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The impact of the COVID-19 pandemic on religious leaders in Uganda

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The COVID-19 pandemic has been devastating for all categories and communities of people the world over. Its impact on religious practice, religious congregants, and all mankind has been profound. Precursory studies have underscored the significant contribution of religious leaders in mitigating the pandemic. However, few studies exist on the impact of the pandemic upon clerics in their own right as individuals and frontline agents in the fight against the COVID-19 pandemic. In this article, religious leaders are not distinct from other categories of persons and are, therefore, not exonerated from the effects of the pandemic. It examines their contact with the disease, and how they were affected in carrying out COVID-19 mitigating measures. Using qualitative methods of enquiry, forty religious leaders from Christian denominations and the Islamic faith formed the study population. It was established that religious leaders experienced physical, psychological, and socio-economic hardships emanating from their personal experience of the disease on one hand and as societies' frontline mitigating agents against the pandemic on the other. The impact of the COVID-19 pandemic among clerics in Uganda varied according to religious affiliation, gender, and rural-urban divide. In attempts to provide auxiliary support to mitigate the pandemic and attend to their own struggles, clerics suffered a double tragedy of trauma. The pandemic experience also changed clerics' opinions as they attempted to manage and adapt to the situation.

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Introduction

The trust and respect accorded to religious leaders in Uganda make them integral in the implementation of public programmes. In times of public crises, whether they be political injustices and upheavals, human rights violations, economic hardships, poor public service delivery, or outbreak of disease, religious leaders are called upon by both the public and those in political authority to use their public trust to mitigate such crises. Globally, studies have suggested that religious leaders are more effective messengers than other messengers in the COVID-19 mitigation programmes and that public health officials would be well served to coordinate their efforts with leaders in faith communities (Viskupič & Wiltse, 2022; Wijesinghe et al., 2022). Such findings illuminate the significant impact of religious leaders in the fight against epidemics and suggest they be accorded the protection of medical personnel in times of such health crises. However, while there exist numerous studies on the impact of COVID-19 on health workers (Chang., Chen., Lee., Lin., Chiang., Tsai., Kuo, & Lung, 2021), along with public agitation to protect frontline health workers, this is not the case with religious leaders, yet they are ever the first on call when such infectious diseases occur, to aid a conforming population to public health campaign programmes against such epidemics. On the other hand, studies involving religious leaders are concerned with their role in aiding congregants and the wider community to prevent and recover from the distress and frustration caused by the COVID-19 pandemic (Odion, 2022). There is a public perception of the invincibility of clerics when faced with disease. A literature review of the impact of COVID-19 on the church in South Africa does not address church leaders' personal experience with the pandemic and how this may have affected their personal lives and the way they performed ministry (Magezi, 2022). In a ground-breaking edited volume on 'Religion and COVID-19 in Southern Africa', several contributors wrestled with analysing the impact of COVID-19 on various categories of people, but none covers religious leaders (Sibanda, Muyambo and Chitando, 2022). In this volume, Tshenolo Magidele and James Amanze noted that COVID-19 affects all segments of the population and does not exclude anybody. However, vulnerable people are most affected, like the financially incapacitated, elderly, unemployed youth, people with disabilities, some business people, women, and children (Madigele & Amanze, 2022: p. 172). In African societies, religious leaders are rarely considered to belong to any of these categories.

Three previous studies were found to be similar to this one. The first one was by Greene, Bloomfield & Billings (2020), although, writing from the experiences of the global north, whose clerics operate under different socio-economic circumstances and cultural contexts. In the global south, especially in Sub-Saharan Africa, with a high dependence on religion, religious leaders are vulnerable to the impacts of the pandemic. The above authors studied only the psychological impacts, especially moral injury of COVID-19 on religious leaders, and as frontline workers for the COVID-19 pandemic. The second was by Kappler et al. (2022) whose concern was the impact of the pandemic on the psychological being of Catholic priests in Canada. The third study was by Osei-Tutu et al. (2021) whose emphasis was the impact of 'religious bans' during the COVID-19 pandemic upon Christian clergy. On the contrary, this study is inclusive. It is concerned with the impact of the whole COVID-19 pandemic framework, including the disease itself, COVID-19 Standard Operating Procedures [SOPs], and the accompanying restrictions for clerics from the two major religious traditions in Uganda. The reviewed studies were silent on the negotiation, adaptation, and coping mode clerics operationalised amidst the aversive moral injuries and religious bans during the pandemic, which is the second most central issue analysed in this article. Uniquely to this study was its concern with religious leaders' experience of the COVID-19 pandemic in terms of their religious affiliation, gender and rural-urban divide with a view of understanding how these circumstances influenced the way religious leaders experienced the pandemic.

In this article, we argue that Christian and Muslim clerics, who 'minister' to about 98% of Uganda's population, were affected by the COVID-19 pandemic as individuals and as frontline mitigating agents. Indeed, the position of religious leaders made them more susceptible to the pandemic than their congregants because they had to cope with their own experiences and those of others (Greene, Bloomfield & Billings, 2020). We assert that the impacts of the COVID-19 pandemic on the private lives of clerics ultimately affect their effectiveness as frontline mitigating agents in the public sphere.

Religious leaders as individuals

In much of sub-Saharan Africa, religious leaders work in collectivist cultures in which they sacrifice their individualistic self for the benefit of their followers and the wider community. Collectivist expectations of religious leaders place emphasis on emotional restraint, attendance to social cues, and the maintenance of social harmony. Clerics are not expected to express individual emotional experience (Chang., Chen., Lee., Lin., Chiang., Tsai., Kuo, & Lung, 2021). In everyday Ugandan settings, there is no distinction between the private and public spheres in the life of a cleric. Religious leaders sacrifice their private lives for the sake of the followers and the community. This creates an illusion that religious leaders are unaffected by the pains, transgressions, and public crises that transpire in their contemporary society. In this article, we theorise religious leaders as private individuals as well as public officers; two capacities that ought to be deeply scrutinised if society is to realise the best from religious personnel during times of public crises. As public officers of unprecedented public trust, religious leaders became significant in promoting standard operating procedures (SOPs) for COVID-19. As private individuals, religious leaders have a life to lead just like their adherents. They are expected to conform to and or negotiate with societal gender expectations and roles. Whilst clerics can be men and women, the society places upon them gendered familial roles. They hail from families with expectations of a son or daughter, required to take care of aging and ailing parents. Some are married with the exception of those from the Roman Catholic church. They are the breadwinners within extended family systems and are required to meet the costs of basic necessities, including medical care. Amidst the need to meet such private expectations, some religious leaders establish private businesses away from the religious work. The support from the religious institutions in which they render pastoral work is rarely adequate enough to meet private family expectations. All these have implications for the way religious leaders negotiated to have a fulfilling life amidst the COVID-19 pandemic. When COVID-19 struck, religious leaders as private individuals became infected with COVID-19, and dealt with the effects of the stringent standard operating procedures (SOPs) for the disease, which disabled global economies, imposed curfews and quarantine. Amidst such constraining conditions, religious leaders in Uganda were required to mitigate the pandemic in the public sphere. No special programmes or assistance existed for the clerics. Yet there were special programmes for the performing artists, youths, women, teachers not on the government payroll and business persons aimed at uplifting them from the ravages of the COVID-19 pandemic (Kasaija, 2021; The Independent, August 11, 2020;

The Independent, May 12, 2022). Probably, this accounts for the lack of studies on religious leaders' experience with the COVID-19 pandemic. The notion that religious leaders are 'servants of God' dissuades the populace from constructing them as private individuals who are affected by crises that challenge the wider community. Religious leaders though as mitigating agents, were experiencing the disease just like any other ordinary Ugandan.

Frontline mitigating agents

Religious leaders possess extraordinary credibility and influence in promoting healthy behaviours by virtue of their association with time-honoured religious traditions and the status that this affords them, as well as their communication skills, powers of persuasion, a captive audience, mastery over religious texts that espouse the virtues of healthy living, and the ability to anchor health-related actions and rituals in a person's values and spirituality (Anshel & Smith, 2014). Faith leaders are an integral part of the community and are known to have an immense influence on health behaviour of congregants and community members (Heward-Mills, Atuhaire, Spoors, Pemunta, Priebe, & Nambile, 2018). Previous studies have identified religious leaders as 'frontline' workers in the fight against COVID-19 pandemic, although not directly involved in the medical care provision to COVID-19 patients (Greene, Bloomfield & Billings, 2020). The public trust enjoyed by religious leaders became the yardstick upon which they were used as health influencers in the wake of the COVID-19 pandemic. They became frontline workers in the fight against the disease in societies that espouse high levels of religiosity. They cooperated with the government to halt congregational religious activities, encouraged their congregants to observe standard operating procedures (SOPs) for COVID-19, and persuaded their followers to seek COVID-19 vaccination (Isiko, 2020; Ikenna, 2020; Alwala, 2020; Onwukwe, 2021; Tsuma, 2020). Using their institutional networks, they lobbied for advanced medical facilities and provisions for COVID-19 invalids and frontline medical personnel. At the most exigent phase of the pandemic, religious leaders maintained close proximity with their followers, attending to the distressed and victims of the COVID-19. Counselling of the afflicted was preponderantly a domain of clerics known to offer hope to a forlorn population. Even with the dread of contagion, eminent religious leaders blessed the souls of COVID-19 fatalities and condoled with the bereaved families. The digital revolution glued religious leaders to cell phones and other internet-based technologies to bless the ailing. In some circumstances, the congregation anticipated financial support from religious leaders at a time when the nationwide lockdown was enforced. Indeed, religious leaders remained the 'link of hope' between a COVID-19 pandemic-distressed population, the medical fraternity, and the government.

Literature review

Globally, several treatises on Religion and COVID-19 have analysed the significant position of religious leaders in mitigating the COVID-19 pandemic. And indeed, in several African countries, they have been hailed as the game changers in combating against the pandemic (Mbivnjo et al., 2021). Much more literature is obsessed with the impact of the pandemic on religious practice, institutions and congregants but not the religious leaders who superintend over them. This was the case in Poland, Israel, Ghana and Nigeria, where studies focused on how the clergy toiled to mitigate the impact of COVID-19 on religious congregants, to guarantee that they were knitted together (Omopo, 2021; Odion, 2022; Osei-Tutu, Affram, Mensah-Sarbah, Dzokoto & Adams, 2021; Sulkowski & Ignatowski, 2020; Essa-Hadad, Shahbari, Roth & Gesser-Edelsburg, 2022). In the United States of America,

scholars of religion beseeched faith communities to bolster up members during the exigent phase of the COVID-19 pandemic, as though the ordinary citizenry were the only victims (Jacobi, Cowden, & Vaidyanathan, 2022). For the case of Uganda, Isiko (2022) has laid bare the impact of COVID-19 on religiosity, although the focus has been on the congregants' religious practice and the entire religious communities that forfeited their cherished religious practices. More specifically, it was established that the congregants yearned for the religious intimacy they had before the pandemic enjoyed with religious leaders (Isiko, 2022: p. 21). Studies from neighbouring Kenya are self-same (Sambu et al., 2021). Largely, these studies have been silent about the religious leaders' experiences of isolation amidst ministering to a distraught population (Isiko, 2022).

Other studies on the impact of COVID-19 on religion in Africa focus on the financial impact of the pandemic upon religious institutions. In Uganda and Ghana, for example, studies concentrated on how the pandemic had constrained the church's financial base and the consequent negative effect on the mission of the church (Tebitendwa & Ssendege, 2020; Osei-Kuffour, Kwasi, Sarfo, & Osei, 2022). The authors focussed on congregants and the financial squeeze but not the messengers of the gospel themselves. The assumption of the immunity of religious leaders to the consequences of the pandemic seems to be held keenly. Only the impact of the pandemic on catholic nuns—a distinct group of religious leaders has received scholarly attention (Mwale, 2022; Chatira, Zivanai, Bothwell, 2022). This study, therefore, responds to limitations of previous studies as also stipulated by Osei-Tutu et al. who identified the conspicuous silence of scholars on the well-being of the religious leaders during the COVID-19 pandemic times; and implored scholars to investigate the personal experiences of religious leaders during the pandemic (2021: p. 2245).

Methodologically, numerous research on the impact of 'COVID-19 on religion' have basically relied on religious leaders as mere objects and primary respondents not the subjects of analysis. Most studies from the global north and south are cases in point (Sulkowski & Ignatowski, 2020; Osei-Tutu, Affram, Mensah-Sarbah, Dzokoto & Adams, 2021; Isiko, 2022; Essa-Hadad, Shahbari, Roth & Gesser-Edelsburg, 2022).

Methods

This article is consequent of a qualitative study, and presents empirical findings emanating from interfaces with religious leaders in Uganda. The study was undertaken in the early months of year 2023 when there was no COVID-19 case prevalent in the country. The findings contained in this article, therefore, rely on information in the reminiscences of the religious leaders about their experience with the pandemic. The primary respondents of the study were leaders from the major Christian denominations and the Islamic faith. The Christian denominations included the Anglican Church of Uganda, the Roman Catholic church, and the Pentecostal churches. Christian religious leaders included Anglican Priests and Reverend Fathers within the Anglican Church of Uganda and the Roman Catholic church, respectively. Pentecostal leaders included Pastors, evangelists, and apostles. Islamic religious leaders included Imams/Sheikhs and other such Muslim leaders at the various levels of the Islamic faith in Uganda. The sample size was forty respondents distributed as 10 Roman Catholic clergy, 10 Anglican Church of Uganda clergy, 10 Pentecostal Pastors, and 10 Muslim leaders. Christian and Muslim leaders were the ideal respondents because their religious affiliation constituted the majority in the country, with a combined total of about 98% adherents (UBOS, 2016). The respondents were stratified according to the religious-denomination divide to

explore whether certain leaders from specific religious sects/ denominations were more affected by the COVID-19 pandemic than others. The respondents were further stratified basing on the rural-urban divide to evaluate whether or not the pandemic affected the rural and urban religious leaders differently. The impact of COVID-19 on religious leaders of a different gender was also analysed in Anglican and Pentecostal Churches where both female and male leaders are involved in ministry. The specific circumstances of male catholic priests and Muslim leaders were also scrutinised. Face-to-face interactive interviews were the primary method of data collection. However, phone calls were made to physically inaccessible clerics. All interviews were audio-recorded verbatim and subsequently transcribed. The authors critically analysed the interview transcripts to generate thematic concerns. Two broad themes were generated from the transcripts: first, the impacts of COVID-19 on religious leaders, and second, their coping mechanisms. The theme on the impacts of the COVID-19 pandemic on religious leaders enlisted three sub-themes—physiological impact, psychological impact, and socio-economic impact. To ensure anonymity, the names of respondents are replaced with the phrase 'religious cleric' followed by the religion or denomination. For example, Religious cleric Pentecostal (RCP), Religious cleric Anglican (RCA), Religious cleric Catholic (RCC), and Religious cleric Islam (RCI).

Findings
Fieldwork findings revealed that religious leaders in Uganda had the worse experience with the COVID-19 pandemic than the ordinary followers—the congregants. Religious leaders were a forsaken category of Ugandans during the subsistence of the disease. The government and society exploited them as voluntary mitigating agents due to their public offices and trust. Their centrality to the COVID-19 confrontation was only applauded in the public sphere. No one was conscious of their experience with the disease in their private sphere. In multiple respects, religious leaders across the board grieved equally. Whereas each political district boasted of a task force for COVID-19, with resources at their disposal, religious leaders were non-members despite being called upon to mobilise their faithful to embrace COVID-19 health programme. They neither received special incentives nor resources for the mobilisation of the masses against COVID-19. The socio-economic effects of the COVID-19 pandemic cut across the denominations. The emotional effects of stress, fear, anxiety, and worry were felt at more or less the same levels. However, the Christian leaders had an eschatological outlook on the pandemic more than the Muslim leaders. Christian leaders believed the end of the world had come. However, their Muslim counterparts were more resigned, summarised in the phrase "Insha Allah," which literally means "May Allah's will be done".

The COVID-19 pandemic impacts also varied along gender lines. The male religious leaders were more afflicted than the female. The urban-based clerics were more affected than those whose pastoral ministries are rural-based. In terms of religion and denomination divide, Muslim clerics were more affected by the consequences of the COVID-19 pandemic than their Christian counterparts. The findings demonstrate three areas in which the religious leaders experienced distressing impacts of the disease and its accompanying SOPs. These were physical or physiological, psychological, and socio-economic hardships. Each of these findings are presented in independent subsections.

Physiological impacts
The overriding physiological COVID-19 experience of religious leaders is that they contracted the disease just like other humans. Ugandan religious leaders faced choices of protecting their own

safety and attending to the spiritual desires of their followers. In this specific study, out of the 40 respondents, seven had caught COVID-19; 1 from the Anglican Church, another from the Roman Catholic church, 2 from the Pentecostal faith, and 3 from the Muslim faith. These combined figures represent 17.5% positivity of the 40 study respondents; which is above the national positivity rate of 17%, which Uganda registered at its highest peak in 2021 (Ministry of Health 2021). Using the study respondents' positivity rate for COVID-19, it implies that religious leaders in Uganda were affected by COVID-19 infection above the national rate for ordinary Ugandans. Even though there was a government ban on public burials, especially for confirmed COVID-19 fatalities, most religious leaders felt duty-bound to bless the souls of the departed believers. It was hard for them to turn down such requests. The use of shared microphones without sanitising them at burials was the likely supposition for the religious leaders' COVID-19 infection. Among the Muslims, however, the study established that failure to observe SOPs (performing Islamic burial rituals) could be the primal cause. All respondent clerics who contracted the disease reported several departed colleagues. Although official statistics about COVID-19 victims and deaths among religious leaders in Uganda are unavailable, mainstream and social media were dominated with tales of fallen religious leaders. For example, the Catholic Church lost two retired Bishops within the Central region and eight Reverend priests; the Anglican Church lost three Bishops—two from the northern region and one from the Western region; the Muslim faith lost six sheikhs-three from the central region, two from the Western region and one from the Eastern region including the Chairperson of the Uganda Muslim Supreme Council. The Pentecostal Churches lost two Bishops--one from Western Uganda and another from Kampala along with an unspecified number of pastors. In a specific development, it was reported that over 19 Pentecostal pastors had perished in the Eastern region alone (Mugenyi, 2021; Omollo et al., 2021). One of the Sheikhs reported more undocumented deaths among Muslim clerics than other religious faiths (RCI, Personal Interview, February 23, 2023). Official statements from the Islamic faith leadership in Uganda indicated 40 Muslim leaders had died of COVID-19 between March and December 2020 (New vision, 2020). Although the statistics on COVID-19 fatalities among Muslim clerics provided by the Ugandan Muslim leadership cannot be confirmed, the situation points to a gruesome picture of the COVID-19 experience among this group of leaders. The December 2020 Ministry of Health's report on Uganda's response to COVID-19, indicated 238 fatalities (Kaducu, 2020). Muslim clerics accounted for 16.8% of total COVID-19 deaths in the country. Just like in other countries, the Muslim leaders' hesitation to renounce the Islamic burial rituals was specified as the major cause for the peak COVID-19 fatalities among Muslim leaders in Uganda. Respondents from the Islamic credence expounded that the performance of Muslim religious burial rituals including cleansing, shrouding of the body and the congregational funeral prayer (RCI, Personal Interview, Jan 29, 2023) exposed the Muslim leaders to COVID-19 infection. Though these rituals had been successfully observed in Egypt and the UK, insufficient protective gear among Ugandan Muslim leaders endangered them (Al-Dawoody & Finegan, 2020).

Data collected from the 40 respondents does not exhibit any female victims. This was explained by one respondent:

> Women are not as daring as their male counterparts. As a result, female leaders did not participate in some of the dangerous religious rituals during the pandemic like performing religious rites for the COVID-19 bodies (RCA, Personal Interview, April 19, 2023).

Still, women do not numerically rival men in religious clerical orders in Uganda hence risking more men on comparative analysis. However, some male religious leaders, especially among the Catholic and Anglican faiths conducted religious burials and paid pastoral visits to believer's homes during the fatal phase of the pandemic. This could have exposed them to COVID-19. The seven respondent religious leaders who contracted COVID-19 were urban-based, hence urban religious leaders were more vulnerable than their upcountry counterparts, partly because of the overcrowding and usual sharing of essential facilities in the urban areas. Overall, even in non-religious settings, COVID-19 cases were more pronounced and recorded in urban settings. This finding, however, could be counteracted by the fact that the rural areas had limited access to COVID-19 testing services. This made it untenable to establish a significant disparity.

Apart from COVID-19 infection and fatalities, religious leaders were also hit hard by the nationwide lockdown to reduce the spread of the virus. While this was effective, it incapacitated religious leaders executing their pastoral obligations to COVID-19-distressed families. They were deprived of travel permits. A religious cleric recounted how they circumvented the stringent movement restrictions:

> For those who had to travel a few kilometres to attend to COVID-19 stricken families, away from their official or private residences by automobiles, had to seek permission from law enforcement officers or were allowed to pass through restrictive traffic checkpoints due to their moral status that the public accords them. This was possible, especially when they were well dressed in their religious clerical robes, which visibly identified them as such without disputation. However, some had to walk and take longer routes by foot, unnoticed and unpatrolled by surveillance security, to reach bereaved families (RCC, Personal Interview, April 8, 2023).

On a positive note, the COVID-19 lockdown permitted religious leaders time to take a break from religious duties. Male religious leaders reported physical reinvigoration upon resumption of their routine after the lockdown. The COVID-19 lockdown enabled religious leaders to work on their physical fitness. Some started a physical fitness routine and observed a day of rest that has carried on even after the pandemic (RCC, Personal Interview, February 22, 2023). This was manifested especially among urbanised religious leaders. In rural settings, deliberate physical exercises are deemed a luxury reserved for the well-off and elite, a notion held strongly by most religious leaders in the villages. However, for female religious leaders, their experience was different. A female religious cleric shared her experience:

> I lost weight due to heavy domestic chores. I turned into a typical housewife, not any different from the ordinary women I have been mentoring at church. My work oscillated between the garden and kitchen; nursing my children and our extended family members. It was extremely exhausting (RCP, Personal Interview, January 15, 2023).

Female religious leaders were forced to accomplish their cultural-gender reproductive roles since they were grounded at home. Previously enjoying evangelical and pastoral responsibility in the public sphere, female religious leaders experienced the effects of women's domestication. Indeed, the difference in experiences of 'stay home' approach to mitigate COVID-19 between male and female leaders laid bare the prevalent gender dynamics in Ugandan societies; theological practice included. Still, many religious leaders discerned that some religious praxes, like hugging followers as a symbol of oneness, and the laying of hands-on people for prayers, could be perilous avenues to contracting the virus and were henceforth avoided.

Socio-economic impacts

Just like their followers, religious leaders endured the severe socio-economic impacts of the COVID-19 pandemic. The only distinction, however, is that they caught the disease more frequently than their ordinary believers. Generally, it is conventional for Ugandan religious leaders to adopt and nurse orphaned and other vulnerable children in their households. With the closure of worshipping places, the leaders had no assured source of income since church offertories were no more. A male Pentecostal pastor in an urbanised setting recounted his struggles to meet his extended family's basic needs, thus;

> It was a terrible period. The pandemic commenced when I had just adopted three orphaned children. Maintenance of the family became a thorn in the flesh with the dismissal of my school-going children due to the pandemic. In addition, my aging father's health dwindled tremendously during the initial wave of the pandemic, and availing medical attention rested solely upon my shoulders even in the pre-pandemic times. Whereas the cost of basic food stuffs reduced during the lockdown, I had funds at my disposal to facilitate adequate provision for my family. Placed between a wall and a hard place, I backslid in faith and questioned God, 'why at this material time would I go through such tribulation?' (RCP, Personal Interview, March 11, 2023).

Religious leaders in the metropolitan localities were more devastated than their upcountry counterparts. This was especially so with Pentecostal leaders in the urban areas, most of whom rent space for church service and personal family accommodation. Rural-based religious leaders were not grossly impacted, for their communities perceived them as not any distinct from them, equally surviving on the bare minimum and peanuts just to keep the body and the soul together. In addition to meeting costs for their families, religious leaders circumvented a hurdle of the devoted and non-believers who resorted to them for monetary rescue consequent to the abrupt enforcement of lockdowns and curfews. Some disillusioned young mothers abandoned their little ones at the residences of religious leaders due to financial destitution. Religious leaders, therefore, faced a double jeopardy of meeting individual basic needs for their nuclear families, extended family members, and underprivileged community members. Stressed by the exigencies of their families and extended relations, religious leaders endured a feeling of inadequacy. The trust in religious leaders for financial assistance in Uganda has its genesis from historical perceptions ushered by European Christian missionaries who enticed African converts with assistance through charities. Male religious leaders were more weighed down because of the socio-cultural construction of Ugandan society which situates men as breadwinners. Africa is largely patriarchal. Only women-headed households are women breadwinners. This is a rarity among religious leaders since marriage is a major prerequisite for the occupation of a religious office in Uganda.

However, Roman Catholic clergy were less affected than their counterparts because they did not raise families. It was effortless for them to get rid of the small staff at their disposal to minimise the costs. These however, carried on with meeting costs of medical care and subsistence to their ailing kin. In very isolated cases, they reported receiving numerous requests to clear believers' medical and subsistence bills. This is premised on the socio-cultural construction of celibate Catholic priests in Uganda who are presumed to be holding on to an income, yet they lack responsibilities. This explains the overwhelming requests for

financial handouts from their congregants. The polygamous Muslim leaders were often challenged in catering to spouses who were distant from the main home.

Consequent to such incessant socio-economic obligations, some leaders uncharacteristically turned away guests under the guise of observing and enforcing COVID-19 SOPs. Some urban-based leaders relocated to villages where the cost of living was moderate on comparative analysis with conurbations. Fear of losing their jobs and ministries and being able to maintain their socio-economic balance caused some leaders to abandon ministry and set up other businesses for survival. Leaders from the diverse religious denominations secured minimal sustenance from their religious institutions and individual followers but it was not sufficient to cover their familial needs during the lockdown. The Catholic priests and Muslim leaders got their full salaries, while Anglican church leaders and most of the Pentecostal leaders received part payments. Male leaders were grossly mortified before their dependants when they were at their minimum level of economic power.

On a positive note, in line with the emerging socio-economic privations, the COVID-19 pandemic stimulated the innovativeness of religious leaders. Some economically diversified through agriculture and other petty businesses. This was especially true with upcountry-based leaders. This was illustrated by one of the Bishops in the Anglican Church of Uganda:

> Most family members of our clergy learnt and adopted new crafts skills like making masks and growing fast yielding crops like vegetables since there were no donor funds. They even developed a vibrant saving culture (RCA, Personal Interview, May 18, 2023).

Whereas this was a wonderful coping strategy against the economic shocks arising from the pandemic, it brought about a change in public perception of religious leaders in society. Their spiritual-mystical representation was challenged as believers witnessed their previously esteemed leaders resort to ordinary chores for survival. They were deprived of their esteemed construction as spiritual mentors. Some religious leaders painfully borrowed money to sustain their families and maintain their image. This felt strange to those who were accustomed to enjoying charity from their congregations. For the urban-based religious leaders, loan sharks were hesitant to extend loans to them because they were unsure that leaders were capable of servicing the loan. At a minimal level, some of the believers met the requirements of their religious leaders. This led to more bonding between the religious leaders and the believers. Muslim leaders learned the tribulations that emanate from big families.

For purposes of constraining expenditure on COVID-19 medical care, the ministry of health SOPs were adopted by the clergy. These included washing hands, observing general hygiene, and avoiding unnecessary touches. There were gender overtones in the implementation of hygienic practices in the homes of religious leaders, with women leaders enforcing them much more than male leaders. This communicates the masculine-feminine divide in enforcing hygiene in the homes of religious leaders, which is an extension of the reproductive gender roles ascribed to women in a patriarchal Ugandan society. To the Muslim respondents, however, this was not pronounced since keeping body hygiene is part and parcel of worship practiced even before COVID-19 struck. While technology was embraced to reach out to believers since the worshipping places were closed, with more online-based religious services, the use of electronic media made many religious leaders acquire better computer and modern technological skills.

Social and psychological impacts

A combination of physiological and socio-economic distresses caused by COVID-19 itself, and its accompanying mitigation measures had a toll on the social and psychological well-being of leaders. Although it is also verifiable that the pandemic itself caused emotional, psychological, and social instability within the lives of religious leaders, experiencing the demise of their kindred and some of their religious followers to COVID-19 in a situation where they were looked up to as capable of reversing the situation by inviting God's mercy was devastating to leaders. They felt a sense of shame and helplessness, as they were incapable of reversing the situation yet known to be servants of the spiritual. Religious leaders were particularly more affected during the second wave than in the first wave. The second wave was affecting them individually, with an innumerable number of relatives and friends being lost to COVID-19. By June 27, 2021, a combined number of 22 renowned religious leaders from both traditional and Pentecostal churches and the Muslim community in Uganda had succumbed to COVID-19 (Daily Monitor, June 27, 2021). Given the massive deaths of their own, it left religious leaders at crossroads with regard to what message to relay to the distraught, puzzled population. It was the gross impact of this second wave that forced religious leaders not to complain about or proclaim healing—a spiritual prescription justified to be ineffective. This low-key attitude of religious leaders during the second wave was psychological and part of human nature regardless of religious ideology, in that disease and sickness become more meaningful when felt than imagined.

Indeed, religious leaders felt psychologically devastated over their failure to provide an escape route to a populace battling COVID-19. The feeling of infirmity was top-notch among religious leaders across the religious divide. The public, on the other hand, had immense optimism and suppositions in the ability of their religious leaders to avert the obscure disease through their intermediary role with the spiritual. According to some religious leaders, especially from the Pentecostal Christian strand, they were agitated by being mistrusted by their devout followers and the subsequent psychological torment over their impotence in prophesying the commencement, climax, or culmination of the COVID-19 pandemic (RCP, Personal Interview, February 4, 2023). Even with the aid of electronic media to reach out to the ailing and bereaved, religious leaders were emotionally strained as their involvement was insufficient to untangle the emotional challenges of their debilitated believers.

More distressing were the sentiments aroused by social isolation and stigmatisation, which were experienced by religious leaders. A cleric explained his experience of stigmatisation and isolation due to COVID-19 thus;

> Some of us were deserted by our immediate associates for dread that we had COVID-19. A comrade from the vicinal parish was banished from the bedroom by his wife for attending the burial of a COVID-19 victim in the community. My home was henceforth envisaged as a hotspot for COVID-19 (RCA, Personal Interview, Jan 19, 2023).

Two categories of religious leaders arose here: those who had relocated to their cradle villages where they had not lived for a long time and those who remained at their pastoral stations incarcerated from the wider public. Confinement in their homes due to restrictions on movements made some leaders seem vulnerable. Staying full-time with close family members subjected them to keen scrutiny, thereby exposing some of their flaws that could not easily be detected during the pre-pandemic epoch due to limited interaction with family. There arose suspicion from the

family members when a cleric once in a while went out to offer spiritual and psychological support to the believers. Spouses of these leaders could isolate their wives/ husbands suspecting them of having acquired the virus from the pastoral work. Muslim leaders who had more than one wife (in different and distant locations) got trapped by COVID-19 lockdown in one of the homes for the entire period due to travel restrictions. Some Muslim leaders reported being abandoned by all the wives, with each of them being suspicious that the husband could have contracted COVID-19 from the co-wife (RCI, Personal Interview, March 9, 2023). Consequently, some reported psychological insecurity as the marriages of some leaders were strained during the pandemic.

The religious leaders who relocated to villages away from their pastoral stations suffered from a change of acquaintances, from being restricted to believers of their religious sect to more relationships with village mates whom they had not interacted with in a very long time. Indeed, even after the opening up of the country, religious leaders had lost contact with some of their believers who, even after COVID-19, did not come back to the religious congregations they led. Leaders lamented over some of the prominent Christians who continued to stay away from church buildings after the threat of COVID-19 had diminished (RCA, Personal Interview, May 07, 2023). The vulnerability experienced during COVID-19 compelled some leaders to discern that they are not very different from the rest of the lay people. Leaders had to seek fresh relations and alliances as safety nets against socio-economic shocks and social-psychological impacts. This humbled most leaders while relating with non-leaders. Religious leaders, especially of the Christian religious denominations, developed an eschatological outlook amidst the pandemic. They went into intense prayer and meditation on the word of God through the reading of holy scriptures. As observed by one Bishop, their experience of the COVID-19 pandemic, revealed God's superiority over and above human understanding and that he controls the destiny (RCA, Personal Interview, May 28, 2023). All the Religious leaders reported becoming more prayerful, realising that any time they could also meet their creator. Some reported that they spent time repenting and preparing for judgement day, believing that COVID-19 might herald the end of the world.

The physiological, social-psychological, and socio-economic impacts of COVID-19 on religious leaders impacted adversely on their religious ministries. Acting effectively as frontline mitigating agents against the COVID-19 pandemic turned into a nightmare. At individual levels, religious leaders had been beaten flat by the ailment and its resultant restrictions. They seemed like field commanders who had succumbed to the enemy much earlier than their troops. It was impractical for religious leaders to extend the much-craved emotional and psychological solace to others. It was reckoned that some backslid in their resolute to minister. They felt abandoned by not only God but also their congregants (RCC, Personal Interview, March 18, 2023). They were sceptical about the future. They, therefore, lacked a basis for asserting optimism among the distressed. Still, their mobility was curtailed by the stringent travel curtailments. This inhibited the extension of spiritual and psycho-social services to their followers. The dearth of alternative income (away from the church/mosque collections) emaciated their financial muscle. It was such a contradiction that even when government relied on religious leaders and their institutions to roll out COVID-19 mitigation measures, they were never qualified as 'essential workers', which would have smoothened their livelihood and response to communities' concerns during the subsistence of the pandemic. Notably, religious leaders were devoid of a uniform voice to express their concerns to the government. They endured individually, so the government turned a deaf ear to their plight.

Discussion

The basic argument of this article is that religious leaders' experience with COVID-19 at both the personal level and as frontline mitigating agents has been a neglected area by both scholars of religion, public and non-state actors due to their perceived invincibility to public crises. However, the study findings show that COVID-19 affected Ugandan religious leaders more than ordinary Ugandans. Some perished due to COVID-19. Others experienced physiological, socio-economic, and psycho-social imbalances consequent to their personal interface with the disease and as frontline mitigating agents. The study findings further indicate that although religious leaders of all religions endured the COVID-19 impacts, the severity differed between religious affiliation, gender, and rural-urban divide.

The findings demonstrate that religious leaders from the global south were more ravaged than those from the global north. Studies by Al-Dawoody & Finegan (2020), Essa-Hadad et al. (2022), and Greene et al. (2020) mention support systems established in countries of the global north to safeguard religious leaders from contracting COVID-19. These were not evident in African countries, especially Uganda. With specific reference to the United Kingdom, United States of America, and Canada, detailed guidelines and manuals were produced by the state and religious authorities on the burial of Muslim COVID-19 victims. These guidelines and manuals were to be observed by Imams and Sheikhs without alteration (Al-Dawoody & Finegan 2020). This study, therefore, brings to the fore the unique experiences of religious leaders from the global south in relation to COVID-19. Religious leaders from the global south lacked welfare systems specific to religious institutions and leaders. Leaders who received state support lived more happily. These findings align with those of previous research on religious leaders, which established that they face multiple chronic and acute pressure, including unrealistic expectations from congregants, financial strain, community conflict, porous boundaries between work and home, high levels of criticism from others and serving as frontline mental health care providers with inadequate support (Ruffing et al., 2021)). In Uganda's case, the failure to provide resources and incentives to religious leaders for mobilisation of congregants against COVID-19 stems from a stereotypical popular African perception, that situates religious services as extended gratis in anticipation of heavenly rewards.

The confluence of religious affiliation, gender, and rural-urban divide in determining the severity of the impacts of the COVID-19 pandemic on religious leaders speaks volumes about the intervening variables that influenced the fight against the COVID-19 pandemic in Africa and Uganda in particular. Generally, religious leaders had a worse experience of COVID-19 than ordinary Ugandans, which is explained by theoretical postulations of Ruffing et al. (2021). He finds this unsurprising given that religious leaders often have high levels of emotional exhaustion, anxiety, depression, and burnout due to unrealistic expectations despite a lack of control over situations that arise in their ministry. Indeed, religious leaders experience post-traumatic disorder that is higher than those of the general population due to the likelihood of re-experiencing, hypervigilance, and arousal associated with post-traumatic stress disorder (PTSD) (Ruffing et al., 2021).

The findings further indicate that Muslim leaders suffered much more than the Christian leaders mainly due to failure to observe the Ministry of Health SOPs on burial. Most prioritised the spiritual dictates of Islamic burial over their own safety. Christian leaders did not abandon their burial rites, but the cleric officiating the burial was not required to touch the corpse. This was the defining difference between the Muslim leaders and Christian leaders which explains the differences in scores of COVID-19 cases and fatalities. In terms of gender, male leaders than women religious leaders were more burdened with the

effects of the COVID-19 pandemic. This defies the orthodox narrative which constructs women in an overly powerless situation with regard to COVID-19. Narratives of sexual and gender-based violence awash in the literature on the effects of the COVID-19 pandemic on the female gender are absent with female religious leaders, although they suffered an extra burden of domesticity. This could be accounted for by their privileged status —as religious leaders and spiritual intermediaries, shielding them away from patriarchal violence. Nonetheless, the recount of immense domestic chores by female religious leaders during the COVID-19 lockdown is a continuum of the burdensome reproductive roles rested on the shoulders of most domesticated women in African societies. Without a doubt, the closure of places of worship and the nationwide lockdown trapped female religious leaders in this reproductive role conundrum. The social-cultural construction of men, however, put male religious leaders in a more disadvantaged position than their female counterparts. Despite the closure of places of worship, which was their major source of income to sustain their families, male religious leaders had to find alternative sources of income so that they could fit in the masculine descriptive environment as breadwinners. Contrary to traditional postulations that patriarchal ideologies and practices privilege men and disadvantage women, male religious leaders' experience of the COVID-19 pandemic put their masculinity on test. In order to live by the masculine expectations of society, their religious expectations as flamboyant 'men of God'—spiritual elitism diminished as they resorted to 'undignified' alternative ways of survival to fend for their families in pandemic times. It is this 'masculine pressure' emanating from circumstances occasioned by the COVID-19 that heightened their psycho-social troubles.

With regard to the rural-urban divide, the findings clearly demonstrate that urban leaders faced worse experiences of the COVID-19 pandemic than those in rural settings. This was mainly due to the socio-economic challenges, especially the hiked cost of living exacerbated by the closure of 'non-essential services', religious ministries inclusive. Unlike elsewhere, in the Ugandan setup, religious leaders are usually full-time in the service of their religious organisations with no alternative financial bases. With insufficient or no earnings at all, yet with a hike in the prices of basic commodities, urban religious leaders, just like other categories of urbanised Ugandans, found it distressful to sustain livelihoods in towns during the closure of the economy. This was complicated by being much more predisposed to COVID-19 infection than their counterparts in rural settings.

We, therefore, opine that despite the religious leaders' spiritual stances and perceived proximal relationship with the spiritual, they, too toil with psycho-social breakdown when confronted with unfortunate circumstances like the outbreak of a disease without a known cure. The challenges of depression, loneliness, and many more seemed to cut through the experience of religious leaders globally (Kappler et al., 2022). Tirelessly working to mitigate the COVID-19 pandemic in their communities without any support systems, incentives or resources to do so led to their burnout. The Ugandan scenario demonstrates that to effectively utilise religious leaders' public trust and their mass mobilisation advantage towards public development programmes like health campaigns, religious leaders require government's support (Isiko, 2022). Religious leaders also anticipate support during the pandemic times. Moreover, the findings here stipulate that religious leaders stand a high risk of suffering from secondary trauma as a result of their exposure to other people's traumatic experiences (Greene et al., 2020; Ruffing et al., 2021). With about 98% of Ugandans professing one of the religious faiths, and Ugandans more inclined to trust and pay homage to religious leaders than any other categories of public officials and institutions, religious leaders deserve utmost protection and support

in times of crises, for they hold the key to influence people's decisions about public health programmes. Indeed, the study purges lay thinking, which presupposes the immunity of religious leaders to public crises due to their spiritual intermediary role in society. Religious leaders are not immune to pandemics and diseases as COVID-19 indiscriminately affected all categories of persons, including those who claim supernatural powers to heal the sick and diseased.

Limitations

Among the limitations of the study is that data collection was done much later after the suspension of COVID-19 restrictions in Uganda. The religious leaders were simply recollecting their experiences of the pandemic at a period of normalcy. Possibly, it would have been a different story if data had been collected at the time when the disease was at its height, and there were stringent social restrictions. Religious leaders' spot-on experiences of the pandemic would have performed miracles for the authors. Secondly, while the forty respondents were representative enough to suit a qualitative study of this nature, the high number of religious ministers who self-enrol in the religious service in Uganda dwarfs the representative sample.

Thirdly, the findings of this study may not be generalised to other religious leaders who belong to non-institutionalised religious groups because their religious organisation is somewhat different and may not have been affected by the COVID-19 pandemic as the case with Christian and Islamic denominations. Therefore, further studies need to be done on the impact of COVID-19 upon the much-neglected religious leaders in non-institutionalised religious groups like Indigenous religious belief systems, African Initiated churches, and other such religious cultic leaders because they too sway a sizeable number of followers for such public health campaigns.

Conclusion

Based on the findings and discussion thereof, it can be concluded that far from popular stereotypes, religious leaders were more affected by the consequences of the COVID-19 pandemic than other categories of persons, their followers inclusive. They endured double tragedy of exposure to COVID-19; as individuals in their families and as frontline mitigating agents. Tending to those ailing from COVID-19 and its accompanying effects and attending to their own tribulations arising from the same heightened their psycho-social challenges, making it difficult to execute their pastoral duties. For countries like Uganda, where religious and religious leaders are instrumental in averting public crises and mobilising citizens for public health programmes, governments ought to be protective of religious leaders as essential workers. Institutionalised funding to religious leaders from the state to complement government programmes ought to be provided. The health and personal safety of religious leaders—as that of medical workers—should be central to governments if leaders are to spearhead public conformity to disease-mitigating measures.

Data availability

The interview guide used as well as analysed and aggregated qualitative data from all interviews of religious leaders are available and can be accessed from the authors upon request.

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Acknowledgements

Author contributions
Alexander Paul Isiko: study conception and design, writing the literature review and methodology sections, analysis and interpretation of results, draft manuscript preparation, final manuscript preparation. Joy Isabirye Mukisa: interviewed religious leaders, summarised field interview findings, drafted manuscript preparation, and wrote the conclusion.

Competing interests
The authors declare no competing interests.

Ethics approval
Ethics approval was granted by the Anglican Diocese of Busoga Administration through the office of the Diocesan Secretary. This approval is contained in a letter written by the Diocesan Secretary of Busoga Diocese vide: ADM.1/OCT. 24. This approval is dated 20th October 2024. The scope of the review was limited to a review of the research proposal and accompanying interview guide(s) to ascertain whether the information sought would not injure the reputation of religious leaders and religious institutions. This is to confirm that the study was conducted in accordance with the regulations and guidelines of the Helsinki Declaration.

Informed consent

Informed verbal consent was sought at two levels. The first one was from the Diocesan Secretary of the Diocese of Busoga to interview clerics in the Diocese. Diocesan Secretary is the day-to-day administrative head of the diocese and in charge of the administration of clerics of the diocese. The second was informed verbal consent obtained from all the forty religious leaders to accept a one-on-one interview and have the audio of the interview recorded. Religious leaders indicated their willingness to provide information orally. Each religious leader orally consented during their different date(s) of interview. A verbal consent form was filled out by the researcher indicating the interviewee's name, title, and initials in the place of the signature. But before consent to interview was sought, the researcher explained to each religious leader the aim and objectives of the study, and were assured of anonymity and confidentiality; with their actual names not revealed in the published article.

Additional information

Supplementary information The online version contains supplementary material available at https://doi.org/10.1057/s41599-025-04563-y.

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