace, health, and well-being. When all aspects of a person's being; emotional, physical, relationship, and environmental are open to God, there is shalom, which includes health. According to semantic analysis, the words sickness, disease, and their derivatives appear fifty-six times in the OT and forty-seven times in the NT, highlighting the Bible's emphasis on curing the sick. In line with OT prophecy, Jesus is identified in the NT as the source of complete well-being (Atkinson 2011:9–11). As repeated in the texts in Isaiah (35:5–6), Jesus's healing and curing of disease and sickness (Matthew 9:35) revealed the health-giving indications of the Messianic age. Therefore, biblical notions show health as a multidimensional relationship with God, other people, and society rather than as a one-dimensional bodily trait.

Landa (2014) defines good health as a harmonious relationship in all aspects of a person's or community's life, rather than only the absence of disease or physiological or psychological dysfunction. The multidimensional oneness of life necessitates an intersection of oral, multidimensional ideas of health, illness, and healing, but in a way that makes it clear that each dimension contains all the others (Tillich 1961). As a result of this conception of health and illness, healing in the Bible is emphasized more as a renewal of the overall state of well-being and relationship of the self into the fellowship

of God and the world, than as the functional restoration of diseased or damaged body parts (Hasel 1983).

Health, ailments, and recovery are hints that sin, disease, and healing are closely related throughout the OT. Divine law violations could result in illness as a penalty. In the OT, a large number of prophets were instrumental in creating and spreading the idea that sin (disobedience) and disease (punishment) go hand-in-hand. They regularly warned their populations not to disobey God's rules, lest they suffer the repercussions of societal, economic, or personal tragedy (2 Sam 12:14). The OT also depicts God as the healer of his people, who can receive healing by having trust, obedience, and patience in God. But the hardship in Job's account also suggests that not all illnesses were brought on by committing sins. The covenant between God and his people is a central motif in the OT. It declares that God, who created mankind (Gen1–2), will bestow his favours upon those who observe and uphold his mandates and rules (Lev 26:3–13). However, disobedience and rejection of God's laws will bring about specific consequences such as wasting illnesses and plagues as well as social, economic, political, and ecological devastation (Lev 26:16–39). No sickness, illness, or even death is beyond the capability of God: "I will put to death and I bring to life, I have wounded and I will heal" (Deut 32:39). The wounding or suffering on an individual could be due to spiritual guidance and enhancement from God and therefore restoration. The more profound aspects of healing that go beyond the physical serve as additional examples of this comprehensive completeness (Ps 41:3–4). In these areas, the prayer for physical healing frequently coincides with the confession of sin and spiritual healing. In this way, OT scriptural principles frequently did not distinguish between bodily and spiritual healing. Hasel (1983) defines healing as including aspects of redemption and forgiveness, in addition to the simple physical restoration of health. Health and healing in the NT offers theological assertions about individual and communal health in the NT built on precedents from the OT (Hill 2007).

The act of pleading with God for assistance aids in the development of a connection with God, and healing offers a fresh start through consolation and strength. According to Wikinson (1967), God may use sickness to chastise his creation (Heb 12:6), but he may also use it to strengthen and elevate his people spiritually (2 Cor 4:17). Jesus spent a lot of time caring for

the sick. The perspective on health and disease, a psychosomatic oneness between the body and soul as well as one's relationship to God, sin, and evil are all connected in Christianity. The concepts of health and wellness within Christianity have been various across time and denominations, much as they have been within public health, with the focus of the dedication to healing varying according to different eras and within different denominations.

Therefore, your identity and viewpoint on specific behaviours and beliefs will determine your level of Christian health, illness, and recovery. The use of contemporary medical technology and psychotherapy, as well as acts like prayer and anointing, can all have religious importance. This intersectionality is evident in the fact that, in some denominations, the focus is placed on the salvation of the soul rather than on physical treatment, while in others, miraculous cures for all diseases are expected (Atkinson, 2011:3).

Dissonances in theological views and the importance of Jesus's incarnation and worldly healing work are the root causes of the contemporary polemics surrounding the Church's curative (physical and metaphysical) role. The beginning of the Bible's story describes how God made the ideal, good world, including people who were made in his likeness (Gen 1:1–31). Following the fall of man from heaven, sin, death, and suffering were defects that came to Earth (Rom 5:12). The idea of personal accountability for disobeying divine commands is analogous to the idea that sin has a part in illness (Morgtate 2002). Sin is often regarded to be the separation from God or to emphasize a rebellious heart. Individual sorrow and illness originate from this rebellion against God via sin, yet conversely in some circumstances, this suffering can foster spiritual growth, fortitude, and an increased reliance on God in such vulnerable circumstances (Rom 5:3–5). Since salvation in the Bible reflects the ideas of soundness of bodily, mental, and spiritual health, there is also a strong correlation between salvation and healing (Olagunju 2013). When viewed as a component of God's fight, disease and suffering can cause joyful sorrow for many Christians. Such pain and illness are seen as avenues of salvation or opportunities to participate in and rejoice in Jesus's resurrection and entry into the Kingdom of God (Hatfield 2006). The theological concept of suffering is incompatible with health for many people and has little to no value, if any, in the age of contemporary

biomedicine and therapies which aim to instantaneously eliminate illness and end suffering.

5. Jesus and public health

According to Morgate (2002), the synoptic Gospels' account of Jesus' healing miracles support God's desire for divine healing. Jesus's healing work served as a message of salvation and fresh hope in the heavenly kingdom (Atkins 2011:14). The healing miracles assisted in establishing the relationship and experience of God's presence via Jesus for the emerging Christians by bringing life and shalom to individuals (Kydd 1998:10).

These healings were frequently witnessed by the entire town and served as tangible evidence of God's reign. Christians can have a feeling of coherence and healing, thanks to the pattern and network of symbols that the Gospels' healing prescriptions offer. Additionally, it gives them the ability to understand this reality and offer humanity the prospect of salvation (Atkinson 2011:74). In the NT, Jesus's life and ministry of healing bring the context of salvation, which includes a person's health as well as the health of their community and the environment, to end. The story of redemption in Christianity is shaped by the healing ministry of the Church, whereby Jesus brought about the new age (the Messiah in the OT). Rarely do the accounts of Jesus' healing in the NT (Mt 9:2, Mk 2:5, Lk 5:20, and Jn 5:14) mention sin as the direct cause of disease. The function of faith in the NT healing narratives is more important than sin since it becomes the unstated assumption for a long-lasting recovery and good health.

The Gospels attest to Jesus' pastoral concern for individuals who were ill or disabled (Mt 20:34). As they were more concerned with breaking the Sabbath labour law than with the cure of the paralyzed man, the Pharisees' callous attitude toward those who were ill occasionally enraged Jesus (Mk 2:5). According to Morgante (2002), for Jesus, the Sabbath healing highlighted the fundamental purpose of the law, which was to uphold a connection of health and wholeness in order to sustain a condition of communion with God. Mahmood (2020) reiterates that the confirmation of Jesus' resurrection is the focal point of responses to health, illness, and healing from a Christian theological point of view (Acts 2:31–32, 4:2–33). From this time forward, all Christian life and ministry began. The fact that

Jesus rose from the dead proves that he is the OT's Messiah who will bring peace, justice for the underprivileged, and healing for the sick (Is 53:5).

Atkinson (1993) further articulates that through the casting out of demons and the healing of the sick, Jesus' ministry proclaimed the kingdom of God and also hinted at the coming of a brand-new restored Creation. The synoptic Gospels describe how Jesus overcame the forces of evil in this world and over the domination of Satan by performing exorcisms, establishing friendship with God, and giving people the gift of health. In contrast to the resurrection of the dead to eternal life, which represents salvation in the life after, Moltmann, (1990:108) characterizes healings in this world as salvation this side of death. The restoration of all things' relationship with the divine is foretold by the healings performed by Jesus within this eschatological framework, "God's kingdom is Creation healed" (Kung 1977:231).

6. Interface between reformed theology and public health

According to Tuininga (2017:228), Calvin argued that Geneva owed it to society and its citizens to provide a minimal level of order. Calvin frequently looked forward to the government's free medical care for the underprivileged, regulation of the cost of food, wine and meat, and direction of working hours, salary rises, and re-equipment of the unemployed. According to Calvin, the state had to provide for its citizens in this manner. With his theological stance on the link between the state and the Church or the government and the general populace, Calvin's attitude toward government was trustworthy. Discovering his opinions on this subject is crucial, therefore, Calvin advocated for "twofold governance", which he divided into spiritual and secular administration. The first kind, which is related to eternal life, "resides in the soul or inner man". The latter is only concerned with the establishment of civil justice and external morality.

It is notable though that the mutual comprehension between these worldviews, notwithstanding, there is, however, a contradiction. The church puts more emphasis on spiritual healing which sometimes confuses the members, and this results in them neglecting their treatment. This does not mean that spiritual healing is a myth or does not exist but if that can be collaborated in helping our communities because the same medication

is from God's nature (the trees and other plants), the mind behind the public health systems is from God. So, the two can work best if they be collaborated without anyone looking down upon the other.

Other issues have been touched earlier, family planning, which according to the church a family is couple that is united by someone approved to carry out that duty like the pastor or minister. So, giving contraceptives and condoms to school children is ungodly as it promotes sex before marriage, but is sex before marriage not happening? Are there any measures in the church to support and guide young couples within the church to avoid sex before marriage, unwanted pregnancy, back street abortion, etc? The church must work hand in hand with its members and the public health sector to create a platform that is friendly and usable.

According to De Gruchy (2015:243), what accounts for the fact we are uncertain about what it means to be church in a time of HIV/AIDS in South Africa today is that we have not reckoned with the fact that public theology; or social theology, in South Africa is heir to a divided ecclesiological legacy, symbolised by the contrast between the Kairos Document's demeaning of 'church theology', and the Belhar Confession's concern for the integrity of the church. It may be argued that two distinct theological developments – the Kairos and the Belhar – that were essentially travelling in the same direction helped to form the Christian struggle against apartheid and the national security state in South Africa. De Gruchy (2015:87) is of the view that to be a Christian means to participate in the *missio Dei*, God's work in the world. In order to bring our communities, society, and world closer to God's goal of shalom, we must offer witness to the work of God in collaboration with others – both inside and outside the Christian church. Shalom, the "abundant life" Jesus refers to in John 10:10, is the state of being in harmony with God, one's neighbours and other people, as well as the natural world.

In addition to being a more general social vision of peace and justice in which those who are excluded and marginalized are significant guests at the feast, it finds expression in homes and neighbourhoods. According to De Gruchy (2015:262), religion's symbolic mission is to convert the world into a better place. Public health is dedicated to fostering the circumstances that will make this possible. It may be argued that it is time to develop a

shared solidarity in the fight for survival and the circumstances that allow this to happen.

West (1988:180) asserts that Reformed tradition stresses life within the Christian community and the body of Christ as a means of health. In the church we meet Christ, the Word, witnessed to by the Holy Spirit in the Scriptures and in preaching. In the church we receive the benefits of the sacraments of Baptism and the Lord's Supper. In the church we learn discipleship and how to bear one another's burdens. Notably, in Geneva Calvin honoured those who studied medicine and dispensed physical care, which is why he encouraged the upgrading of medical care in hospitals. These were supported at city expense so that even the poor might receive treatment. Pastors visited the sick and drew lots for the chaplaincy of those with contagious diseases. Deacons, assisted by women, took over the service of the sick which had been interrupted when the religious orders were dissolved. The KwaZulu-Natal government should interact more with the churches to disseminate information that empowers religious leaders. The churches have a great role to play in moral regeneration programs.

7. Understanding of public health policies and practices in KZN?

Daniel Callahan (2006:4) argues that the goal of health care is that of health. The fundamental moral objection of pursuing health care is for socio-economic change, providing curative medicine the preservation and improvement of health, are an integral part of any broad scheme of health care. A society's planned methods for promoting the health of its citizens are referred to as health care and they typically combine the fields of public and medicine. The connection of particular strategies into a comprehensive economic and distributive structure designed to adhere to the overarching objectives of health care and, ultimately, of health constitutes a society's health policy. The most accurate and straightforward way to define health is a person's sense of well-being and physical and mental integrity.

There are convincing justifications for placing a larger priority on health, according to Anna Coote (2004:05). Not merely effective health services, but also a healthy people are necessary for a just society and strong economy. In preserving and enhancing health, health services have a significant

but constrained role. Over the past ten years, health disparities between socio-economic classes have gotten worse; in order to close these gaps, it is imperative to address three social, economic, and environmental factors that contribute to poor health. According to Lungile P. Luthuli and Trywell Kalusopa (2017), concerns about public service delivery in South Africa are protected by *Batho-Pele* ideals, which were adopted in 1997 to develop public service delivery to emphasize openness and accountability.

Considering that community health services have historically focused on chronic disease prevention, early intervention, and health education and are significant provider of primary health care in many countries, Kathleen M. McElwane (2013) argues that they represent an important scientific background for the delivery of preventive care. These services may involve frequent interactions with health care professionals for the provision of specialized, non-acute care.

There are national policies like COVID 19 policies and guidelines on how to deal with the pandemic in a standardized manner and provincial policies which are derived from the national policies and practices. These policies are, however, not different from the national policies save some additions that are specific to the health issues of the specific province. These policies are setting standards of how things are done in the health sector in the province of KwaZulu-Natal. For example, they address the same issues of how to deal with COVID 19 pandemic including targets and time frame and how to deal with HIV and AIDS infections within the province, including TB as well. Those guidelines and policies must be in line with national policies to ensure a standardized approach. This enables patients to receive the same care even if they relocate to another province.

Jannie Hugo and Lucie Allan (2008:11) argue that the fundamental premise of the South African Constitution is that everyone is equal. Therefore, everyone is equally entitled to the rights, privileges, and benefits of citizenship, including the right to have access to healthcare. This is attested to by article 25 of the Universal declaration of human rights which states that: “Everyone has the right to a standard of living adequate for the health and well-being of himself/herself and of his/her family, including food, clothing, housing and medical care and necessary social services.”

Hodge *et.al* (2007:239–240) assert that public health functions involve the collection, use and analysis of health data from health care providers, insurers, laboratories, government agencies and individuals. These include activities such as surveillance, for example, reporting requirements, disease registries, sentinel networks, epidemiologic investigations, for example, disease outbreak investigations and evaluation and monitoring activities comprising public health program development and analysis and oversight functions. Keeping tabs on illness and injury rates in the population and offering prevention services that are specially targeted are important steps in lowering risks to the public health and boosting community health. It may be necessary to gather and use personally identifiable health information for each of these actions. The practice of public health depends on these data. Data are used to track the incidence, patterns and trends of disease and injury in the population after being compiled by the public health authority.

Conclusion

Health and religion must work together, religion must be part of the KZN Department of Health stakeholders, and chaplains must focus on trauma and spiritual counselling rather than focusing too much on preaching at the hospitals. De Gruchy (2015:262) suggests establishing a shared unity between these two worldviews because the goal of this discourse is change rather than conversation. Religious leaders and medical professionals are allies in the fight for health in the face of global political and economic system that is determined on causing suffering, misery, poverty, illness, and death. They should interact with one another according to their levels, starting from the national, to the provincial and the district structures. Reformed theology must create accessible programmes for spiritual support, especially during the times of the COVID-19 pandemic. Both of these two worldviews must have a common meeting to draft the policies for the people on the ground level. This will be a best way to attend to these two worldviews to work hand-in-hand.

Churches have already successfully engaged in public health and retention, supported the health sector, and helped to meet many of the tangible needs of people. Both churches and health services have an openness toward

collaborating, and KZN Health has identified areas where increased church ministry support would be welcome, including further engagement in supporting disadvantaged communities and providing support for transitional-age youth. Though the church and state relationship requires a gentle balance, the findings of this study indicate that many barriers are resolvable. Open communication, developing personal relationships and building trust between both groups are key to enhanced relationships in the future. Through this, a stronger sense of trust can be built bringing a clearer understanding of each other's role and function. This will aid in the development of unified goals with the best interest in mind for communities. Ultimately, both groups have positive intentions and desire quality service delivery for every helpless person.

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