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Mother Earth, Pandemics, and Women's Reproductive Health in African Apostolic Indigenous Churches in Nyanga, Zimbabwe

Abstract

Using the context of the two pandemics, HIV/AIDS and COVID-19, this article explores how the African Apostolic Indigenous churches (AAICs) of Nyanga in Zimbabwe responded to these pandemics, particularly regarding women's sexual and reproductive health and rights (SRHR). It is informed by findings from a qualitative research design in which in-depth interviews and focus group discussions were employed to gain insights from purposively sampled participants in the three AAICs of Nyanga. The article shows that the AAICs' stances on women's SRHR during these pandemics were characterized by forbidding women from accessing modern biomedicines and healthcare services, which has significantly endangered these women's health, especially during pregnancy and childbirth. The churches encouraged a reliance on spiritual healing, preventing women from accessing necessary medical treatments such as anti-retroviral drugs for HIV and vaccinations for COVID-19. The article argues that addressing the challenges faced by women in the AAICs concerning their SRHR during the pandemic requires a multifaceted approach for empowering women, promoting stakeholder dialogue, and integrating respectful, culturally sensitive healthcare services that acknowledge women's critical role as 'Mother Earth'. The article also calls for a shift in decision-making power within the churches to protect women's health during any pandemic better.

Significance: Beyond the scholarly contribution, the article contributes to improving health outcomes for women in AAICs during a global health crisis and equips religious leaders with the benefits of integrating modern medicines with spiritual care for the betterment of women's sexual and reproductive health rights.

Keywords: Pandemics, sexual and reproductive health and rights (SRHR), African Apostolic Indigenous churches (AAICs), COVID-19, HIV/AIDS, Zimbabwe, Mother Earth

Introduction

In this article, the following research question is addressed: 'How do the beliefs and practices of African Apostolic Indigenous Churches (AAICs) in Nyanga, Zimbabwe, affect

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women's sexual and reproductive health and rights (SRHR) in the context of pandemics like HIV/AIDS and COVID-19? Focusing on the AAICs in Nyanga, Zimbabwe, this exploration is a narrative of struggle and a testament to resilience. It underscores the critical role of women as life-givers compared to Mother Earth, whose ability to sustain humanity is intertwined with their access to and control over their reproductive health and rights. However, in the shadow of the mentioned pandemics, this sacred role is threatened, revealing a stark contrast between cultural beliefs and the urgent need for medical intervention. Using COVID-19 and HIV/AIDS as examples of pandemics that have shaped the SRHR in Zimbabwe, this article explores the complexities of how pandemics exacerbate existing inequalities and the unique challenges women face in maintaining their SRHR amidst such crises in the AAICs. It specifically aims to explore the localized and gender-specific impacts of the pandemic by examining and addressing the unique challenges women face in safeguarding and asserting their sexual and reproductive health and rights amidst health crises, cultural norms, and institutional barriers. Sexual and reproductive health (SRH) refers to complete physical, mental, and social wellbeing regarding the reproductive system and its functions. SRH emphasizes the importance of understanding and respecting individuals' rights to make decisions about their bodies, including issues surrounding pregnancy, childbirth, and menopause, alongside fostering healthy sexual relationships. The article advocates for a paradigm shift prioritizing women's health and rights in their pandemic preparedness, response, and recovery efforts. A key focus is the influence of the AAICs' theology on women's sexual and reproductive health and rights, highlighting the symbolic role of women as 'Mother Earth'. A significant portion of the content in this study is drawn from the research conducted during the authors' Ph.D. fieldwork.

The article links Mother Earth, women, and global pandemics before providing a brief historical background of some AAICs, such as Johane Marange, Bonagesi Apostolic Faith Church, and Topia Sungano Apostolic Church. Before highlighting the methodology and the key findings of the article, a brief overview of existing related literature on the subject is also provided.

Relationship between Mother Earth, Women, and Global Pandemics

In an era where humanity faces unprecedented challenges, the intricate relationship between our planet, often personified as Mother Earth, and the health of its inhabitants, especially women, comes into sharp focus (Jee, 2020). The advent of global pandemics has not only exposed the vulnerabilities of our health systems but also highlighted the disproportionate impact they have on women's SRHR. Mother Earth is responsible for caring for nature, but still suffers from earthquakes and natural disasters like drought, wildfires, cyclones, and floods. The same applies to the role of women in nurturing humanity in the face of challenges caused by pandemics. The study finds that just like Mother Earth, which suffers from the harshness of nature, women also suffer from oppression and pandemics.

Pandemics like HIV and COVID-19 have severe global impacts, requiring urgent care to protect humanity. HIV and AIDS pose significant risks to newborns, as they can be exposed to the virus during pregnancy or childbirth. Pregnant women, especially those who are HIV positive, need to undergo regular tests and are typically prescribed antiretroviral drugs (ARVs) in hospitals to prevent transmission to their babies. Unfortunately, many AAICs deny their members access to HIV testing due to a lack of hospital access. Similarly, while the government promotes COVID-19 vaccinations, AAICs prohibit vaccinations, leading to myths and vaccine hesitancy among their members (Makamure, 2023, p. 72). This disproportionately affects women, who are primarily responsible for childbirth and caregiving. Many AAIC leaders advocate for faith-based healing, which can undermine trust in medical services. As a result, women often bear the burden of caring for sick family members during pandemics (Mujinga, 2023).

Brief Description of African Apostolic Indigenous Churches

This article focuses on selected AAICs in Zimbabwe, which include the Johane Marange Apostolic Church (JMAC), Bonagesi Apostolic Faith Church (BAFC), and Topia Sungano Apostolic Church (TSAC).

History of Johane Marange Apostolic Church

The JMAC was established in 1932 by Muchabaya Momberume, who later became known as Johane Marange after his conversion from a Methodist mission. The church's beginnings are attributed to a series of divine revelations experienced by Marange, beginning in 1917 when the Holy Spirit informed him that he was to be called John the Baptist. These revelations included the ability to speak in English and interpret foreign texts through the Holy Spirit rather than relying on formal education, which emphasized a divine connection and skepticism towards Western education. The JMAC's formation marked a departure from the American Methodist Mission, highlighting the significant role of the Holy Spirit in its teachings and practices and reflecting a broader critique of modern Western medicine and its influence on local religious practices.

History of Bonagesi Apostolic Faith Church

The historical background and evolution of the BAFC traces its roots to the early 1960s under the stewardship of Robert and Wilson Kruger. The initial phase of the church was characterized by racial exclusivity, with the white leadership imposing restrictions on black congregants' reception of the Holy Spirit, driven by apprehensions of potential insurrections against the colonial governance structure. This period witnessed the geographical expansion of the church's influence, albeit marked by Robert Kruger's departure to South Africa, leaving Wilson Kruger to oversee the congregation.

The narrative of the church took a pivotal turn with the formation of the BAFC, spearheaded by Cephas Njenje, Habakkuk Mugodhi, and Kachembere, as a direct response to the racial exclusivities perpetuated by Wilson Kruger (Interview with Maoko, 2018). In the wake of leadership ambiguities, the church experienced a significant juncture when Elijah Mugodhi, recognized for his intellectual prowess, was designated to assume the bishopric of the Central African Apostolic Faith church.

As narrated by one of the church members, the subsequent phase in the church's history is underscored by a divinely inspired prophecy delivered through a boy and a girl, leading to Cephas Njenje's anointment to administer Holy Communion during *Paseka* (Passover), thereby solidifying his ecclesiastical authority as the bishop of the BAFC. The consecration of Cephas Njenje as bishop by Mbuya Shambare, juxtaposed with Habakkuk Mugodhi's suggestion for Njenje's appointment as the bishop of Chiburiri and Mutoko. This split of the church from the missionary churches saw the church solely relying on the Holy Spirit for spiritual guidance and all healing activities in the church. Members were encouraged first to consult the Holy Spirit whenever there was sickness before going to the hospital, even during pregnancy and giving birth.

History of Topia Sungano Apostolic Church

Much of the information concerning the origin and history of the TSAC came from the interview with the general secretary of the church (Interview with Mukanya, 2018). He narrated the history and origin of the TSAC, tracing it back to a pivotal conversation in 1956 involving Mr. Chakonza, his spouse, and their son, centered around the potential for Johane Marange prophets to enter the fire under the influence of the Holy Spirit without getting burnt. This led to Mbuya Chakonza (the wife of Chakonza), initially an African Methodist Episcopal Church (AME) member, founding a new spiritual movement after experiencing a divine calling when she entered the fire three times and disappeared from his family for 14 days. Despite the AME's reluctance to fully embrace the Holy Spirit's guidance, particularly in matters of healing, Chakonza and a selected group, including Prophet Gora and others, received the Holy Spirit and assumed leadership roles within the newly established church. Despite Chakonza being the church's founder, when interviewing the general secretary about its history, he highlighted that Chakonza could not lead the church because she was a woman due to their African culture. Hence, Mr. Chakonza automatically became the church's Bishop. The church advocates for the wearing of white garments and reliance on the Holy Spirit for healing and guidance in the day-to-day running of the church. It began in the Nyagomo area, where the Pentecost festival is celebrated annually during August.

The historical background of the AAICs plays a significant role in shaping the health choices of their congregants, particularly women. From their inception, these churches have been profoundly influenced by the Holy Spirit, positioning it as a central figure in matters related to health and wellbeing. Participants from the selected AAICs frequently identified the Holy Spirit as a vital source of inspiration and guidance. Personal narratives of recovery often highlight pivotal moments where individuals

experienced spiritual direction, leading them to make positive choices regarding their health and sobriety.

The predominance of birthright membership among AAIC congregants contributes to a deep-rooted indoctrination beginning in childhood, which complicates efforts to sway these individuals toward accepting vaccinations, even during critical health crises such as the COVID-19 and ongoing HIV/AIDS pandemics. The theological beliefs and practices inherent in these churches significantly impact their members' attitudes toward healthcare and health-related decision-making. The AAICs tend to emphasize faith healing and spiritual remedies over conventional medical treatments, which affects women's willingness to seek medical care. This reliance on prayer and spiritual intervention often supersedes their engagement with medical professionals, thereby influencing women's health outcomes. Furthermore, traditional gender roles promoted within many AAICs frequently limit women's autonomy in health-related decisions. The authority of male figures within the church can constrain women's access to essential health services, thereby exacerbating health risks.

Pandemics, Women's Role as Mother Earth, and Their Sexual and Reproductive Health Rights in Existing Literature

Following the COVID-19 pandemic, communities worldwide have faced unheard-of difficulties, necessitating collective resilience and flexibility to combat this scourge. As the pandemic spread, its effects were felt in many spheres of society, including politics, economics, food security, religion, gender, and sociocultural institutions (Chirongoma and Naicker, 2023). Chirongoma and Naicker also emphasized how African women in religion can respond to the COVID-19 pandemic by drawing on their skills and a wealth of experiences they have gained from dealing with previous pandemics and epidemics, like HIV and Ebola (Chirongoma and Naicker, 2023). The COVID-19 pandemic significantly impeded efforts to advance women's sexual and reproductive health and their role in food security.

Igboin (2023, p. 17) argues that African Christian women's spirituality is crucial in responding compassionately to the existential quest for the community's health. Furthermore, Mujinga (2023) emphasizes that because they are frequently required to care for their loved ones who are ill or sick, women typically shoulder most of the duties during pandemics. According to Kotlar *et al.* (2021, p. 34), although working mothers struggled to keep up with the rising daycare costs, they were more likely than men to abandon their jobs due to the pandemic. It was discovered that pregnant women had a higher chance of experiencing more severe symptoms than non-pregnant women. Besides having a direct effect through infection, the COVID-19 pandemic also indirectly affected reproductive and perinatal health due to alterations in social policies, healthcare practices, and socioeconomic and political conditions.

Additionally, Kanyoro (2001) contributes to discussions on feminist theology by examining the roles of African women within religious and theological discourses, accentuating how these roles intersect with health and reproductive rights. Larki, Sharifi, and Roudsari (2021) adopt a global perspective on the repercussions of COVID-19 on women's reproductive health, discussing the challenges encountered by women in resource-poor settings coupled with cultural barriers, and the contributions of faith-based organizations in addressing these challenges. Makundi and Ntuli (2020) highlight the involvement of faith-based organizations, mainly AAICs, in combating HIV/AIDS in Africa, detailing their positive contributions and the challenges they face in addressing public health crises like HIV and COVID-19. In contrast, Makamure (2023) critiques the position of AAICs in Zimbabwe concerning COVID-19 vaccinations, focusing on the theological and cultural grounds for resistance to biomedical interventions. This critical analysis highlights the discord between religious beliefs and public health policies.

Manyonganise (2022) has also investigated the gendered effects of COVID-19 in Zimbabwe, particularly how religious and cultural beliefs have shaped women's experiences throughout the pandemic. Her research explores how women in African religious communities navigate the tensions between faith-based health practices and contemporary public health recommendations. Additionally, Manyonganise (2023) highlights the need for integrating gender considerations into health responses

amidst the COVID-19 pandemic, emphasizing the role of women in African indigenous health practices and their potential incorporation into broader environmental conservation efforts.

In their respective works, Shumbamhini, Martha and Maria (2022) as well as Tsara (2022) examine the intersection of religious and cultural practices in Zimbabwe that limit young women's access to sexual and reproductive health services, further amplifying the health risks they face during pandemics. Their research advocates critically reassessing these practices to enhance support for women's SRHR. Furthermore, Vengeyi (2013) provides a critique of gender-based violence within the JMAC, investigating its implications for women's health and rights.

Given the existing literature, this article brings out the adverse effects of religious practices on women's sexual and reproductive health, alongside the challenges encountered when addressing these issues within faith-based communities. It differentiates itself from prior research by emphasizing the vital role of women as life nurturers, paralleling their resilience to that of Mother Earth in the face of adversities such as climate change, land degradation, and natural disasters. Additionally, the article evaluates how the theology of pandemics within the AAICs influences women's sexual and reproductive health and rights. Ultimately, it underscores women's significant and enduring contributions to society as providers of life and caretakers of humanity, highlighting their critical role in fostering resilience amid challenges.

Theoretical Framework

The theoretical framework in this article is anchored on two interrelated theories: Ecofeminism and social determinants of health. These perspectives collectively explore the intersection of gender, health, religion, and socio-cultural dynamics within AAICs and pandemics.

Ecofeminism

This theory was coined by the French writer Françoise d'Eaubonne in 1974. Ecofeminism posits a critical connection between the oppression of women and the degradation of the natural environment, asserting that both phenomena stem from deeply entrenched patriarchal structures. Ecofeminism is a theory that analyses the political effects of culturally constructed parallels between the oppression of nature and women. These parallels include regarding women and nature as property and viewing men as the curators of culture and women as curators of nature, and how men dominate women and humans dominate nature. Ecofeminist scholars emphasized that it is not because women are female or 'feminine' that they are sensitive to nature, but because they experience oppression by the same masculinist forces (Warren, 2015). The marginalization is evident in the standard gendered language used to describe nature, such as 'Mother Earth' or 'Mother Nature', and the animalized language used to describe women in derogatory terms (Warren, 2015). That theoretical framework is essential in this article for elucidating the parallels between women's suffering during pandemics and the ecological crises resulting from natural disasters. The notion of 'Mother Earth' as both a nurturing and suffering entity provides a poignant metaphor that links issues of women's reproductive health to broader environmental concerns.

Social Determinants of Health

Hahn (2021, p. 21) defines social determinants of health theory as mutable societal systems, their components, and the social resources and hazards for health that societal systems control and distribute, allocate, and withhold, and that, in turn, cause health consequences, including changes in the demographic distributions and trends of health. The framework of social determinants of health emphasizes that various factors, including socioeconomic status, educational attainment, and cultural beliefs, significantly influence health outcomes. Through applying this theory, the article critically analyzes the socio-economic conditions women face within AAICs and the impact of religious teachings on their access to SRHR during pandemics. Furthermore, the article explores how pandemics exacerbate existing inequalities within these communities.

By integrating these theoretical perspectives, the framework used in this article endeavors to illustrate the intricate interplay of socio-cultural, religious, and health-related factors that affect women's reproductive health, particularly in the context of pandemics. It provides a comprehensive lens through which to analyze the intersectionality of gender, health, and belief systems within AAICs,

ultimately reinforcing the imperative for urgent interventions to boost women's SRHR amid ongoing global health challenges.

Methodology

The article is informed by insights from a study that implemented a qualitative research methodology to gather data through in-depth interviews to better understand phenomena, experiences, and meanings. This approach was chosen to interpret phenomena through the insights provided by the participants. According to Holloway (2005), qualitative researchers take a person-centered, wholistic perspective to comprehend human experience without focusing on specific concepts, enabling a unique and comprehensive understanding of a participant's reality and social context. The objective of the qualitative approach is to investigate the impact of pandemics on women's sexual and reproductive rights and health, as well as their position as mothers of the earth, and to obtain insight into the depth, richness, and complexity of the theology of pandemics within the AAICs of the Tangwena area. According to Denzin and Lincoln (2005, p. 17), qualitative research aims to observe a phenomenon in its natural environment and interpret it using the participants' explanations.

The research focused on a purposively selected sample of 40 members, encompassing both male and female members with a comprehensive understanding of the church doctrine. The 40 members from the AAICs chosen consisted of 10 senior male members between the ages of 37 and 50, 12 women of reproductive age between the ages of 18 and 40, and 12 senior women between the ages of 41 and 75 who were well-versed with the church's teachings on women's sexual and reproductive health, and eight health workers within the Tangwena community between 20 and 45 years to investigate the community's responses to vaccine during pandemics. Pseudonyms (e.g., 'Mr. X' for men and 'Mrs. Y' for women) were used to ensure privacy and confidentiality instead of disclosing the true identities of the respondents.

Qualitative data from interviews and focus group discussions were transcribed and analyzed using thematic analysis to identify recurring themes and patterns in the data. This analysis involved grouping interview data into themes, particularly those with similar characteristics. These themes include ideas, topics, and patterns of meaning that repeatedly emerged throughout the study.

The AAICs' Theology of Pandemics and its Impact on Women's Sexual and Reproductive Health and Rights

The major themes that emerged revolved around restricted access to biomedical healthcare, a lack of HIV/AIDS and COVID-19 preventive measures, the psychosocial impacts of the pandemic on women, and gender dynamics and decision-making within the AAICs as discussed below.

Restricted Access to Biomedical Healthcare

The findings showed that women affiliated with the AAICs are discouraged from seeking modern biomedical healthcare services. This restriction significantly impacts their ability to receive essential medical care during pregnancy and childbirth, increasing the risk of complications and mortality for both mothers and their children. This was confirmed in one of the focus group discussions conducted with members of the apostolic sects under study when they elucidated: 'In our church, we do not believe in going to the hospital. If we go to the hospital, we are lessening the power of God, for even those medicines and doctors were created by God, so one should have faith in God, and all diseases are cured' (Interview with Focus Group 2, 2018).

The AAICs' emphasis on the role of the Holy Spirit in healing all diseases have drawn criticism from African feminist theologians, including Chirongoma (2006, p. 183) stating that 'the church must play a pivotal role in addressing issues of poverty and inequalities in health care which mainly affect the poor, women, and children'. The idea propagated by Chirongoma is that everything is under the power of the Holy Spirit. Examining its impact on women's SRHR and its function as a predictor of whether a sick person should visit the hospital are essential findings, according to her. Thus, throughout pregnancy and childbirth, people's health, especially that of women, is severely impacted.

In contrast to the AAICs' doctrines, Kanyoro (2001, p. 37) makes the case for the church to become less patriarchal. She claims that, given who states what, it is necessary to doubt the words of the Holy Spirit. Men are typically the ones who foretell problems about women and girls. As an example, a respondent has affirmed the following:

Women are continually instructed to rely on the Holy Spirit even during pandemics like COVID-19. The Holy Spirit still insists that no one should go to the hospital. Pandemics are interpreted as a punishment from God, and they only affect sinners, those who do not belong to the apostolic sects (Mrs. Y, 38 years, 2019).

Additionally, the results of this study show that in the AAICs, the Holy Spirit is involved in deciding which therapeutic modality to apply and whom a patient should see to obtain medication. If the church remedy does not work, the prophets are meant to be guided by the Holy Spirit to know when to accompany the patient to the hospital. Given that the Holy Spirit is held responsible for all these things, it may prove problematic, particularly during a pandemic when the government mandates vaccinations. For example, they waited for the Holy Spirit's judgment on admitting someone to the hospital. Most participants acknowledged severe problems since they relied only on the Holy Spirit. Regarding this, an informant made the following observation:

My child died due to the inexperience of the midwife during childbirth; she did not have the know-how on how to tie the umbilical cord of the newborn baby. Plus, just listening to the Holy Spirit, one of the prophets told me that 'your child will not die', so I just relaxed, and my baby died. Sure, I discovered it in the morning. We believe everything the Holy Spirit says is true (Mrs. Y, 35 years, 2020).

Considering this, faith in the Holy Spirit should be constantly questioned. Only some things the Holy Spirit states will happen because sometimes people need to fully comprehend what the Holy Spirit is trying to tell them. Taking note of the scenario, it can be concluded that the child's death was avoidable. Probably, the infant might still be alive if they had been transported to the hospital and cared for by qualified nurses. Dodzo (2016, p. 1) also mentions this idea of totally depending on the Holy Spirit:

Apostolicism promotes high fertility, early marriage, non-use of contraceptives, and low or non-use of hospital care. It causes delays in recognizing the danger signs, deciding to seek care, and reaching and receiving appropriate health care. The customized spiritual maternal health system demonstrates a considerable desire for positive maternal health outcomes among the apostolic.

As previously mentioned, the AAICs' complete faith in the supernatural power of the Holy Spirit endangers women's lives, particularly during pandemics. This is because, in most cases, the Holy Spirit advises people not to visit hospitals, even for diseases like COVID-19 and HIV that can be prevented. This resonates with the social determinant of health theory used in this article, which illustrates the intricate interplay of socio-cultural, religious, and health-related factors that affect women's reproductive health, particularly during pandemics.

Lack of HIV/AIDS and COVID-19 Preventive Measures

The churches' stance against modern medicine extends to preventive measures against pandemics. Women are often not allowed to undergo HIV testing or receive antiretroviral therapy if they are HIV positive. Similarly, misinformation and myths surrounding COVID-19 vaccinations have led to vaccine hesitancy or refusal among church members, further endangering women's sexual and reproductive health.

The fieldwork for this study demonstrated that all three of the study's denominations have their spiritual systems for maternal health, to which young women may go for prenatal and postnatal counselling up until delivery. The JMAC stated that there are numerous designated locations in their churches where members would go for spiritual help when pregnant and for any other health issues, even during times of pandemics like HIV and COVID-19 (Tsara and Siwila, 2021). Members of the

TSAC go to the Chakonza homestead, while members of the BAFIC go to the Mbuya Mabuza homestead. The apostolic community has chosen to ignore pandemics; if it is HIV, they claim to have denied its existence, averring:

This disease is for the heathens (those who do not go to church). They confidently say no member of the apostolic community can be affected by the disease. Here in apostolic sects, we marry virgins, and a man is allowed to have as many wives as he pleases, so there is no room for promiscuity at all (Mr. X, 55 years, 2020).

By so doing, the church may put the lives of women in danger, which leads to increased mortality. This also indicates a higher mortality rate among pregnant women and new mothers within the AAICs due to their lack of access to essential healthcare services during pandemics. This includes deaths attributed to HIV/AIDS and COVID-19, exacerbated by the churches' neglect of medical interventions during pandemics. As elucidated by Ecofeminism, just like Mother Earth who suffers from the degradation of the natural environment, women also suffer from the deeply entrenched patriarchal structures. In the AAICs, the men are responsible for designing laws that govern women's SRHR.

Psychosocial Impacts of the Pandemic on Women

The regulations and customs of religious institutions have significant psychosocial implications for women that extend beyond their physical wellbeing. During pandemics, women often experience heightened levels of stress, anxiety, and feelings of powerlessness due to restricted access to healthcare and the burden of expectations imposed by their religious communities. According to Vengeyi (2013), the JMAC's endorsement of polygamous marriages places many young girls under intense psychological and emotional strain when they are married off to men who are as old as their fathers. Despite widespread compliance with COVID-19 guidelines, the JMAC continued to hold large gatherings without adequate monitoring during the pandemic. This has been critically analyzed by the social determinants of health theory, which highlight the intricate interplay of socio-cultural, religious, and health-related factors that affect women's reproductive health, particularly in pandemics. In this study, the church teachings have put the lives of the congregants at a higher risk of contracting the diseases because women are primarily involved in caregiving for the sick people in the church and the community at large.

Gender Dynamics and Decision-Making

The findings underscore the gendered power dynamics within the AAICs, where men predominantly make decisions affecting women's health and rights. This has been supported by one of the interviewees who asserted: 'In our church, we are not allowed to use family planning, but instead, we use a method called *kujamba*, meaning that during sexual intercourse, men withdraw during ejaculation'. These dynamics limit women's autonomy over their bodies and health choices, particularly concerning their SRHR. The right to decide when and how to have a baby remains with men because they may choose not to withdraw, and women fall pregnant even if they are not ready. These findings suggest a critical need for intervention and advocacy to protect and promote the SRHR of women in the AAICs of Tangwena.

Discussion

The foregoing impacts of pandemics on women within the AAICs show the need for a more inclusive decision-making process within these religious communities, where women's voices and rights are respected. Furthermore, dialogue between religious leaders, health practitioners, and policymakers is key to bridging the gap between faith and modern medicine. By fostering understanding and cooperation, it is possible to respect religious beliefs while ensuring that women receive the necessary medical care during pandemics. Furthermore, empowering women with decision-making authority, particularly regarding their health and reproductive rights, and engaging with church leaders to foster a more supportive stance towards modern healthcare services is valuable for promoting women's access to SRHR. Thus, the article calls for the need to reconcile religious beliefs with public health measures to safeguard the lives of women during pandemics.

The teachings of the AAICs can provide opportunities regarding women's SRHR, despite some challenges associated with their practices. For example, the AAICs' teachings, centered on spiritual empowerment by often emphasizing spirituality and faith, can empower women by providing them with a sense of connection and purpose. This spiritual assurance may encourage women to take charge of their health and wellbeing during pandemics. Furthermore, the AAICs often foster a strong sense of community, and women may find support among fellow congregants, which can be vital for sharing experiences and providing emotional and social backing related to SRHR issues. Moreover, the AAICs' teachings can advocate for women's roles in that some of their teachings may elevate the status of women as life-givers, reinforcing their importance in society. This recognition can be leveraged to advocate for policies and practices that support women's health rights and equality. While there may be restrictions against modern biomedicine, some AAICs can still promote health practices that complement medical care with traditional healing. This approach can help women navigate their reproductive health within their cultural contexts.

Conclusion

This article qualitatively explored the impact of pandemics on women's SRHR within the context of the AAICs in Nyanga. It has highlighted how pandemics like HIV/AIDS and COVID-19 have disproportionately affected women, especially those affiliated with AAICs, where there is a strong opposition to modern biomedicine. The churches encourage a reliance on spiritual healing, preventing women from accessing necessary medical treatments such as ARVs for HIV and vaccinations for COVID-19. This has led to significant health risks, particularly for pregnant women and new mothers. The article has also exemplified the intersection of religion, traditional beliefs, and modern healthcare imperatives. This is regarded in the way that the AAICs' stance on forbidding women from accessing modern biomedicines and healthcare services during pandemics such as HIV/AIDS and COVID-19 has significantly endangered women's health, especially during pregnancy and childbirth. Accordingly, the article calls for a paradigm shift within the AAICs and similar religious and cultural institutions. Women, revered as the 'Mothers of the Earth', should be celebrated for their life-giving capacity and empowered to make informed decisions regarding their SRHR.

Finally, addressing the challenges faced by women in AAICs concerning their SRHR during pandemics requires a multifaceted approach. It calls for empowering women, promoting stakeholder dialogue, and integrating respectful, culturally sensitive healthcare services that acknowledge a woman's critical role as 'Mother Earth'. Through collective efforts, it is possible to safeguard the health and rights of women, ensuring they are no longer at a disproportionate risk during global health crises. Therefore, the article argued that a shift in decision-making power within the churches is needed to better protect women's health during pandemics. This argument contributes to improving health outcomes for women in the AAICs during the global health crisis, equipping religious leaders with the benefits of integrating modern medicines with spiritual care for the betterment of women's sexual and reproductive health rights.

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