



Clemence Makamure

4 PRAYERS FOR PROTECTION? A CRITIQUE OF AFRICAN INITIATED CHURCHES' RESPONSE TO COVID-19 VACCINATION IN ZIMBABWE

Abstract

The advent of COVID-19 and the subsequent array of fast-tracked vaccination against the disease gripped many people with fear and relief and the same time. Various perceptions emerged as people were in a dilemma as to how they should manage and put under control the pandemic. As the vaccinations were rolled out to people, different viewpoints erupted. The church also expressed its perceptions on the vaccines. The church had a myriad of reactions in so far as the rolling out of vaccinations was concerned. The mainline churches saw no problem in following the view and plan of the government. Some Pentecostal churches were treating it as accepting the mark of the beast. Other church denominations used quiet diplomacy on the issue of vaccination. Some African Initiated Churches opted for prayer rather than vaccines on the issue of COVID-19. It is light of this that this chapter intends to give a critique of the responses of African Initiated Churches to COVID-19 vaccination in Zimbabwe. The chapter uses the qualitative approach to glean the efficacy and non- efficacy of prayers for protection against the pandemic. Focus group discussions, personal observations, interviews and document analysis were used to glean data. The chapter focuses on how African Initiated Churches were placing importance on prayers for protection against the pandemic instead of embracing the COVID-19 vaccines that the nation was rolling out.

Keywords: African Initiated Churches, Church, COVID-19, Prayers, Protection, vaccination, Zimbabwe

Introduction

COVID-19 has left the global community devastated as it takes its toll on the population, leaving hundreds of thousands dead across the globe. The advent of COVID-19 was a nightmare to Zimbabweans in all circles of life. People were gripped with fear and pandemonium was the order of the day as the pandemic was spreading like veld fire to all corners of the nation.

The pandemic made people to seek all possible help and potential solutions from various facets of a rich repository of indigenous knowledge systems that have been handed over from generation to generation, since time immemorial. Rather, the crisis made communities to resort to all possible remedies to bail themselves out of the situation. The remedies that most people opted for are a product of a constellation of indigenous beliefs, which the medical practices and some religious traditions have not accorded any recognition within the global medical epistemologies. However, the advent of the novel COVID-19 has witnessed a high level of utilisation of indigenous traditional remedies as people grope and stumble in the dusk of dwindling medical systems. As the pandemic continued to surge, people from various walks of life started to keenly involve themselves in finding possible remedies to opiate the harshness of the disease. As a contribution to the fight against the COVID-19 pandemic, the Western communities came up with different COVID-19 vaccines which they recommended for use by every nation. It is this gloomy reality that propels this study on the responses of AICs to COVID-19 vaccination in Zimbabwe. The chapter attempts to nudge for the interrogation of the efficacy of prayer for protection in the face of COVID-19 that is threatening people's lives in Zimbabwe. The chapter, therefore, seeks to investigate the reliance on prayer by the AICs community in fighting against the pandemic in Zimbabwe.

Methodology

The study adopted the qualitative research design which is quite suitable in investigating complex socio- cultural behaviours and factors contributing to vaccination acceptance and hesitancy in the AICs in Zimbabwe. The qualitative research paradigm helped to capture and understand differences in perspectives among the different groups of AICs and provides in-depth knowledge of the various meaningful factors that underlie the importance given to prayers for protection. It also helped in understanding the context of the attitudes of AICs towards COVID-19 vaccination. The use of key informants including health-care workers and religious leaders and their followers allowed the researcher to capture important information from first hand sources. As a way to hide the real names of the informants, each participant was given a code from A to L. The phenomenological method was used as a dominant model in data collection and analysis. The method is occasionally known as the comparative

method to the study of religion (Chimininge & Makamure, 2021). According to Cox (1996), the phenomenological method requires the researcher to suspend or bracket previous ideas, thoughts, opinions, and beliefs of a community one is studying. This enables the researcher to observe the phenomena as they appear rather than as they are understood through opinions formed prior to observation. Academic theories about the nature, function, purpose or meaning of the phenomena under study must also be suspended or bracketed (Cox, 1996:26 cited in Chimininge & Makamure, 2021). This study applied *epoche*, empathy, describing and naming the phenomena in the collection, presentation and analyses of data on African Initiated Churches' response to COVID-19 vaccination in Zimbabwe. The phenomenological method is pensive with bringing to the fore differences and similarities between two or more entities, be it historical epochs, personalities, events or components (Chimininge & Makamure, 2021:156). Since the term AICs involves a large spectrum of churches, for the purposes of this study, focus is on garmented churches which are commonly referred to as Apostolic churches. These include the Apostolic Church of Johane Masowe Wechishanu (JMC), Apostolic Church of St John (ACJ), African Apostolic church of Paul Mwazha (AAC), Independent African Church (IAC) and the Johane Marange African Apostolic Church (JMAAC). The churches are scattered all over Zimbabwe but the study focuses on Harare urban and Domboshava peri-urban areas.

Defining African Initiated Churches

The meaning of the term African Initiated Churches (AICs) has been grappled with by many scholars of theology and religious studies. AICs have been accredited for being profoundly engrained in culture and socio-economic lives of Africans. Their perception of salvation is holistic as they conceive human growth and socio-economic attainment as part of God's salvation plan for humanity. The acronym AICs has attracted many different meanings, depending on the scholars' interests and opinions. A diversity of coinciding terms such as African Independent churches (Turner, 1979:92), African Indigenous churches, African Initiated churches, African International churches (Ter Haar, 1998) and more recently, African Instituted churches (Chitando, 2004), have been used by scholars. This implies that the 'I' in the acronym has been accorded different meanings. However, no matter what the 'I' stands for, the meaning

and subject matter remains the same (Mapuranga, 2013). In essence, the term African Initiated Churches refer to churches founded in Africa by Africans for them to worship in African ways (Mapuranga, 2013). Turner (1979:92) defined AICs as churches primarily founded in Africa by Africans for Africans. Mapuranga (2013), further articulates that AICs are bodies that have originated in Africa and have not depended on any religious group outside Africa for funding, leadership or control. Appia-Kubi cited by Olowola (2014) defines African Independent Churches as churches by Africans for Africans in [their] special African situations. They have all African membership as well as all African leadership. In this chapter the term AICs refers to Christian movements in Africa that have sought to make Christianity more relevant to the African context. They are churches in which the African worldviews, culture and spirituality found fulfilment in a Christian way. The term refers to all Christian churches, which were founded and are led by Africans in an African style of leadership and worship systems.

Sundkler (1948) made an attempt to typologically divide AICs into two distinct groups which are Ethiopian and Zionist Churches. In his typological understanding, Sundkler (1948) postulated that the Ethiopian Churches are those which retained the structures and practices of mission-derived churches while the Zionist Churches emphasised the role of the Holy Spirit and had a completely different outlook from the missionary oriented churches. Mapuranga (2013) categorised the AICs into three groups which are Ethiopian churches, Zionist churches and Apostolic churches. For her, the Ethiopian churches are those which have no claim to manifestations of the Holy Spirit. They reject European leadership and their belief is anchored on Psalms 68:31b, which says: "Let Ethiopia hasten to stretch her hands to God." Examples of such churches include the African Congregational Church by Rev Sengwayo, First Ethiopian churches (*Topia*) by Bishop Gavure and the African Reformed Church by Rev Sibambo (Mapuranga, 2013).

The Zionist type of AICs have their root in the Zionist movement in South Africa and Zion City, Illinois, in the United States of America (Anderson, 2001:16). They emphasise the activity of the Holy Spirit, healing, prophecy and abstention from various dietary obligations as stipulated in the book of Leviticus. In Zimbabwe, typical Zionist churches include the Zion Christian Church of Bishop Samuel Mutendi, the Zion Apostolic Church of Bishop David Masuka and the Zion Apostolic Faith Mission by Bishop Andreas Shoko.

The Apostolic churches emphasise the phenomenon of speaking in tongues, basing on the Acts account of Pentecost (Acts 2:1-13). This grouping can be further divided into white garment apostolic churches and Pentecostal churches. Typical examples of white garment churches include the Johane Marange African Apostolic Church (JMAAC), Johane Masowe WeChishanu (JMC), African Apostolic Church (AAC), Independent African Church (IAC) (Chimininge and Makamure, 2021:155). The white garment churches are also referred to as *Mapostori* or *Masowe* in the local language in Zimbabwe. The Pentecostal churches have their roots in the spiritual stimulus at the Azusa Street Revival in the United States of America (Onyinah, 2007:307). Typical examples of Pentecostal churches in Zimbabwe include Zimbabwe Assemblies of God Church (ZAOGA), Apostolic Faith Mission (AFM), Family of God (FOG), and the United Family International Church (UFIC) among others.

Spirituality, Faith healing and Modern Medicines in AICs

Africans of all divides have a deep spirituality in faith healing if they have converted to a particular religious' tradition. Kim and Moon (2021) defined spirituality as the relationship between a transcendent being and an individual or group that is seeking to find transcendental meaning. Spirituality is expressed through various methods, including nature, music, and artistic activities, but mostly it is expressed through religious activities. Meador and Koenig (2000) and Lucchetti et al. (2012) posit that spirituality is emerging as a tangible concept that directly interacts with human health. Kim (2013) opines that the World Health Organisation (WHO) includes spiritual well-being under the definition of human well-being. Recently, even in various academic fields such as medicine and psychology, research is recognising the importance of spirituality in the treatment of patients (Kang et al., 2021; Yoon et al., 2021; Yong et al., 2011). According to Koenig (2009), more than 90% of the world's population is involved in various forms of religious or spiritual practices which confirms that spirituality is an inseparable, major factor in human life. All this culminates to the view that spirituality is part and parcel of human life. Human activities, behaviour and perceptions are shaped in one way or the other by spirituality. Masuku (2021) states that the whole of African life is infiltrated by spirituality, which is based on African religiosity.

Bourdillon (1993) rightly articulates that Africans have an unbreakable spirituality in so far as they have beliefs in witchcraft (*kuroiwa*), demons (*madhimoni*), ghosts (*magoritoto*), alien spirits (*mashavi*), diseases or ancestral curses in form of misfortunes (*minyama* or *mamhepo*) such as poverty, unemployment and barrenness. When Africans feel threatened by any of the above at any given time, they seek spiritual intervention. This makes spirituality in faith healing to be a key expression in African Christianity. AICs believe in faith healing through prayers whenever they are sick or faced with problems which they believe to be caused by evil spirits. Anderson (2004) avers that faith healing and protection from evil are prominent practices in African Independent Churches. Anderson (2003) further points out that garmented churches practice gifts of the Spirit like healing, prophecy, and speaking in tongues. Kahl (2007) reiterated that faith healing involves prayers for the restoration of health for the sick, and includes anointing with oil. For Kahl (2007) deliverance denotes the exorcism aspects of the process of healing where evil spirits are perceived to be involved in crises. (Biri, 2012) argue that in African Christianity, when healing and deliverance take place, prosperity, in terms of abundant life in Christ and success in the material world follows the believer. Manyawu (2008) points out that AICs have more emphasis on faith healing through the laying of hands on the head of the sick. In the same vein, leaders in AICs are very much convinced that God has actually endowed them to foster physical healing to their followers as a proof of the validity of their preaching (Manyawu, 2008). This clearly indicates that AICs are strongly tied to the notion of healing, and for them there is no disease that is incurable.

Anderson (2003) clearly indicated that African Initiated Churches emphasise the active and manifest presence of the Spirit in the church. Through the use of faith healing, AICs have gone a long way towards meeting the physical, emotional, and spiritual needs of their followers. Prayers in AICs offer a solution to all of life's problems and prayers pave a way for people to cope with challenges that the world face. For AICs, the God who saves the soul also heals the body and provides answers to the fears and insecurities inherent in the African worldview (Anderson, 2003). God for AICs, forgives sin and is concerned about poverty, oppression, and liberation of humanity from any form afflictions and ailments. It is such kind of beliefs in AICs which make them give religious teachings to their adherents that emphasise prayers over the use of medicine. It is imperative to mention that for AICS especially of the white garment type,

the use of modern medicines is dangerous to human life because it can lead to death or diseases. They have more confidence in the use of the holy water and prayers to treat diseases. The belief was exacerbated by the racial discrimination during the colonial rule in Zimbabwe. During this time, the indigenous Africans had limited access to hospitals and modern health care. The traditional belief of consulting the divine healers when one is sick also cushioned the white garment churches' belief in prayers for protection and healing.

Gregson et al. (1999) note that most garmented churches regard themselves as a spirit type churches. This entails that the holy spirit is at the helm of their religious beliefs and practices. Mbiti (1973) posits that in AICs the belief in the Holy Spirit is a key in the sense that it works to nurture and restore good health and quality of life. For Mbiti, the Holy Spirit in AICs is regarded as the source of spiritual revelation, prophecy, healing and protection and that without it, there is no future for human life. The Holy Spirit aids as the divine potency that directs the church, and equips prophets and some church members with special healing powers. Mbiti (1973) further reiterates that the Holy Spirit works to ensure strict adherence to religious teachings and practices, and compliance with all normative values of the group. Imposition of penalties on those who violate church regulations and the belief system is a common practice in AICs. The beliefs, teachings and practices in AICs also incline to buttress belief in faith healing and strict adherence to the church's doctrines. The belief in the importance of the Holy Spirit and the power of prayers for protection makes the garmented churches to discourage their adherents from seeking help and medication from secular biomedical health services. It is against the garmented churches' dogma to seek medical help from modern medical services and practitioners. The belief on the 'non-efficacy' of modern medicines as compared to prayer when it comes to protection is derived from the belief that illness and diseases have spiritual and religious undertones, and that these are the primary cause(s) of illness and sickness (Musevenzi, 2017). Chakawa et al. (2010) indicate that garmented churches believe that their spiritual interventions have a spiritual competitive edge over secular, modern healthcare services. It is because of such beliefs that they strongly warn their adherents to religiously observe these beliefs, teachings and doctrine on matters pertaining to health. In the view of the garmented churches, the susceptibility to, and the severity of diseases, are subject to the Holy Spirit and one's faith. For them, death from sickness is the will of God. In some cases, they do not

accept that a person has died until they have tried to resuscitate the person using prayers and holy water (Musevenzi, 2017).

Due to the beliefs and practices of the garmented churches, modern medical services are regarded as 'heathen' and of the devil, and are also reckoned as practices which exalt human beings at the expense of God (Musevenzi, 2017). Garmented churches believe that sin leads to sickness and is caused by demonic or spiritual forces. Some garmented churches forbid the use of antiretroviral, contraceptives, family control pills and the use of condoms. This being the case therefore, the role of modern medical services is downplayed since for them, spiritually-related illness requires spiritual attention and treatment, that is, cleansing by the Holy Spirit, holy water or healing rituals which call for prayers for protection.

Museveni (2017) clearly pointed out that the spiritualisation of illness and disease is the main cause for members of the garmented churches to object the use of modern health facilities. Consulting them or using modern medicines is perceived to be in conflict with the things of the spirit. Rather as Museveni (2017) puts it, when a member of the garmented churches accesses modern medical treatment, it is a sign of insufficient faith or trust in God's healing power and intervention. Scholars like Chitando (2007) perceived the philosophy of faith healing as having disastrous consequences for women and children needing medical assistance. For Chitando, due to the churches' teachings and beliefs, members have had sad stories about preventable child deaths and deaths of pregnant mothers due to lack of knowledge of child diseases, mostly those that could have been easily prevented by vaccines. Those who get ill and are members of the garmented churches are quarantined and treated with special concoctions together with prayer. As a way to make the prayers more powerful, if the sick person is a child, the parents are forbidden to indulge in sex as it is believed that the child might die if they have sex. The whole system here is to ensure that both the parents and the person who would be praying for the sick should have more time to dedicate themselves to God in prayer for the healing. So, the avoidance of pleasure during that time implies sacrifice to expedite healing. Phiri (2008) rightfully notes that the anti-modern health teachings are prevalent in garmented churches and prayers are the most preferred mode of healing and protection against diseases and misfortunes. Ngoya (2021) proffered that African Initiated churches are well known for in healing diseases spiritually. For Noya (2021), controlling diseases and faith healing are important

aspects of change in AICs and various healing methods and prayer rituals are used to effectively administer healing.

From the discussion on spirituality, faith healing and modern medicines in AICs, it can be noted that AICs have a deep belief in faith healing. Even those which are Pentecostal in nature, call their followers for healing sessions at the end of every church service. Even though some would allow members to seek medical attention, their first port of call would be to pray for their members' healing and protection. Pentecostals would even continue to pour out prayers for the healing of their fellow sick member for the whole period that person would be ill. They even pay visits to the hospitals which in most cases would end with prayers for healing of the sick person.

The advent of COVID-19 and the reactions of AICs to vaccination

The advent of COVID-19 and the subsequent array of fast-tracked vaccination against the disease gripped many people with fear and relief at the same time. Various perceptions emerged as people were in a dilemma as to how they should manage and put the pandemic under control. Rather, COVID-19 left the global community stranded as it took its toll on the population, leaving hundreds of thousands dead across the globe. It has left the whole world devastated. For Africans, COVID-19 was a nightmare considering that there are other life-threatening ailments that they still have to battle with, which apparently are not heavily affecting other continents. More so, the lack of economic resources and technological advancement worsened the dilemma in African countries as the pandemic threatened their lives. Zimbabwe, like all other countries on the globe, has been hard-hit by the COVID-19 pandemic. In response to the crisis, communities resorted to all possible remedies to bail themselves out of the situation. The COVID-19 pandemic has forced its foot-prints on the health, economy and social well-being of people, globally. As nations try to combat the pandemic, national lockdowns were imposed and were successively reviewed, and periodically extended, with accompanying relaxed or tightened measures depending on the situation as infections were also worsening. Other mechanisms which governments imposed to ease the spread and venom of the COVID-19 pandemic included closure of borders, mandatory wearing of face masks, observance of social distance, compulsory hand sanitization, banning of all sorts of gatherings including

churches and funerals. As WHO (2020) reported, by the 11th of March 2020, the pandemic had cruised across the globe. The most hard hit countries include Italy, USA, Brazil and the UK (WHO, 2020). As the pandemic popped its nose onto the African soil, affecting Zimbabwe in the process, the nation like other countries, closed its schools on the 24th of March 2020, and by the 30th of March 2020, the country was under lockdown (Mangiza & Chakawa, 2021). The move by the government created a tense atmosphere and families were gripped with fear of the unknown. As the pandemic intensified, developed countries took advantage of their technological advancement to manufacture some personal protective equipment, and to fully equip their hospitals for their citizens (Zibengwa et al., 2021). At the same time, developing countries including Zimbabwe were thrown at crossroads as a result of weak economies and collapsed health delivery systems. The only option for Zimbabwe was to rely on developed countries' initiatives and look back into its tradition to look for possible flu related remedies like the use *Zumbani*, gum tree leaves, guava tree leaves, *kunatira* (steaming), drinking water with salt and many others. For this reason, the nation started to acquire vaccines and they made the vaccination mandatory.

As the vaccinations were rolled out to people, different viewpoints erupted as people were surprised by the nation's move. The church had also its own share of perception to the vaccination like any other human groupings in the country. The church had a myriad of reactions in so far as the rolling out of vaccinations was concerned. Some Pentecostal churches like Apostolic Faith Mission, United Family International and Zimbabwe Assemblies of God Africa were treating it as accepting the mark of the beast. Other church denominations used a quiet diplomacy on the issue of vaccination. The African Initiated Churches opted for prayer other than vaccines on the issue of COVID-19. Rather, the use of vaccines had no permanent solutions and the AICs remain skeptical about taking the jabs, and the COVID-19 virus continues to mutate into different variants. The augment of the government was that as no cure has been found for COVID-19, vaccines would curtail its spread. Various controversies, and conspiracy theories erupted as people thought that the vaccines will further spread the disease as a deliberate way of decimating humanity. As such, many people in general and the AICs in particular were logically hesitant to take the vaccines. Instead of taking the vaccines, some people turned to indigenous remedies based on Indigenous Knowledge Systems (IKS) in a bid to boost their immune systems, as well as to curb

the effects brought by the COVID-19 pandemic. The AICs had their own way of administering their prayers to equitably suit the move to curtail the spread of the pandemic.

As the pandemic continued to affect nations, leaving trails of death in most households, the AICs like Apostolic Church of St John in Domboshava used holy water to help stop the spread of the disease to its members. According to the interviews conducted with the members of the church, they did not even stop their church gatherings because they had strong belief in the prayers offered by their Bishop. According to one church member who chose not to be mentioned by name, the bishop would take water and pray for it and then let his followers drink it in their households. As they were gathering, they were not observing physical distancing, they were not using any sanitizer but most of them never felt sick. However, he admitted that they had an incident where the wife to the bishop had problems with breathing and within few days she passed away. Even though the church did not believe that she died of COVID-19, it seems the wife of the bishop exhibited COVID-19 symptoms as shown from the information gathered during the interviews. From the medical point of view, the move by the St John Apostolic church had detrimental effects to the followers. The fact that the wife of the Bishop passed away due to failure to breathe implied that she had contracted COVID-19. However, the church's belief in the non-efficacy of vaccinations in particular and modern medicines in general caused the members not to get tested and, hence, they were more vulnerable to the pandemic. It seems many people died due to the pandemic but since they were not tested, the deaths were considered to be natural. Furthermore, due to the secretive nature of this church, most of the deaths cannot be revealed even today because they fear criticism. There is need to further engage the church leaders and make awareness campaigns to educate the church members on the efficacy of modern medicines and also to mix faith healing and modern medicines in their belief system.

For the members of the Johane Masowe WeChishanu, prayers together with other locally made concoctions were used to help the members as the pandemic was continuously claiming many souls in Zimbabwe. According to informant A, the bishop with the help of prophets would take pure honey, mix it with lemon juice and cooking oil and give the mixture to the followers after saying out prayers. Interesting to note is the view that while the remedy is now used in the church set up, it has been used in the traditional circles to treat flu related ailments. This

means that AICs are roping in some of the traditional healing methods into their churches and it shows the Africanness of AICs. This remedy according to informant A was very helpful to the members of the church. The church did not observe any lockdown regulations and they claim that their bishop's prayers and the concoction helped them to survive the pandemic when it was striking the nation at most. For the members, only God can heal and their faith in him makes it possible. Informant C said in an interview that "we were not even wearing masks during our services because such a move shows lack of faith in the power of prayer and the healing ability of God. The Holy spirit is our guide through the prophets."

According to Informant B, the coming of COVID-19 was not a surprise to them. He said that just before the onset of COVID-19 in Zimbabwe in January 2020, congregants had been warned of this deadly epidemic which was going to befall the world and they were prayed for as well as given holy water and *nhombo* (*miteuro*) to protect congregants from this deadly pandemic. So, we had been forewarned and had been prayed for and got protected against the deadly epidemic. In his own words, he said that "*Mweya wakange watotaura chirwere chisati chaapo. saka takagara tanamatirwa*" (The Holy spirit had already told us well before the pandemic came and we were prayed for). This further shows how the Apostolic Church of Johanne Masowe put emphasis on prayers for protection more than anything else. The prophets play a vital role in giving advice to the people on what shall befall them in the future and the possible remedy to the foreseen problem.

From a critical perspective, the members of the Johanne Masowe WeChishanu were more exposed to COVID-19 since the members were defying both governmental and WHO guidelines and protocols against the spread of COVID-19. Such moves had greater effects on the health and lives of the church members. Unexpected deaths and sickness could have befallen on innocent souls who were blindly following the church doctrine of rejecting vaccinations. Moreover, the use of locally made concoctions which are not scientifically approved is a threat to the lives and health of the followers. Education on health care delivery is essential to this church so as to incorporate the members into approved health care systems rather than exposing themselves to death due to religious beliefs.

The interviews conducted with the members of the African Apostolic Church of Johanne Marange (JMAAC) indicated that in their history, the church officially refuses medical treatment of any kind even in the most severe cases of injury or illness. For Informant H, the faithful shall live by

faith and faith would set them free from any kind of disease. The Johanne Marange Apostolic church compels its adherents to seek healing and protection from prayers and faith. They completely reject modern medicines at all odds. During the focus group discussion with the members of this church, Informant E said that every Christian should have faith in God and that faith will protect oneself from any kind of illness or misfortune (Field interview, 15 July 2022). It is their belief in the power of prayers which makes them to shun COVID-19 vaccines in favour of prayers. Informant D said that, “I have my own vaccine which is the holy prayer.” The other one said that, “I was already vaccinated by the holy spirit through prayers from my bishop” (Field interview, 15 July 2022). Informant F stated that “there is nothing for me to fear even in the severest moments of COVID-19 because our God is able.” The other respondent, Informant G argued that the vaccines are contaminated with the virus and they are meant to distort people’s blood. “God created us perfect and as Christians we should have faith in him and remain perfect” she declared (Field interview, 15 July 2022). When asked if there were no people who died due to COVID-19 complications, Informant J vehemently said that flu is not a killer disease and no disease has power over those who pray seasonally (Field interview, 15 July 2022).

In the AAJCM faith-healing is the major teaching that new converts are taught. The church regard sickness itself and use of medical services (traditional or modern) as signs of weakness of faith (Gregson et al., 1999:188). *Mweya Mutsvene* (Holy Spirit) serves as the deific potency that guides the church, and equips prophets and some church members with special prophetic and healing powers. The importance that is highly placed on the power of prayers makes the church’s position on non-use of modern medicines or seeking health services during the COVID-19 pandemic. Rather, vaccination was a ‘no to them’. Gregson et al. (1999) posulated that religious teaching, practices, and church regulations profoundly shape health-seeking behavior in AICs. On the same note, Addai (1999) reiterated that religion influences attitudes and a wide range of behaviours such as reproductive behaviour, HIV preventive behaviour, and use of health services in the case of pandemics. For the members of the JMAAC, diseases and sicknesses have spiritual and religious undertones and thus call for the non-use of modern medical services or getting vaccinated (Gyimah et al., 2006:29-33). Gregson et al. (1999:187) further state that the Shona people in general, believe that spirits have both positive and negative influences on the health of the living and, hence, such does

not require modern medicines but the intervention of the Holy Spirit. It is vital to note that such kind of spiritualisation of sickness and diseases which is premised on religious beliefs, tends to influence the seeking of prayers for protection at the expense of vaccinations against COVID-19 in AICs. Rather, modern health facilities are perceived to be of no benefit to the things of the spirit in AICs. It is, therefore, not surprising that AICs religious beliefs, teaching, philosophical ideals, and church regulations have largely shaped their members' health-related behaviour, decisions to seek prayers for protection and choices about where to seek first consultation when ill (Gyimah et al., 2006). So, in AICs, health beliefs, perceived susceptibility, perceived threats, and the decision not to accept vaccines in addressing COVID-19 related health challenges are largely determined by religious beliefs, teachings, philosophy, church regulations (formal or informal), and belief in faith-healing and the Holy Spirit (Gregson et al., 1999).

A critical analysis of JMAAC philosophy on faith-healing reveals that its unquestionable acceptance and submission to the power of prayers for protection may have disastrous consequences for its members. The tragic and unnecessary deaths of people due to religious beliefs and parental behaviour that are anti-modern medical services cannot be ignored. We cannot ignore the unfortunate, pervasive anecdotes and sad stories of preventable deaths in communities, and the lack of knowledge of pandemics that could be easily prevented by vaccines as well as risks to non-medicine treatment of people. Prayers have to be administered together with vaccines in the case of COVID 19 since no cure has been found. Moreso, dodging vaccination is a threat to others who are not even part or members of the church.

The "artificial" contradiction between belief in faith-healing at the expense of using modern medical health care requires reappraisal. Engagement is required between the AICs and medical practitioners so as to create a common ground that nurtures and educate the faith communities on the importance and efficacy of vaccination on the verge of pandemics. Rather, there is need to increase AICs' capacity to solve health challenges and reduce rates of morbidity and mortality through adaptive theology, doctrinal arguments, and social teachings (UNICEF, 2011). This can be achieved through "engaged theology" and constructive platforms that enable AICs to learn and change as well as foster ties with formal health providers (Blanchard et al., 2008; Chitando, 2007). The reformation process has to be elicited by active AICs involvement and development of social stimulus patterns that focus on cultivating progressive thinking and

change among the members and instilling new values on religion and health. It is important, therefore, to build network ties between modern health care givers and AICs leaders to enable internal conversations about health and socio-cultural underpinnings related to COVID-19.

The African Apostolic Church of Paul Mwazha presented a different scenario on the use of vaccines at the advent of COVID-19. The church members during the face-to-face interviews clearly admitted that their leaders encouraged them to get vaccinated against COVID-19. The church is semi-conservative in that it uses both faith-healing and modern medicines. Most members were claiming to have been vaccinated together with their children and they said that they use of modern health facilities without any victimisation from the church leaders.

The interviewees highlighted that Paul Mwazha, the founder, personally encourages his followers to use modern health services and get COVID-19 vaccines while believing in faith-healing. The respondents from African Apostolic Church of Paul Mwazha clearly conveyed their willingness to get vaccinated for COVID-19 and any other disease but faith-healing and receiving prayers for protection is also part of their belief. Rather, the respondents stated that they are more inclined to using spiritual healing methods concomitantly with modern health services. Whilst Paul Mwazha allowed his followers to accept COVID-19 vaccinations and other modern treatment methods, it also seems that spiritual healing methods is their first anchorage of call when struck by any ailment.

The Independent Apostolic Church (IAC) showed a variability of teaching, practices, doctrine, and regulation against vaccinations not only for COVID-19 but all sorts of vaccinations and the use of modern medicines when hit by ailments. The IAC strongly believe in faith healing, *Mweya* (Holy Spirit), and supremacy of trusting God for healing instead of putting faith in the medical health care system. Interestingly, Informant K postulated that those who use both faith-healing rituals and modern medical services and biomedicines are of low faith. For Informant L, a true Christian should not consult heathen services because they would defile one's Christian life and faith. The findings from the IAC indicated that as a way of refraining their members from consulting worldly practitioners the church has set aside prophets, midwives and elderly women with the responsibility of delivering pregnant women and providing both antenatal and postnatal care. There are also prayer sessions at the end of each church gathering where the sick people are called for healing and the members are free to consult the prophets for protection prayers at any

time. This implies that the belief in *Mweya* has a superseding influence in health seeking behavior of the garmented churches and it strongly shaped their attitude and behavior towards vaccination in the COVID-19 era.

Due to the emphases on faith healing and strict adherence to church beliefs and practices, the followers of IAC are not allowed to access the COVID-19 vaccines and they still pray for their followers so that they would not fall victim to the pandemic. During the focus group interviews, most members from the IAC were saying that they know that violating church doctrine or regulations on accessing vaccines attract social sanctions, which include confession, shaming by being asked not to wear church regalia or “*kubvisiswa gamenzi*”, or re-baptism (*kujorodwa*). Informant L said that it is because of these sanctions that they do not dream of being vaccinated since their leaders have already prayed for them and they feel secure under the covering of the prayers they received. However, it seems as a way to refrain followers from being vaccinated, the leaders of IAC are using militaristic-type of discipline to instill strict adherence to the norms, values, and leaders’ instructions. This implies that the followers have no choice but to follow what their leaders tell them to do in so far as COVID-19 vaccinations are concerned.

It was also observed during the face-to-face interviews that there is a semi-conservative and liberal groups of garmented churches with ambiguous teachings and church doctrine in so far as the issue of vaccination is concerned. This group does not openly condemn or encourage their members to get vaccinated but they emphasise that members should first seek spiritual counsel and faith-healing before consulting or utilise modern healthcare services. This implies that the Holy Spirit (*Mweya*) is a central spiritual force in the beliefs and faith-healing of the garmented churches, and is believed to foretell and forewarn the members about any looming disease outbreak, tragedy, complications as well as how to treat illnesses using prayer rituals. The prophets and or any church members endowed with special healing and prophetic powers have the rights to pray for the sick. So, at the advent of the COVID-19 pandemic, healing rituals and “spirit-filled members” with special healing powers and delivery skills were offering an alternative health system to the conventional healthcare system. Faith-healing, healing rituals, prayers, the use of sanctified (holy) water, sanctified stones (*matombo akayereswa*), and the use of “apostolic concoctions” were used instead of vaccinations to prevent members from contracting the disease. In their day-to-day belief, prayers have the power to heal or deliver healing, cleanse impurities or evil spirits, maintain good

health or restore it during sickness, and ensure improved quality of life. It is because of such a belief system that members were discouraged from vaccination as the COVID-19 pandemic was causing mayhem in Zimbabwe. It can, thus, be safely said that the “apostolic healthcare system” which include faith-healing and prayers for protection occupy a special place in the lives of the Apostolic churches, and members expressed strong faith in prayers for protection over vaccination in this era of COVID-19.

This study has demonstrated that AICs, which have been referred to as garmented churches articulate certain religious and behavioral norms that essentially shaped health behaviours and perceptions of their followers towards the COVID-19 vaccinations. The religious leaders in AICs robustly communicate teachings, beliefs and doctrine to the members, and have means to enforce adherence to religiously observe these teachings and practices. The pervasiveness of the AICs’ healthcare system of faith-healing, healing rituals, and faith in prayers for protection aid to build and reinforce attachment to it such that there is limited incentive to explore fully modern healthcare services. It is, therefore, not surprising that across all AICs members interviewed in this study, the general consensus was that one’s dependence on vaccines and modern medicines at the advent of COVID-19 reflected a weak faith. AICs vehemently accentuate faith in their teachings, which eventually influenced decisions about health-seeking options in the era of COVID-19. The study observed that AICs can be grouped into two groups in so far as their reactions to vaccination is concerned. On the one hand, there are those who strongly state that COVID-19 vaccination distorts one’s faith. On the other hand, we have those who are semi-conservative. They believe that there is nothing wrong with accepting COVID-19 vaccinations but faith-healing is the first port of call.

Conclusion

The chapter intended to examine the responses of AICs in Zimbabwe to the COVID-19 pandemic. It, therefore, highlighted the attitudes of some AICs to the public health as well as government regulations to mitigate the spread of the coronavirus. From interviews carried out with AIC leaders and members in Harare and Domboshava, the chapter established that the majority of these churches implored their members to depend on prayer in order to be protected from infection by the coronavirus. The

chapter also showed the centrality of faith-healing in these churches even in the face of deadly virus such as COVID-19. In those AICs that encouraged their members to follow the public health protocols, they also emphasised that faith-healing had to be sought before conventional health treatment. In the final analysis, the chapter established that the suspicion towards conventional health systems held by AICs led to unnecessary loss of life. Hence, the chapter called for critical engagement between the government and AICs so that in the event of future pandemics, lives of AIC members are not lost when they could be saved.

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