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8 **JOHANE MASOWE WECHISHANU AND UNITED METHODIST CHURCH PERCEPTIONS TO COVID-19 COMPLIANCE STRATEGIES**

Abstract

While cyclone 'Adai' reconfigured the geographical landscape in a number of Southern African countries, COVID-19 transformed the social, cultural, technological, economic and political terrain world-wide. COVID-19 menace and need for its control, management and containment is well acknowledged globally. Millions have so far succumbed to COVID-19 worldwide. Even the most stubborn communities that always shut their doors against traditional, cultural and religious change seem to be giving in now. World governments responded swiftly and called for multi-stakeholder involvement as COVID-19 scare grip intensified. The COVID-19 culture vocabulary of office out of office, work from home, masking up, social and physical distancing, sanitisation and no movement unless unavoidable emerged and gained prominence. To make matters worse, there were reports of a variety of variants that were not necessarily COVID-19 but COVID-21 especially in African countries and causalities continued to be on the rise. It is against this backdrop that this chapter seeks to uncover comparative perceptions to COVID-19 compliance response strategies by the *Johane Masowe WeChishanu* and United Methodist Churches in Mount Pleasant, Harare. A largely qualitative research approach based on the two cases is used in contacting a mini survey and an in-depth understanding of the resilience strategies adopted by the purposively selected two religious' groups.

Keywords: COVID-19, COVID-19 culture, resilience

Introduction

The chapter is an attempt on reimagining worshipping practices and procedures in the Zimbabwean religious discourse in light of COVID-19 pandemic. It is undoubtedly true that COVID-19 pandemic impacted on the

religious terrain. It transformed the worshipping practices and procedures. While the country had already been geared in the digitisation and had already entered the 4th Industrial revolution, some of the religious groups were yet to fully embrace it. The religious worshipping practices and procedures were still largely convened on a face-to-face basis of interaction in most religious sects. Religion has been a traditional social and cultural system that took care of the masses' physical, psychosocial and spiritual wellbeing. The gatherings provided the congregants with counselling platforms and support systems in times of crises and a general sense of belonging to its members. Churches have generally substituted our traditional and cultural extended family support systems to holistically address human needs. The economic depression in Zimbabwe had pulled people into worshipping that Churches were having overflows. Now it is COVID-19 health guidelines that are pushing the congregants out of churches again. Thus, the chapter sets to explore on how the congregants of the *Johane Masowe WeChishanu* and United Methodist in Mount Pleasant perceived COVID-19 compliance strategies implemented by their leadership and government of Zimbabwe.

Zimbabwe and COVID-19

Zimbabwe's population roughly 85% is membership to either of the Christian religious groups found in Zimbabwe. So, it is through the religious avenue that Zimbabwe may either win or lose the control, management and containment of COVID-19 war. Religion is one of the key variables that need communities to watch out on in terms of its relationship with education, health and wellbeing. However, religion, by virtue of being faith and belief based, tends to be in most cases at loggerheads with science education and biomedical health positions. Religion has come under scholarly scrutiny for its kind of gatekeeping tendencies to biomedical intervention in control, management and containment of epidemics. In Zimbabwe there are religious groups that have their congregants under key and lock to the extent that their health and wellbeing depend on the structurally designed church units. Any biomedical consultation is considered as lack of faith in the ever present and perceived divine healing.

Scholars have different perceptions on the role of Religion in communities' health and well-being globally. It's a paradox of both negative and

positive sentiments as was gathered from the previous works reviewed in this chapter. WHO (2019) explores the role of religion in Communities' health and well-being by designing an assessment tool that provides practical guidance and recommendations to support the special role of religious leaders. Faith based organisations and faith communities play a pivotal role in COVID-19 education preparedness and response. Religious leaders play a major role in saving lives and reducing illnesses related to COVID-19; since they are the primary source of support, comfort, guidance and direct health care and social service for the communities they serve. Religious leaders who are capacitated well provide information that protects their own members and the wider community. Their personal views whether bad or right are more likely to be accepted than views from medical personnel. Religious leaders provide pastoral and spiritual support that is meant to give reassurance, reduce fear and stigma in communities during public health crisis.

SEIFMAN & FORTHOME (2020) noted with concern the negative role played by religion in COVID-19 prevention. They warned that, while scientists work flat out on designing a safe and effective vaccine and therapeutic drugs whereas manufacturers deal with production and distribution strategies; religion can either help or hinder the achievement of prevention goals through their religious beliefs. Vaccine hesitancy is a world problem that is to some extent linked to religion. A major global vaccine hesitancy survey was conducted by a non-profit making United Kingdom Health Research Board in 2018 implicated religion. The survey covered 140 000 participants from 140 countries in which religion had the greatest vaccine hesitancy. The study reported pockets of vaccine doubt (SEIFMAN & FORTHOME, 2020).

Religion provides communities with the ability to cope with the disease, recovery after hospitalisation and a positive attitude in a difficult situation, including health. The pronouncements also are likely to be considered more by congregants and are likely to reduce the likelihood of prevention as was the case with the use of condoms that was considered a sin despite scientists' insistence that they were crucial in preventing HIV/AIDS transmission (SEIFMAN & FORTHOME, 2020). According to these scholars,

Today there are estimated 42 000 religions globally with others welcoming and others conflicted but supportive while others are resisting or

more of the basic scientific and policy prevention pillars which are vaccination, social distancing, limiting crowd size and wearing masks in public. (SEIFMAN & FORTHOME, 2020)

Thus, to SEIFMAN & FORTHOME (2020) there are differences in attitude within and between religions which does not warrant a one size fits all kind of guide to the religious groups.

On another note, a summer survey done in America said COVID-19 strengthened religious faith, tightened family bonds among American citizens (KOWALEZYK, ROSZKWSKI, MONTANE, PAWLISZAK, TYLKOWSKI & BAJEK, 2020). People fall back for family, church, friends and co-workers for support and other social networkers in the case of a crisis. In the study about Religion and faith perceptions in a pandemic of COVID-19, KOWALEZYK, ROSZKWSKI, MONTANE, PAWLISZAK, TYLKOWSKI, & BAJEK (2020), revealed that gatherings restrictions to contain the spread of COVID-19 affected complexion of most religions. Another survey revealed that the power of spirituality when death toll rises in the case of the coronavirus pandemic. The Polish Deputy Minister adds that, “Churches are like hospitals for souls. But, is what is good for the soul always good for the body?” Despite the challenges of COVID-19, congregants still longed for the face-to-face gatherings and religious rituals.

There was resistance by apostolic or white garment Church leaders and members to adhere to COVID-19 health guidelines that were noted as congregants resisted social distancing, masking up, and vaccination hesitancy. Some claim that masking up is ineffective and unnecessary as long as one has faith and courage that provides unseen and therefore miraculous protection. They also claim that masking up is bowing to state and limit the divine protection of God. Thus, religions are either following or ignoring the COVID-19 health guidelines. Social Reconstruction theory is a comprehensive description and illustration of how and why a desired change is expected to happen in a particular context. It is a tool of helping identifying the links between a desired change and the sequence that will make it happen. In the preface, GEORGE F. MCLEAN in WAMALA, BYANHANGA, DALFOVO, KIGONGO, MWANAHEWA & TUSABE (1999) notes that social reconstruction is perhaps the most typical challenge of the present age. The present situation is therefore one in which the people of the world can and must take up creative responsibility for their lives in pre-

sent and in future. There is a shift of paradigms from focusing to government to focusing on people like avoiding power descending from state to that ascending from grassroots often termed as civil society. The 21st century carries both positives and negatives like natural disasters, political, social and economic uncertainties. This demands that participants become active and not passive observers in casting the religious frame of their own that is life-saving.

We utilised a largely qualitative research approach so as to uncover comparative perceptions to COVID-19 compliance response strategies by the *Johane Masowe WeChishanu* and United Methodist Churches in Mount Pleasant, Harare. The chapter's research design is qualitative, which is influenced by CAMERON's (1963:13) view that 'Not everything that is counted counts, and not everything that counts can be counted.' Thus, though there is numerical represented data, the final emphasis is not quantity based but the quality of worshipping practices, procedures and lived standards. We tried to establish whether the denominational sects are coming head-on or retreating against COVID-19 in a bid to survive in the COVID-19 toxic environment. This is in line with MORGAN & SKLAR's (2012:73) observation that, "proponents of interpretivism argue that human experience can only be understood from the viewpoint of the people themselves." Thus, reality is relative and socially constructed and even context specific. A largely qualitative research approach based on the two purposively selected religious cases is used in contacting a survey and an in-depth understanding of the congregants' perceptions of resilience strategies adopted by the purposively selected two religious' groups. So, it is based on case study, which is "...an intensive, in-depth study of a specific individual, context or situation." (MURRAY & BEGLAR, 2009:48) "...unit of analysis which guides decision on what is to be studied (MAREE, 2007:75) and studies the phenomenon in-situ. The major question remains on how the congregants perceive the COVID-19 health guidelines compliance strategies. There were 45 participants from *Johane Masowe WeChishanu* and United Methodist church from whom a survey questionnaire is administered to 45 participants; 30 participants from a homogenous multiple case study of United Methodist Church (composed of 20 females and 10 males and 15 *Johane Masowe WeChishanu* who are 10 females and 5 males). All the participants were 16 years and above. The study purposively picked up those two cases basing on PUNCH's (1999:162) warning that, "we cannot study everyone, everywhere doing

everything,” as the scope maybe too wide for the kind of an in-depth that the study intends to achieve. The participants were reminded not to include any form of identity on the questionnaires for ethical reasons. The mini survey is triangulated with zoom meeting interviews with 5 key informants from each of the religious denominations for an in-depth understanding of their perception of the COVID-19 health guidelines compliance strategies.

Since the data excerpts collected were in ChiShona and the medium of communication for the research study is in English, the research had to adopt literary translation theory to render ChiShona excerpts from ChiShona source language to English target language. Translation is an operation performed on languages, which is a process of substituting a text from one language for a text in another language” (CARTFORD, 1965:1). This is based on the view that “... everything said in one language can be expressed in another on condition that the two languages belong to cultures that have reached a comparative degree of development” (NEWMARK, 1988:6). According to HELDNER (2008:10) “while it seems reasonable to assume a single model applicable to any kind of text would be totally adequate, it should be obvious to anyone that even differences between prose and poetry are important enough to call for more specific models.” So, there is a degree of equivalence between the original ChiShona and translated English versions but not that they are the same as sameness in Mathematics. This is unavoidable as confirmed by BOUSHABA (1988:21) that “equivalence in translation cannot be defined in terms of sameness and synonymous but rather creative transposition of the original version.” We think translating will go a long way in simplifying things for our readers.

Presentation of Findings

This sub-section now presents, discusses analyses and interprets the data on how the congregants perceive the COVID-19 compliance response strategies by the *Johane Masowe WeChishanu* and United Methodist Churches in Mount Pleasant, Harare. The presentation is covered in the five basic themes that are: Congregants’ conception of COVID-19 by the religious groups; COVID-19 health guidelines that congregants are fol-

lowing, religious groups' recommended health guidelines and perceptions of the congregants' recommended guidelines. 45 respondents responded to the questionnaires and there was 100% turn up. All respondents admitted that they have heard and know about COVID-19 pandemic as a killer disease. Though they generally have haze knowledge about its causes and who are likely to get infected by COVID-19; they really know the signs, symptoms and COVID-19 health guidelines for the prevention and containment of the infection from one person to another. On who is likely to get infected, more than half of *Johane Masowe WeChishanu* blamed the victim for lack of faith and being too afraid of the COVID-19 virus unlike the United Methodist participants who just feel that anyone can contract the virus. The views raised are related to what came out through the in-depth interviews given in the five thematic groups below.

***Johane Masowe WeChishanu* and United Methodist Churches' Congregants' Conception of COVID-19**

Upon asked on their understanding of COVID-19, the congregants brought mixed views:

a) Johane Masowe WeChishanu participants Responses:

- 1) COVID-19 *chirwere chemafemo chinoita munhu atambure kufema*. (COVID-19 is a respiratory condition that causes difficulty in breathing);
- 2) COVID-19 *chirwere chechikosoro*. (COVID-19 is a condition that induces cough);
- 3) COVID-19 *chirwere chinobata vanhu vane zvimwe zvirwere*. (COVID-19 is an opportunistic condition that usually infects people with other underlying conditions);
- 4) COVID-19 *chirwere chemabayo chinouraya munguva pfupi*. (COVID-19 is a condition that usually kills in a short space of time);
- 5) COVID-19 *iflu inokonzera mabayo*. (COVID-19 is a type of influenza that causes pneumonia);
- 6) *Vanhu vane zvimwewo zvirwere nechakare*. (Those people that have other underlying health conditions);
- 7) *Vasinganatsi kuzvipira pakutenda*. (Those that have less faith);

- 8) *Chirwere chinobata kunyanya vanhu vechikuru vane mamwe makondisheni.* (Usually infects the aged and especially with other underlying conditions);
- 9) *Dzimwe nguva madhimoni anopa zviratidzo zve COVID-19 anodherera vanhu vanotywa.* (In other cases, they are demons that displays COVID-19 signs and symptoms and capitalises on those who fear it);
- 10) *Chirwere chinoda kutodzana neflu asi chichiuraya chinonyanya kubata vanogara munzvimbo dzakamanikidzana kunyanya mumadhorobha.* (It is disease that has influenza-like symptoms but it causes death and especially infects that live in congested areas especially in urban areas).

b) United Methodist Participants' Responses:

- 1) *Takadzidziswa kuti chirwere chinofamba mumhepo.* (We were taught that it is an airborne disease);
- 2) *Vanhu vanotambidzana chirwere nokufemerana, kuhotsira kana kukosorerana.* (People infect each other through breathing, sneezing and coughing);
- 3) *Chirwere chinorarama pasimbi, papurasitiki kana paneimwe midziyo kwenguva yakati zvinoita munhu akabata anobva atora utachiwana hwacho.* (The virus survives on surfaces; metals, plastics or any other utensils for some time which when another person gets in contact with contaminated surfaces will be infected with the virus);
- 4) *Chirwere chinodherera vaya vane zvimwe zvirwere zvinoderedza simba remasoja omuviri.* (It is opportunistic disease that usually affects those that have other underlying health conditions that compromises their immunity);
- 5) *Samamwe mafu ose chinogona kukonzerwa nekudya, kudya kusingavake muviri uye kutonhorwa.* (Like other influenzas, it is caused by malnutrition through taking the unbalanced diet or subjecting our bodies to the cold weather);
- 6) *Ichi chirwere chinogona kubata chero munhu anenge asvika pane hutachiwana hwacho hwe COVID-19.* (It is a disease that can infect anyone who will have gotten in contact with the COVID-19 virus);
- 7) *Chinobata chero munhu asi chinogona kukonzera kurwara zvakanyanya kana kukonzera rufu kune vechikuru kana vaye vanenge vaine dzimwe kondisheni.* (It infects anyone but can cause serious illness or even

death especially to the aged or those that have other underlying health conditions);

- 8) *Vangava panjodzi huru ndevaya vasingatevedze mitemo yokugara mudzimba kana pasina chakakosha chokufambira, kupfeka masiki, kugedza maoko nekusanitaiza nguva dzose nokukoshesa kutaramukirana zvemita kana kupfuura.* (The people who are at high risk are those that defy the regulations like staying at home when there is nothing compelling them to go out, that do not out on masks, wash hands with soapy water nor sanitise frequently and maintain physical distancing that is a metre and above);
- 9) *Chero dzimwe nguva vanogara muzvivakwa kana munzvimbo dzakamanikidzana zvekuti vanofemerana, kukosorerana, kuhotsirirana nokugunzvana kana kumhoresana vachibatana maoko vanozviisa panjodzi huru kwazvo.* (Sometimes people live in squashed areas that their breathing, cough, sneezing reaches the next person and getting into physical contact or hand shacking put themselves at high risk);
- 10) *Vanhu vaye vanoshandira nokugara munzvimbo dzoruzhinji vanogona kubatira nyore sezvo huchigona kubatwa chero nekubata pabatwa nomunhu ane hutachiwana chero iye asati oratidza kurwara.* (Those people who work or stay in public places may contract the infection since the virus can be contracted even through getting into contact with a surface that an infected person has been in contact with even before the person is showing the signs and symptoms).

The *Johane Masowe WeChishanu* and United Methodist participants showed some knowledge about COVID-19; while those from United Methodist Church had programmes whilst those from *Johane Masowe WeChishanu* made no reference to church. From the excerpts above, there are diverse views on who is most likely to contract COVID-19 disease. While the *Johane Masowe WeChishanu* congregants blame the victim and are likely to stigmatise the victims for having sinned against God, the United Methodists feel anyone can contract COVID-19 and are likely to be supportive and sensitive to the victims. The view that religious leadership provide pastoral and spiritual support and reassurance prevent and reduce fear, stigma to communities during public health emergencies does come out from the *Johane Masowe WeChishanu*. Above all, how they promote health saving practices (WHO, 2019) contradicts what is coming out from the excerpts above. In other words, there is neither evidence nor countering misinformation nor efforts in reducing and averting fear or

stigma among the congregants. In the excerpts above contrary to WHO (2019) that says, religious leaderships counter misinformation and discourage non-essential gatherings; in this case, it is the opposite as religious leaders can be a source of misinformation or fear. This provides more evidence on the need to empower leadership to foster a life-saving attitude that avoids blaming the victim in cases of crises.

COVID-19 Health Guidelines that Congregants are Following at their Homes

Responses were given on the COVID-19 preventive guidelines that the congregants as follows:

a) *Johane Masowe WeChishanu participants' Responses:*

- 1) *Tinofukira nokugeza maoko nesipo nguva dzose, tinopfeka mamasiki asi vamwe vanouya vasina kuchechi vonzi next time ngavauye vakapfeka asi vamwe vanoisa pachirebvu, vamwe pamuromo vasina kuvhara mhuno. Vanodzidziswa asi havateereri.* (We steam and frequently wash hands with soapy water, we mask up, but others come to church unmasked and they are reminded to come masked up the following week, some wrongly wear masks as they drop it to the chin, some cover simply the mouth and leave out the nose. They are taught but they just do not follow instructions);
- 2) *Tinochengetedza vana kuti vasangofambafamba, tinobika tii yezumbani tichinwa nemhuri dzedu.* (We care for our children so that they do not roam around, we prepare zumbani tea and have it with our families);
- 3) *Tinotobata minamoto kuti mhuri dzichengetedzwe kubva kuCOVID-19.* (We schedule prayer sessions so that our families are shielded from the COVID-19 pandemic);
- 4) *Tinopa mhuri kudya kunovaka muviri kwakafanana nebhinzi, maveji nemukaka nguva dzose nokupfeka zvinodziya. Uyewo hameno kuti kune vamwe here vakabaiwa nhomba yeCOVID-19 iyoyo.* (We provide our families with nutritious foods like beans, vegetables and milk and put on warm clothes. Also, I am unsure if there are others who have been vaccinated for COVID-19);

- 5) *Isusu hatingofambifambi nokushanyira dzingave hama kana shamwari pasina zvikonzero zvakasimba.* (Ourselves, we do not just pay visits even to our relatives and friends unless there is a compelling reason to).

b) United Methodist Participants' Responses:

- 1) *Tinogeza maoko nokushandisa sanitaiza nguva dzose.* (We frequently wash our hands and sanitise all times);
- 2) *Hatifambi kunze kana paine zvakakosha zvatinfoambira kana tafamba tinopfeka mamasiki nemazvo, kana kuchechi chaiko tinoita pazoom.* (We do not travel unless there is something compelling us to, if we happen to, we correctly mask up, even church service we remotely contact Sunday services through zoom platforms);
- 3) *Hatishanyirani nehama dzedu asi tinosangana patekinoloji kana tasan-gana tinogeza maoko, kusanitaiza, kupfeka masiki nokutaramuka zvem-ita kana kudarika.* (We do not physically visit our relatives, we meet electronically, if it happens that we meet, we wash our hands, sanitise, mask up and maintain a distance of a metre or above);
- 4) *Takabaiwa nhomba yeCOVID-19 kokutanga tichazoendazve kepiri. Tai-tokurudzirwa nehutungamiriri kuchechi kuti tibaiwe zvbatsiridze kudzi-virira chirwere ichi.* (We have been vaccinated for COVID-19 the first dose we will go again for the second dose. We were encouraged by church leadership to be vaccinated to help in controlling the epi-demic);
- 5) *Kana paine ane zviratidzo zveCOVID-19 tinomhanyira kunotesitiwa nekuzvipatsanura kubva paruzhinji.* (If there are those displaying signs and symptoms of COVID-19 we have to immediately have them tested and self-quarantine).

Basically, though the two groups of participants are aware of the COVID-19 health guidelines, there is a striking difference between the two groups, for example, the *Johane Masowe WeChishanu* are not giving any reference to biomedical approach because of their radical religious beliefs yet the United Methodist participants showed an appreciation of biomedical interventions. The influence of religion on health and well-being is felt in the excerpts. The power religion has can be finely spread in other area of managing, controlling and containment of COVID-19 effectively if religious leaders make pronouncement especially in thwarting vaccine hesitancy, and dealing with stigmatisation. This is so since *Johane*

Masowe WeChishanu religious denominational leadership is mum about vaccination, stigmatisation and reluctant about masking up. This undoubtedly confirms that these religious leaders can help to contain the spread of COVID-19 if they are properly educated or if they were made to appreciate the importance of vaccination or medical or spiritual interventions during any health crisis.

Role of Religion in Management, Controlling and Containment of COVID-19 in Communities

Participants were asked on the roles of the religious group leaders in the management, controlling and containment of COVID-19, the congregants again came with mixed views as indicated below:

a) Johane Masowe WeChishanu participants' Responses:

- 1) *Kudzidzisa chechi nzira dzokuzvidzimirira kubva kuCOVID-19 nemamwe matenda angakanganisa vatendi.* (To educate congregants measures to prevent themselves from contracting COVID-19 and other diseases that may disturb their members);
- 2) *Kukurudzira nekuongorora nhengo dzechechi kana dzichitevedza mitemo yekuzvidzimirira yakatarwa nevezveutano.* (To encourage and assess on whether the congregants are abiding by the set health guidelines);
- 3) *Kutungamira nhengo mukubata miteuro yokudzvinga mamhepo anokonzero COVID-19.* (To lead congregants into following processes and procedures of scheduled prayer sessions to chase away evil spirits that cause COVID-19 infections);
- 4) *Kutsvaga ruzivo rwenzira dzekudzimirira COVID-19 pakati penhengo.* (To source for knowledge and skills in containment and preventing COVID-19 among congregants);
- 5) *Kunamatira vanenge varwara, kubatsira kudzikamisa hana nokupa tariro kune vanenge vabatwa nechirwere ichi nehama neshamwari dzavo.* (To pray for the sick, to assure and give hope to the infected people and their relatives and loved ones).

b) United Methodist Participants' Responses:

- 1) *Kutsvaga nyanzvi dzinodzidzisa nhengo nezvedenda iri, kupararira kwaro nokudzivirirwa, zvakafanana nokubairwa nhomba nekushandisa mishonga inodzivirira COVID-19. (To identify facilitators who foster awareness about COVID-19 disease, modes of spread and containment, like vaccination and other drugs that can be used to combat COVID-19);*
- 2) *Kutsvaga nzira dzokuti vabatsire vanenge varwara, varwarirwa kana kufirwa nedenda irori kuwapa simbiso, tarisiro, uye nemashoko enyaradzo. (To establish safer strategies of assisting the sick, those caring for sick, those that will have lost relatives and loved ones because of the pandemic, give them assurance and hope, and affording them consoling messages);*
- 3) *Kushanda nevehutano kuona kuti vanenge vachichengeta varwere vaone zvokushandisa zvinovachengetedza. (To pattern with health personnel and make sure those caring for the sick get the necessary accessories that make them safe during the caring processes and procedures);*
- 4) *Kubatsira nevanenge vafirwa mukuradzika mufi zvine hutano asi zvine chiremerera. (To assist the bereaved in laying the deceased to rest in safer and dignified way);*
- 5) *Kunamatira chita kuti vatendi vadzivirirwe kubva kumatenda anosanganisa COVID-19. (To pray that congregants get divine protection from epidemics including COVID-19).*

While it is undoubtedly clear from both groups that the religious leaders are centres for health and well-being information, the views coming from the participants show that the *Johane Masowe WeChishanu* feel self-sufficient in talking to their congregants about COVID-19, while the United Methodist Church leadership out-sources resource persons from outside their group to make COVID-19 awareness campaigns.

Upon asked on what are their religious leaders actually say about COVID-19 prevention, treatment and containment among members and non-members, the congregants again came with mixed views:

a) Johane Masowe WeChishanu participants' Responses:

- 1) *Vanoti zvinoda rudaviro rwakasimba kuitira kuti Mweya mutsvene Gabhurona atichengete nokudzivirirwa newedenga. (The advice that it*

needs strong faith to have the angel Gabhuroni and Heavens divinely protect us);

- 2) *Vanoti chirwere ichi chiri kuparadza vanotevedza zvenyika ino vanenge vabva pana mweya mutsvene.* (They say the pandemic is destroying those into earthly world and have departed from the Holly spirit);
- 3) *Vanoti vanotenda chero chakavabata vanoporeswa namweya mutsvene unoera.* (They are saying the believers even if they get infected, they get healed by the Holy Spirit);
- 4) *Vanoti chakauya kuratidza vanhu ruoko rwaMwari kuti vadzoke pakutenda saka kuchikunda kuva mutsvane.* (They say the pandemic came to show people the existence of God so that they turn back to believing in God, so it can be conquered through being Holy);
- 5) *Vanoti ngatisose misha yedu neminamato kuitira kuti chirwere ichi chisawana pokupinda napo.* (They say let us fence our homesteads with prayers so that the disease will not get access into our homesteads);
- 6) *Zvinoita sokuti dzimwe nguva vatungamiriri vedu vave kutya havachina chivimbo nesimba ramweya unoera.* (It appears like our leadership is now hesitant and are no longer confident with the power of the Holy Spirit);
- 7) *Vamwewo vatungamiri vanenge vatobatwa nemadhimoni okutya COVID-19, vachiipa masimba akapfuura aMwari wacho akatoisika.* (Some of the leaders are now possessed by the demons of fearing COVID-19, according it powers that exceed that of God who created it);
- 8) *Zvoita sokuti zvevatongerwo enyika nezvehutano ndizvo izvo tave kunamata zvekuti ndizvo zvave kutonga manamatiro edu.* (It appears like we are now worshipping politics and healthy issues as they are the ones now controlling our actions);
- 9) *Kufa murau waMwari wekuti kana nguva yakwana haupfuuri chero COVID-19 iriko kana isiko kwaifiwa uye kucharamba kuchifiwa.* (Death is God ordained, if it is your turn to die whether COVID-19 is here or not. People have been dying and will continue dying);
- 10) *Yatitadzisa kuenda kugomo kunotura nhamodzedu kucharara kwatairara tichinamata.* (It has barred us from going for a sleep over in the mountains where we would be praying and presenting our challenges to God);
- 11) *Hapachina achabatwa musoro achinamatirwa zvekuti hapana madhimoni chaanotya kugara pamunhu.* (No one will lay hands on someone's

head praying for them; thus, demons can stay on a person without fear);

- 12) *Kusangano kwacho angova mazvake, mumwe uko mumwe uko nemitemo yeCOVID-19, vanhu vave kutyanana.* (Even at gatherings people are just on their own, with people sparsed to be in sync with COVID-19 physical distancing guideline, people now fear each other);
- 13) *Mamasiki anotadzisa vanhu kufara uye kuimba zvakanaka vamwe vachibitirirwa, vamwe vanorwara neminhuwi yemasanitaiza, Ah! I basa chairo.* (Masks restrict people from enjoying and singing properly and some will suffocate, some get sick through smelling sanitiser, Ah! It is a challenge);
- 14) *Ruzhinji rwedu tinorarama nokubata nemaoko edu aya, saka mitemo yezveCOVID-19 yezvehutano haibvumire kuungana. Saka izvi zvinoderedza kufamba kwezvatinenge tichitengesa.* (A sizeable population of us are self-employed, so the COVID-19 healthy guidelines are against gatherings. This reduces the rate of our sales).

b) United Methodist Participants' Responses:

- 1) *Vanoti titevedze mitemo yekudzivirira COVID-19 yezveutano yokugeza maoko nguva dzose nesipo, kushandisa sanitaiza, kupfeka masiki nokutaramukirana zvemita kana kupfuura.* (They say we have to follow the COVID-19 health guidelines set by health personnel like frequently wash hands with soapy water, sanitise, mask up and maintain physical distancing of a metre and above);
- 2) *Vanoti tione kuti tabaiwa nhomba yeCOVID-19 nemhuri dzedu kudzivirira kuzorwarisa kana wabata chirwere ichi.* (They advise that we see to it that we are vaccinated with our families to prevent getting seriously ill in case we are infected by this virus);
- 3) *Vanoti zviri nane kudzivirira pane kuzoda kuedza kurapa sezvo pasina chati chanatsa kujeka pamarapirwo.* (They are saying it is better to prevent that to try to get treated when it is not yet clear on how it is treated);
- 4) *Vanoti mweya mutsvene unobatsira vanozevibatsira, saka tinofanira kutevedza mitemo yezveutano yedziviro.* (They say that the Holy Spirit compliments individual efforts, thus, we should follow the set health precautionary guidelines);

- 5) *Hanzi kugara tichitora mavitamin 'C' tablets, nokusagara muruzhinji nemunzvimbo dzakamanikidzana dzisingafambe mhapo zvakanaka zvinoderedza mukana wokubata COVID-19. (They said frequent taking of vitamin 'C' tablets, avoiding getting into congested public places that have poor ventilation helps to reducing the likelihood of contracting COVID-19);*
- 6) *Apa tinozvikoshesa, tinotongotevedza nokuti tose tinoda kurarama hapana anoda kufa, chakakodza nguruve hachizivikanwe. (We value the advice, we are abiding by them as we all want to live and no one wants to die, we are uncertain of what is helpful);*
- 7) *Hatitombosangane tinotoita sevhis pamazoom meeting nokuti ndizvo zvinoenderana nemamiriro ezvinhu pane ino nguva. (We are not meeting physically; we remotely convene our church services through electronic ZOOM platform because that is what is in sync with the health situation at the moment);*
- 8) *Ndinoona sokuti tikanatsa kurongeka tichitevedza nemazvo tinozajira zvotoita kuti chirwere cheCOVID-19 ichi chirege kupararira zvachose. (I feel like if we get organised and religiously follow the guidelines we will get used and contain the COVID-19 pandemic fully);*
- 9) *Nguva zhinji panouya zvirwere pokutanga vanhu vanobatira vorwara nokufa vakawanda, asi kana vanhu vajaira votevera dziviro dzacho nemishonga zvinozongogadzikana. (The early stage of an outbreak of an epidemic, people contract, get ill and die en-masse, but as people get used to it they follow the precautionary measure and come out with drugs and the situation normalizes);*
- 10) *Shoko rehungamiriri rakakosha rakafanira kutevedzwa kuti tisazochema tichiti tanga tisingazive, vanotobatsira nokutitsvagira ruzivo. (The message from leadership is important and has to be adhered to so that we will not regret latter that had we known, they are helping us through sourcing the survival information);*
- 11) *Zvatiomera nokuti tangove munhu ega saka kutandadzana kwaitinye-venutsa pfungwa hakuchina kuruwadzano rwemad-zimai, varume, nevakomana nevasikana nevana hapachina. (It is a challenge to us as we are individually and on our own, so the leisure that we used to have like women's, men's, boys', girls' and children's fellowship is no more);*
- 12) *Hatichagoni kuita zvirango zvekuunganira anenge chiiitiko pamba pake semuchato, rufu, kana mhemberero dzezuwa rokuzvarwa. (We cannot*

hold ceremonial rituals for those that may have functions in their homes like weddings, funeral or birthday celebrations);

- 13) *Makwikwi ataiita ezvigadzirwa akafanana neezvirimwa, zvisonwa, zvirukwa kana zvibikwa ave kunetsa, izvi zvinoderedza mabhizimisi evaitengesa sezvo ongoitwa pama zoom.* (The competitions that we used to hold like Agricultural products, textile outputs, knitting products or catering designs are now difficult to convene, this reduces the sales as the interactions are now remotely convened through zoom platform);
- 14) *Zvakatiomera nokuti kupinda chechi sevhisu imari yemabhanduru uye yekutenga tekinoroji kuti tipinde muchechi macho kusiyana nepataingozvifambira netsoka tichienda.* (It is a challenge to us since we need money for WIFI bundles to access a church service and have the technological gadgets to convene church, it is different since we used to walk to church);
- 15) *Zvinobatsirawo kusunganidza ukama hwemhuri sezvo tave kungoswera tose padzimba.* (It helps in bonding together family members since we spent all the days together).

The excerpts above are evidence of leadership styles influenced by religious beliefs and practices on management, control and containment of COVID-19 to their congregants. As such *Johane Masowe WeChishanu* takes COVID-19 as a spiritual challenge that demands spiritual intervention; this is despite that they know COVID-19 signs and symptoms the same way they are known by United Methodist participants. On the other hand, the United Methodist Church participants are taking it as a biomedical challenge to their spiritual well-being and they are taking a hybrid approach that adopts both biomedical and spiritual approaches. The position religious leaders and each religious group takes is likely to have implication on the members' attitude to the sick, to those that die of COVID-19 and the kind of psycho-socio-spiritual support they may render. While to the *Johane Masowe WeChishanu* the sick and those dying of COVID-19 may be viewed as a sign of weak faith, cowards that fear diseases (COVID-19), punished by God for fearing COVID-19 rather than fearing God and are likely to be stigmatised whereas the United Methodist, the sick are likely to be supported as they have positive attitude towards the sick.

From the first group of participants, the Johane Masowe, there is a radical position where they feel politics and biomedical pronouncements are overriding the power of the Holy Spirit which should not be. Scholars have differences in attitude within and between religions which does not warrant a one size fits all kind of guide to the religious groups. According to the views by congregants in the excerpts above the United Methodists insists on compliance while *Johane Masowe WeChishanu* feel adhering to COVID-19 health guidelines is tantamount to worshipping politics, biomedical specialists and their scientific solutions as well as discoveries rather than standing by their belief in the divine protection of the Holy Spirit.

The Impact of COVID-19 to Worshipping Practices and Procedures

Participants were asked on how COVID-19 has impacted on their worshipping processes and procedure considering that Christian members take physical attendance as critical in one's Christian journey:

a) *Johane Masowe WeChishanu* participants' Responses:

- 1) *Yave kuita kuti varege zvimwe zviitwa zvedu zvecharara, zvokurara tichinamata mugomo.* (It made us to contact religious business differently, the sleeping over and worshipping in mountains was abandoned);
- 2) *Hapachina zvepasika izvo taisiita gore negore muna Nyamavhuvhu tichinosangana nyika yose tichitenderera matunhu kuti gore rino kuHarare, rinouya kuMasvingo. Saka 2020 hatina kusangana vanhu vari kutambura nenhunha dzaida kunogadziriswa ikoko paungano paive pazere maporofita ane simba.* (There is no more Easter celebrations that we used to hold annually in August where members from country wide converge in one province like this year in Harare and the following year in Masvingo. So, 2020 we did not meet, people are suffering with their challenges that were supposed to be solved at the annual conference where there could be powerful prophets);
- 3) *Vanhu vaisimbundirana zvekuti aive nepfundo pamwoyo aidzoka rapera asi izvozwi vanhu vongosungirira. Hapana kana anoreurura vamwe vanoda maporofita akasimba kuti vanyukurwe muchita vagoreurura.* (People

use to hug each other that help clearing grudges but now people simple keep the grudges. No one repents, some would need strong prophecy to be picked up in the congregation so that they repent);

- 4) *Pakunamata kwedu hapachina kusununguka nokuti vatendi vave kutyanana, hapana anoziva ane hutachiwana.* (We are no longer freely worshipping as congregants fear each other, no one knows who is a carrier of the virus);
- 5) *Zvakaoma nyaya dzokubata pamwe neanenge awirwa nedambudziko hapachina, tave kuchema neafirwa pafoni, kuenda pasangano nefoni zvaisabvumirwa. Hapachina kubatana maoko.* (It is now a challenge in helping those who are in challenges, we now mourn with the bereaved remotely through the phone, it used to be prohibited to attend the conference with a phone in possession. We no longer have hand shackles).

b) United Methodist Participants' Responses:

- 1) *Tekinoroji yave manamatiro matsva apo tinosangana pazoom chechi sevhis.* (Remotely digitised zoom platform is new way of convening worshipping during church services);
- 2) *Kunamata kwacho yave mari nemidziyo yezvetekinoroji kuti tipinde pazoom pazviitiko zvose zvekucheche.* (Worshipping is now cash and technology based to gain access or entry on all church functions/ events);
- 3) *Zvingave zviitiko zverufu ruzhinji rwobata maoko kubudikidza netekinoroji, zvimwe nemichato, mhemberero dzemazuva okuzvarwa kana nepasika chaiyo.* (It could be a funeral event, many consoles the bereaved remotely through technology, or even wedding events, birthday celebrations and even Passover itself);
- 4) *Zviremerera zvorufu, michato, mabiko ekuzvarwa kwevana zvaderedzwa sezvo zvave kuiswa pane zvemichina.* (The value of funerals, weddings and the births of children are lost as they are technologically and remotely convened);
- 5) *Kunamata kwaive mushandirapamwe ave mazvake mazvake uye mumwe nomumwe kwake. Vanhu havachina kubatana. Awirwa nenhamo ndeyake ega. Anofara anongofarawo ega.* (The worshipping processes and procedures that used to be communally convened have now been individualised with each one being on their own. People are no longer united).

When members have been befallen by challenges it is solely theirs alone. Those that are enjoying do so alone as well).

In the excerpts above, participants from both groups *Johane Masowe WeChishanu* and United Methodist Church acknowledged that COVID-19 changed their religious worshipping practices and procedures. It removed the centre pillar of worshipping which are face to face or physical gatherings which left religious rituals and events falling apart. Close monitoring of members that enabled self-policing is no more.

When participants got asked on what is likely to happen after COVID-19 health scare is over or subjected congregants showed their anxiety and appetite to have physical meetings:

a) *Johane Masowe WeChishanu* participants' Responses:

- 1) *Tinobva tazotanga kusangana pakare samazuwa ose tichinamata pamwepo nokuenda pacharara* (We resume face to face worshipping sessions and going for sleepover prayer sessions);
- 2) *Vamwe vanenge vatohedhuka kare nenyaya yekuti hapana anonatsa kuwatarisa nekuvafudza* (Some will have diverted from God as there is no one watching and shepherding them);
- 3) *Kutenda kwose nezviitiko zveparufu, pamichato nemhemberero zvafumuka zvekuti hazvichina chiremerera. Zvave kuitwa chero nevana vaduku, chero nevatorwa, chero hama nevavakidzani vasipo* (The worshipping, funeral, wedding and birthday celebrations have lost their values and no longer have their dignity);
- 4) *Chero COVID-19 ikazopera hapachina kunamata kwemazvokwadi. Vanhu vave kunamata COVID-19 ndiyo yave kuvaudza zvokuita kwete Mwari.* (Even if COVID-19 goes there is no longer genuine worshipping. People are now worshipping COVID-19 it is now dictating their pace and not God);
- 5) *Vanhu vanoda kuzodzidziswa patsva kuti kunamata mubatirapamwe kwete mazvake mazvake, okuti munhu mumwe uko mumwe uko.* (People would need to be reschooled again that worshipping is dividual and not individual where each person is on their own).

b) United Methodist Participants' Responses:

- 1) *Handioni sokuti tichadzokera pamagariro nemanamatiro ataiita. Kwatove netsika itsva yokunamatira pauri nokuti kutya hakuchazoperi. Tsika yokushandira pamwe pakunamata yave kutofa zvamuchose.* (I do not foresee us getting back to our old days standards of living and worshipping. There is now new culture of worshipping wherever you are because we will not get over the fear grip. The culture of communal worshipping has died a natural death);
- 2) *Pamusoro pemazvake mazvake pavezve netekinozvi yatoziva zvokusanganana pazvima zvaiisiita vatendi. Dzamazoom dzakanakira kuti haurasikirwi chero kwauri.* (On top of the individualistic tendency, technology has overtaken physical presence and face to face that congregants used to do. The zoom platform convening church events has an advantage that you will not lose out no matter where you are);
- 3) *Zvimwewo ndezvekuti vanhu tave kuona zvakanaka kuti tinotepa zviitiko tochengeta zvekuti tinogona kuozona nenguva dzedu, patinodira kana kusarudza zvikamu zvaunoda uchibvisa zvausingadi.* (Another advantage is that we can tape record the events and we store and later on access them at our own free time, when we feel like to do so, or choose certain parts that we want and discard what we do not want);
- 4) *Chitori chidzidzo kubva kuCOVID-19 kuti Mwari haanei nekuungana. Tinogona kungonamata chero tiri kwatiri uye chero tiri toga nemhuri dzedu.* (It is a lesson learnt from COVID-19 that God has nothing to do with a group. We can just worship wherever we are and just on our own with our families);
- 5) *Vamwewo vakanga vasati vanatsa kuita zvetekinozvi vanogona kudzokera asi vamwe zvakatonaka kupinda mutekinozvi uye zvinobata vatendi vakawanda kupfuura zve magungano. Vatungamiri vakafanira kudzidza kutoshanda nevatendi pamhepo zvichireva kuti chero vasiri vatendi vavo vanogona kunzwawo shoko.* (Maybe those that were not yet fully digitised may get back to the old ways, but as for other it is even good to digitise as that may be accessed by many worshippers that exceeds the face-to-face gatherings. The religious leaders have to learn to work with congregants remotely which may imply that not only their church members can access their church services and ritualistic events).

Both, the *Johane Masowe WeChishanu* and United Methodist Church participants admitted that COVID-19 changed their worshipping styles, rituals, practices and procedures. Church services are now largely remotely convened which makes the majority of members feel distant from the presence of God. They were used to physical interactions. This is due to restrictions in gatherings which was in sync with COVID-19 national health guidelines. KOWALEZYK, ROSZKWSKI, MONTANE, PAWLISZAK, TYLKOWSKI, & BAJEK (2020), revealed that restrictions of gatherings to contain spread of COVID-19 affected religious complexion. Unlike the United Methodist Church participants who are confirming a so far so good attitude, the *Johane Masowe WeChishanu* still felt nostalgia of the golden old days of face-to-face church service interactions and events.

Conclusion

While the impact of COVID-19 on religious practices and procedure is well acknowledged within and across the two religious' sects' purposively sampled participants, the perception of the COVID-19 compliance strategies differed greatly. While the *Johane Masowe WeChishanu* feels that the leaders are succumbing to fear which is compromising their belief in the power of Holy Spirit, the United Methodist congregants' feels that divine protection needs to be complementary with individual efforts through complying with COVID-19 health guidelines. Also, while the *Johane Masowe* congregants still have nostalgia and wish to go back to face to face gatherings, the United Methodist are anticipating to continue remotely accessing their religious services which they feel are convenient because of the COVID-19 virus. The perceptions seem to be influenced by the groups' understanding of COVID-19 pandemic, that while to the *Johane Masowe WeChishanu* it is generally understood to be demonic, a result of lack of faith and fear, to the United Methodist participants it is like any other pandemics that would be conquered holistically through multi-stakeholder approach as to have both spiritual and biomedical approaches.

Recommendations

There are three major learning points that emerged from the study. First, basing on the study findings, it should be a lesson to governments and

intervention groups across the globe that they adopt approaches that are inclusive and holistic to benefit individual differences. Second, religious leaders, may have the power to break the myths and speculations about pandemics and health and well-being of their congregants by raising awareness against the COVID-19 virus where possible involve health experts to do the training. In that case, religious leaders need to be empowered through basic health education. Third, religion has power to influence congregants' perceptions of their health and well-being. Having noted these three learning points, it is therefore undoubtedly clear that religion is one of the key factors that community leadership and interventionist organisation should not leave out in dealing with health and well-being, pandemics and community development.

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