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"*Dzimba dzewarwere*" (Makeshift Clinics) as a Safe Haven for Women's Reproductive Health in an Indigenous Apostolic Church in Zimbabwe

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Introduction

Despite health being prioritised as a basic human right for all people in Zimbabwe, some Apostolic churches such as the Bonagesi Apostolic Faith Church (BAFC) still find it difficult to allow their members, especially women, to go to hospital and access modern medical facilities. Instead, they resort to makeshift clinics, "*Dzimba dzewarwere.*" This is a set-up where BAFC women are encouraged to go and stay at the designated prophet's homes for the treatment of various diseases associated with women's reproductive health. Besides the significant efforts that the government has made to build clinics and hospitals which are available for all, Apostolic churches still regard their makeshift clinics as safe havens for women to come and have their ailments treated. Going to a hospital is regarded as a sin and a sign of lack of faith on the part of the adherent. Women who are members of the BAFC believe that at the prophet's home, all diseases are cured by the power of the Holy Spirit accompanied of course by the use of holy water which has been prayed for by the prophet. Although a lot has been written on African Initiated Churches and their position on modern medicines, we write this chapter from a feminist standpoint to critically analyse some of the patriarchal discourses informing the use of these "make shift clinics." Nyambura Njoroge, in whose honour this chapter is written, invested a lot of her passion and energy in promoting women's health. She maintains that religion must not bring servitude and death to women.

This empirical study, which was conducted among the BAFC African Initiated Churches, uses gender justice theory as its conceptual framework to question the theological justification for forcing women to opt for the makeshift clinics as opposed to the modern hospitals in health seeking

for their sexual and reproductive health and rights (SRHR)-related illnesses such as pregnancy. The chapter envisages that the church needs health education that is life giving and is able to challenge their theological beliefs which hinder women from having any health choices over their bodies. The study concludes that many women are dying in the misguided bid to theologise health through the practice of "makeshift clinics".

Theologising Health in the Bonagesi Apostolic Faith Church

The evidence of the influence of religiosity on the deteriorating status of health is increasing among Apostolic church members due to the churches' stance on banning its members from accessing modern public health medicine. The BAFC church leaders and members argue that they achieve positive effects on health and well-being at the makeshift clinics within the church and these are regarded as safe havens especially for women's sexual and reproductive health (Smith 2013). Although Smith seems to argue for this point, Apostolic churches in their diversity cannot uniformly claim these benefits for all members (Agadjani 2005). The structural behaviour of each religious organisation's ideology and the cultural historical context influence the way in which it would enhance or impede health and well-being among its members (Mpofu, Dune, Hallfors, Mapfumo, January 2011). In the case of the church under study, many people in this church are completely indoctrinated into believing that going to the hospital would make them sinners and so they continue to risk their lives by placing their well-being on the makeshift clinics (Sibanda et al 2013). Members are taught that all things are possible with God and all diseases such as cervical cancer, diabetes and HIV, among others, cannot affect the Apostolic members because they follow a strict code of conduct that protects them from contacting such diseases.

Gender Justice Theory (GJT)

This chapter is informed by the gender justice theory which advocates that enhancing choices for individuals is a seemingly fair process rather than trying to achieve particular outcomes for the community (Devins1988). Gender justice theory (GJT) proceeds on the conception that justice needs to be seen through a gender lens. In advancing the free-choice model, the

theory underscores the traditional treatment and current condition of women in the BAFC, including the discussion of a historic segregation of women in public policy. Women are victimised by policies designed to protect them, policies that deny them the chance to make basic decisions for themselves. GJT resembles the liberty enhancing model. This is true of the BAFC policy seeing “makeshift clinics” as safe places for women’s reproductive health rights. This policy denies women the chance to make independent decisions about their health, especially when they are pregnant. Some lose their lives due to inexperienced midwives (*nyamukuta*) at these “makeshift clinics”. Thus, this theory is very useful for our study as we use it to critique this risky practice.

The GJT is consistent with the principle of equal opportunity which holds that persons of equal ability and motivation should have equal chances to achieve their personal life plans. Both men and women must be deemed similarly equal, since both are capable of making choices. As a result, both men and women should have the freedom to make choices and make use of opportunities available to them without any regard to their gender. In arguing for gender neutral polices, the theory emphasises that individual choice and ability are instrumental in determining outcomes (Devins 1988: 22). Thus, GJT maintains that the government should play a significant active role in implementing its particular vision of social justice. This theory is relevant to our chapter for we observed that women in the Apostolic community such as the BAFC, do not exercise their full right to make their own choices since most of the decisions and policies of the church are crafted by men. Some of the policies designed for them have dangerous outcomes for their reproductive health rights, especially policies such as banning women from accessing modern medicine and public health facilities. The GJT is used in this chapter as a way of advocating for the participation of both men and women in decision making and policy drafting.

Aims of the Chapter

The specific line of inquiry in this research focuses on the following aspects in relation to the potential consequences of the makeshift clinics and questions their supposed safety, particularly when it comes to women’s reproductive health rights. The aims of the chapter are summarised as follows:

- *Understanding of health and well-being in the church.* In this, we sought to investigate the general understanding of the church's perception on women's health and well-being.
- *Makeshift clinics as safe havens for health.* Here, we sought to unpack the concept of makeshift clinics as it is understood by the church regarding its role of being a safe haven for women's reproductive health rights.
- *Religion and missionary hospitals.* We sought to understand the church's perception on missionary hospitals.
- *Consequences of makeshift clinics as safe havens for health.* We sought to discuss the effects of solely relying on makeshift clinics as safe havens for women's reproductive health rights.

Methodology

Research Design

To achieve the aims of this research, we made use of an interpretive qualitative research approach. The interpretive qualitative approach was suitable to the study for it involves an activity that is not immediately accessible consciously to investigators' interpretations and opinions (with careful reflection) (Christiansen, 1996:178). Data for interpretative qualitative inquiry are collected mostly through participant observation, interviews and discussions in naturalistic settings (Christiansen, 1996). Interpretive qualitative inquiry approaches are particularly appropriate for exploratory studies such as the present study, whose goal is to derive preliminary evidence on understanding the concept of makeshift clinics as safe havens for women's reproductive health rights in BAFC.

Sampling and Selection Procedure

This study included a sample of fifteen participants, namely, ten women and five men who are members of BAFC aged between 22 to 75 years. These members were identified using both purposive and snowball sampling techniques. Purposive sampling is suitable for achieving the goals of this study which are to provide exploratory evidence on aspects of the governing rules of the BAFC and how these rules affect women's reproductive health and well-being. The participation of senior church leadership is based on the fact that they were well versed in the church's culture,

history and core values. Snowball sampling was used to identify and include others known by the church members to be credible informants on the church's faith and affairs including the church's understanding of "makeshift clinics" as safe havens for women's reproductive health rights. The participants included the son of the founding father of BAFC in Tangwena and senior members with more than ten years of membership in the church. Young adult members of the church were also included. We are confident that we captured the institutional memory of the church organisation from our interviews, as well as contemporary views represented by the younger study participants with high school education. None of the church members refused to participate.

Data Collection

The data for the study were collected in January 2018. We used open ended questions with focus group discussions on core cultural historical and contemporary activities of the church in four broad areas:

- The origin of the church as a religious organisation and specifically its structural behaviour;
- How the church organisation understands the concept of makeshift clinics as safe havens for women's reproductive health rights.
- The church's understanding of health and well-being
- The church's view of missionary hospitals.

Data was collected in the native or first language of the participants (*chiManyika*). This was done in order to enable richness of data from the ease of speech and to reliably capture embedded cultural nuances important for contextual interpretation of the data. The credibility and reliability of the study was established by allowing participants to lead the discussion to their inter-subjectively determined consensus point for the specific questions. Participants were also allowed at the beginning of the discussions to revisit any part of the interview with additional commentary as needed and to their satisfaction. We were also able to triangulate data from observing consistencies in participant member responses across overlapping questions.

Position of the researcher in the study

The lead researcher previously belonged to an Apostolic church and had a historical-cultural membership similar in faith teaching and practices to the one under study. Currently, the lead researcher attends a Pentecostal church organisation. The second member of this research is a member of the Methodist church. The Apostolic church historical membership background of the lead researcher made it possible for us to be trusted with information that would not ordinarily be shared with relative outsiders or strangers to the church.

The lead researcher also attended a church service and addressed the congregation, demonstrating her credentials in Apostolic church praxis and ideology. Attending a church service also allowed us to have informal interactions with both the church leadership and ordinary members, equipping us to better interpret the focus group discussions that followed. Although one of the researchers had an Apostolic background, we resolved to bracket out all our preconceived ideas of the indigenous Apostolic churches in the area of study in order to allow an honest qualitative inquiry within the BAFC community.

Ethical considerations

Since this chapter was part of an ongoing thesis research at the University of KwaZulu Natal and constructed mainly upon one of the major key themes of makeshift clinics which emerged from the field research, the study protocol was approved by the Research Ethics Committee at the University of Kwazulu Natal. Another approval for the research came from the African Christian Council of Zimbabwe (ACCZ), a body which represents many Apostolic churches in Zimbabwe. We respected freedom to participate and adhered to the research principles pertaining to privacy and confidentiality of the participants. Participants were provided with both verbal and written consent to take part in the research. This verbal and non- verbal consent gave room for the participants to say out their views freely. We also made it clear to participants that participation was voluntary, and withdrawal was allowed at any time when one feels the need to do so. Data were collected during the day at the church leader's

homes and other members' homes. The data were collected by two transcribers verbatim and with ascription only to the group identity by gender. Anonymity was guaranteed to participants for confidentiality purposes.

Data analysis

The participants' responses were analysed thematically, using panning approaches (Kindon, Pain and Kesby, 2007, Tesch, 1990, Manen, 1997) to reveal major themes. The use of panning allowed the identification of preliminary themes and tentative frameworks for thematic analysis. Credibility of the research themes was established after the consensus of the research team, member checks and other triangulation checks. Due to the gendered nature of membership of the church, responses were analysed for each theme by gender to the extent possible.

The church's understanding of health and well-being

The BAFC believes in the ultimate power of the Holy Spirit in promoting good health and well-being to its members. For instance, they consider makeshift clinics as an alternate care system in its provision of cure from chronic and other health conditions. The BAFC leaders believe that the health and well-being of their members is guaranteed by one's total commitment to prayer and fasting, as well as going to mountains where one portrays humility and total commitment to God. The BAFC women are encouraged to stay away from sin, as this is said to enable one to live a healthy life. They believe that if one commits a sin against God, one will be punished and usually the punishment will come in the form of diseases. According to one of the informants:

> *Munhu akatadzira Mwari anorohwa neshamhu. Kazhinji kacho shamhu yacho urwere hwakasimba kusvika munhu azoreurura ndokuti apore* - (Those who commit sin against God will be given a whip by God in the form of sickness. The sickness will disappear after one confesses the sin and repents), (Interview with one senior member of the BAFC).

Besides sin, another disrupter of health and well-being, as it is understood by BAFC, is in the form of evil spirits. This has been clearly elaborated by one of the informants who said:

> In most cases, most of our members joined the church because they came for healing when they were sick and it was after they were healed that they decided to join the church. Some joined the church after being haunted by evil spirits and after those evil spirits were exorcised and cast out, they decided to join the church. A few of the members come to the church because they like the singing and the drums (Interview with one male church leader).
>
> People become new Christians mostly when the evil spirits from their family which haunt them have been cast out (Interview with one female spiritual leader).

The members of the BAFC provided metaphysical explanations for health and well-being which emphasise spiritual, rather than material sources of health and well-being. In our study, our focus was on women's health. Basing on gender justice theory, it is not fair for the BAFC leaders, who are men in most cases, to make decisions for women to rely on makeshift clinics as safe havens for health considering that women are more vulnerable to conditions that require modern public health services such as the use of contraceptives, cervical cancer and HIV. It is essential for women to be tested before they fall pregnant. However, all these facilities are not provided at the makeshift clinics, hence, it becomes dangerous for women to rely on "makeshift clinics" as safe havens for their health.

Unpacking the concept of makeshift clinics as safe havens for women's reproductive health

Dzimba dzewarwere refers to the designated homes of prophets responsible for curing various diseases. Some prophets who are senior members are well known for specialising on different problems in the church. There are various makeshift clinics in BAFC where they claim that "we have our own doctors in the church, whatever problem one experiences, there are people who were selected by the Holy Spirit to help cure such problems (Interview with one senior male member of BAFC). The interviewee, further stated: "At one point I managed to heal a dislocated hand of a boy and I achieved this without going to the hospital" (Interview with one senior male member of BAFC). There are makeshift clinics that specialise in children's health problems such as (*nhova*).[1] Hence, the babies

[1] *Nhova* is a common problem experienced by babies from birth to three years. If not handled properly, the child may die at a very young age.

are supposed to be checked regularly by the specialist in the church. Other tasks of makeshift clinics for children will also look at the coming out of teeth for new babies (*kubuda mazino kwevana*). These specialists at makeshift clinics have certain religious rituals that they perform to make sure that the top teeth do not come out before the bottom teeth (*Mazino ekumusoro haafaniri kutangira epasi kubuda)*. One of the interviewees who is a senior member argued that “if rituals for teeth are not performed well and the top teeth come out first, when that child grows up and gets married, all the wives or men he/she marries will die”.

Others specialise on pregnant women during both prenatal and post natal care. These are popularly known as mid wives (*nyamukuta)*. The study found out that the BAFC is one of the ultra-conservative Apostolic groups that do not allow their members to go to hospital or to access modern medicines and they are very strict on that. Such beliefs tend to hold the believers at home when they are sick. Instead of going to the hospital, they have to go to the prophet’s designated areas in the church known as makeshift clinics which they believe are safe havens for health where all diseases are cured, rather than going to hospital. The church’s perception on modern medicines caused the members of the church to be reluctant to seek medical attention when urgently needed. One of the interviewees, who is a member of another conservative Apostolic church, stated that a 17-year-old boy who had just finished writing Ordinary level examinations had died because of a simple injury on the leg. She indicated that the boy was injured by an axe while cutting firewood. Instead of the parents taking him to the hospital or clinic, they took him to a makeshift clinic to be prayed for by the prophet. After five days, the boy’s leg turned green, and he finally died.

Such beliefs are fuelled by the conviction that going to hospital is associated with lack of faith in God. They strongly believe that all diseases are cured by the Holy Spirit and the hands of the prophets as well as using Holy water prayed for by the prophets. The senior members who are leaders in this church and are strong believers in this practice remark:

> Why do we need to go to people as if God has failed? Why do we need to put our trust in man rather than God himself? Going to hospital simply means that one lacks faith in God and is saying God cannot help him or her, yet God is all powerful. If one has strong faith and waits for God, he or she will be healed. There is no guarantee that those that choose to go to hospital will be healed there and not die. We saw many people dying in hospitals, so there is no need to blame our makeshift clinics saying that

> people are dying there. Even in hospital people also die (Interview with BAFC senior female member Tangwena).

The remarks in the foregoing quote point to serious dedication to religion by most followers of BAFC, highlighting the idea of makeshift clinics as safe havens for health and well-being of the congregants. This has a huge impact on maternal practices as well. The BAFC interpretations of sickness, including complications during pregnancy, are based on spirituality. The BAFC members believe that everything that happens to a person, including sickness, originates from the spiritual realm. Having complications during pregnancy is seen as a curse from God. To do away with such a curse, one needs to be prayed for and be delivered. One of the interviewees made the following remarks reiterating the idea that makeshift clinics are safe havens for health in the BAFC:

> When you go to a prophet's home, you are safe because he or she is able to foretell the danger that one is likely to face during pregnancy and giving birth. That problem will be dealt with before it harms both the mother and the baby. The prophet, under the guidance of the Holy Spirit, uses his or her hands if the baby is not in right position to return the baby to the right position. The midwife will also be under the influence of the Holy Spirit during the process of giving birth: if the child comes in an unusual way, the Holy Spirit guides her on what to do to save the baby's life (Interview with midwife/*nyamukuta* from Tangwena).

However, such beliefs encourage women not to seek medical interventions. This puts the women's reproductive health in danger because there will be a fifty: fifty chance of success when one attends a makeshift clinic for the purposes of giving birth. Modern public health services seem to be safer than makeshift clinics since one would be attended to by experienced and trained personnel such as medical doctors. However, when there is an emergency in the makeshift clinics, they watch their members "dying whilst praying" (Dodzo *et al* 2016).

The BAFC understanding of missionary hospitals

Chitando (2005) maintains that African Indigenous churches (AICs) have provoked scholarly debate and controversy. He further argues that AICs can be understood as African Christian movements that seek to ensure that Christianity is not experienced as a foreign and alienating religion in African contexts. However, from the onset, this goal of AICs made them

develop a negative attitude towards missionary hospitals, for they sought to do away with everything that was colonial, including education and modern medicines. The contention was that the oppressor had to be resisted on all fronts: the political, economic and the spiritual. Therefore, this caused the BAFC to prevent its members from going to the hospitals run by the missionaries or the colonial state. The reason is that they regard modern medicine, including bandages, contraceptives and ointments, as unclean since they might have passed through so many hands which they do not know. Again, it is regarded as a sin to go to the hospital and use these medicines. If the church gets to know that one of the members has gone to the hospital and that one is using modern medicines, that individual will be punished severely or face(s) excommunication from the church. In some instances, one is forced to remove the white garment as a sign of showing that one is under discipline, popularly known in the church as *pasi peshamhu* (under the whip/discipline) (Interview with one senior male member of the church).

Some of the informants made the following remarks on missionary hospitals:

> At church anything to do with the hospital is a taboo. We are not allowed to take pills because the church leaders argue that, “we did not know what ingredients went into making these pills” (Interview with one of young women of BAFC).

However, basing on the above remarks, going to hospitals among the Apostolic church is viewed as a display of serious lack of faith in God. The members should have a strong belief that God healed all diseases for according to BAFC, “all sicknesses including pregnancy complications are spiritual” (Interview with one of the pastors in BAFC). They believe that everything that happens to a person including all sickness originates from the spiritual realm, hence they are regarded as a curse. Therefore, one needs to be prayed for and delivered. By so doing, going to hospital without deliverance will be a useless endeavor. Thus, the BAFC strongly believe(s) in the power of the Holy Spirit through the prophets to deliver people from all sickness.

A Critique of makeshift clinics as a safe haven for women's reproductive health in light of the Gender Justice Theory

The fact that the Apostolics entirely reject modern medicines and accessing public health facilities and instead seek to get services from spiritual attendants in makeshift clinics especially for pregnant women where they are offered pre-natal, intra-partum, post-natal and emergency care in the best way a spiritual health system cannot afford has put the health of women at a higher risk (Maguranyama 2011). Some women have lost their lives when giving birth, whilst others may have stillbirths due to inexperienced personnel at the makeshift clinics. This was highlighted by one of the informants when she said:

> When I was giving birth, the baby started by bringing out its legs and the midwife was inexperienced and ran away. I tried to help myself by pushing the baby and pulling the baby from my stomach and this resulted in a still birth (Interview with a young woman in the BAFC).

Another young woman also made the following remarks when she considers herself lucky after giving birth at a makeshift clinic where she delivered her baby in an excruciating manner:

> I was lucky to be alive following the birth of my child who was born in a breach position. I nearly died when I was giving birth and that gave me the confidence to walk away from this church. They used *tsanga* (reeds to cut off the umbilical cord and clamped it with *dhirawu* (thread used to sew sacks) (Interview with a young woman in BAFC).

The above remarks from the two women, regarding makeshift clinics highlights that they are not a safe haven for women's reproductive health. The GJT is against the idea of the male Apostolic church leaders making choices for everyone in the church, yet women and children constitute the majority of its members. Instead of the church banning its members from using modern public health facilities, the choice should remain with the individual to choose what he or she wants, rather than forcing everyone to go to makeshift clinics.

Chibaya (2012), notes that the tragic reality continues to be the order of the day as one of the Apostolic churches had developed a "makeshift maternal clinic" to help expecting mothers to cure diseases. However, he further asserted that one of his informants made the following remarks:

> I am troubled by the death of the children at that place. It's too much, there are many deaths of children. Last year we buried scores of children, I don't have the exact figure. But after forcing them to report every death, they will

> come twice or thrice weekly to report the death of children who are part of the church. You can estimate how many would have died at the end of the month (Interview with Muringai headman in Domboshava).

According to the GJT, women are victimised by policies designed to protect them, policies that for this very reason, deny them the chance to make basic decisions for themselves. Although the example used above refers to Johane Marange Apostolic Church, the two churches share similar beliefs when it comes to the issue of makeshift clinics. Thus, the BAFC violates women's rights by forcing them to go to makeshift clinics and bans them from going to hospitals to access modern health facilities. Women have no choice because the laws were designed by the church leaders who are men. They have been indoctrinated to such an extent that it now appears normal to regard makeshift clinics as safe havens for their health. Thus, BAFC should revisit their policies so as to come up with all-inclusive health solutions for its church members.

Recommendations

- The BAFC leaders and members should be encouraged to appreciate the effective interventions to help mothers and babies survive during childbirth at makeshift clinics. These include precautions for infection control during deliveries such as washing their hands with soap and clean water, using surgical gloves, keeping the newly born baby warm and keeping the umbilical cord clean after birth.
- The government and other health organisations should continue working with Apostolic leaders and birth attendants or midwives at makeshift clinics to find ways to advocate for and encourage them to make referrals of pregnant women and new mothers to attend to health care facilities during both pre-natal and post-natal checks. However, they may not entirely prevent the women from attending to their makeshift clinics which they strongly believe in.
- The government should launch some training sessions for the midwives in these makeshift clinics in order to increase their knowledge on how best they can help women during pregnancy and childbirth. If possible, they could also provide the sacred practitioners at the makeshift clinics with the necessary equipment or facilities to use in order to save lives and to promote positive results from these makeshift clinics.
- The government should also remove all costs associated with pre-natal and post-natal check-ups at hospitals in order to encourage these apostolic members to come to hospital.

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