

International Journal of Family Life and Societal Development
(IJOFALSOD)

Vol. 1, No. 2, December, 2022.

©

Institute of Family Life and Societal Development

ISSN: 2971-5164

Published by
Institute of Family Life and Societal Development
Academic Arm of the Centre for Blissful Home Initiative

Printed by
Johnstar Educational Services
Akure, Ondo State
+234-8035608098, +234-8067746123, +234-8159992030.

International Journal of Family Life and Societal Development
(IJOFALSOD)

Vol. 1, No. 2, December 2022.

©

Institute of Family Life and Societal Development

ISSN: 2971-5164

Published by
Institute of Family Life and Societal Development
Academic Arm of the Centre for Blissful Home Initiative

All rights reserved
No part of this journal may be reproduced or transmitted in any
form or by any means, electronic or mechanical including
photocopying recording or by any information storage or retrieval
system, without prior permission in writing from the copyright
owners, Institute of Family Life and Societal Development

Printed by
Johnstar Educational Services
Akure, Ondo State
+234-8035608098, +234-8067746123, +234-8159992030.

EDITORIAL BOARD

Editor-in-Chief

Prof. Benson Ohihon Igboin

Adekunle Ajasin University, Akungba-Akoko.

Editor

Prof. S. Ola. Ayankeye

Nigerian Baptist Theological Seminary, Ogbomoso.

Associate Editor

Dr. John Ayo Oladapo

Baptist College of Theology, Igede Ekiti.

+234(0)8035608098. johnayoladapo@gmail.com

General Editors

Ass. Prof. S. O. Ogundipe

NBTS, Ogbomoso.

Email: soluogundipe@gmail.com

Tel: +234(0)8032148967

Dr. A.A. Adeola

Nigerian Baptist Theological Seminary, Ogbomoso

Dr. Felix Ajedokun

Nigerian Baptist Theological Seminary, Ogbomoso.

Dr. Esther Olajumoke Ayo-Oladapo

Adekunle Ajasin University, Akungba-Akoko.

+234-8067746123. jummie2018@gmail.com.

Abiodun James Aderele

Nigerian Baptist Theological Seminary, Ogbomoso.

Email: jamezb4@gmail.com Tel: +234(0)7064588705

Consulting Editors

- Prof. J.K. Ayantayo University of Ibadan.
- Prof. Emiola Nihinlola Nigerian Baptist Theological
Seminary, Ogbomosho.
- Prof. Hannes Knoetze University of Pretoria, South Africa.
- Prof. Babatunde Adedibu Redeemer's University, Ede.
- Associate Prof. Yaw Adu-Gyamfi Christian Service University
College, Kumasi, Ghana.

All correspondence and inquiries concerning publication, subscription and the institute should be directed to: The Associate Editor, Dr. John Ayo Oladapo, c/o Baptist College of Theology Igede Ekiti +234(0)8035608098. familylifeandsociety@gmail.com/johnayoladapo@gmail.com

Table of Contents

PHOTO VIEWING THE CHANGING ROLE OF FAMILY MEMBERS IN YORUBA COMMUNITY, NIGERIA USING ETHICAL LENSES Jacob Kehinde Ayantayo	1-11
MISSIOLOGICAL RESPONSE TO THE IMPACT OF SUBSTANCE ABUSE ON FAMILY AND SOCIETY Akin Alawode and Abiodun James Aderele	12-23
ETHICAL RESPONSE TO CONFLICT MANAGEMENT IN MARRIAGE AND FAMILY LIFE Samuel Olusanya Asaolu	24-39
ETHICAL IMPLICATIONS OF DRUG ABUSE AMONG YOUTHS IN DEKINA AREA OF KOGI STATE Gabriel Salifu and Joseph Matthew Hamman	40-54
FLEXIBILITY IN MARITAL RELATIONSHIPS AS A MEANS TO UNDERMINE CULTURE-RELATED CHALLENGES IN CHRISTIAN MARRIAGE AND FAMILY Adedotun A. Adeola	55-68
RESOLUTION OF MARITAL CONFLICT AMONG YOUNG COUPLES AND ITS MORAL CONCERN FOR PASTORAL CARE MINISTRY Abraham Olutoye Odeleye and Michael Oluwole Adeyanju	69-84
ROLES OF PASTORAL CARE AND COUNSELLING IN FORESTALLING SEXUAL INFIDELITY IN CHRISTIAN HOMES IN NIGERIA James Akintayo Oyedele	85-99

**PASTORAL CARE RESPONSE TO THE IMPACT
OF SOCIAL DISTANCING DURING PANDEMIC
AND ITS EFFECT ON AFRICAN COMMUNAL
LIVING**

Janet Adeyanju

100-112

**SOCIOLOGICAL AND PSYCHOLOGICAL
APPROACH TO SIBLING RIVALRY IN THE
FAMILY**

Bartram Kelechi O. and Elizabeth Oderinu O.

113-127

**CONFLICT IN MARRIAGE AND FAMILY, CAUSES
AND REMEDIES FOR HARMONIOUS
RELATIONSHIP: A PASTORAL COUNSELLING
APPROACH**

S.O. Ogundipe

128-147

**CHRISTIAN PARENTING AS A TOOL FOR
MITIGATING SOCIETAL VICES IN THE
CONTEMPORARY SOCIETY**

Oluwaronke Oguniola

148-164

**THE BIBLICAL CONCEPT OF ONE-FLESH
IN MARRIAGE AS A REMEDY FOR MARITAL
CONFLICTS AMONG CHRISTIAN COUPLES**

Victor Ifatokun

165-181

**SOCIAL MEDIA CONTRIBUTIONS TO MARITAL
CONFLICTS OF YOUNG CHRISTIAN COUPLES**

Helen Ayinde

182-196

Contributors' Biographies

Jacob Kehinde Ayantayo is a Professor of Religious Ethics, Religion, and Society and, Religious matters in Peace and Conflicts in the University of Ibadan, Ibadan. He has published books, chapters in books and journal articles both nationally and internationally.

S.O. Ogundipe is an Associate Professor in the Department of Practical Theology of Nigerian Baptist Theological Seminary, Ogbomosho. He specializes in Pastoral Care and Counselling. He has authored Books, chapters in books and journal articles.

Ayinde Abosede Hellen holds Master of Education in Guidance and Counseling and she lectures at Baptist College of Theology Igede Ekiti, Ekiti State where she also coordinates Women Training Department. She has had the opportunities of receiving trainings both within and outside the shores of Nigeria. Her passion includes raising godly children and emancipation of women.

Abraham Olutoye Odeleye PhD is a senior lecturer in the Department of Practical Theology of Nigerian Theological Seminary, Ogbomosho. He specializes in Christian Ethics.

Michael Oluwole Adeyanju Dmin. is the pastor of Christ Baptist Church, Anthony, Lagos. He graduated from Nigerian Baptist Theological Seminary, Ogbomosho and specializes in Pastoral Care Ministry.

Abiodun James Aderele is a Baptist minister and theological educator. He is a researcher in the field of World Religions. He is currently a PhD candidate at the Nigeria Baptist Theological Seminary, Ogbomosho and has many publications to his name.

ASAOLU Samuel Olusanya is a lecturer in the Department of Theology of Baptist College of Theology, Igede Ekiti, Ekiti State, Nigeria. He holds a Doctor of Philosophy Degree from the Nigerian Baptist Theological Seminary, Ogbomoso, Oyo-State. His area of specialization is Christian Ethics, Pastoral Care & Counseling and Philosophy.

Victor Ifatokun holds Master of Theology in World Religions and Missiology, he is an Adjunct Lecturer in the Department of Theology, Baptist College of Theology Benin City.

Adeola A. A. PhD is a senior lecturer in the Department of Practical Theology of Nigerian Theological Seminary, Ogbomoso. He specializes in Pastoral Care and counselling.

Janet Adeyanju PhD is a lecturer in the at the Nigerian Theological Seminary, Ogbomoso. She has several published academic works.

James Akintayo Oyedele is a Baptist minister. He is a researcher in the field of Pastoral Care and Counselling. He is currently a PhD candidate at the Nigeria Baptist Theological Seminary, Ogbomoso and has many publications to his name.

Akinyemi Oluwafemi Alawode PhD is a lecturer and head of the Department of Intercultural Studies at the Nigerian Baptist Theological Seminary Ogbomoso. He holds a PhD in Missiology from the University of South Africa, Pretoria, Gauteng Province, South Africa.

Editorial Note

In this issue, we continue to engage in how social and economic dynamics influence the family. The irrefutable point that the family is the basic unit of every society is made with the fervent belief that it nurtures its members and releases them to society. The failure or success of a society is intricately connected to how the family grooms its members. The inevitable conclusion is that the stronger the family in contemporary society, the better for all. In this light, Ayantayo blazed the trail by arguing that the traditional roles played by members of the family in the past have been affected by the ever-changing socio-economic factors in contemporary society. This dynamic and forward-looking social reality immediately suggests that members of the family must assume new roles that align with the demand and expectations of society. However, he argued that we must holistically develop a family based on blending treasured traditional values with contemporary dynamic values.

Alawode and Aderele examine the causes, effects, and solutions to substance abuse by members of the family. According to them, the rate at which the youth use or abuse substances has become so alarming that it requires deft musicological intervention. They argued that musicologists must take it as a point of duty to engage and minister to youth involved in substance use to restore them to fellowship with their families and Christ. Asaolu argued that although conflict is natural, marital conflict is complex and has serious implications for the family and society. Since conflict is human-made, Asaolu identified natural and potential causes of conflict in marriage and suggested that there are irreducible ethical prescriptions whose adoption and application can help to minimize conflict in the family. Salifu and Hammans's empirical exploration of drug abuse among the youth in the Dekina Local Government Area of Kogi State, Nigeria, clearly shows that it has assumed a dangerous trend that requires urgent intervention by government institutions and the family. They suggest that ethical principles are required to address this trend through socialisation as well as the spiritual exercise of

faith. Adeola's article centers on how flexibility is a virtue that couples should cultivate to navigate traditional impositions that might negatively affect the family. He adopts a theological standpoint that argues that consistent and mutual fellowshiping together in the family helps prevent external infiltration into the family.

Odeleye and Adeyanju examine the necessity of resolving conflict among young couples. As part of the mandate of pastoral care ministry, pastors should ensure that their ministry intentionally cares about the health of young people's marriages. As a result of the potential consequences of failure in early marriages, the moral burden to guide and guard against unnecessary conflict in young homes must be borne by pastors by deploying their spiritual and moral training and authority. Oyedele specifically examines the roles of pastoral care in infidelity in Christian homes. He argues that one of the causes of conflict in the family is sexual infidelity by a spouse. This, he argues, can lead to the breakdown of marriage if pastoral care is not given in such a way as to ensure forgiveness. Still, on pastoral care, Adeyanju unfurls the complexities that COVID-19 imposed on communal coexistence. Social distancing affected the communal setting in that members of the community had to deliberately keep some reasonable distance to be safe. At such a moment, Adeyanju thinks that pastoral care ministry is critical in mitigating the consequences of social distancing and keeping healthy by all.

Kelechi and Oderinus's interest is in unhealthy rivalry among siblings in the family. The adverse effects rivalry has on the family call for critical attention to be paid to it. They suggest that parents must conduct themselves do not suggest that they love one child more than the other. Ogundipe returns to the role of the pastoral care unit in fostering unity and resolving marital conflict. To correctly resolve conflict, each issue that causes conflict must be examined on its own rather than deploy one solution fits all approach. This is where the dexterity of pastoral care comes in. Oluwaronke believes that Christian parenting is a critical means of mitigating social vices that

have continued to plague contemporary society. Oluwaronke itemizes and also proffers solutions to the causes of social vices that require good parenting and counseling to resolve. Victor re-examines the concept of one flesh marital bond as a quintessential measure couples need to take to resolve their conflict. The one flesh approach argues that conflict inflicts self-pain on the couples, and they should see each other as one. And finally, Ayinde explores the impacts of social media on Christian youth couples. She argues that time is essential in developing relationships in marriage. Consequently, when more time is spent on social media to neglect the spouse, conflict is bound to arise. Christian principles are thus recommended to ensure a balanced use of social media for the family's health.

I, therefore, welcome you to explore in detail the arguments and issues raised in this issue.

Prof. Benson Ohihon Igboin
Editor in Chief

ROLES OF PASTORAL CARE AND COUNSELING IN PASTORAL CARE RESPONSE TO THE IMPACT OF SOCIAL DISTANCING DURING PANDEMIC AND ITS EFFECT ON AFRICAN COMMUNAL LIVING

Janet Adeyanju PhD

The Nigerian Baptist Theological Seminary, Ogbomoso

Abstract

This paper investigated the impact of social distancing on African victims of pandemic. A significant factor of motivation is communal living vis-a-vis the necessity for the social distancing that the nature of COVID 19 pandemic demands. Social distancing could affect many African functions such as naming ceremonies, funerals, wedding ceremonies, housewarming, and other joyous ceremonies. Any hindrance to the communal way of life can appear suicidal to Africans. The study employed a descriptive research design involving library work and unstructured interviews. It was discovered that Africans, whether at home or in diaspora, are uncomfortable with the social distancing measures, thereby compounding their challenges more instead of bringing healing. The study enlightens Africans in diaspora and modern Africans on the traditional African mindset that cannot be erased and highlights some African pastoral care measures for ameliorating the pandemic's effect in its conclusion. It also suggests how the necessity for social distancing demanded by the nature of many pandemics can be blended with African communalism.

Keywords: Social distancing, Pandemic, Communal living, Pastoral response.

Introduction

Victims of pandemics, especially COVID 19, who are Africans seem to be clamouring for care in ways that will not contradict their beliefs and values. The primary strategy of combating and reducing the spread of the pandemic is through social distancing. The isolation

that could result from social distancing seems to be detrimental to the emotional well-being of both the primary and secondary victims of the COVID-19 pandemic. The primary victims are the patients that are already infected or are suspected to be infected with the virus, while the secondary victims are the caregivers of the patients, who could be their family members or relatives. The paper aims to provide pastoral care response to victims of pandemic, especially COVID 19, who are having challenges with the strategies available for combating the pandemic because of their values and beliefs. The overview of pandemics and the existing strategies for combating COVID 19 pandemic were discussed in the paper. Pastoral care measures of blended social distancing for African victims were also suggested.

Overview of Pandemics

A pandemic refers to an infection or disease that usually extends over large geographical areas. Pandemic also involves disease spread or movement through a transmission that could be traced from place to place (Aja 1991, 37). Disease movement also includes person-person widespread diseases resulting from respiratory viruses or by vectors. Pandemic as a term has been applied to severe or fatal diseases than applied to mild diseases. Classification of diseases as pandemics involved a high transmission rate and high rates of symptomatic disease, coupled with the widespread of such disease (Nabarro & Wannous 2016,2). A pandemic is characterized by population immunity that makes it easy to infect a large population part (Maharaj & Kleczkowski 2012, 681). A pandemic cannot be used to describe health challenges like obesity and depression; it could only be associated with infectious or contagious diseases.

Causes of Pandemic

The World Health Organisation is saddled with the responsibility of announcing new pandemic emergence. The WHO announcement of a disease as a pandemic is based on the spread of the disease as it fits into her pandemic phase. Pandemics are majorly caused by contagious diseases, which readily spread by transmitting pathogens

from an infected person through physical means such as touching or kissing to an uninfected person. Contagious diseases could also be transmitted through microbes travelling by air or through blood transfusion.

The adoption of western lifestyles by Africans in the recent past is also a significant contributor to the emergence of pandemics in Africa. There is fast and intense mobility of people resulting from the availability of modern and sophisticated means of transportation such as aircraft, trains, cars and ships. Globalisation, which has encouraged an unprecedented urbanization level, also poses a greater danger to disease transmission. Increased contact between humans and wild animals through deforestation, hazardous agricultural practices, and food production like poultry in residential areas could lead to new pathogens that can cause pandemics. Limited access to an adequate health care system or inadequate health care facilities could also lead to a pandemic. Access to good health care could be hindered by insurgencies or government or government agencies mismanagement of funds.

From the African perspective, contagious diseases that could eventually lead to pandemics are perceived to be god-sent punishment for the misdeed of a person or the entire community (Yai 1993, 245). Contagious diseases may occur due to the anger of a deity on the community as a whole. The anger may result from the inability of the community to offer a statutory sacrifice or the offering of such sacrifice inappropriately. Priests of deities are also believed to possess powers to spread diseases when angered. Disease like smallpox which has been recorded in history as a world pandemic, is believed to be spread as such. Deities who could cause diseases and spread them are also believed to have the power to cure such diseases when appeased (Akpomuvie 2014, 56).

Victims of Pandemics

Victims of pandemics are humans, who could be of male or female gender. The immunity of a particular gender can influence the

vulnerability of such gender to a specific disease. Pandemics victims could also be identified by their nationality and age group (Drake, Chalabi & Coker 2012, 940). In Sub-Sahara Africa, the victims of COVID-19 are majorly the aged of both genders. The pre-existing health conditions which contributed immensely to the vulnerability in experiencing the severe symptoms of COVID-19 made it more prominent in the female gender than their male counterparts. Statistics showed that there are more aged females than males in Nigeria; hence, more females are becoming victims of the pandemic.

The victims of a pandemic also include the family members offering care to the primary victims. Family members and relatives of the infected persons are saddled with more responsibilities, most of the time, than the primary victims. The relatives of the infected persons are sometimes more apprehensive and suffer emotional instability in some cases (Agusi et al. 2020, 52). For instance, a child whose aged mother is suffering from the COVID-19 pandemic is likely to be affected financially and emotionally. The child will also be involved in running around to ensure that the mother is healed. Africans believe in rallying around the sick even if it is detrimental (McNeil 1977, 26).

Effects of Pandemics

A pandemic could easily break across geographical borders to affect economic and regional stability. The case of COVID-19 is a recent example of how the economic activities of various nations of the world were negatively affected. Pandemics can affect the social, economic and political structure of a country in a negative manner (Drake, Chalabi & Coker 2012, 941). SARS and Ebola, which are recent pandemics in China and West Africa, negatively affected the economies and social structures of the nations involved. The pandemic caused deaths and illnesses, which reduced the quality of life of families and communities. Nabarro & Wannous (2016, 2) recorded that Ebola disrupted education, tourism, transport, and

other essential services and reduced West African economies and isolated populations. Africa's continent was affected economically due to the global effort of curtailing the Ebola pandemic from spreading outside Africa.

Pandemic generally has severe negative impacts on society. It infects typically many people through a widespread severe illness, which could eventually lead to multiple deaths. Pandemic is a severe threat to the economy of nations and the world at large. The effect of a pandemic on the economy of countries could manifest in economic instability due to direct and indirect costs coupled with a long term burden. A pandemic could also affect the social life of the entire world. The COVID-19 pandemic caused a restriction on both national and international travel. Schools were closed for almost six months. Markets were partially closed as well as religious centres. Sport and entertainment centres were also closed down for a long time. Another notable effect of the pandemic is its threat to the world's security as a global village.

A pandemic could also affect religious activities in diverse ways. The COVID-19 pandemic brought significant disruption to religious activities for close to a year. Religious activities in some states are yet to come back to what they used to be due to one form of restriction or the other. The Federal and State government directed churches and Mosques to shut down for a while and were later asked to be worshipping with worshippers not more than 25percent of their auditorium. Many Christian churches opted for online services, which some people joyfully accepted. Still, some were left behind due to varied reasons such as financial incapability, poor network connections and computer illiteracy. The love of some Christian waxed cold due to a lack of constant fellowship with other brethren during the lockdown period. Some people were not used to going to church again even after the lockdown and worship restriction.

Strategies for Curbing Pandemic

A pandemic can be curbed by prevention and prompt

management, which is achievable through the employment of WHO infection prevention and control recommendations (2007 & 2018). Early recognition of infectious diseases, isolation of infected persons, reporting the health condition to health practitioners and agencies and surveillance of episodes of Acute Respiratory Diseases (ARD) are included in the infection prevention and control recommendations of WHO. Early recognition of infectious diseases calls for establishing methods to ensure timely detection of diseases, especially respiratory diseases. Health care authorities should promptly investigate patients that are possibly suffering from respiratory-related diseases. Public health authorities are encouraged to place suspected or confirmed patients suffering from respiratory diseases in secluded places to curb the spread of such infection.

Other major strategies for curbing pandemics, especially those that could emanate from ARDs, include social distancing, consistent washing of hands, and the use of nose masks. Social distancing is the act of keeping some healthy space between one person and another. It is a method to minimise the interaction between crowds to prevent the spread of diseases within groups of people. The recommended space is six feet. Infections are believed to spread through respiratory droplets. When a distance of six feet is between the person spreading the droplet and the next person, the probability is high that it will be difficult for the droplet to reach another person since it may not be possible for the droplet to fly. The space encouraged by social distancing tends to slow the spread of a pandemic, thereby decreasing the pressure on the health care facilities. Social distancing could be practised by staying at home and avoiding crowded areas (Maharaj & Kleczkowski 2012, 679). Social distancing helps in keeping its practitioner healthy as well as others around. Strict adherence to social distancing measures could help reduce health costs as it will encourage a remarkable decrease in the rate of disease spread (Reluga 2010, 69). Governments are responsible for the health care of pandemic victims most of the time;

hence, a reduction in the number of infected people will be of advantage to the government in terms of cost reduction. In Nigeria, the National Center for Disease Control (NCDC) described social distancing as a set of methods for reducing frequency and closeness of contact between people to decrease disease transmission risk. The description shows that social distancing involves physical distancing. Keeping appropriate physical distance could drastically reduce the potential spread of diseases (Agusi et al.2020, 23). Regular washing of hands coupled with adherence to maintaining a social distance is also a potent strategy in curtailing the spread of pandemics, especially ARD-related.

Africans Communal Living Vis-a-vis Social Distancing

The Sub-Sahara African family is typically community-based. Communal living literarily connotes a group of people living together. It is an intentional community consisting of a group of private houses gathered around a shared space. The word 'communal' is synonymous with 'common'; hence, communal living refers to a group of people living together with many things in common (Jegade 2010, 43). They share common interests, properties, resources, possessions, work, food and many more. A viable and enduring unit for sustainable development is embedded in the African communal living as it is culture-bound and a driver for self-definition, actualisation and dignity. The communal living features traditional festivals and ceremonies that could be seen as a means of expressing community solidarity. It fosters the preservation of Africans' cultural heritage and encourages traditional architectural design development, further promoting the people's values and aspirations.

Communal living encourages contact between generations, thereby closing generational gaps. Community members in the African setting are taught social and ecological environments management, which helps maintain their way of life for future generations (Ilmi 2014, 145). The indigenous communal spirit of working in cooperation for the more significant betterment of the

people has been the heartbeat of development in Africa for ages past. African communal living encompasses a thinking frame that is philosophically and politically oriented towards developments. Africans engage so much in identifying with one another in times of joy and sorrow. It is a form of solidarity that seems to be in-built in all Africans. People identify with one another during ceremonies such as marriage, housewarming, the burial of the aged and naming of newly born babies.

In some parts of Africa, marriage ceremonies last a whole week. Family members and relatives will be wining, dining and dancing with the family of the groom and that of the bride. The compound of the celebrants will be crowded with friends and well-wishers from far and near, and the atmosphere will be filled with joy and happiness. The recent lockdown and restriction of movements and number of people at occasions that characterised the COVID-19 pandemic were very strange to the African communal living. Ceremonies were handled like mourning sessions, while many people were falling sick essentially because of loneliness due to isolation. The act of African communal living informs the practice of religions in Africa. The lockdown of religious centres negatively affected many people because meeting in churches meets social needs in no small measure.

The naming ceremony serves the purpose of childbirth announcement in traditional African society. The child is introduced to the extended family and the larger community. The naming ceremony is a crucial and significant part of the rite of passage in life. Africans believe that the process of naming a child could influence his or her personality. The ceremony is expected to be done in the presence of all the community members, if possible. The community are to gather in large numbers to welcome the new additional member of the community. Restriction of movements and social distancing has led some African community members to perform naming ceremonies with few or no community members in attendance.

Health authorities have changed the burial ceremonies process and patterns, leaving out some essential elements of importance due to

the COVID-19 pandemic. Lying -in-state that enables many family members and the community to bid the dead farewell has been banned, especially if the death is suspected of having occurred due to complications from the pandemic. Many children were not allowed to see the corpse of their departed parents, thereby denying them proper closure.

Social distancing is alien to Africans, especially in the aspect of crowd avoidance. Living in isolation to avoid contracting or spreading pandemic seems contradictory to sharing common interest that characterises African communal living. How then can Africans curb pandemics, especially COVID-19 and other related ARDs?

Pastoral Care Measures of Blended Social Distancing and African Communalism

In a bid to proffer strategies that could curb the spread of COVID-19 and other pandemics without contradicting the beliefs and values of the victims of the pandemic, the following pastoral care measures of blended social distancing are recommended from the African viewpoint:

Isolation centers with communal living considerations: health caregivers should be educated towards arranging the isolation centres to accommodate a minimum of two patients in a room. The pandemic victims should be allowed to interact with one another to avoid loneliness. This could be done without bridging the social distancing protocol. Living in isolation is alien to traditional African society; anyone living in isolation is termed an outcast, and as such, Africans endeavour to avoid living in isolation at all costs (Ilmi 2014, 152). The pandemic patients should be allowed to use their phones to communicate with their family members and relatives.

Levelling on Communication Technology: Communications technology, which is also called information technology, refers to all equipment and programs used to process and communicate information. Professionals in communication technology specialise in developing, installing, and servicing these hardware and software

systems. The opportunity for technological advancement of the contemporary time should be adequately utilised. Video calls, conference calls, and other social media should be employed to communicate with the victims, even in isolation centres. The video call could encourage seeing the picture of the person one is speaking with and hearing the voice. A conference call would accommodate as many family members or relatives in a single discussion with the possibility of beholding their faces and hearing their voices. Conference calls could offer the victims a close alternative to having people around without inflicting them with the pandemic. Levelling on communication technology will help the victims to have a sense of communal living without defying the health rules and guidelines of the COVID-19 pandemic.

Prayer: Prayer is communication with God, who is the creator of all beings and things. Elements such as adoration, confession, thanksgiving and supplications are expected to be included in prayers as the case may be. Prayers of supplications should be organised for the victims, and the victims should be made aware of the prayers. The awareness that the church is praying for the victims will help increase their morale. This serves both a spiritual and psychological purpose. The prayer could also be held through the zoom platform to enable the participation of the victims if possible and also to give the victims a psychological satisfaction of seeing people around, identifying with them in their trying period. Prayer is capable of changing situations and the Bible established that the effectual fervent prayer of a righteous man availeth much (James 5v16b, KJV). Furthermore, prayer introduces the victims to the ministry of the Holy Spirit which brings comfort and sustaining grace (Kuyper 2007, 19).

Financial Assistance: the financial implication of COVID-19 treatment is relatively high, and the government is gradually withdrawing its involvement in funding the treatment. Unfortunately, the Health Insurance Cover in Africa is poor and limited to only a few enlightened and financially empowered elites to access it (Spaan et al. 2012, 687). The cost of COVID-19 treatment

for a single victim in Nigeria (as at the time of carrying out this study) is between N250000 and N500000. The church could help give financial assistance to the financially incapacitated victims. The financial assistance could be by paying the bills or by providing information on how to get financial aid (Kofi Ahorator 2009,2). African communal living is also capable of helping the primary and secondary victims financially as what concerns one concerns all in the setting. Family members, friends and well wishers could be encouraged to rally round the victims in helping to source for funds.

Conclusion

Proffering solutions to a pandemic and its victims in Africa requires an indigenous approach. This paper explored pastoral care response to victims of pandemics in the African context. The western world has tried her best in proffering solutions to the COVID-19 pandemic, but there is a need to apply the solutions suitably for Africans. The paper concludes that the necessity for social distancing demanded by the nature of many pandemics can be met by a blend of African communalism. The pastoral care function of educating and nurturing could be employed to sensitise African Christians on how communal living can be inculcated into all the health measures of safeguarding the spread of pandemics.

References

- Agusi, E. R., et al. 2020. "The COVID-19 Pandemic and Social Distancing in Nigeria: Ignorance or Defiance." *Pan African Medical Journal* 35(2), 52. Retrieved From [doi:10.11604/pamj.suppl.2020.35.2.23649] on 10th March, 2021.
- Aja, E. 1991. *Metaphysics and Medicine: The Traditional Experience*, In Okpoko, A.I.ed. African's Indigenous Technology. Ibadan: Wisdom Publishers Limited.
- Akpomovie, O.B. 2014. "The Perception of Illness in Traditional Africa and the Development of Traditional Medical Practice." *International Journal of Nursing* 1(1), 51-59.
- Drake, T. C.; Chalabi, Z., & Coker, R. 2012. "Cost-Effectiveness Analysis of Pandemic Influenza Preparedness: What's Missing?" *Bull World Health Organ*, 90 (12); 940-941.
- Jegede, A. S. 2010. *African Culture and Health*. Ibadan: BookWright Publishers.
- Kofi Ahorator, C.R. 2009. Financial Management Issues in Church Organisations. *Research Gate Publications*.
- Kuyper, A. 2007. *The Work of the Holy Spirit*. New York: Cosimo, Inc. (Republished)
- Maharaj, S. and Kleczkowski, A.2012. "Controlling Epidemic Spread by Social Distancing: Do it well or not at all." *BMC Public Health*, 12(1), 679-685.
- McNeil, W. H. 1977. *Plagues and Peoples*. Oxford: Basil Blackwell.

- Nabarro, D. and Wannous, C. 2016. “The Links between Public and Ecosystem Health in Light of the Recent Ebola Outbreaks and Pandemic Emergence”. *EcoHealth*, 1-3. Retrieved from [doi: 10.1007/S10393-016-1123-y] on 13th March, 2021.
- Reluga, T.C. 2010. “Game Theory of Social Distancing in Response to an Epidemic”. *PLoS Computational Biology* 6(5).
- Spaan, E.et al. 2012. The Impact of Health Insurance in Africa and Asia: A Systematic Review. *Bulletin of the World Health Organisation* 90(9):685-92
- Yai, O.B. 1993. *From Vodun to Mawu: Monotheism and History in the Fon Cultural Area* In Jean-Pierre Chretien (ed). *L'invention religieuse en Afrique noire*. Paris: Karthala.