Religion, trust and Covid-19 in Congo, in conversation with Emma Wild-Wood

In this interview, Dr. Emma Wild-Wood from the School of Divinity answers our questions about her research project on the responses of the religious communities to the pandemic and their contributions in building trust as a component in good public health.

I was wondering if you could explain the religious affiliations of the population in DR Congo. What are their main religions?

It's often said that about 10% of Congolese are Muslim and 90% are Christian. These stark percentages give little sense of the diversity, fluidity and public nature of religious affiliation. Whilst most Muslims are from Sunni traditions and the Catholic Church has a large, prominent role in civil society, there are also many Protestant churches, congregations from both classic and new Pentecostal movements, and one of the largest African initiated churches, the Kimbanguist church. Indigenous religions, often focused upon vernation of the ancestors, are also present and active. Some people are affiliated to more than one tradition and change affiliation over time.

Your research is about the element of trust in Congolese religious communities during the pandemic. Would you please explain how trust, religion and health are linked to shaping our response to the spread of Covid-19 in Africa?

Studies of health systems in fragile states with complex and multifaceted insecurities, like DRC, have identified building trust as a necessary component in the delivery of good health. A lack of trust may be manifest in several ways, including

health care being offered in ways that do not account for cultural or religious norms. Over half the health care in DRC is provided by faith-based organisations who generally have great social capital and trust. But not all religious traditions are represented in this delivery. Indeed, some communities will preach faith-healing and divine protection by prayer only. During the Ebola outbreaks there was significant difference in the way in which religious communities responded to protective measures and the same has been true of Covid-19. The project is attempting to identify 1) relations between faith-based health delivery and communities where trust is strong and to build on that in public health messaging around Covid-19. 2) relations of mistrust to understand the cultural and religious norms that are operating so that public health messages can be communicated more effectively.

In what ways could health professionals and faith specialists or authorities collaborate to tackle health inequalities?

As mentioned above, there already is considerable collaboration in some areas. However, there is important work to be done to recognise the public and diverse nature of religious affiliation as part of the health landscape and therefore an important element in building trust in public health measures. There is also a need for understanding of and engagement with all faith groups. We hope the project will provide the knowledge able to train and mobilise the large volunteer force in faith groups (women's networks, youth choirs etc. etc.) who will spread public health messages in an engaging and sensitive way.

The research team in Congo, under the leadership of Dr Yossa Way, is currently collecting primary data. Once this is done, they will make an assessment of exactly how this collaboration might be furthered.

As you said Christianity and Islam are two popular religions in DRC. It would be interesting to know if the experience of

the Ebola outbreak led to greater integration between the communities of the followers of the Abrahamic religions, or has it exacerbated the disagreements?

Yes, it would be very interesting to know – but unfortunately, I don't think there's any data on this. In our current research we may get some idea of how relationships have changed. Certainly, its relatively common for civic-minded religious leaders to work together. We see this in Acholiland in Uganda. In 2015 I was able to speak with the Acholi religious leaders for peace. There are similar groups of religious leaders emerging in Congo in response to armed conflict and I'm hoping to learn their make-up and how far they have responded to epidemics.

Emma Wild-Wood is senior lecturer in African Christianity and African Indigenous Religions in the School of Divinity. Previously she taught in Cambridge, Uganda and DR Congo. In this project she and other colleagues at the University of Edinburgh are working closely with Drs Amuda Baba, Sadiki Kangamina and Yossa Way of the Anglican University of Congo, Bunia, Ituri.