



Opinion

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Religion and Public Health Amidst the Covid-19 Pandemic

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The progression of the Coronavirus disease 2019 (COVID-19) towards the pandemic [1], witnessed a dialogue on religion; on one hand to strengthen the efforts of public health agencies by quoting tenets of religion that parallel and promote measures to curb the spread of the infection, and on the other hand, defying the protocols set by governing bodies by engaging in public gatherings in places of worship, creating foci for propagating the infection [2]. This discourse grows in the domains of journalism and social media, with direct implications on the health behaviour of individuals, in agreement or disagreement with the arguments. However, there seems to be a harmful silence in academic discourse on the study of this relationship, towards supplementing the efforts of governments and frontline workers, and protecting them from risk taking health behaviour, influenced by religion.

In the context of public health, religion is discussed as a social determinant of health outcomes [3], often in the context of mental or spiritual health [4]. The conceptualization of religion, 'hidden by the layered fog of millennia' [5] finds its roots in the Latin 'religio', understood as 'obligation, bond or reverence' [6]. Health education pedagogy, in the form of religion, has focused on educating individuals in the absence of written text and the modern understanding of science up until the last century,

where a rise in literacy was seen from 12% in 1820 to 86% in 2015 [7]. The implications of a literate population, as a result of analogous schooling across the globe, has been the ability of a global conversation on issues with a common understanding of the physical, biological and social sciences. Unfortunately, recent events and concurrent discussions have demonstrated that an education, or even health education for that matter, as it is taught in schools across the globe, has not necessarily resulted in the understanding or employment of its principles, by policy makers, or the population championing health promoting or protecting behaviour, amidst the pandemic.

It is therefore important now to recognise and appreciate religion as a precursor to public health as we know it today and engage in a strategic discourse with religion in the interest of working together in fortifying health education. And equally important to understand, evaluate and even perhaps engage the pedagogy employed by religion over these millennia to accustom the population with 'religion', in understanding the bonds that must be adopted as obligations in reverence as a civic duty towards the health of the population.

Though history records religion to emulate a public health system, often through dictating policy in politics, economy,

justice, and the health system, with direct implication on health, a separation of religion from state a few centuries ago nurtured the development of public health as an entity in its own right. Though, not accredited directly to the work of public health professionals, to the benefit of public health, we have seen the abolition of slavery, declaration of human rights, recognition of women's and lgbtq+ rights, and legislation in the protection of individuals with mental health issues and various disabilities. These have in turn influenced religious organisations to evolve in the interest of preservation and adapt to legal, social and health reform supporting public health.

The pedagogical importance of religion is seen in the role that it plays in the development of health identity, establishing perceptions of ideal health status and behaviour, based on the precepts of religion. The characteristics demonstrated by religion to influence health behaviour parallel public health, going beyond mental and spiritual aspects to include the domains of physical activity, nutrition, social interaction, sexual behaviour, as well as occupational, financial and environmental health [3,8]. Health identity is linked to observations and expectations of one's health, their health knowledge and comparisons to the health of others [9] and integrates fragments of ethnic, age, gender and religious identity [10]. The importance of religion should not be underplayed.

The Covid-19 pandemic found a number of individuals argue to uphold their religious freedoms and human rights against the interest of population health and even their own safety; asserting the role of religion in public health and the urgent need to study

it. This does not advocate the merger of religion and public health, but a recognition of a commonality in pursuits in terms of the health of the people and a need to harness what can be learnt from their pedagogies to empower the population, with the knowledge to understand and advocate a health behaviour that protects and promotes their health and that of others.

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