

## **COPING WITH COVID-19 PANDEMIC IN AFRICA: THE RELIGIOUS COPING OPTION**

**Victor Ifeanyi Ede, PhD**

School of General Studies,

Michael Okpara University of Agriculture, Umudike, Abia State Nigeria

[victorifede@gmail.com](mailto:victorifede@gmail.com), [ede.victor@mouau.edu.ng](mailto:ede.victor@mouau.edu.ng); 08038361285

DOI:10.13140/RG.2.2.34534.86085

&

**Dominic ZuokeKalu, PhD**

School of General Studies,

Michael Okpara University of Agriculture, Umudike, Abia State Nigeria

E-mail: [domziki@gmail.com](mailto:domziki@gmail.com); Phone Number: 08035628052

### **Abstract**

Since its emergence in Wuhan, China in December 2019, COVID-19 has affected almost all the continents of the world including Africa. The daily real-time reporting of the COVID-19 pandemic has heightened panic and fear in people, as the number of cases and deaths recorded globally continues to increase. There is a lot that remains unknown about this disease. Authorities and scientists do not yet have all the answers to the many questions being asked. Currently, there is no cure or vaccine for COVID-19; medical treatments are limited to supportive measures aimed at relieving symptoms, use of research drugs and therapeutics. In the absence of a vaccine and no known cure for COVID-19, it is expected that people will easily turn to a higher power than themselves as a way of finding hope in a seemingly hopeless situation. In Africa, the role of religion in crisis situation cannot be overlooked, therefore religious coping becomes a credible option for coping with the challenges of COVID-19 in Africa. Using the Religious Coping Theory, this paper highlights how the soothing power of religion can be explored by Africans in coping with the COVID-19 crisis. It recommends among others the need for Africans to develop a stronger relationship with God by concentrating on personal religious activities, and the need for people of all professions and religious faiths to spread God's love and hope to family members, neighbours, friends, and anyone else in need. It is believed that through these, Africans will overcome the challenges posed by the dreaded COVID-19 pandemic.

**Key words:** Africa, Coping, Corona Virus, Pandemic, Religion.

### **Introduction**

Many throughout the world are now experiencing fear and anxiety, especially the elderly, people with underlying medical conditions, and even young people who are healthy and vigorous. The fear is over the novel coronavirus disease 2019 (COVID-19). COVID-19 is an infectious disease that causes respiratory illness with symptoms of cough, fever, and in more severe cases, difficulty in breathing. This disease spreads primarily through contact when an infected person either coughs or sneezes openly; when a person touches a surface or object and then touches the eyes, nose, or mouth (Agusi et al, 2020).

Coronavirus disease (COVID-19) was first reported in Wuhan, China in December 2019. Since then, it has spread rapidly across the globe. According to the Nigeria Centre for Disease Control (NCDC) there was over a million confirmed cases of COVID-19 in just three months of its emergence (NCDC, 2020a). This outbreak was deemed a pandemic by the World Health Organization (WHO) on 11th March 2020. According to the World Health Organization, there have been cases confirmed in at least 203 countries, areas or territories (WHO, 2020). The spread of the pandemic has caused unprecedented measures to be taken by many countries, such as travel restrictions and restrictions on social gatherings (De Vos, 2020). COVID-19 pandemic has brought sizeable costs for societies across the globe. A pandemic of this size has the potential of changing our societies for years to come, especially if it impacts our ingrained values and beliefs.

The pandemic has an extremely significant impact on the functioning of societies, as well as many sectors of economic life. It is very difficult to forecast the directions and depth of necessary changes during the development of the pandemic. This is due to the fact that different scenarios and the pace of development of COVID-19 are considered in different countries. Thus, public policies used in the fight against the pandemic are also different in individual countries. Assessments of social, economic, and cultural effects of the pandemic must be multidimensional, and thus, subject to significant uncertainty (Sułkowski, 2020). As at the time of writing this work, there is no cure or vaccine for COVID-19; medical treatments are limited to supportive measures aimed at relieving symptoms, use of research drugs and therapeutics. In the absence of a vaccine and no known cure for COVID-19, it is

expected that people will easily turn to a higher power than themselves as a way of finding hope in a seemingly hopeless situation.

The World Health Organization (WHO) has predicted that the COVID-19 will last longer than expected (Onyedinefu, 2020). The crisis will affect Africa's growth through domestic and external channels, with a significant impact on the well-being and number of people living in poverty, hence the need for coping mechanisms. While the scientific community continues to research possible vaccines or drugs for the viral infection, it is necessary that the society and individuals will devise measures to cope with the condition. In Africa, the role of religion in crisis situation cannot be overlooked, therefore religious coping becomes a credible option for coping with the challenges of COVID-19 in Africa. This research highlights how the soothing power of religion can be explored by Africans in coping with the COVID-19 crisis.

### **Conceptual clarification**

#### ***Coping***

Life continuously presents people with circumstances that can affect their physical or psychological well-being. The way people deal with such situations can determine whether they surmount them or suffer a variety of undesirable consequences. The thoughts and actions we use to deal with a threatening situation is referred to as coping. Cohen and Lazarus (1979) defined coping as the action-orientated and intrapsychic efforts to manage environments and internal demands, and conflicts among them, which tax or exceed a person's resources. Later, Lazarus and Folkman (1984) revised this definition. According to them coping is the constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person. For Zamble and Gekoski, (1994), the term coping refers to the ways that people respond to and interact with problem situations. According to Ackerman (2020), coping refers to cognitive and behavioral strategies that people use to deal with stressful situations or difficult demands, whether they are internal or external. Meanwhile, Matheny, Aycok, Pugh, Curlette, and Silva-Cannella (1986) defined coping as any effort, healthy or unhealthy, conscious or unconscious, to prevent, eliminate, or weaken stressors, or to tolerate their effects in the least hurtful manner. This definition shows that coping efforts are not always healthy and constructive. People sometimes adopt

coping strategies that actually get them into more difficulty. Coping strategies should be aimed at either resolving the stressful encounter (problem-focused), or utilized to regulate the unpleasant emotions that arise during the encounter (emotion-focused).

### ***Corona Virus Disease***

Corona Virus is a family of viruses that causes respiratory illnesses. Among hundreds of viruses that belong to the coronavirus family, according to Zhong, et al. (2003) and Wang, et al. (2013), are severe acute respiratory syndrome coronavirus (SARS-CoV) reported in November 2002 and middle east respiratory syndrome coronavirus (MERS-CoV) reported in September 2012, which emerged in human population from animal reservoirs and caused severe respiratory illness with high mortality rates. Once again, a novel severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) has emerged, and caused an infectious disease called coronavirus disease 2019 (COVID-19) (Lai, et al. 2020). Infection with *severe acute respiratory syndrome coronavirus 2* (SARS-CoV-2) produces the deadly respiratory disease called COVID-19, which presents with fever, a deep dry cough, and shortness of breath (and sometimes loss of taste and smell, or intestinal problems). COVID-19 is a condition that can progress rapidly and, in some cases, end up in death (Koenig, 2020).

### ***Pandemic***

The term 'pandemic' means a serious infectious disease that spreads rapidly between people and occurs at the same time not only in one country but around the world (Hawker, 2005; Crowther, 1998). Porta (2014) defined a pandemic as an epidemic occurring over a very wide area, crossing international boundaries, and usually affecting a large number of people. According to Madhav et al (2018) pandemics are large-scale outbreaks of infectious disease that can greatly increase morbidity and mortality over a wide geographic area and cause significant economic, social, and political disruption. A pandemic is therefore identified by its geographic scale. It is a disease outbreak that spreads across countries or continents.

### ***Religion***

Religion, which is a matter of belief and practice, is a universal social phenomenon which seriously concerns almost every living man. The term has been defined differently by scholars depending on their orientation and perception. Hence Religion has no generally accepted definition. However, religion is generally

understood by many as a belief in the Supernatural power or the Supreme Being and their relationship with the nature that surrounds them. Hick (1994) defined religion as the human recognition of super human controlling power and especially of a personal God or gods entitled to obedience and worship. According to Agha (2012), “religion is the conscious or unconscious belief in spiritual being and elements (forces of nature) with powers” (p. 21). Also, religion according to Bouquet (1941) is a fixed relationship between the human self and some non-human entity, the sacred, the supernatural, the self-existent, the absolute or simply God. One of the most popular definitions of religion is that of Durkheim (1915). He defined religion as a unified system of beliefs and practices relative to sacred things, that is to say, things set apart and forbidden, beliefs and practices which unite into one single moral community and all those who adhere to them. All these definitions point to the issue of beliefs. Religion can therefore be defined as belief, recognition and worship of the existence of a deity or deities and divine involvement in the universe and human life.

### **Epidemiology of COVID-19 in Africa**

COVID-19 has affected almost all the continents of the world including Africa. The continent confirmed its first case of COVID-19 in Egypt on 14th of February, 2020, and from sub-Saharan Africa the first case was reported in Nigeria on 27th of February, in an Italian patient who flew to Nigeria from Italy on 25th of February, 2020 (WHO, 2020, NCDC, 2020b). The virus has spread to all the countries of Africa.

Available data show that the African continent, as of 28th August, 2020 has 1,220,111 confirmed cases of COVID-19 and 28,856 COVID-19 related deaths. This is summarized in Table 1 below:

Table 1. Epidemiology of COVID-19 cases in Africa as of 28th of August, 2020

Country	Total Cases	Total Deaths
Algeria	43,016	1,476
Angola	2,415	105
Benin	2,145	40
Botswana	1,633	6
Burkina Faso	1,352	55

Burundi	433	1
Cameroon	18,973	410
Cabo Verde	3,699	38
Central African Republic	4,698	61
Chad	1,004	77
Comoros	417	7
Congo	3,979	78
Code d'Ivoire	17,702	115
Democratic Republic of Congo	9,915	255
Equatorial Guinea	4,928	83
Eritrea	315	0
eSwatini	4,433	89
Ethiopia	46,407	745
Gabon	8,468	53
Gambia	2,743	93
Ghana	43,841	270
Guinea	9,213	68
Guinea Bissau	2,149	33
Kenya	33,389	567
Lesotho	1,051	30
Liberia	1,299	82
Madagascar	14,592	184
Malawi	5,498	173
Mali	2,730	126

Mauritania	6,977	158
Mauritius	346	10
Mozambique	3,651	21
Namibia	6,712	60
Niger	1,173	69
Nigeria	53,317	1,011
Rwanda	3,672	15
Sao Tome & Principe	894	15
Senegal	13,294	277
Seychelles	131	0
Sierra Leone	2,013	70
South Africa	618,286	13,628
South Sudan	2,518	47
Tanzania	509	21
Togo	1,326	27
Uganda	2,524	26
Zambia	11,601	282
Zimbabwe	6,292	189
Djibouti	5,383	60
Egypt	98,062	5,342
Libya	12,275	219
Morocco	57,085	1,011
Somalia	3,269	93
Sudan	13,045	823

Tunisia	3,323	73
TOTAL	1,220,111	28,856

**Source:**<http://www.venturesafrica.com/blog/apostories/coronavirus-africa-covid-19-who-africa-update-31-08-2020/>

From the table above, the most-affected countries so far are South Africa with 618,286 confirmed cases; Egypt with 98,062 confirmed cases; Morocco with 57,085 confirmed cases; Nigeria with 53,317 confirmed cases; Ethiopia with 46,407 confirmed cases; Ghana with 43,841 confirmed cases; and Algeria with 43,016 confirmed cases.

Meanwhile, data released by the Africa Centre for Disease Control and Prevention shows that, as of 31st August, 2020, the number of confirmed COVID-19 cases across the African continent stood at 1,252,552; some 985,803 people who were infected with COVID-19 had recovered across the continent; while the death toll from the ongoing COVID-19 pandemic rose to 29,833 (<https://africacdc.org/covid-19/>). However, it is difficult to conclusively determine the true epidemiology of COVID-19 in the continent due to inadequate testing capacity.

### **COVID-19 Preventive measures**

Since there is no drug/vaccine currently available to treat COVID-19, implementation of precautionary measures to contain the spread of the virus is being practiced throughout the globe. Such measures include national lockdowns, social distancing, hand and respiratory hygiene, and use of face masks.

#### ***National Lockdowns***

This involves restriction of people's movement within the country. On March 21, Rwanda became the first sub-Saharan African country to impose a nationwide lockdown after the Central African country confirmed 17 cases of tCOVID-19. In no chronological order Ghana, Zimbabwe, South Africa, Kenya, Uganda and Nigeria followed suit. After this initial wave of nationwide lockdowns to contain the spread of COVID-19, African countries have started to ease the lockdown and to gradually reopen economies (Onyekwelu&Obokoh, 2020).



### ***Social Distancing***

One of the fundamental methods of limiting the expansion of COVID-19 is social distancing. This means a set of methods for reducing frequency and closeness of contact between people in order to reduce the risk of transmitting the disease. It involves avoiding close physical contact and requires that people should keep a minimum distance of 2 metres from one another. It is aimed at reducing physical interaction between people. This has resulted increased use of virtual and online means of contacts in people's interaction. These measures according to NCDC (2020b) are fundamental control mechanisms to stop the spread of infectious diseases, particularly respiratory infections, such as COVID-19, associated with large gatherings of people.

### ***Hand and Respiratory Hygiene***

Hand and respiratory hygiene measures include:

- Handwashing with soap and water which should be performed as frequently as possible or using an alcohol-based sanitizer where no water is available.
- Avoiding normal practices like greeting one another with handshakes or hugging.
- Covering one's cough with a disposable tissue and discarding it in a waste bin or alternatively, coughing into one's bent elbow.

### ***The use of Face Masks***

According to the World Health Organization (WHO), medical face masks should be worn primarily by people who show symptoms of COVID-19, health workers and people who are taking care of people with COVID-19 in close settings (at home or in a health care facility). The Nigeria Centre for Disease Control recommends the use of face masks by members of the public, as an optional additional layer and not as a compulsory measure, in addition to physical distancing, hand and respiratory hygiene measures in Nigeria. This is not a compulsory advisory, but it is an added recommendation in addition to other measures (NCDC, 2020b).

### **Religious Coping in Africa during COVID-19 Pandemic**

Scholars, such as Marx (1844); Durkheim (1915); Freud (1927), once predicted that religion would die out as societies modernize. This has not happened as can be seen in the impact of religion in lives of majority of world population in recent time. According to Bentzen (2020), "today, 83% of the world population believe in God and the role of religion is strengthening in some societies" (p. 1). Similarly, Barrett and Johnson (2001) cited by Koenig (2009) stated that "despite spectacular

advances in technology and science, 90% of the world's population is involved today in some form of religious or spiritual practice" (p. 283). This is a pointer to the fact that religion has been serving a purpose that modernization does not fulfil. Hence, Sulkowski and Ignatowski (2020) noted that despite progressing secularization, both religion, churches, and denominational associations have an impact on individual ethical choices and business decisions.

In Africa, religion constitutes an inextricable part of the society. Hence, Mbiti (1999) asserted that Africans are notoriously religious and religion permeates all departments of life to such an extent that it is not easy or possible to isolate it. According to Koenig (2009), in many African countries people who do not subscribe to any form of religion make up less than 0.1% of the population. Although the African religious consciousness was initially derived from the practice of traditional religion, Christianity and Islam have given further impetus to this consciousness. In Africa, practically all human activities and conditions including health and diseases are seen and experienced from a religious perspective. It is therefore common for Africans to resort to religion in their moments of despair, disaster, fear and uncertainty.

In times of crisis, humans have a tendency to turn to religion for comfort and explanation. The COVID-19 pandemic is no exception. In the absence of a vaccine and no known cure for COVID19, it is expected that people will easily turn to a higher power than themselves as a way of finding hope in a seemingly hopeless situation. The tendency for people to use religion to deal with crisis can be understood within the religious coping terminology. The religious coping theory was developed by Kenneth I. Pargament. Pargament (1997) applied Lazarus and Folkman (1984)'s model to the sphere of religion. The theory states that people use religion as a means to cope with adversity and uncertainty. They pray, seek a closer relation to God, or explain the tragedy by reference to an Act of God. Research by Bentzen (2019) shows that adversity caused by natural disasters, instigates people across the globe to use their religion more intensively.

Using religion for coping is part of what is called emotion-focused coping, in which people aim to reduce the emotional distress arising from a situation (Lazarus and Folkman, 1984). While people use religion for coping with various types of situations, religion is used mainly for coping with negative and

unpredictable situations (Pargament, 1997; Bjorck& Cohen, 1993; Smith et al., 2000). Bentzen (2019) had observed that religiosity increases more in response to unpredictable natural disasters, such as earthquakes, tsunamis, and volcanic eruptions compared to more predictable ones, such as storms and in response to earthquakes in areas that are otherwise rarely hit compared to frequently hit areas. On the other hand, when people face perceived negative, but predictable events, such as an approaching job interview, they are more likely to engage in problem-focused coping, aimed at directly tackling the problem that is causing the stress. The COVID-19 crisis, being a negative and highly unpredictable event, certainly fits the criteria for being an event that could instigate religious coping.

The coronavirus disease 2019 (COVID-19) pandemic may be stressful for people. Fear and anxiety about a new disease and what could happen can be overwhelming and cause strong emotions in adults and children. Public health actions, such as social distancing, can make people feel isolated and lonely and can increase stress and anxiety. For people that maintain a critical posture to religion, the faith-centric response to pandemics might look irrational, and therefore unacceptable. Nevertheless, the palliative force of religion, especially for coping and surviving in times of tribulation, is beyond the reach of any scientific alleviation. Religion may not conform to the rational scientific method of evaluation, but it is a powerful analgesic that helps to numb pain and suffering. For people of faith, religion offers a moral outlook of seeing the world which is far removed from scientific explanation (Kassim, 2020).

### **Recommended Religious Coping Strategies During Covid-19 Pandemic**

Based on the above discussions, the paper recommends the following religious coping strategies:

1. The period of COVID-19 is a wonderful time for Africans to develop a stronger relationship with God by concentrating on personal religious activities. This will help people to deepen their religious faith and curtail the uncertainty associated with COVID-19 pandemic.
2. People should develop the attitude of prayer at this critical time. This can lead to divine intervention and solution to the COVID-19 crisis.
3. There is need for people to devote more time now than ever in reading sacred scriptures such as the Bible, Qur'an and devotionals. This will help in drawing messages of hope from the scriptures.

4. People should also engage in activities that will boost their faith such as listening to or watching inspirational and religious programmes on radio, podcast, or Television.
5. There is need for people of all professions and religious faiths to spread God's love and hope to family members, neighbours, friends, and anyone else in need, while ensuring that their own safety is not at risk. Available modern technology should be employed by people to share God's love and hope. This can be done through group chats on the social media. This will spread a message of love and hope and ensure the well-being of those involved.
6. Governments, Faith Based Organizations and humanitarian organizations should coordinate with religious leaders to provide practical, spiritual and psychosocial support to communities and especially, to the vulnerable.
7. Religious leaders should help in sharing clear, evidence-based steps to prevent COVID-19. This will promote helpful information, prevent and reduce fear and stigma, provide reassurance to people in their communities, and promote health-saving practices.
8. There is need for the promotion of ecumenical and interfaith collaboration, and peaceful coexistence during the COVID-19 pandemic.

### **Conclusion**

The fear and anxiety associated with COVID-19 has gathered momentum, throughout the world, especially among the elderly and people who have underlying medical conditions. In Africa, the number of cases has continued to rise and has become a serious menace to public health. The continent's weak health care system and a large immunocompromised population due to high prevalence of malnutrition, anemia, malaria, HIV/AIDs, tuberculosis and poor economic discipline, will make the management of the pandemic difficult in the continent.

However, Africa's rich religious affiliation gives the continent the opportunity to explore a faith-centric response to the pandemic. Throughout history, humans, individually and collectively, have implored supernatural forces to intervene on their behalf when faced with famine, human aggression, plague and other situations threatening human existence. As religion constitutes an inextricable part of African society, religious coping becomes a credible option in dealing with the challenges posed by COVID-19 pandemic.

## References

- Ackerman, C. E. (2020). *Coping: Dealing with life's inevitable disappointments in a healthy way*. Retrieved from <https://positivepsychology.com/coping/> on 21/07/2020.
- Agha, A. U. (2012). *Religion and culture in permissive society*. Enugu: Idika Press.
- Agusi, E. R., Ijoma, S. I., Nnochin, C. S, Njoku-Achu, N. O., Nwosuh, C. I., & Meseko, C. A. (2020). The COVID-19 pandemic and social distancing in Nigeria: Ignorance or defiance. *Pan African Medical Journal*, 35(2), 52. doi: [10.11604/pamj.suppl.2020.35.2.23649](https://doi.org/10.11604/pamj.suppl.2020.35.2.23649)
- Bentzen, J. S. (2020). *In Crisis, We Pray: Religiosity and the COVID-19 pandemic*. Paper presented at the Virtual COVID-19 Seminar Series at University of Copenhagen, May, 2020.
- Bentzen, J. S. (2019). Acts of God? Religiosity and natural disasters across subnational world districts. *The Economic Journal*, 129(622), 2295-2321.
- Bjorck, J. P. and Cohen, L. H. (1993). Coping with threats, losses, and challenges. *Journal of Social and Clinical Psychology*, 12(1), 56-72.
- Bouquet, A. C. (1941). *Comparative Religion*, Middlesex: Penguin Books.
- Cohen, F., & Lazarus, R. S. (1979). Coping with the stress of illness, in Stone, C.G., Cohen, F., Adler, N.E., (eds). *Health psychology: A handbook* (pp. 217-254). San Francisco: Jossey-Bass.
- Crowther, J., ed. (1998). *Oxford Advanced Learner's Dictionary of Current English*, 5th ed. Oxford University Press.
- De Vos, J., (2020). The effect of COVID-19 and subsequent social distancing on travel behavior. *Transport. Res. Interdiscip. Perspect.* 5, 100121. <https://doi.org/10.1016/j.trip.2020.100121>.
- Durkheim, E. (1915). *Elementary forms of the religious life* (Trans. J. W. Swain). New York: Macmillan.
- Freud, S. (1927), *The future of an illusion*. Broadview Press
- Hawker, C. (2005). *Oxford English Dictionary*. Oxford: Oxford University Press.

- Hick, J. (1994). *Philosophy of religion*. New Delhi: Prentice Hall of India Ltd.
- Kassim, A. (2020). 'Where is God in all of this?' COVID-19 and the palliative force of religion. Retrieved from <https://republic.com.ng/june-july-2020/covid-19-and-the-palliative-force-of-religion/> on 15/07/2020
- Koenig, H. G. (2009). Research on religion, spirituality, and mental health: A review. *Canadian Journal of Psychiatry*, 54(5), 283-291.
- Koenig, H. G. (2020). Maintaining health and well-being by putting faith into action during the COVID-19 pandemic. *Journal of Religion and Health*. <https://doi.org/10.1007/s10943-020-01035-2>
- Lai, C. C; Shih, T. P; Ko, W. C; et al. (2020). Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and coronavirus disease-2019 (COVID-19): The epidemic and the challenges. *Int. J. Antimicrob Agents*, 55, 105924. doi:10.1016/j.ijantimicag.2020.105924.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal and coping*. New York: Springer.
- Madhav, N., Oppenheim, B., Gallivan, M., Mulembakani, P., Rubin, E. & Wolfe, N. (2018). Pandemics: Risks, impacts, and mitigation. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK525302/> on 21/07/2020.
- Marx, K. (1844). Contribution to the critique of Hegel's philosophy of right. *Deutsch-Französische Jahrbücher*, 7(10), 261-271.
- Matheny, K. B., Aycocock, D. W., Pugh, J. L., Curlette, W. L., & Silva Cannella, K. A., (1986). Stress coping: A qualitative and quantitative synthesis with implications for treatment. *The Counseling Psychologist*, 14, 499-549.
- Mbiti, J. S. (1999). *African Religions and Philosophy*. 2nd ed. Oxford: Heinemann.
- Nigeria Centre for Disease Control (2020a). *Advisory on the use of masks by members of the public without respiratory symptoms*. Retrieved from covid19.ncdc.gov.ng on 14/04/2020.
- Nigeria Centre for Disease Control (2020b). First case of corona virus disease confirmed in Nigeria. Retrieved from

<https://ncdc.gov.ng/news/227/first-case-ofcorona-virus-disease-confirmed-in-nigeria> on 11/03/2020.

Onyedinefu, G. (2020). *COVID-19 will be with us for a long time, says WHO*. Retrieved from <https://businessday.ng/coronavirus/article/covid-19-will-be-with-us-for-a-long-time-says-who/> on 20/07/2020.

Onyekwelu, S. and Obokoh, A. (2020). *How Nigeria, other African countries are easing COVID-19 induced lockdowns*. Retrieved from <https://businessday.ng/coronavirus/article/how-nigeria-other-african-countries-are-easing-covid-19-induced-lockdowns/> on 18/07/2020.

Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, practice*. New York: Guilford Press.

Porta M., ed. (2014). *A dictionary of epidemiology. 6th ed.* Oxford: Oxford University Press.

Smith, B. W., Pargament, K. I., Brant, C. and Oliver, J. M. (2000). Noah revisited: Religious coping by church members and the impact of the 1993 Midwest flood, *Journal of Community Psychology*, 28(2), 169–86.

Sułkowski, Łukasz. (2020). Covid-19 pandemic; recession, virtual revolution leading to de-globalization? *Journal of Intercultural Management*, 12, 1–11.

Sulkowski, L. & Ignatowski, G. (2020). Impact of COVID-19 pandemic on organization of religious behaviour in different Christian denominations in Poland. *Religions*, 11, 254, doi:10.3390/rel11050254.

Wang, N., Shi, X., Jiang, L., et al. (2013). Structure of MERS-CoV spike receptor-binding domain complexed with human receptor DPP4. *Cell Res.*, 23, 986–993. doi:10.1038/cr.2013.92.

World Health Organization (2020). COVID-19 cases top 10,000 in Africa. Retrieved from: <https://www.afro.who.int/news/covid-19-cases-top-10-000-africa> on 18/04/2020

Zamble, E. & Gekoski, W. L., (1994). Coping. In Ramachandron, V.S. (Ed.), *Encyclopedia of Human Behaviour (Vol.3)*. New York: Academic Press.

Zhong, N. S., Zheng, B. J., Li, Y. M, et al. (2003). Epidemiology and cause of severe acute respiratory syndrome (SARS) in Guangdong, People's Republic of China, in February. *Lancet*, 362,1353–1358. doi:10.1016/s0140-6736(03)14630-2.