

Religio-Scientific Disarmament: Reconciling African Traditional Religion And Western Science In COVID-19 Management

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Abstract

In trying to understand the ever-changing relations between Religion and Western Science many studies have been done and their findings suggested a complex relation. Writers in this field have considered this relationship from perspectives that form a continuum between extreme conflict on the one hand and dialogical on the other with varieties in between. While some scholars agree that religion and western science can be partners in addressing human welfare, practitioners from both extremes seem doubtful on this possibility. This article examines the dynamic interplay between African Traditional Religion (ATR) and Western science during the COVID-19 pandemic, with a focus on Kenya. Drawing on Barbour's (1997) fourfold typology of religion-science relations (conflict, independence, dialogue, and integration), the study argues that the pandemic fostered unprecedented collaboration between these historically contested domains. Through qualitative analysis of cultural practices, indigenous health interventions, and institutional responses, the study demonstrate how African Religion's holistic worldview which integrates spiritual, communal, and environmental health complemented biomedical approaches to pandemic management. The article critiques the marginalization of African traditional medicine by global health institutions while highlighting the resilience of indigenous knowledge systems. Findings suggest that COVID-19 served as a catalyst for religio-scientific dialogue, challenging dominant conflict narratives and offering a model for inclusive global health strategies. While the paper does ignore the conflicting perspectives that shaped the history of the general religio-scientific relations based on how both religion and science have not been clean in dealing with human welfare, it argues for the possibility that Covid-19 management in the Kenyan context brought religion and western science in close contact, underscoring their relationship towards dialogue.

Keywords: African Traditional Religion, Western science, COVID-19, Kenya, indigenous knowledge, holistic health

Date of Submission: 08-03-2026

Date of Acceptance: 18-03-2026

I. Introduction

The general academic area of the relation between religion and science in its western context continues to attract attention in modern scholarship as it did in the past. Peck (1993) argued that some twenty-five hundred years ago, the original relation between science and religion was one of integration as evidenced in philosophy with early philosophers like Plato and Aristotle and later ones like Thomas Aquinas being men of scientific bent. They thought in terms of evidence and questioned premises, but they also were totally convinced that God was an essential reality. However, in the 16th Century things got sour as seen in the case of Galileo who was summoned before an inquisition. In the event, Galileo who was forced to recant his beliefs in the Copernican theory that planets revolve around the sun, and was placed under house arrest for the remainder of his life. This saw things get even more unpleasant for the church (Peck, 1993). Peck's position agreed with Barbour (1966) who argued that most writers today see science and religion as strongly contrasting enterprises which have essentially nothing to do with each other. The reason for this sharp separation of spheres lies partly in the history of recent centuries. Perhaps, Carlson (2000) best summed up the position by observing that Science and religion were neither enemies engaged in a competitive battle nor independent endeavors that should function in isolation from one another. Rather, the two should be seen as partners in theorizing with each engaged in a constructive effort to make unique contribution toward a better understanding of the nature of humanity and the universe.

Russel (2002), opined that the relationship between religion and western science has been a subject of study since classical antiquity, addressed by philosophers, theologians and scientists among others. Perspectives

from different geographical regions, cultures and historical epochs are diverse, with some characterizing the relationship as one of conflict, others describing it as one of harmony, and others proposing little interaction. On his part, Cragun (2015) argued that the relationship between religion and western science is complicated by the fact that both religion and western science have changed over time, and by the fact that neither may be said to constitute singular, uniform entities. Science acknowledges reason, empiricism, and evidence, while religions include revelation, faith and sacredness whilst also acknowledging philosophical and metaphysical explanations about the study of the Universe. Neither western science nor religions are unchanging, timeless, or static because both are complex social and cultural endeavors that have changed through time across languages and cultures. Still, as Haught (1995) argues, when the words “science” and “religion” are heard, people immediately think of the stormy history of their relationship even though the chronicle of religion’s encounter with science is by no means one of warfare only. Often touted for the warfare position in the relationship between the two is the argument that religion apparently cannot demonstrate the truth of its ideas in a straightforward way, whereas science can. Religion has been accused to sneak by without providing any concrete evidence of God’s existence whereas science, on the other hand, is willing to test all its hypotheses and theories against experience.

The Covid-19 pandemic and management potentially exposed further the already fluid relationship between science and religion. As Partisau (2020) argued, science continually sought the cures for epidemics and not prayers suggesting that the role of religion in pandemics was to be passive. In this author’s view, the world needed science more than faith in responding to pandemics. Hudson (2021) supported the same position by citing the American situation when the president-elect Joe Biden elevated science as a key response to the Covid-19 Pandemic unlike his predecessor Donald Trump. This elevation of science, according to Dionne (2020) potentially placed science in conflict with other players in society including religion.

In a nutshell, the relationship between religion and science has been a focal point of academic discourse, often framed as adversarial (Barbour, 1997; Haught, 1995). However, the COVID-19 pandemic illuminated alternative narratives, particularly in Africa, where traditional religious practices and Western science converged in unexpected ways. This article explores this convergence in Kenya, where African Religion’s emphasis on communal well-being and spiritual causality (Mbiti, 1975; Magesa, 2014) intersected with biomedical interventions.

II. The Not Too Tidy Relationship Through History: Religion And Science

In the complexity involving the relationship between religion and western science, several accusations have been leveled against religion, perhaps indicating that religion has not been tidy in its history. The case of Galileo already cited is suffice at this point underscoring this fact that religious values and beliefs have often been allegedly seen as problematic (Rumun, 2014). More recently, in the Kenyan situation regarding the complex relationship between religion and western science, the “untidy history of religion” narrative played out. Gitonga and Muchiri (2012) captured an incident involving public health officers who raided a church in Naivasha area after sect members declined to have their children vaccinated against measles perhaps presenting a case in which Religion was sharply criticized regarding issues of scientific compliance. Wambui (2009) writing earlier subscribed to the same school of thought critical of religion in some Kenyan religious communities with the criticism that, instead of parents rushing sick children to hospital, they often knelt beside them and prayed until it was always too late to save them.

The global management of Covid-19 echoed the same religio-scientific relationship in problematic terms. Hancocks and Yoonjung (2020) writing for Cable News Network (CNN) on how the Corona virus spread through the Shincheonji religious group in South Korea, pointed out how the management of Covid-19 in its initial stages was negatively affected by religious interface resulting into exposure of members to the virus. Chatters (2000) captured the same logic when he observed that religious beliefs and commitments encouraged certain patterns of behavior that were retrogressive to human well-being in general. On the other hand, Jawaid (2014) positively argued that religion affected people’s way of coping with issues and provided help in times of crisis. As such, even health systems that fall under science could be improved through incorporation of spiritual aspect thus bringing the relationship between science and religion into dialogue.

From the foregoing discussion, it can possibly be deduced that the relations between religion and western science can be conceived in complex but not inevitable terms. On the one hand, religion has worked with western science in non-conflicting terms, while on the other hand, there have been calls for the two domains to go separate ways with western science being hailed. The question at the heart of, and posited by this study was; what was the implication of COVID-19 pandemic and management on religio-scientific existential relations in the case of Kenya?

III. Covid-19 Management In Africa

The poorest continent, Africa with the most vulnerable populations to infectious diseases, was predicted to be significantly affected by the COVID-19 outbreak (Shabir and Aijaz, 2020). The continent’s weak

health care system and a large immuno-compromised population owing to high prevalence of malnutrition, anemia, malaria, HIV/AIDs, tuberculosis and poor economic discipline, make it distinct from the other continents that have experienced COVID-19 to date. A country's healthcare capacity plays a vital role in COVID-19 management and control. In comparison to the developed nations which have advanced health care systems but are still struggling to cope with the current pandemic, the majority of African countries Kenya included have a weaker healthcare sector. Shabir and Aijaz (2020) observed that, experts had anticipated that under these circumstances the pandemic in Africa could be challenging to control, and the consequences could be catastrophic. Owing to several reasons, Africa was found to be at high risk for COVID-19 pandemic, with relatively low capacity to manage the health emergency. Therefore, urgent attention, support and action were required to fight and control the further spread of the Covid-19 pandemic (Shabir and Aijaz, 2020).

IV. Africa's Resilience: The Explanation

Although Africa was initially purported by the World Health Organization (WHO) to be severely hit by the pandemic, Africa recorded the least number of cases during the first wave, with lowest rates of infections, compared to Asia, Europe, and the Americas. This was despite its comparatively subpar health care systems. This statistic might be attributed to the low testing capacity, existing public health awareness and lessons learnt during Ebola epidemic. Nonetheless, the relatively low rate of infection should be an opportunity for Africa to be better prepared to overcome this and future epidemics (Ismailia et al, 2021). From the perspective of this paper, possible explanations into the relatively low rates of infection recorded in Africa, confirms a multifaceted grounding that includes indigenous knowledge of medicine grounded on the African experience of the universe as religious.

Additionally, for a continent that accounts for approximately 17 percent of the world's population, Africa contributed only about 3.5 % in the total reported cases and 4 % in deaths resulting directly from Covid-19. It is arguable that the data reported from Africa may be inaccurate or underreported, but similar questions could be asked about the global data reported as there are several countries outside of Africa that are likely underreporting or deliberately misreporting. Issues of data reporting and low testing capacities therefore introduced some complexity into the argument, which was beyond the scope of this article. So, did Africa really manage the pandemic better or it probably survived it as a matter of sheer luck? (Ismailia et al, 2021). At this point in this paper, the question to ask is what in Africa, about Africa contributed to the African situation during the management of Covid-19?

V. Two Sciences In Dialogue: African Religious Heritage And Western Science

Kiatezua (2021), one of the leading scholars in matters of African science argues for the position that African traditional religion is an exact science as other sciences. Perhaps, it can be argued that this science is enshrined in the African world view which in this paper will be examined with regards to its relationship to pandemics. Important to note is that, African worldviews on pandemics often integrate traditional beliefs, communal values, and modern scientific understanding. These perspectives can vary significantly across different cultures and regions within the continent.

Thabede (2008) looked at worldview as the way a person understood his or her relationship with social institutions, nature, objects, other people and spirituality. Therefore, all these considered, African worldview was one that was based on African cultural beliefs, practices and values. This followed that, among other beliefs, Africans believed in traditional healing thus contributing to the understanding between health and religion. Additionally, if health is treated as a lens through which western science can be understood, then possibly African understanding of health qualifies their beliefs and practices to be a science which in this case can be termed as African science an argument that resonates with Kiatezua (2021) who argues for African traditional religion to be treated as an exact science.

It is widely believed in African Traditional Religion that there is only one God who is the absolute creator, owner and ruler of all things, and the father of all mankind. In the African scheme, there were two worlds, namely, the physical world of mortal men and the world of the spirits. There is interaction between these two worlds in which those in the physical World (mortal men) pray through those in the world of the spirits for help and protection. The world of the spirit is inhabited by God, the deities or divinities, the ancestors and spirits in a hierarchical order.

Thus, African Traditional Religion believes in the existence of deities or divinities that function as ministers of God, and they are subordinate to him. God is conceived like a Monarch, an absolute Monarch surrounded by his chiefs (gods) who are at his service. God wants all men to do good and eschew evil. He does not condone evil for he punishes every evil sooner or later. Whether done in public or private. The African world thus exists in a balance sustained by good deeds.

On his part, Juma (2013) argued that for many Africans, God was seen in every sphere of life. Traditional African people experienced and communicated with God in the fields as they grew their crops and

looked after their animals, in times of happiness and sadness. In view of the health and well-being, the author further argued that Africans exhibited no distinction between body, mind and soul. From the standpoint of an African world view, the natural and supernatural were inextricably interwoven and spirituality and health were strongly connected to the point where the human body and soul were not viewed as separate entities. Juma further explained that by contrast, the Western world view placed value on the laws of cause and effect, linearity, rational thought, objectivity, the belief in universal truth and the constancy of measurements. This position informs the author suggestion that means of integrating African culture and belief into spiritual healing process needed to be explored as far as possible. For example, in the African scheme, weight loss or gain possibly showed that an individual was not well. Similarly, if one could not eat or sleep, there was an integrated problem. As such, for an African, there was need to reverse the situation and bring about wholeness and health, unlike the western sense where often it possibly would merely mean healthy adjustment.

Many African communities view health and illness through a holistic lens, considering physical, spiritual, and social dimensions. Equally, traditional healers play a crucial role in health care, often being the first point of contact for individuals experiencing illness. This observation appears to agree with Thabede (2008) who argued that in the African religious scheme, traditional healers who were believed to be in constant contact with their ancestors were an important element in the health of individuals and community. They determined the cause of sicknesses that threatened individuals, families and communities. According to Thabede (2008), they found out why cows were barren, fields did not produce, a young bride was not having babies after years of married life. What it meant to Africans was that health was interwoven in their worship and the restoration of proper health was equally a religious activity.

The concept of causality is central to African Traditional Religion. Every event has a cause. Spiritual explanations for disease, including the influence of ancestors or supernatural forces, are prevalent. Some communities may interpret pandemics as a sign of moral or social imbalance, prompting a return to traditional values or practices. Hence any evil or misfortune that afflicts man must also have a cause. To find out the cause a diviner must be employed. Quite often, evil is traced to a supernatural cause and is seen as a punishment from God (usually through one of his agents) for an offence committed either in this life or one's previous life. Evil is always seen as a punishment for an offence. The idea of a completely innocent man suffering misfortune for no reason is foreign to African Traditional Religion and life.

Magesa (2014) posited that, African piety was based on the conviction that human beings were stitched into the natural world so closely as to share in the actual livingness as animals, trees, rocks and rivers. Accordingly, diviners and herbalists as well as various other specialists who were agents of healing drew their power from the divine or African sanctuaries. It was in the sanctuary where the concentration of vital power was dispersed back to the community for the sake of greater healing and health. The prayer at the shrine was a sacrament of universal reconciliation that indicated health, the first and most important quality of community, in the absence of which there could not be personal well-being.

Additionally, in the African scheme, no one enjoyed tranquility, happiness and consequently good health where there was ill will, jealousy, pride and lust for power or material wealth. Witchcraft in African spirituality was the embodiment of ill health. The African understanding of health was not limited to bodily wellness but to the entire society and environment. Here, health and healing were not individual concerns. They were fundamentally communal in the sense that what happened to one member affected the whole community and what happened in the community affected individual health. This led to the conclusion that when one was not healthy, the effects were not limited to themselves but sizzled down to the entire community, something that perhaps in the management of Covid-19 as is seen later in this study was ignored.

Therefore, to correct any possibilities of ill health, Africans turned to Medicine. In the African understanding, medicine was the art of restoring and preserving health. The necessity of medicine was to help the body to return to its normal state. Its purpose, as such, was curative, in that it helped the body to return to its normal state. Similarly, it was preventive, in that it build resistance against infection by toning up its organs which were used for many purposes, one of which was to deal with forces of mystical evil and contributed to communal or individual health (Mbiti, 1975 and Magesa, 1997).

In every society of the world, health is always a major concern. As such, African people had many rituals directed at ensuring good health, healing and preventing danger to health (Mbiti, 2003, P. 139). This was done against the background that bad health was not just a responsibility of the individual and non-compliance to health minimums as some scholars put it. Disease and bad health transcended the common western and Christian understanding that was limited to the individual and supernatural being. Perhaps, Mbiti expressed it better when writing that:

Disease is not just a physical condition according to African interpretation and experience. It is also a religious matter. Therefore, to deal with it people revert to religious practices. They use religion to find out who has been responsible for it or has send it to the sick person. It is also necessary to take counter measures to make

sure that the cause of the disease is neutralized so that the person concerned will not suffer from the same disease again (Mbiti, 2003, P. 139).

In this case, health rituals assumed personal and communal dimensions. There was a strong emphasis on community solidarity and collective action in response to health crises. Practices such as communal gatherings for prayer or rituals were common, reflecting the belief in collective healing. This meant that just like the community could be unhealthy so was the individual and both needed the attention of specialists to perform rituals of blessings for good health and long life. From Mbiti's perspective, it was possible to argue that ultimately all the religious rituals that the Africans performed were for the welfare of the individual and society. They were in effect health rituals since they were aimed at preserving and prolonging life. Therefore, in the African understanding, health was a preoccupation of their ritualistic life. Nothing that was done by Africans deviated from health at both individual and community levels. Perhaps at this point the study submitted that African religion exemplified a clear relation between health and religion which in the broader sense led to a relationship between religion and science. Possibly, this submission in Mbiti's perspective would further suggest that what the microscope did in western science, is what religion did in the African scheme in trying to understand the causes of ill health.

It is important therefore to note here that like the Eurocentric writers, African writers agreed on the fact that health was a precondition for long life. But the African understanding of the same did not stop with a supernatural being and the individual being responsible for good or bad health. In the African case, the understanding was also hinged on mystical forces. To help understand other forces involved in human health, Mbiti highlighted the fact that these forces were regarded as enemies, and they came through nature. Whenever they did, many people were affected and, in such cases, no single human or spirit agent was blamed. In some cases, people reasoned out that God was punishing them for the wrongs they had done, a view shared by both Islam and Christianity. In whichever case, whether the cause was natural, human or supernaturally motivated, the question that came was how Africans were to put things right and prevent them from going wrong again. The answer to who made things go wrong was almost in every case a human agent and sometimes a spirit agent.

This is where the Christian and western perspectives on personal responsibility to health differed with African Religion. In the Christo-Western sense if one took alcohol, it was their responsibility because they are destroying the temple of the Holy Spirit and had no one to blame but oneself. However, in the African sense, taking alcohol to affect one's health could possibly mean that a human or spiritual agent was involved. As such, it was necessary to also find out who was using magic, sorcery or witchcraft besides natural or personal causes to undermine one's health through drinking. Following this line of thought, it was possible that one would be obese because someone wanted them to miss out on a husband, or smell because someone wanted them to be isolated. In such a situation, no slim pills or deodorants could remedy the situation. What was needed was proper diagnosis and African medicine to deal with whoever was responsible.

Notice also that Mbiti (2003) and Magesa (1997) agreed that the Africans did not stop at who and what caused ill health. They tried to put right what had gone wrong by healing, curing, protecting, driving away evil and counteracting or neutralizing the evil use of mystical forces by use of medicine. According to Mbiti, medicine had a lot of meaning unlike in the English sense. It included putting things in order or countering forces of mystical evil not just physical malady. Medicine men, herbalists, diviners and mediums among others who engaged in the positive use of mystical forces were channels of good health, good fortune, fertility, peace and welfare. They were friends of society and told people not only who caused them ill health, but what needed to be done to cure them and neutralize the evil forces working against them. The medicine man or diviner gave herbs and often instructed them to perform certain rituals. In addition to physical medicine individuals were given mystical medicine which was believed to deal with the mystical causes of their trouble. This was a clear case that perhaps made the Covid-19 management initiatives adaptable in the African sense. Already, African worldview seems to have laid the ground of integrating modern science in what would be termed as the African space without much resistance.

The growing acceptance of modern medical practices alongside traditional beliefs, especially in the management of Covid-19 would perhaps be said to have been prepared by the African way of life. In a Doctor of Philosophy research at Masinde Muliro University of Science and Technology (MMUST) on "The implications of Covid-19 management on religio-scientific relations: the lessons from Kenya", the findings indicated that Covid-19 management strengthened African religious beliefs in a way that brought religion and science closer. In fact, the use of African remedies in the management made it homegrown.

Examining the WHO position on the use of traditional medicine in responding to COVID-19, it can be argued in this study that African solutions were not seen as global but western solutions were since at the same time of Covid-19, western countries produced vaccines that were on sell without WHO's approval. Further, it was surprising that African countries were skeptical about their ability to contribute to global management of Covid-19 when in real sense they had done so in matters of health before the arrival of western remedies. It is the opinion of this paper, that the rest of the world did not trust African solutions as scientific enough in the

management of Covid-19. Perhaps, the possible explanation of such mistrust lay on how Western science operate against how African science worked. In view of the foregoing submissions by African scholars reviewed, it can be argued that on the one hand, western science looks for the straight and clear which probably is easy to answer like how malaria is caused.

African science as embodied in indigenous African religion cannot be dismissed as having been irrelevant in the management of Covid-19. The way of life might have prepared Africans in advance in ways that brought the religio-scientific relation closer. This religion can be argued to have prepared the ground in a manner that medication was accepted. Possibly, it would be argued that Covid-19 strengthened African indigenous beliefs and brought African religion closer to the people than ever before. This is because, some of the seemingly African medicinal aspects like steam bath using African herbs were adopted in the management of Covid-19.

That Africans growing under the tutelage of African religion had prepared them for adaptation and resilience is a strong argument of this study. The argument gains traction from the position that African societies often demonstrate resilience and adaptability in the face of pandemics, utilizing both traditional knowledge and modern health practices. Life in traditional Africa was not static. There were changes that people underwent and there was need to adapt giving Africans access to different ways of life (Kawa, 2025). The role of African religion was seen but not in the immediate scope, an indicator that religion might be long term in addressing issues while western science is interested in the here and now.

VI. A Clash Or Resurgence?

Religious beliefs can significantly impact health, both positively and negatively, influencing decisions about diet, lifestyle, medical treatment, and even mental well-being. For example, religious practices often dictate specific dietary restrictions or influence how individuals cope with stress. Furthermore, beliefs can impact decisions regarding diet, medicines, modesty, and the preferred gender of their health providers. Some religions have strict prayer times that may interfere with medical treatment (Swihart, 2023).

Ndegwa writing in CGTN (26 April 2020) offered an insight into how both religion and culture affected the management of Covid-19 in Kenya. The author emphasized on Africans realization that COVID-19 or any other disease would not be eradicated by faith, witchcraft, or other traditional means alone. There was need for conventional medical and other practical measures. Moreover, citing the fact that religious leaders were succumbing to the pandemic, claims of religious or other supernatural intervention were proving hollow and ignorant. To further write off African efforts in the management of Covid-19 in Kenya, the author cited how the Miji Kenda elders, one of the dominant ethnic groups in Kenya's coast region, conducted traditional rituals in the community's sacred forest, cursing the "COVID-19 evil spirit." The elders also claimed to have a traditional cure for the deadly pandemic, citing the use of herbs to cure a disease with similar coronavirus symptoms that plagued the region in the 1950s. During the same period, the author reported that the Njuri Njeke elders of the Meru community in Kenya's eastern region also held a cleansing ceremony in a sacred forest to ward off the spread of the coronavirus in their area, and Kenya at large. According to the author, this was a circus taking place around Africa (CGTN, 2020).

This study however, went further to probe Ndegwa's position with one cultural gatekeeper consulted in the study arguing that:

This disease has brought us back to our traditions. We may not be doctors in the sense of westerners, but they have just taken us back to our roots where we used to steam with herbs. They have finally reminded us that our African remedies still work. Maybe after the disease is gone, we need to rethink how our herbs can be valuable (Interview 20th July 2023).

Ismailia et al (2021) admits in corroboration that Africa is home to a lot of herbal medicines and medications for all kinds of illnesses and conditions, including boosting of one's immunity. The use of herbal medicines and medications as well as increasing the intake of specific vegetables, fruits (such as lemons), and spices (like garlic and onions.) as prophylaxis for Covid-19 became very common. Although several of these herbal preparations may have no scientific bases for their usage, most Africans have strong belief in the efficacy of these home-made and herbal medications, thereby intensifying their usage in the advent of Covid-19. However, with evidence of some food supplements and herbal medicines for the suppression of host antiviral and innate immune response, it may be argued that Africa's attempt to rely on some of its indigenous medical knowledge may have also helped in boosting immune systems, to at least curb the spread of the virus. Thus, while Godwins (2020) argued that during Covid-19 pandemic religion was being abandoned, this paper argues in the opposite that, African religion as the custodian of the African worldview, was instead strengthened and brought closer to the people.

VII. Conclusion

This paper concludes that there are complexities involved in the general religio-scientific relations especially in the understanding, appreciation and acceptance that both religion and western science can work together in addressing human welfare. The common and perhaps most acceptable position about the two, it would appear, has been the hostile relationship that was influenced by their history. Scholarly submissions hinged on the premise that religion and science represent quite different and opposing fields have also informed this perception. As a result of this historical and scholarly perception, the contemporary possibilities of a better interaction facilitated by other factors such as Covid-19 management in Kenya, have been treated with doubts on both ends. However, an examination of the dynamics of the discussions in this study would confirm that, there is evidence that there is positive shift in the religio-scientific relations where in this case religion in general and African religion in particular is a major player. The shift argues for a need for both religion and science to admit that the management of Covid-19 presented unique and perhaps better ways of interaction in which they dialogued towards a common goal.

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