



# Shifting notions in maternal health of Johane Masowe Chishanu of Chitekete, Gokwe, Zimbabwe

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The study explores the maternal health delivery system of Johane Masowe Chishanu of Chitekete (JMCC), Gokwe in Zimbabwe. The Church is growing tremendously and has become popular, owing to its approach to maternal health. The study aimed to find out how the JMCC's approach to maternal health relates to the biomedical delivery system. We wanted to find out how the JMCC handles this delicate balance in their search for maternal health services with a view to tapping from their experiences in recommending integration between the two systems. The study is both empirical and theoretical. It employs qualitative phenomenological exploration and, makes use of the existing literature on the JMCC's approach to maternal health issues. The theory of changing beliefs and enduring faith underpinned the study. Past researches on African Independent Churches (AICs) in general tend to focus on how their beliefs and practices influence negative health-seeking behaviours. They have often concluded that AICs are through and through part of the problem in health matters and not part of the solution. The study explores the extent to which the JMCC is positively reinterpreting its beliefs and practices in order to handle the sensitive maternal health issues in the context of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS).

**Contribution:** Researches have been conducted on maternal health systems and the pandemic of HIV and AIDS in apostolic sects in Zimbabwe in general, and the main focus has been on the Johanne Marange Apostolic Church. Little has been written on the Johane Masowe Chishanu's (JMC) maternal delivery system, especially about the JMCC, Gokwe.

**Keywords:** maternal health; Johane Masowe Church; religion; qualitative phenomenological approach; enduring faith; changing beliefs.

## Introduction

Pregnant women need biomedical attention from health institutions from early times of pregnancy until delivery time. Many pregnant women in Chitekete Community face life-threatening challenges during their pregnancy. Some women have lost life in some situations. Johane Masowe Chishanu (JMC) is well known for its spiritual healing practices even on maternal health issues, which are sensitive and delicate, especially in the context of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). The JMC Church is growing tremendously, and it has become popular owing to its approach to maternal health. The study aimed to find out how this church's approach to maternal health is relating to the scientific biomedical delivery system. We wanted to find out how the church handles this delicate balance in its search for maternal health services with a view to tapping from their experiences in recommending integration between the two systems. Past researches on the JMC in particular and African Independent Churches (AICs) in general tended to focus on how AICs' beliefs and practices influence negative health-seeking behaviours (Dodzo et al. 2016; Machingura 2011; Maguranyanga 2011). This often results in concluding that AICs are through and through part of the problem in matters of health and not part of the solution. The study explores the extent to which the Johane Masowe Chishanu of Chitekete (JMCC) is positively reinterpreting its beliefs and practices in order to handle the sensitive maternal health issues in the context of HIV and AIDS. The study does three things. Firstly, it explores the beliefs and practices of the JMCC about marriage and procreation guided by the research question: What are the beliefs and practices of the JMCC about marriage and procreation? This is intended to cast the discussion on maternal health in its appropriate perspective given that beliefs reflect the thinking of the adherents that is crucial in their meaning-making process about their lived realities. Secondly, the study examines the office and duties of the birth attendants (BAS) in the JMCC guided

**Note:** This article was republished with updated title changing 'matrnl' to 'maternal'. This correction does not alter the study's findings of significance or overall interpretation of the study's results. The publisher apologises for any inconvenience caused.

by the research question: What is the nature of the office and duties of the BAs in the JMCC? The BAs are a crucial category of sacred practitioners in health matters. They are the agents used by the sacred to administer healing, thus meeting one of the existential needs of the people. Thirdly, the study analyses the relationship between faith healing in the JMCC and the biomedical health delivery system. The guiding research question is: What is the relationship between the JMCC maternal health system and the biomedical health delivery system? The study proceeds by discussing the theory that undergirds it and the methodology employed and thereafter engages with the three key tasks elaborated earlier leading to discussion and conclusion.

## Theoretical framework

The study uses Cox's (1993) theory of 'changing beliefs and enduring faith'. The theory helps in the analysis of data to see areas of rigidity and shift or creativity in the practices of the JMCC with maternal health issues in light of HIV and AIDS. Cox (1993) conceives of beliefs as 'the content of what it is that people postulate about their alternate realities'. They think something about their alternate realities. That thinking comprises belief. The believer uses the idea or thought to express meaning. Followers of particular religions use the medium of belief to articulate to themselves and to others what their ultimate realities are and how they give meaning to their lives. Cox holds that beliefs can become inadequate when they no longer introduce people to faith or enable people to interpret faith adequately. So the theory holds that as beliefs are thoughts, they are dynamic as they change in response to changes in society. The theory contends that beliefs can become inadequate. This happens when they fail to enable believers to interpret faith adequately to themselves and to others. In such cases, they either need to be discarded altogether or to be reinterpreted in order to be able to provide a more satisfactory avenue to faith than they had done previously. The theory helps us in guiding our analysis of data to determine whether there are changes or rigidity on the JMCC's beliefs, particularly their engagement with maternal health in the context of HIV and AIDS. It helps in pointing to instances, or lack thereof, of integration between JMCC and the biomedical approaches to maternal health.

## Methodology

The study is a qualitative phenomenological exploration that follows an ethnographic design on the JMCC's approach to maternal health issues. The emic perspectives were accessed through in-depth interviews with purposively selected co-researchers. The article used a case study of the JMC of Chitekete, Gokwe, among many other groups of the JMC for the reason that the lead researcher is familiar to the researched community. The familiarity eased the problem of getting the consent from the participants. A sample of 37 co-researchers was selected. The participants included 5 male prophets, 15 BAs (who are always senior women), 10 Mudhamasiko (elderly women), 5 pregnant women and 2 female members of the medical staff at the local clinic in Chitekete. The sample

size was determined by the principle of saturation. This is the point when new data no longer brought additional insights to the research questions (Merriam & Tisdell 2016). The participants comprised of people who were known by virtue of their age and status to be involved in specific experiences related to the JMCC community's maternal health delivery systems as reflected in their broader life world. The BAs were chosen because they are the ones who run the maternal healthcare office in the JMCC. Elderly women were selected on the grounds that they were long-serving members of the church who also had vast first-hand experiences with pregnancy and giving birth in the church. The medical staff were included in the sample as we wanted to get their views on the obtaining relationship between the JMCC faith health delivery system and the biomedical one. We also involved prophets who specialise in exorcising infertility-causing evil spirits. We deemed it crucial to hear from this group on how they cooperate with the female BAs on matters of maternal health. More so, men in general play a supportive role where women are involved with matters of maternal health. More importantly, issues to do with maternal health and HIV and AIDS require the involvement of men, as their contribution makes a difference in efforts towards engendering gender justice (Chitando, Chirongoma & Biri 2022:x).

Data were collected in the local languages of the researched community (Shangwe and Tonga) and transcribed to English and analysed using thematic coding. The lead researcher is conversant with both local languages. We had three themes that are:

- the beliefs and practices of the JMCC about marriage and procreation
- the nature of the office and duties of the BAs in the JMCC
- the relationship between the JMCC's and biomedical maternal health systems.

We observed all important ethical requirements in qualitative research that include informant consent, privacy, confidentiality and anonymity (Sanjari et al. 2014). We also explained the purpose of the research to the co-researchers and why they were selected to participate. Above all, we reiterated the voluntary nature of their participation. They could withdraw at any point they felt uncomfortable to continue with the research. We did not use the real names of the co-researchers. Rather, they were alphanumerically coded to ensure their anonymity and confidentiality. For example, BA1 was used for birth attendant 1 (interview response, 12 April 2021), EW2 for elderly woman 2, P1 for prophet 1, PW1 for pregnant woman 1 and MHP2 for medical health practitioner 2.

## Findings

### Beliefs and practices of the Johane Masowe Chishanu of Chitekete about maternal health: Marriage and procreation

The co-researchers who were interviewed for their responses to the question on the beliefs and practices of JMCC about

marriage and procreation restated the fact that marriage and procreation are central to the lifeworld of the JMC in general and the JMCC in particular. They highlighted that the African indigenous worldview and the Judeo-Christian traditions stress the importance of the marriage institution and procreation as the strategies for the survival of the human species. The commonly shared view was that the two are a sociocultural and religious obligation or mandate that the living has to carry out. Maternal issues are central and critical in the beliefs and practices of the JMCC. They are emphasised right at the beginning of the proceedings to establish a new family:

'When a young adult man becomes of age and is ready to marry in the JMCC, the Holy Spirit is consulted to check on the potential of the partner to bear children. If the Holy Spirit is not approving, the consulting young adult is told that the marriage cannot take place. If the Holy Spirit is affirmative, the elders would accompany him to his in-laws-to-be for the bride-wealth negotiations and settlement process. Once the process is done, a wedding is arranged and it takes place at the church. The couple is given blessings for a happy and fruitful marriage. A prophet with the gift of fertility performs a [fertility] ritual to guarantee the fertility of the newly-weds. The ritual is intended to bless the couple with children.' (BA1, birth attendant 1)

The direct pronouncements of the spirit through the prophet on issues of marriage and procreation show the sacred nature of the institution of marriage. Marriage is the acceptable framework for childbearing. The co-researcher explained that marriage ceremonies are intended to serve as an important way of controlling behaviours of the youths and reducing cases of adultery in the church and community. She also posited that the JMCC's beliefs on marriage go a long way in mitigating cases of HIV and AIDS. The cumbersome procedures involved in the marriage ceremonies deter members of the church from breaking the rules.

The aforementioned sentiments were echoed by PW1 who avers that:

'Prophets with the gift of fertility would request the sacred singers to sing verses that plead with the merciful Mary, an angel believed to be responsible for fertility to open the womb of the barren.' (PW1, pregnant woman 1)

These views are a clear indication that the JMCC confers exceptional value on marriage and procreation for they are conceived as a fulfilment of God's command to humanity to marry and bear as many children as possible (Gn 1:22). Marriage and procreation are also a great tool for increasing its membership. The church's policy does not allow polygamy. However, whenever a member eventually gets into polygamous marriage, he or she is not allowed to divorce.

Men and women in the JMC Chitekete have special teaching on marriage. The men are discouraged from employing any other avenue outside marriage to relieve sexual urges that includes masturbation. Likewise, women are not allowed to use family planning methods that include taking tablets. Pregnant woman 1 explained that:

'Just as the Holy Spirit forbids using family planning methods that include taking contraceptive tablets for women, it also forbids masturbation as a relief to sexual urges for men. Masturbation is regarded as a sin that the culprit is expected to confess publicly before a gathering of the church.' (PW1, pregnant woman 1)

These responses show that the JMCC has a strong and non-negotiable belief in marriage and procreation. This is demonstrated through a number of rituals that are performed at three levels of pregnancy and childbearing, namely, prenatal, natal and postnatal rituals.

### Prenatal, natal and postnatal rituals

There are many rituals that are done for pregnant women. These rituals are performed even before the woman is pregnant:

'Whenever a couple is planning to have a child, they consult a prophet with the gift of foretelling to be advised on whether it is the right time to have a child. When the couple is given the green light on their request, they are referred to the prophet with a fertility gift. The prophet performs the ritual of fertility. He requests a green cloth that he ties three knots on it, consecrates it and gives to the woman to tie around her waist to aid conception.' (PW1, pregnant woman 1)

The co-researcher explained that the colour green symbolises life. She explained further that when the woman falls pregnant, she goes back to the prophet with the gift of foretelling to check whether there were any evil spirits that were bent on causing miscarriage. The study participants also explained that this process acts as a scan in the medical health, which is usually done on the pregnant woman in the biomedical health facilities. If there are any threats of harm, the woman seeks the services of the fertility prophet who performs the ritual of the consecrated three pebbles. He ties three pebbles on a red cloth that the woman puts in warm water that she drinks early morning for 3 days. This is meant to protect the baby from the forces of evil and to ensure its growth.

The lead researcher observed, at one worship centre, that pregnant women would consult the prophets of fertility at their 'crawa' (sacred shrine) after the church service to be told of the progress of their pregnancies. The prophet would lift his hand holding three pebbles and utter an incantation: 'In the name of the Father, the Son, and the Holy Spirit'. The researcher was told that the Holy Spirit consecrated the pebbles so that they could effect healing on the patient. The patients were supposed to follow the prescribed procedures and to ensure that they were in the correct ritual posture for healing to take place. After the ritual of the three pebbles, the woman is finally referred to BAs where she is frequently checked to ensure a safe progression to delivery. The JMCC 'VaDare' [leaders] constantly encourage their church members to trust God before, during and after pregnancy and in all issues of life. They hold that their faith yields the best results. The church believes that water, divine pebbles, leaves of selected trees, prayer and faith are important to help women before, during and after delivery. They share the



belief that there is evil that is always lurking in the background, waiting for an opportunity to cause harm on pregnant women.

PW3 told the researchers that women are provided with prenatal teaching and training by elderly women as they prepare to give birth. These elderly women who constitute an advisory council for BAs offer education on sexual and reproductive health. She explained further that they are taught what is expected when giving birth. For example, she explained that the consecrated water helps pregnant women to prepare a safe passage for the baby. During delivery, pregnant women are taught to respect the instructions given by the BAs to avoid losing the new life:

'When pregnant women are referred to us, we pray for them and massage their bellies to ensure that the foetus is in the right position. When the pregnancy is six months, we advise pregnant women to stop having sex till delivery. This is meant to avoid cases of babies born covered in the dirt from semen. From the sixth to ninth month, the pregnant women go through the rituals of widening the birth canal. This is done through the insertion of the BA's fist into the birth canal.' (BA1, birth attendant 1)

All the rituals presented earlier are performed to guarantee the safety of the pregnant mother from the dangers and challenges that often affect pregnant women. They are also meant to ensure the safety of the expected new life.

### **The office and duties of the birth attendants in the Johane Masowe Chishanu of Chitekete**

The office of the BA deals with maternal health, the most delicate health issue. A BA is one who is responsible for the observation of the mother during delivery and observation of the newborn baby at and after birth (Gary 2011). The BAs in religious spaces are always women. They decide if the newborn baby is healthy and ready to be 'discharged' to the care of the mother. In religious terms, a BA is a sacred practitioner. Cox (2010:105) defines a sacred practitioner as one who holds in the identifiable community a role that, in various ways, times and locations, operates as a point of contact between the community and its postulated ultimate realities. The BAs in the JMCC are called into office in different and unique ways. The methods of assuming office are influenced by both the African indigenous religion and Christianity, hence the hybrid nature of the practices of AICs in general and JMCC in particular. The methods include appointment by the Holy Spirit, dreams or visions, apprenticeship and incessant ailments. Birth attendant 5 explained that the birth attendants in JMCC have the duty to monitor maternal-related issues, starting from sexual reproductive health to supervision of pregnancy with particular interest on events before, during and after delivery. They educate women on pregnancy-related taboos and infant care. They serve both members and non-members of the JMCC. They offer free services on a benevolent basis that goes to express their social responsibility in the community. She also said that such services to non-members serve to attract more members to the church.

### **Johane Masowe Chishanu of Chitekete and the biomedical maternal healthcare systems**

Co-researchers shared a common view that the JMCC's maternal health approach and the biomedical one are showing a keen interest in complementing each other. Pregnant woman 4 posited that their church does not forbid them from accessing medical health services including maternal and even screening for HIV. She was echoed by the P3 who averred that it was important for pregnant women and their spouses to be tested for HIV at the clinic. He elucidated that some members of the JMCC had converted to the Church after they had been living an unholy life and chances are that they would have been infected already. He explained further that when a prospective couple consults him for pronouncements with regard to whether the relationship has a future or not, he receives revelations about their medical condition. In some cases, he would advise them to visit the clinic and take an HIV test; thereafter, they should come back for divine help against evil spirits while they are on their medication. In other cases, he would just tell them that the Holy Spirit has not approved the prospective marriage. Pregnant woman 5 explained further that pregnant women are allowed to access medical maternal health services if the Holy Spirit has revealed that they have high-risk pregnancies. Ritual prayers are believed to safeguard patients from evil spirits that can cause poor reception by the medical health staff at the hospital. She also explained that some women access contraceptive drugs secretly from local medical health staff, thus ignoring the church policy for what is life-saving.

Medical health practitioner 1 said that there are remarkable changes in the JMCC members with regard to accessing medical maternal health services as compared to yesteryears. However, she noted that most of these cases are driven more by personal discretion than a relaxed church policy. Regardless, she remained optimistic that the shift in the health-seeking behaviours of the pregnant women may be indicative of the (unwritten) relaxation of the church policy on the issue, especially in the context of HIV and AIDS. Medical health practitioner 2 reported that there is a developing mutual relationship between the Chitekete Clinic and the JMCC. Expecting mothers are encouraged to utilise the biomedical health services where they receive preventive vaccinations and regular checkups for conditions that increase risks for negative birth outcomes or pregnancy-related complications. The medical health practitioner noted encouraging responses.

## **Discussion**

Maternal health issues are a very central, critical and sensitive area for the JMCC because they are understood within the context of the sacredness of marriage and procreation. These are a gift from the divine that constitute critical strategies for the survival of the human species. For that reason, the Holy Spirit provides the prophets with the interpretive framework for handling maternal health matters as they work together

with the BAs. Thus, the whole JMCC maternal health system runs the risk of being on a collision course with the biomedical approach that is driven by a different epistemology. This becomes much more serious in the context of HIV and AIDS, which have challenged other health options that are not benchmarked on the biomedical approach. As noted by the Ministry of Health and Child Welfare (MoHCW 2007:3), Zimbabwe is among many sub-Saharan countries that experience high instances of maternal, neonatal and child mortality when compared to countries in other regions of the world. The World Health Organization (WHO) has identified the prevalence of religious and traditional objections to modern medicine and use of traditional uterine contracting medicines to quicken labour as the key concern to be addressed in Zimbabwe. The country has shown keenness on addressing maternal and neonatal health (MNH) challenges through adopting international agreements aimed at reducing the said challenges (MoHCW 2007:3). However, data from the field have shown that maternal health issues in the JMCC that is informed by the African indigenous worldview and the Judeo-Christian perspective are largely spiritual matters that should ordinarily deserve some respect. Dodzo and Mhloyi (2017:15) express it aptly that, 'the concept of maternal health care in Zimbabwe is generally shrouded in spiritual sensitivity'. There is need to take seriously the religiocultural context in the discourse of maternal healthcare in African communities because religious beliefs and practices provide the followers with a worldview, 'another world to live by' (Chitando 2018:15). The worldview informed by religion determines the beholder's health-seeking behaviours. It is, therefore, imperative for the government of Zimbabwe to handle with caution the delicate balance between the two health systems with a view to engendering mutual understanding and cooperation between them. Firstly, the beliefs and practices of the JMCC on issues of marriage, prenatal, natal and postnatal rituals provide a fertile ground for creating synergies between the two health systems.

The confirmation and approval or otherwise by the Holy Spirit through the (foretelling) prophet of the potential of a fiancée to bear children may not be conducted with the intention similar to that informing consultation with a gynaecologist. The whole focus is not on ascertaining the biological makeup of the woman with a view to making an informed decision on preparations for childbearing. Rather, the focus is on detecting evil spirits that pose a threat to conception and safe delivery. Referral to a prophet with the gift of fertility is intended to increase the chances of conception. Thereafter, referrals to the BAs are done to ensure regular monitoring of the pregnancy. It is not every prophet who does everything, but they are endowed with different healing powers from the Holy Spirit in the same fashion that medical health practitioners have different areas of specialisation. These stages in the JMCC maternal practices resemble the stages that are followed in the medical health services. The procedures are different, but the philosophy that informs the practices is the same. Both systems are concerned with a commitment to avoiding

taking chances with pregnancies and ensuring the safety of the mother and the child. The shared philosophy provides a possible platform for dialogue with a view to motivating the spirit of cooperation. Cases of referrals to hospitals for high-risk pregnancies by the JMCC provide a good example of great promise for sustained partnership and integration. There are cases of church-run medical facilities in Zimbabwe that combine the two approaches under the same roof in different wings. The Minister of Religion is concerned with the spiritual side of health and the medical practitioner focuses on the medical, but both have a common goal. The ZAOGA-owned Mbuya Dorcas Hospital is a good example (Musoni 2013).

Secondly, the crisis of HIV and AIDS has also posed challenges to the JMCC that have compelled them to reinterpret their beliefs and practices in a way that has many potential sites for integration. The theory that undergirds this study motivates, at best, the reinterpretation of beliefs and, at worst, the discarding of the same when they have become inadequate in new circumstances. There are cases of this reinterpretation of beliefs in the JMCC. There are emerging trends of prophets who encourage their members to take an HIV test at the local clinic and that of women who use their agency to access contraceptive drugs to prevent unwanted pregnancies. The former is an indication of the acceptance of the scientific nature of HIV and AIDS. It is an admission that the Holy Spirit is limited in curing HIV. Therefore, it is a shift from the traditional position in the church that the Holy Spirit can diagnose and cure all health challenges. The latter is also driven by the realisation that contraceptives are not bad through and through. They can save lives. In fact, the Zimbabwe MNH has family planning as one of the four pillars of safe motherhood (MoHCW 2007; Sithole & Sipeyiye 2022). It is along the same lines that some scholars are pushing for masturbation for men as a safe alternative to relieve sexual urges in the context of HIV and AIDS (Mwandayi 2016). The church is gradually shifting from a rigid belief position to a more practical one that serves lives. The individual members of the church are also employing a personal discretion considered life-promoting in situations where the church policy remains rigid.

Poor-performing health delivery systems in Africa often drive communities to look for alternative options. For example, the Zimbabwe medical health delivery system has been struggling since the close of the first decade of the new millennium (Chirongoma 2013). Currently, it is literally in the intensive care unit. Morale among health workers has hit the lowest ebb, resulting in frustrations that manifest in various forms of a poor work ethic. Private medical facilities are expensive and therefore extend a privileged access to the elite. As a result, the proportion of community deliveries in Zimbabwe has been growing steadily over the years. Besides the dictates of faith and church policy, women prefer community deliveries because of the perceived low economic, social and opportunity costs involved, pliant and flexible services offered and diminishing quality and appeal of institutional maternal

services (Dodzo & Mhloyi 2017). As the two scholars observed, medical health facilities can increase the risk of maternal mortality if there is poor quality of services, calibre of providers and capacity of facilities. These factors drain all the confidence that women have with institutional facilities and pin hope on other alternative options like seeking the services of BAs in the JMC and communities in general. The relaxed family-like atmosphere at the JMC Chitekete delivery camps, overseen by the warm and loving care of the BAs working in consultation with prophets, offers a sharp contrast with the cold and often client-unfriendly institutional facilities. Dodzo and Mhloyi (2017) gave an example of Malawi where women delivering in facilities demonstrated a significantly higher risk of experiencing maternal death than those delivering in the community. The emerging trends at the JMCC and the local health centre are crucial as they provide numerous synergies that can motivate a robust collaborative health delivery system between the JMCC and the biomedical health approaches.

## Conclusion

Emerging from the discussion in the study is the strong view that maternal health issues are sensitive especially in the context of HIV and AIDS. They require dedicated healthcare systems driven by committed health practitioners and above all committed efforts from diverse health perspectives that include chiefly the spiritual and the biomedical approaches. This is indeed the key because of the sacredness of the maternal health issues respected in both the African indigenous worldview and the Judeo-Christian traditions that inform health-seeking behaviours of many Zimbabweans. The emerging trends in the JMCC have shown a shift from a rigid faith position that interpreted health issues exclusively from a spiritual standpoint to a more practical reinterpretation that creates great potential for integrative efforts with the biomedical approach.

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## Competing interests

The authors declare that they have no financial or personal relationship(s) that may have inappropriately influenced them in writing this article.

## Authors' contributions

T.N. was responsible for the conceptualisation of the research question that the article addresses, methodology and research design, data collection, visualisation of the expected research input and outcomes, writing of the original draft, validation of the research data and co-funded the research from his pocket. M.S. was responsible for the conceptualisation

of the research problem, formal analysis, writing – review and editing, managing and supervising the whole research process and co-funded the research from his pocket.

## Ethical considerations

Ethical clearance to conduct this study was obtained from the Midlands State University Faculty of Arts and Humanities Research Ethics Committee. The authors certified that informed consent was obtained from all participants.

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## Data availability

Data sharing is not applicable to this article as no new data were created or analysed in this study.

## Disclaimer

The views and opinions expressed in this article are those of the authors and do not necessarily reflect the official policy or position of any affiliated agency of the authors.

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