



University of KwaZulu- Natal

A gendered analysis of the healing practices of the Johane Marange Apostolic Church in Glenview, Zimbabwe and their effect on women during pregnancy

BY

Jacob Kutsira

Submission in partial fulfilment for Masters in Theology (Gender and Religion) in the School of Religion, Philosophy and Classics at the University of KwaZulu-Natal, Pietermaritzburg

Supervisor: Dr. L. C. Siwila

This dissertation has been language edited by Dr. Karen Buckenham, an approved language editor for the School of Religion, Philosophy and Classics at the University of KwaZulu-Natal.

It has also passed through Turnitin by an approved officer at the University of KwaZulu-Natal .

DECLARATION

I, JACOB KUTSIRA hereby declare that this thesis, unless specified in the text, is my original work. I further declare that I have not submitted this thesis for any other purpose at any Institution or University.

Signature.....

Date.....

JACOB KUTSIRA

As Supervisor I agree to the submission of this thesis

Signature.....

Date.....

Dr L. C. Siwila

ACKNOWLEDGEMENTS

Firstly I thank God for giving me strength and comfort during my research period. I also pass my special thanks to my supervisor Dr. L. Siwila who provided her valuable time, guidance, encouragement and support. I give my special thanks to the Church of Sweden for financing my MTh project. I also appreciate the Gender and Religion programme for their support during my study. Special appreciation goes to my wife Sharon Carol Kutsira for her support and love and to our daughter Tehillah Atidaishe Kutsira; both of you endured my absence during the research period. Thanks to my sister Lizzy Kutsira Mutswetwa and family who encouraged me and prayed with me during my research. I thank God again for his provision and protection during this MTh project.

DEDICATION

This thesis is dedicated to my wife Sharon Carol Kutsira and our beautiful daughter Tehillah Atidaishe Kutsira who made so many sacrifices during my period of study.

ABSTRACT

This dissertation seeks to examine and analyse the healing practices within JMC in relation to health care provided to women during pregnancy. The healing practice performed in this church has made the church become popular and grow numerically. This is also exacerbated by the high cost of medical care in Zimbabwe which is a challenge especially for pregnant women. This is an empirical study which used in-depth interviews with both men and women who are married and are long serving members of JMC. The objective of the study was to find out how the healing practice within JMC contributes to women's health during pregnancy. The study found out that; one of the teachings of this church is that members are not allowed to seek for medical help from the hospitals. Therefore women who are pregnant are supposed to receive health services only from the church. This is done in form of prayers, prophecy and use of symbols which are directed towards the protection of the mother and child from evil that is perceived to attack them during this period. The church also provides teachings to these mothers to be on how to look after themselves through the use of elderly women who act as birth attendants. The study also found out that some women decided to also seek other forms of medication like visiting hospitals despite the consequences that were put up by the leaders of the church. This study does not claim that religion cannot help women during pregnancy but rather seeks to show that while the church focuses on spiritual healing, there is also a need for a holistic approach to healing that will call on women to visit hospitals, especially when addressing issues relating to pregnancy.

TABLE OF CONTENTS

1. Map of the Republic of Zimbabwe.....	ix
---	----

CHAPTER ONE

GENERAL INTRODUCTION

1.0 Introduction.....	1
1.1 Background to the study and motivation.....	1
1.2 Research problem.....	2
1.3 Research objectives and questions.....	3
1.4. Theoretical framework.....	3
1.5 Methodology.....	6
1.6 Definition of terms.....	8
1.7 Structure of dissertation.....	9
1.8 Conclusion.....	10

CHAPTER TWO

HISTORY AND EMERGENCY OF JMC

2.0 Introduction.....	11
2.1 Johane Marange the Apostle and Prophet “ <i>Muporofita</i> ”.....	12
2.2 JMC in Zimbabwe.....	16
2.3 The Role of Women in Johane Marange.....	18
2.4 The Place of Women in Healing and Founding Ministries in AICs.....	20
2.5 Conclusion.....	22

CHAPTER THREE

HEALING AND THE THEOLOGY OF HEALING IN JMC

3.0 Introduction.....	23
3.1 Methods and Models of Healing in JMC.....	23
3.2 JMC Rituals and Sites for Healing.....	26
3.3 The Role and Place of Bible in JMC.....	27
3.4 Healing as a Central Practice in JMC and AICs.....	26
3.5 Justification for Healing in JMC.....	32
3.6 Conclusion.....	32

CHAPTER FOUR

PRESENTATION OF DATA AND ANALYSIS OF THE HEALING PRACTICE OF JMC

4.0 Introduction.....	33
4.1 Research process and data analysis of participants.....	33
4.2 Healing Activities for Pregnant Women in JMC.....	35
4.3 Research Findings.....	38
4.2.0 The Holy Spirit.....	42
4.2.1 Syncretic approach to healing.....	43
4.2.2 Hospitals as cursed institutions.....	44
4.2.3 Affordability of the church healing practice.....	47
4.2.4 Objects of healing: The use of water.....	47
4.2.5 Fore knowledge a new model of healing.....	48

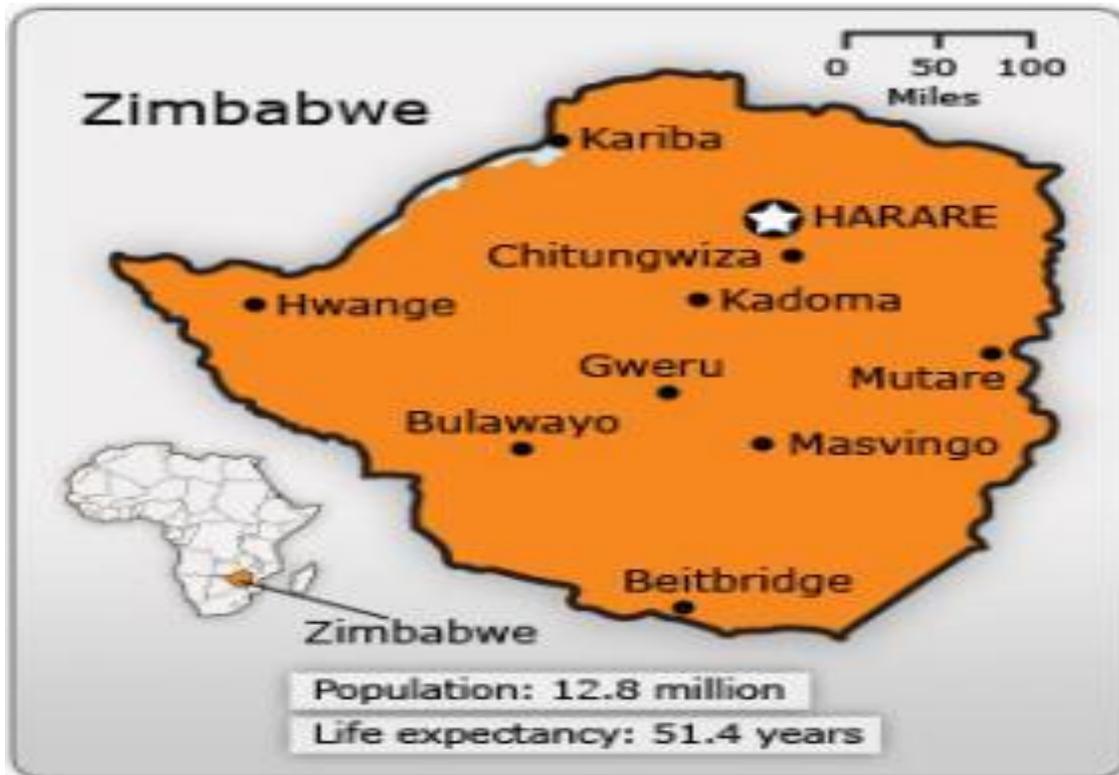
4.2.6 The Apostles (<i>Mapositori</i>) as God sent	50
4.2.7 Church education on sexual and reproductive health.....//.....	43
4.4 Ways in Which the Church may address Maternal Health issues.....	51
4.5 Positive and negative contributions of religion to health	54
4.6 Conclusion.....	58

CHAPTER FIVE

SUMMARY, THEOLOGICAL REFLECTIONS AND CONCLUSIONS

5.0 Introduction.....	59
5.1 Summary.....	60
5.2 JMC Contributions to Maternal Health.....	62
5.3 Theological reflections.....	62
5.4 Recommendations.....	65
5.5 Conclusion.....	66
Bibliography.....	67
Appendix 1: Questionnaires.....	68
Appendix 2: Consent forms.....	71
Appendix 3: Participants list	78

THE MAP OF ZIMBABWE



Map taken from: www.avert.org (2011)

The African Apostolic Church in this study is situated in Harare which is the Capital city of Zimbabwe. It is in a township called Glenview. However the Church has branches all over the Country of Zimbabwe

Abbreviations and Acronyms

African Initiated Churches.....	AICs
African Religious Health Assets Program.....	AHARP
Africa Apostolic Church of Johane Marange.....	AACJM
Antiretroviral drugs.....	ARVs
Acquired Immune Deficiency Syndrome.....	AIDS
Human Immunodeficiency Virus.....	HIV
Johane Marange Church.....	JMC

CHAPTER ONE

GENERAL INTRODUCTION

1.0. Introduction

This research explores the healing practices of Johane Marange Church (JMC) with a focus on women members who are pregnant. The research endeavours to examine the contributions of “The African Apostolic Church of Johane Marange in Zimbabwe to maternal health. This chapter presents the motivation, background and aims of the study. In addition to the above, the objectives, research question and methodology will be highlighted. Key terms and the structure of the dissertation will also be outlined in this chapter. Although the church’s full name is African Apostolic Church of Johane Marange, the church is commonly known by most Zimbabweans as the Johane Marange Church (JMC) (named after the founder)¹

JMC is one of the oldest AICs founded in Zimbabwe. Jules- Rosette states that, “as an independent African fundamentalist church it was founded in Southern Rhodesia (now Zimbabwe) in 1932 and has spread over Zambia, Zaire (now DRC) and other parts of the continent” (Jules-Rosette 1976:938). Jules-Rosette further argues that “ by 1988, the Church also known as *Mpositori* or *Bapositolo* had over 300,000 members across several Central African nations”(Jules-Rosette 1988:141). This figure however has gone up as membership has increased extensively. According to Nehanda radio of 2013 “tens of thousands members of JMC gathered at their holy shrine in Marange². The movement has grown over the years. “Johane Marange Church is the largest group in Zimbabwe, by 2000 they were about 500 congregations and about a million people affiliated in the Church”³

¹ In this study I have opted to use the term Johane Marange Church (JMC). This is because it is the most popular name used by both members and non-members of the church in almost all the countries where this church is found.

² For more information see Johane Marange Apostolic Church www.nehandaradio.com 2013/07/313.

³ For more information see www.relzim.org/major-religions-Zimbabwe/African-indigenous.

1.1 Background to the study and motivation

Apostolic and faith healing Churches are common in Zimbabwe especially for their unique practice of healing. A demographic survey done in 2012 appears to indicate that “members of the apostolic church have poor health outcomes due to their refusal to utilize modern medicine. This statement was suggesting that members should be made to utilize modern biomedical facilities. This has caused apostolic church leaders to lament that they are being “raped”, in the sense of being coerced into using modern medicine which is contrary to their belief system” (Demographic survey 2012). This conflict amongst apostolic churches like Johane Marange Church, medical practitioners and government officials on health is still visible today and has become one of the country’s health concerns.

The JMC is one of such apostolic church which is well known for its healing practices through the use of sacred objects and symbols. The practice of healing by JMC has generated an enormous conflict in Zimbabwe since they discourage the use of modern hospital medicine.

As someone coming from the same geographical location as this church, I have keenly followed the healing practices of this church and how challenges faced by pregnant women are handled. The tension between the church practice on healing and the medical understanding of health motivated me to investigate the effects of the Church’s healing practices to women who are pregnant. Tabona Shoko (2008) conducted studies on the AICs and dealt with individual AICs, including the JMC, on various issues; however the issue of healing with regards to pregnant women’s health was not explored. Inasmuch as his work will inform my study, I intend to direct my emphasis and focus on healing practices in relation to women’s health during pregnancy. Thus, the objective of this study is to explore the understanding of healing and wellness among the JMC members in relation to the wellbeing of women who are members of this church during their pregnancy.

1.2 Research problem

Pregnant women need special health care services and support that will determine the safety and health of the mother and unborn child. When one is pregnant, there is a need for constant check-ups and good medical care. The JMC has a strong message of healing through prayers and discourages its members from going to hospitals for Biomedical care. The Church insists on using its own spiritual healing model. It is not clear how this indigenous church takes care

of complex issues that require such things as theatre operations on women during pregnancy. However there have been children born in this Church who are leading health lives. Therefore there is need to research on their model of health provision used on pregnant women who are members of this Church.

1.3 Research objectives and questions

Objectives

1. To investigate how members of the JMC understand issues of healing and wholeness.
2. To analyse how the understanding of healing and wholeness in the JMC affects pregnant women.
3. To discuss how the teachings and theology of Johane Marange contribute to women's health during pregnancy.

Questions

MAIN QUESTION:

How does the understanding of healing and wellness among the JMC contribute to the wellbeing of women who are members of this church during their pregnancy?

Sub Questions

1. How do both women and men in *JMC* understand issues of healing and wholeness?
2. How does the understanding of healing and wholeness of the *JMC* affect pregnant women?
3. What are the teachings of *JMC* on gender and healing?

1.4 Theoretical Framework

Both an asset based approach and hermeneutics of suspicion frameworks are collectively used in the study. Cochrane argues that ARHA framework “promises a better understanding of the way in which religion interacts with public health concerns and systems. (Cochrane et al 2006:07). The teaching and understanding of health within JMC Glenview is therefore vital in this study. The ARHA framework also regards religious education and teachings as assets of health and as a result it is important in this study to assess the teachings on health that are found in the Church in relation to women's health. de Gruchy argues that “It is crucial that

as a first step religious leaders in Africa gain a basic level of public health "literacy", and that public health practitioners gain a basic level of religious "literacy"(de Gruchy 2007:48).

The African Religious Health Assets (ARHA) approach will be used to explore the healing practices and concepts of JMC in Glenview and their relation to women during pregnancy. Cochrane state that "The primary assumption of the research undertaken by ARHA is that religion, in its own right, is important to the health of individuals and communities" (Cochrane et al 2006:7). In response to this statement, this research investigates whether the teachings on healing in JMC Glenview contribute to women's health as an asset. An ARHA literature review explains religious health assets as tangible and intangible assets. With this framework both the tangible and intangible assets within JMC Glenview are outlined and critiqued accordingly. Tangible assets are those that can be seen such as the places of worship, water and oil. Non tangible assets are those that can be explained but not seen such as prayer and prophecy. All these assets within the Church are outlined and discussed in the light of how they are used to support women during pregnancy.

A hermeneutics of suspicion was used to critically analyse the health asserts and healing practices of JMC Glenview. The health assets within this Church were assessed from African women's theologies with a focus on Kanyoro (2002)'s approach of a hermeneutics of suspicion which allows questioning of the practices that are oppressive to women. Fiorenza argues that "A feminist hermeneutics of suspicion is a form of action that raises our awareness in order for both men and women to take into account their negative cultural sexual roles and attitudes on the Bible" (Fiorenza 1984:15). Fiorenza also argues that "A hermeneutics of suspicion is not primarily concerned with what is said about women but also with the silences that surround these issues" (Fiorenza 1984:15-16). The healing practice of the JMC was analysed and critiqued from a hermeneutics of suspicion. Therefore questioning the healing practices through stories from both men and women is an important part of this study.

Kanyoro argues that "Gender analysis takes into account ways in which roles, attitudes, values and relationships regarding women and men are constructed by all societies over the world" (Kanyoro 2002:17). Therefore it is important to assess how both men and women participate in the healing practice of the Church and as such a gendered analysis is crucial in the study. This approach creates room for question religious practices in relation to women's health.

Phiri and Nadar in “Treading softly but firmly” critiqued religion as oppressive to women’s health. This argument is critical when one is dealing with the contribution of religion to maternal health, in this case the JMC healing practice’s contribution to maternal health. Phiri and Nadar state that the African women, Health and Religion critic focuses on how religion influences women’s thoughts, emotions, personalities and social relationships as they seek communion with God. It is also a bold critique of how religion has enhanced or denied women’s health (Phiri and Nadar 2006:9). Hermeneutics of suspicion allows room for questioning religious practices, in this case in relation to maternal health.

Kanyoro and Oduyoye encourage the critiquing and questioning of religious practices and patriarchal understandings which oppress women by encouraging the use of a hermeneutics of suspicion. Oduyoye argues that “African women also need to engage in a hermeneutics of suspicion, which entails challenging inhuman and domesticating customs and traditions while recovering their historical memory” (Oduyoye 2004:15).

1.5 Methodology

This is an empirical qualitative study based on in-depth interviews. A total of twelve male and female members of the JMC Glenview were interviewed using open-ended in-depth interviews. These participants were selected using a purposive sampling procedure. The procedure is highlighted in detail below. Data collected from the interviews was thematically analysed. The focus of the study was to assess how the understanding of healing among the JMC contribute to the wellbeing of women members who are pregnant. Within the in-depth interviews the focus was not on the number of participants but rather on the quality of the data gathered hence the time spent interviewing each of these twelve participants. All the in-depth interviews were done face to face in both Shona and English. Trudie du Plooy describes interviews by saying “An interview, as a data- collection method uses personal contact and interaction between an interviewer and an interviewee” (du Plooy 2010:179). He also argues that “the main aim for in-depth interviews is to obtain detailed information” (du Plooy 2010:179). The focus of this study is to have detailed formation on the healing practice of JMC therefore this approach was necessary and hence 12 participants were interviewed.

Kanyoro argues that “one of the greatest benefits of women’s scholarship has been to hear stories of women by women and to become aware that the subordination of women as a gender is a world phenomenon defying the confines of race, class, creed and nationality” (Kanyoro 2002:27). Hearing stories of women’s experiences in JMC during pregnancy

helped to provide an understanding of the Church's contributions to women's health. It should be noted that the only women who were interviewed were those who have once been pregnant while holding membership in this church.

Sampling and Sampling Procedure

Rensburg states that "A sample is a part of a whole, or a subset of measurements drawn from the population. A sample then is a selected group of elements from a defined population (In this case only married women whose husbands are also long standing members in the Church and have had children while they were members in this Church were interviewed). We study the sample in an effort to understand the population in which we are interested."(Rensburg 2010:151). The 12 participants were selected purposively for there being long standing married members of the JMC who were once pregnant and have had children in the Church.

Purposive Sampling

Purposive sampling was used in this study to gather data in Glenview Zimbabwe. Purposive sampling "Is when the researcher selects a sample that can be judged to be representative of the total population. This judgment is made on the basis of available information or the researcher's knowledge about the population" (Polit and Beck 2008:343). The 12 participants were selected basing on the fact that they were married Church members who understood the Church practices. The women selected were those who were once pregnant and were assisted by the Church through its healing practice.

Research Process

Before the official fieldwork research took place, I contacted one of the leaders of the JMC to explain the aim of the study, its focus and expectations. Permission was granted by the church leaders as stated in the consent form (see Appendix 2). I clarified that the study was being conducted for academic purposes. The objectives of the study were also outlined and clarified with the leader of the JMC in Glenview. Proposed dates, times and places of interviews were discussed. This was done with some flexibility so that the other participants who were absent in this meeting would give input whenever they would be available as long as it was within the stipulated period of the research. Appointments were made for the other 11 participants and at the end of the fieldwork all the 12 participants were interviewed successfully.

Confidentiality

The names of participants and those interviewed were withheld for confidentiality and ethical considerations. Participant's names were replaced by letters. For example A1, B1 and M1 were codes used to replace the original names. A was for participants who were leaders, B for male participants and M for women participants. This study took into account the ethical considerations surrounding research of this nature, therefore participants were free to withdraw any moment they felt uncomfortable with continuing with the research. Participation was voluntary and no one was forced to answer any question without being willing.

1.6 Definition of terms

In this study word such as Healing, Health, AICs, Prophecy, Health Assets Faith healing are important and this section provides definition of the words.

Healing

Healing is "*Rophe*" which means to heal or to repair. Mills elaborates by saying that "To heal means to become or make something healthy again, to cure somebody who is ill, to make someone feel happy again, to put an end to something or make something easier to bear. He refers to healing as to repair, restore, mend, fix and to cure" (Mills 2008:99-101). Maldonado explains that "Healing is when God restores human organs to their proper function". He also argues that "therefore, it is illegal for sickness to enter the bodies of believers. Healing is not a divine gift; it is a legal right. Yet the church continues to seek the gift of healing more than the right of healing" (Maldonado 2011:172-173). Maldonado explains sickness as illegal and therefore healing for him is removing illegal elements in the body.

In some cases healing is also connected with miracles. For Marshall, miraculous healing is "A striking interposition of divine power by which the operations of the ordinary course of nature are overruled, suspended or modified (*Chambers' encyclopaedia*)" (Marshall et al 2006:453). According to Marshall, "Healing means the restoration of one to full health who has been ill, in body or mind. This includes recovery resulting from medical treatment and spontaneous remission of a disease" (Marshall et al 2006: 452). This definition explains healing as full health. However healing in the study will not be limited to the absence of

sickness only but rather will involve spiritual, social, physical and spiritual healing as understood in AICs.

African Indigenous Churches (AICs)

According to Kofi Appiah-Kubi African Indigenous Churches are “Churches founded by Africans for Africans in our special African situations. They have all African membership as well as all African leadership. Some were founded by Africans in reaction to some feature of the Christianity of missionary societies; most were founded among those people who had known the longest”(Appiah-Kubi1998:68).

Health

According to Dorothy B.E.A Akoto “Health can be deduced from the Hebrew word *Shalem*, Which literally means *health* or *whole* from which derives the word *shalom*. *Shalom* encompasses a complete state of soundness of the entire human condition, both physical and spiritual”(Akoto2006:99).

Faith Healing

It is described as “Healing achieved by religious belief and prayer, rather than by medical treatment”⁴

Health Assets

Anthony Morgan discussing Health Assets explained that “A health asset is any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain health well-being. These assets can operate at the level of the individual, family or community as protective and promoting factors to buffer against life’s stress”⁵

1.7 Structure of Dissertation

Chapter one outlines and explains the introductory part of the study which includes the methodology, motivation, theoretical framework, research question and objectives of the study.

Chapter two discusses the history of JMC as well as the calling and life of its founder Johane Marange. The place of women in the Church is also explored and discussed in the chapter.

⁴ Definition of Healing Faith www.oxfordictionaries.com

⁵ For more information see Anthony Morgan, Health Assets www.aliss.scot.nhs.uk

Chapter three explores the methods and models of healing with JMC. The Church rituals and church sites are also discussed in the section. This section also outlines the role of the Bible in the Church as well as Justification for healing within JMC. In chapter four, fieldwork data is presented, analysed and critiqued. Different themes and theological reflections will also be highlighted and explored.

Chapter five provides a summary of the study as well as conclusions. It also provides recommendations for future study in the area of study.

1.8 Conclusion

The Chapter outlines the background of the study, the research question and problem. It also outlines the methodology being used in the study. Important definitions, the theoretical framework and structure of dissertation are also explained and outlined in the chapter. The next chapter explores the history of JMC as well as the calling of Johane Marange. Issues of women involvement in the Church is also outlined and discussed in the next section.

CHAPTER TWO

HISTORY AND EMERGENCY OF JMC

2.0 Introduction

Having looked at the methodology and background of study in the previous chapter, this chapter explores the history and life of Johane Marange Church. The calling of Marange is also explored and outlined. Healing within AICs will also be outlined and discussed. It also outlines gender issues in the JMC in relation to healing and the founding of churches amongst AICs.

2.1 JMC in Zimbabwe

JMC is one of the oldest AICs founded in Zimbabwe in the early thirties. The JMC also spread to other African countries and even overseas. Its history shows that it was growing rapidly and even today it has churches all over Zimbabwe, in almost every city and township. According to Anderson, “The largest AIC and the second or third largest denomination in Zimbabwe is known as *Vapositori*, estimated at almost one million affiliates in Zimbabwe in 1991” (Anderson 2001:116,) Pobe and Ositelu II discussing the Church reported that “In Southern Rhodesia, now Zimbabwe, Johane Marange and the nucleus of the leadership of the JMC known among the Shona as *VaPositori* (Apostles), broke away from the American Methodist Mission (Pobe and Ositelu II 1998:02). However the Church claims that they have no link with any western churches. Participants who are church leaders emphasise the total independence of the church from other churches, especially western originated churches.

2.2 John Marange the Apostle and prophet ‘*Muporofita*’

It is important in this study to have an understanding of JMC and the founder Johane Marange himself. The original name for the founder of the Church is Muchabaya which was changed to Johane Marange and therefore this is the name that will be used in this study. The Church is commonly known as JMC as stated in chapter one.

Johane Marange’s Life and calling

Johane Marange was born in a royal family. Anderson highlights that “Johane (John) Marange who lived between (1912 -1963), grandson of a chief Marange received frequent

dreams and visions from the time he was six years old. In 1932 an audible voice told him he was ‘John the Baptist’ an Apostle called to preach internationally and convert people, baptize them and to tell them to keep the Old Testament laws and Sabbath day” (Anderson 2001:116). Johane Marange is regarded as a prototype of John the Baptist who had a special ministry outside the cities. The JMC also gathers outside cities for prayer. They also conduct baptisms, just as the Bible narrative on John the Baptist. The members of the church wear gowns and worship in the forests as the biblical John the Baptist did.

Jules-Rosette, discussing Johane Marange’s calling, explained that “Before this visionary experience, John had heard a voice commanding him to say three thousand prayers in a single evening. After doing so, he was visited by an Angel who described the baptismal experience that was to follow. These visions were a gradual preparation for the moment at which his name would be changed from *Muchabaya* to John, and his new mission would be crystallized” (Jules-Rosette 1975: 137). The name Johane Marange⁶ was given to him as a new name for his personal ministry and became the Church’s name as well.

Johane Marange believed that God called him through a vision directing him to serve as an Apostle. The visions lead him to conversion and calling. “John abandoned traditional African medicines and customs and acquired the charismatic power to heal by laying hands on the ill. His new name brought with it a new sense of self and the commitment to conversion as a way of life (Jules-Rosette 1975; 137). The use of visions became part of his future ministry as an Apostle and prophet.

The details of his calling explain why prophets in the Johan Marange Church use visions and the laying on of hands to heal the sick today. The vision of Johane Marange informs the doctrine of the church on healing. Visions play an important role in the JMC especially for the prophets when administering healing or seeking guidance from God. Prayer was also an important part in Marange’s life. JMC has grown continued to grow over the years as one of the oldest movements in Zimbabwe. The Church has also spread to Zimbabwean neighboring countries. Anderson argues that “In July 1932 the first mass baptism of 150 people in the Marange Chiefdom took place. In thirty years he preached as far as Mozambique, Zambia, Malawi and Central Congo, exorcising evil spirits and baptizing thousands of people,

⁶ The name John linked him with John the Baptist since they both practice their ministry outside of Cities and Towns. The dress code is also linked with John the Baptist and hence the name John was given to *Muchabaya*

commanding them to renounce traditional ritual practices and witchcraft” (Anderson 2001:117).

Marange as John the Baptist of Africa

The new name Johane Marange is also linked with his identity as the John Baptist of Africa. His dress code and place of worship have similarities with that of the biblical description of John the Baptist. Johane Marange saw himself as one who had a mandate to deliver his people through baptism. “Johane’s baptism is said to have given him a second life to begin his mission of prophecy and preaching as an Apostle. This mystical experience, a baptism which was, in fact, performed by one of John’s relatives in a river symbolically called the Jordan, empowered him in the eyes of others to seek further converts” (Jules-Rosette 1975:136). Baptism in the Jordan (*Jorodhani*) is an important aspect of the Johane Marange Church. One of the qualifications for church membership is associated with baptism in what is called the Jordan River. The Church adopted the baptism that was done in the Jordan River during the time of Jesus and as a result every place they baptise people becomes the Jordan. Baptism is a symbol of cleansing and deliverance from evil spirit and sin.

The theology of baptism links with the title of the founder (Johane Marange) John the Baptist and according to the Church, the understanding is that one has to be baptised as a way of being cleansed from evil spirits.

Johane Marange a Messianic figure

It is important to understand the group in which JMC is in. One would identify it as Messianic movements where the leader is regarded as a Messianic figure that has solutions for their problems or is a mediator between them and God. Thus the Johane Marange Church, which is the focus of this study, can also be identified as a Messianic movement. This is because Johane Marange is regarded as a Messianic figure that plays a role in leading his followers into liberation. Pobeie argues that “Messianic movements” are based on a leadership of Messianic model. “Prophetic Movements” are founded on a powerful charismatic leader, a prophet. “Apostolic Churches” are centred on Christ’s apostles. (Pobeie 2002:1).

In Most AICs like the Johane Marange the leader is a messenger of God who represents God and the people. Marange was also regarded as both a messenger and prophet of God who speaks on behalf of God to the people. Discussing on the position of this church on the

typologies Jules-Rosette argue that “Apostolic theology contains both dualistic and eschatological elements. Apostles draw a clear distinction between believers and nonbelievers and between good and evil. They refer to non-members as *baedeni* (people of Eden), a term which resembles its English transliteration, "heathens." Those who do not follow the teachings of *mutumwa*, the prophet and messenger Johane Marange, and do not open themselves to Holy Spirit inspiration and are considered heathens who will be identified as such on the day of judgment”(Jules-Rosette 1988: 142).

Daneel writes that some AIC leaders in Zimbabwe are regarded as Messianic figures. He states that “They replace the first-generation icons, such as Bishop Mutendi of the Zion Christian Church and Prophet Johane Marange of the *vaPostori* who featured as ‘black Messiahs’ to their followers” (Daneel 2001:05). Johane Marange is regarded as a Messianic figure that can help African people to deal with their problems as a prophet for Africa.

The church however does not regard Johane Marange as the real Messiah but he is regarded as a messianic figure. Johane Marange is also regarded as spiritual guardian and leaders who plays a messianic role of showing directions to the followers. Anderson highlights that “Some times Johane Marange is praised and sung to as “the king of heaven”, but he is not regarded as the superseding Christ” (Anderson 2001:117).

Johane Marange’s Death and Succession

Leadership with the Church was family based although the prophet spent much time travelling as an evangelist and prophet. Johane Marange family was highly involved in the leadership of the church as Johane Marange travelled with his cousin Simon Mushati. Daneel explains that “Johane’s father Momberume, and his two brothers Conorino and Anrod, usually stayed home constituting a sort of con- solidary advisory council at headquarters. Johane was far too restless a wanderer and evangelist, but at home Momberume and a number of judges (*vatongi*) dealt with all disciplinary matters, while Conorio acted as faith healer and Anrod as advisor on matters of Church organisation”(Daneel 1978:57). The JMC is regarded as a family le-d Church. However, the church faced challenges when Marange died.

The death of the founder created division among the family members especially on the issues of succession. Daneel stated that “Johane’s death in 1963 triggered off a power struggle. Prophet Simon Mushati and certain other leaders protested against the way in which Anrod,

Johane's brother and his eldest son Abero and Makebo took over the leadership of the Church. The conflict culminated in schism as a result of which Simon and a few thousand adherents are still continuing with their own African Apostolic Church today" (Daneel 1987:59). His death also led to other prophets leaving the Church to start their own Churches in protest to the current leadership. Beside these Challenges the Church continued growing with the help of Marange's old teachings which are still relevant even today. The leadership successions revolves amongst the family members of Marange which includes sons and cousins.

Johane Marange Church and polygamy

Johane Marange Church encourages polygamy as part of their Church practice. The church is one amongst many African Initiated Churches who specifically encourage polygamy and discourage the use of hospitals. It is common for members to have many wives and children. Ndiokwere points out that "Many Independent leaders and prophets, for example Simon Kimbangu and Mai Chaza forbade polygamy, while others like Harris Lekganyane, Josiah Oshintelu, Jonh Mmuo-Nso of the Holy Chapel of Israel Church and Johane Marange of the Apostolic Church Rhodesia have encouraged the practice of Polygamy in their Churches" (Ndiokwere 1981:24). However, not all AIC encourage polygamy. JMC justified polygamy with the use of the Old Testament narratives and African culture in this case the Shona culture which allows a man to have more than one wife. Following the Old Testament practice of polygamy and the African traditional life of the Shona people, the Church only marries among its fellow Marange apostles (*Mapositori ekwamarange*). My fieldwork experience raised a lot of challenges for me when I discovered that someone can marry a child of 16 years old who is a church member. During the interviews I conducted with the church members, one participant stated that she is happily married and was married when she was 16 years old (M3on 27/09/2013). The polygamy issue can be a danger to women's health in the light of HIV and AIDS. If one gets infected with HIV and AIDS in the polygamous marriage, the result is that the whole family is likely to be infected. But the polygamous marriage has advantages too, especially when it comes to work; the church encourages members to be creative and be self-employed as well as work hard to feed themselves , the more the people, the greater the harvest. Usually the church married members are able to look after their families and as such the church cannot be described as

poor since they have their own work and means of survival. Some make pots and cups as a business and a means of survival.

JMC is also very patriarchal. In some cases, one man can control and marry four to five women. They use polygamy as a sign of real manhood and religious uniqueness. Most men have two or more wives and they discourage these women from using family planning. An interviewed woman participant explained that they do not use family planning because it is against the rules of the church. A feminist critique of this church regulation will see the act as oppression towards women especially if there are no proper methods of controlling conception for mothers.

The field work data also indicated that one third of the JMC members' access biomedical resources privately although they claim not to. Most of the participants highlighted that they have knowledge of some biomedical resources. A leader openly accepted that

“People however go to hospitals privately and it is not good. Recently we had issues of women getting family planning tablets and giving them to other women in a polygamous marriage to control the number of children so that they remain the only one who can give birth. It became an issue in polygamous marriages because other elder women were sabotaging other women. Usually discipline takes place when one violates the Church's laws.”

As much as most of the members of the church do not use biomedical resources, there are a few members who privately seek for medical assistance during pregnancy.

2.3 The Role of Women in JMC

The field work data suggested that most women are comfortable and happy to fully submit under male rulers- ship and leadership. Most of the women who were born in the Church considered the leadership of man as God ordained so much so that as they obey that God in turn blesses them. A true Johane Marange woman is marked by humbleness and total submission and above all one should be able to give birth to a good number of children and also allow the husband to marry other women. According to the fieldwork data most women within JMC do not see themselves as oppressed but rather see themselves as humble women who are obeying God by being submissive mothers both in the Church and at home.

Within Johane Marange Church, women play an important role during worship services. There are more women than men within the church however men are in control of the church

and its practices. Chitando highlighted that “Marange renounced traditional ritual practice and witchcraft and emphasized the workings of the Holy Spirit in healing and leading the people. He also promoted Old Testament laws and practices that mirrored traditional African indigenous religions, including male dominance” (Chitando 2007). Despite this move, women can also be prophets and especially on issues of maternal care where they are instrumental by helping other women to give birth.

Therefore the voice of women in the JMC is not respected when it comes to marriage and sexual matters. Vengeyi in Chitando and Chirongoma (2013) also states that “In the case of the Johane Marange Apostolic Church, it is normal for a marriage to take place without the consent of the bride. The bride to be is coerced to accept marriage by Church prophets and her parents (particularly her father), and ends up giving in despite her unwillingness to marry” (Vengeyi 2013: 65). It is clear that not all church members are interested in polygamous and child marriage and therefore there is need to challenge religious practices that are oppressive to women and children.

Women in most cases are not given room to make decisions even on marriage. According to Chakwa “Many families within the Church were and are surviving by marrying off their young daughters to fellow church members” (Chakwa 2010:38-43).

An article from UNICEF discussing the responses of apostolic sects and JMC on their practice during pregnancy (in Maguranyanga et al 2012) provides the response of one Marange Church member on the position of women:

“If there are any problems arising related to the pregnancy, God will inform us and then we pray and everything will be in order before it is late. People don’t have to waste their wealth on hospital and medication (39 year old male, Johanne Marange)” (Maguranyanga et al 35: 2012).

The UNICEF document also reports on one Marange man who confessed knowing that his wife went to the hospital with the children. The man said that “One of my wives immunizes my children secretly, and you hear the kids saying it, and my wife is in trouble but only that God hates divorce; a 39 year old male, Johanne Marange” (Maguranyanga et al 2012). It is important in this study to note that as in this example, some church members access medical care privately. Some women participants joined the church after they had their first child and therefore used their previous knowledge to either go to hospital for pregnancy check-ups or to take their children for immunization privately as the woman reported in the UNICEF report.

What is interesting though is that when asked whether they do use the hospital, they insist that they do not go to hospitals. Pregnant women within the church are discouraged from seeking medical attention as they are offered free attention with midwives during pregnancy. Although in their doctrine it is clear that hospitals are discouraged and they have their own ways of dealing with health issues, the challenge is that it is impossible to really know whether the church members go to hospitals privately or not. The problem is that there is stigma around those who use hospitals; they are seen as being sinful people or faithless people.

2.4 The place of women in the healing and founding ministries in the AIC

Women have been highly involved in New Religious Movements through prophecy and even founding and leading Churches. Hackett discussing the contributions of women in New Religious movements states that “women founders are not a recent phenomenon. One of the most legendary of African founders and prophetesses was a young Kongo woman, Dona Beatrice of Kimpa Vita , whose death and resurrection experience extend the belief that she was the reincarnation of St Anthony resulted in the formation of a movement known as the Antonians in Kongo”(Hackett 1995:262).

Women are also influential in some AICs, Daneel reports that “Women play a strikingly important part in many Spirit-type Churches .In more than one instance, a woman is at the head. As examples we may mention: Mother Nku of the St John’s Apostolic faith Church on the Witwatersrand, Mai Chaza’s City of God near Umtali in Zimbabwe, Christina Abioduns’s Cherubim and Seraphim Society in Nigeria, Alice Lenishina’s Lumba Church in Zambia and Gaudencia Aoka’s Maria Legio Church in Kenya” (Daneel 1987:59). Women have been highly recognised in some of the AICs especially where they have founded the Church.

In some AICs women are involved in leadership as prophetesses and lay leaders. Fischer, discussing sexism and female victimization, states that “Men commonly defended their superior position by appealing to the laws of nature and natures of God”. Fischer argues that some state that “God created us men with natural gifts that were not intended for women; these gifts are to act as leaders in the home, at church and in the wider society and women must obey” (Fischer 1988:101). Women are dominated by the use of scripture in some AICs and patriarchy is very much practiced within these movements.

Discussing a document used by the followers of Johane Masowe named Gospel of God Masowe Apostles; Fischer highlights its statement that “We honour the sisters greatly because they represent the house of God; however they have no power to give rules in the Church. They must listen to the rules passed by God in whose name they pray” (Fischer 1988:101). Women within some African Initiated Churches like the Johane Masowe are respected when it comes to attending the Church. However decisions are made mostly with male leaders. In some AICs, women can be leaders and founders of the Church - for example Mai Chaza founded Guta Ra Mwari Church in Zimbabwe a Church which is influential even today. Describing women leaders Hackett also highlighted that “Another religious movement founded by a women in politically turbulent times was the Lumpa movement founded by Alice Mulenga in 1954” (Hackett 1995:263).

One AIC woman who Fischer interviewed in his fieldwork explained that “Any time one of us feels inspired by the Holy Spirit, songs fill our hearts and our brothers have to wait. Starting a song means making everyone listen to the word of God as sung by women” (Fischer 1988:110). Women within AICs participate freely in the church services and they also deal with their oppression through music. They preach through songs and in this case they can interrupt a male preacher at any time. Women participate much in the church and in some cases can be prophetesses or even start a church like Mai Chaza stated above.

2.5 Conclusion

This chapter explored the healing practices of the JMC in relation to women’s health. In the chapter I have gathered that the Church focuses only on faith healing and discourages the use of western medical resources. Most women refuse to get assistance from hospitals but fully appreciate their Church’s teaching and practice. However some women seem to access these hospital facilities privately or use their old experience. This chapter has also revealed that the Church considers the use of hospitals to indicate lack of faith and sinfulness. Johane Marange clarified that his calling would help him to bring solutions to African problems without western church influence .It is clear that women are also very instrumental in the healing practices of the Church and AICs. Some women like Mai Chaza became influential and founded a Church which is still vibrant in Zimbabwe and some other African Countries; however women are still marginalised in terms of leadership and decision making. In the next Chapter I explore the healing practice of the Church and their theology around it.

CHAPTER THREE

HEALING AND THE THEOLOGY OF HEALING IN JMC

3.0 Introduction

Having explored the History of JMC and the calling of its founder in the previous chapter the next chapter focuses on the healing practice within JMC. The healing Methods and their justifications are outlined and highlighted. Different healing symbols are also discussed within this chapter. Healing models and processes within the Church will be presented in this chapter. The main aim of this chapter is to show how healing and the theology of healing is understood by the members of the church.

3.1 Methods and Models of healing in the JMCJMCJMC

Healing takes place in different ways within JMC. According to the JMC the Spirit of God plays an important role to administer healing therefore there is no one format that can be followed for one to be healed. Every form of healing is led by the Spirit. Below are different models and methods in which healing takes place.

Laying of Hands for Healing

Discussing JMC's ministry Daneel regarded him as a preacher who encouraged followers to believe in God's healing power. He argues that "Johane's basic strategy was to proclaim a fervently apocalyptic message, heal people by laying on of hands and then initiate them in the Church by means of a Jordan baptism" (Daneel 1987:57). The laying on of hands therefore is used for both salvation and to receive healing.

Use of (Muteuro) Water and stone for Healing

Most AICs use sacred objects during worship and healing sessions. Ndiokwere argues that "As in all Independent African Churches water is an indispensable sacrament in the Church of the Lord. It is used in ritual services, both within and outside the Church. As a new Moses, the minister or prophet consecrates and sprinkles holy water on the new people of God during services as a visible sign of Sanctification. But its healing power is undeniable" (Ndiokwere 1981:61). The JMC use sacred objects and symbolism in worship when administering healing

to its members. Water and stone (*Muteuro*) are also used to minister to church members in Johane Marange Church.

Most participants explained the importance of the use of water for healing. A male participant explained that “*My wife gave birth with the help of the Church and the guidance of the prophets and (Muteuro) Water prayed for by a prophet .As a leader I know people come to Church for encouragement, hope and also to be delivered from (Mweya yemadzinda) Evil spirits that destroy families. Therefore I know that water is very important for cleansing from all evil*” (A1 on 19 /09/2013).

Use of Visions for Healing (Kushandira)

Fabian, who also studied the Johane Marange Church, described it as “an Independent African Church, combining a strong biblical orientation with visionary-ecstatic experience and healing ritual” (Fabian 1977: 127). Church members are also healed through visions and guidance from the prophets. There are rituals which are performed in some healing services.

Church members come to consult from the prophet and through what they call God given visions they can explain the causes and solution to any problem that the church member has. Prophets pray and fast to be able to see the visions. This has made this church unique since people want to know about the future. Marriages also take place through visions where a man can claim that it was through a vision that he saw the wives he married.

Use of Prophecy and Prophets as Healing Mediators

Buhrmann states that “The priest healers of the independent churches and the indigenous healers all assert that they do not heal through their own powers, they are just transmitters of a higher power of healing” (Buhrmann 1989:34). The prophets within JMC provide healing by the spirit. Like most other African Initiated Churches the concept of prophecy is aligned with the healing ministry of their church. This is the other quality of a healer in African Initiated Churches; a healer must be able to transmit the power to the followers. A healing gift is special within African Initiated Churches and in Johane Marange Church, healing is practiced by prophets.

Prophets in JMC also transmit the power to the followers through prayer and prophetic guidance. In this practice it is the prophet who is a go between God and the sick and suffering therefore it is important for the JMC members to obey the prophets. Field work data showed

that what the prophet says cannot be disputed since he or she is the voice of the spirit. Prophets play an important role in the healing practice of the Church. One participant explained that “Mostly the prophet sees problems before they come and women will come to receive (*Kundiso*) Victory over evil Spirits and witchcraft from the prophet” (A1 on 19/09/2013).

Confession of sins for healing (Kubvuma)

Fabian and Jules-Rosette describe the JMC as the Apostles in some cases. Apostles lead and minister healing in the Johane Marange Church. Fabian agrees with Jules-Rosette who argues that “Apostles stress that accepting Christ is interwoven with the confession of sins (*kureva* or speaking out). Before baptism, the candidate reviews his past life in terms of his projection of the new. The confession prepares him/her for further learning, guided by acceptance” (Jules-Rosette 1975:133). Confession of sins is common in the practice of this African Initiated Church. Members go through a process called *kureurura* (confession) as they prepare to have their church services. Confession and salvation are linked together in the Johane Marange Church. Sickness and suffering is also related to sin so healing within JMC as suggested by the field work data is linked with confession of sin. The interviews made it clear that a sinner cannot access healing from God, in fact in some cases the prophet would know that one has sinned before they can be assisted with prayers and as a result one is asked to confess sins before healing.

The focus on the work of the Spirit for healing

The Spirit is crucial in the practice of the prophetic work in Johane Marange Church. Most AICs argue that there is a cause behind all suffering and that is why the prophetic ministry is important because it reveals the causes and provides the solution. Prophets are consulted in Johane Maranke Apostolic Church to help the members deal with their sufferings. Ndiokwere argues that “The ability to give oracles is therefore a cherished charisma in the Independent Churches. It is the Spirit who works through the prophets, offering solutions to peoples’ problems” (Ndiokwere 1981:94). Prophetic oracles within the JMC attract a great number of people to this movement. The participants in the study who were Church leaders argue that other pastors and church leaders from other critiquing churches also come for prophetic healing privately. They argue that they come for ritual healings and oracles. Sufferings and problems are addressed by the prophet, including women’s protection during pregnancy.

Faith and Healing

As with most AICs, JMC is also described as a Faith Healing Church which practices healing through the spirit and as a result shuns hospitals. Ndiokwere argue that “The healing message is the pivot of the activities of most Independent Churches, and the emphasis on faith has its own impact on the sufferers, since probably their ailments would not be cured elsewhere” (Ndiokwere 1981:115). The JMC can also be described as a Messianic, prophetic movement which practices faith healing and discourages the use of hospital medicine. Faith is essential for healing in most African Initiated Churches and therefore it is difficult to group an African Initiated Church in one group. Faith Healing and have an apostolic orientation as well.

3.2 Johanne Marange Church Rituals and Sites for Healing

Rituals are common within the healing practice of JMC. These rituals mostly take place at sites of worship. Healing takes place at different site were the prophet or healer is preaching to church members. Field work data shows that one has to wear clothes that are encouraged at the sites of prayer such as white gowns which symbolize royalty and purity. Shoes are not worn at the place of worship (*Kurenje*) wilderness when church members are worshiping. This is because the place of worship is regarded as a holy place. The other observation is that women cover their heads at Church as a sign of respect to God and the leaders. Prayer takes place mostly when members are kneeling down as a sign of respect, honor and being humble before God. Music plays an important role in most of the healing and prayer rituals. The members gather in sites such as mountains, (*Kumakomo*), open areas in forest or bush areas. It is common find water at the prayer alters where they attend for healing.

There are specific rituals that are performed during the JMC services. According to Anderson, “Apart from the characteristic open air mass services, shaved heads, beards, staff, and white robes that all Marange apostles wear, the JMC also practices night vigils known as *mapungwe*. In the *Pungwe*, the JMC practices rituals that involve walking on fire and picking up burning embers with bare hands, symbolizing the power of the Spirit at the end of the world. Some times Marange is praised and sung to as ‘the king of heaven’, but he is not regarded as the superseding Christ” (Anderson 2001:117). During most ritual services, Johane Marange is also honored through songs and quotations of his words when he was alive. Healings also takes place during the *Pungwe* services. *Pungwes* are common places where healing and deliverance takes place and church members spend the night at Church.

When one is going to a site of prayer and healing there is need for purity and confession of all sinful acts so as to access God's healing power or protection. Fabian, describing the Johane Marange Church, also wrote that "It is also generally known that Apostles do not drink or smoke, that they avoid certain foods such as pork and that they are prohibited from using hospitals and modern medication" (Fabian 1977:127). The JMC is strict on its diet and also moral issues. The members are encouraged to live according to the Jewish teachings with emphasis on the Old Testament teachings. Although one sees some form of syncretism when they prohibit things such as beer. The Church links smoking and drinking with sinful acts and one who drinks is sinful. This helps the pregnant women to protect themselves and their unborn child from any complications associated with smoking and drinking beer that might affect the health of the child. Basing on women participant's data, it is clear that the women are encouraged to observe good diet. A healthy diet is an important asset within the Church and ought to be encouraged for pregnant women.

The dress code of the JMC is also prophetic and meaningful to their spirituality when going to sites of prayer. The colours of their costumes have meaning and a spiritual contribution to their practice. Their costumes are symbolic. Jules-Rosette describing their practice argues that "Although Apostles do not consider their worship ceremonies to be theatrical performances, they are highly aware of elements of presentational display, including costuming and performance styles. For example, Apostles wear white robes to symbolize their quest for purity and red sashes to protect themselves against spiritual dangers and sorcery" (Jules-Rosette 1988:141). Their costumes are symbols of protection and purity and as a result they take them seriously. Most of the prophets within the Church administer healing when they are wearing white robes. This is because they are then considered to be pure.

3.3 Role and Place of Bible in JMC

Discussing the use of the Bible in the Johane Marange Church, Anderson reported that "The JMC also has a canonical addition to the Bible containing the visions and personal experiences of Marange, called *The New Revelation of the Apostles*" (Anderson 2001:117). The Church focuses on the Old Testament narratives but they also honor the church document that contains the life and experiences of Johane Marange. The Old Testament is part of the Church guidance. In the case of polygamy, they draw that teaching from the Old Testament narratives. The Church members believe that what happened during biblical days is happening today in their church.

One church leader interviewed discussing the bible argued that

I have been in the Church for 15 years and God really opened my eyes to be part of the Church. Healing is part of the spirit's work; I believe that it is part of the ministry and the calling of the Church to exercise the healing fully. It is God's will to heal sickness and his promise to heal did not end in the Bible days but rather happens today here in Africa. We even have a prophetic team which visit those who are sick and pray for healing. People are suffering and God raised the VaPostori (Apostles) to help and deliver the suffering. If the Church does not provide healing people will get help from other ungodly sources like N'anga (Witchdoctors) and Mhepo yakaipa (Evil spirits). The Holy Spirit teaches us about healing, we do not learn it from collages or bible schools. (A1 on 19 /09/2013)

3.4 Healing as a Central Practice in JMC and AICs take it up

The power to explain why and how people get sick in AICs is a sign of calling into the healing and prophetic practice of the Church. Buhrmann, discussing the prophetic and healing practice of AICs, argues that “They claim to be able to answer the “how” and “why” of the troubled person by prophecy (Buhrmann 1989: 33). Prophecy happens more often within the healing practices of AICs such as JMC in Zimbabwe. African Initiated Churches seek to explain the causes of suffering before getting solutions. To most AICs, every sickness has a spiritual explanation and solution. Most often the causes are evil spirits or witchcraft. Most AICs reject traditional religions and their practices.

Healing is common among different AICs in Zimbabwe. The Zion Church also focuses on the healing practice to attract membership. Marinda argues that “Healing is mission! Healing is the medium through which Zion draws people to conversion and Church membership. Zionists believes in miracles if miracles do not happen, they consider God to have withdrawn from that particular Church”(Marinda 2000:238). Healing in this church is justified with the use of the Bible. The Zionists believe that according to John 14v12 they can do much more than what Jesus did according to his promise.

Healing takes place especially at place of worship outside the cities and township. Fischer discussing the healing practice with the Johane Masowe Church argues that “Some of the believers were driven to the sacred wilderness by fear of death causes by diseases” (Fischer

1988:114). Healing in some AICs happens at sacred places of prayer where spiritual assistance will be provided.

Just as it is in the JMC so is it in the Zion Church that sin is connected to sickness. When one is sinful he or she attracts sickness and as a result there is need for the Church's assistance through prayer. Marinda discussing the same matter argues that "Sins are often considered to be the cause of illness. Therefore sickness is not only physical but also a spiritual experience" (Marinda 2000: 238). Sickness amongst most AICs is identified with sin and healing through the spirit is a central practice amongst them.

Most AICs use symbolic objects during healing practices. Ndiokwere argues that "As in all Independent African Churches, water is an indispensable sacrament in the Church of the Lord. It is used in ritual services, both within and outside the Church. As a new Moses, the minister or prophet consecrates and sprinkles holy water on the new people of God during services as a visible sign of Sanctification. But its healing power is undeniable" (Ndiokwere 1981:61). Healing by water is one part of the AICs practice. For example in the Johane Marange Church, water that is prayed for, commonly known as *Muteuro*, is used for healing and spiritual protection. The symbolic objects are used as worship objects and have a form of spiritual protection. During the interviews I also discovered that even their dress code has meaning and plays an important role in terms of healing and protection from evil. White garments represents holiness and purity, one cannot wear it when sinful.

AICs are also regarded as Faith Healing Churches which focuses on the healing practice. Some use both the church healing practice and hospital resources such as western medicine and injections for healing. However "The healing message is the pivot of the activities of most Independent Churches, and the emphasis on faith has its own impact on the sufferers, since probably their ailments would not be cured elsewhere" (Ndiokwere 1981:115). The church members are encouraged to have faith in God and his prophets; in this case in the JMC healing happens by faith. This however is also used to justify why other people attend the church and not get healed. The question is does one have faith in God and his prophets for healing?

Most of the leaders, such as prophets and healers, understand the language of healing through the Spirit's guidance and therefore have some supernatural abilities to communicate with God and help church members. Buhrmann argues that "The faith healers, prophets and Sangoma all claim supernatural contact and sanctions (Buhrmann 1989:33). The prophets can have

contact and communication with the higher spirits and then communicate with the church followers. For example in JMC, participants interviewed during the field work stated that most people go to enquire from prophets when they are seeking direction and guidance on things they cannot see or understand, even those who are not members of the church. This is the prophetic side of the healers in some AICs. Most healers and prophets do both within these churches and they are named differently according to what they are doing at that moment. When they are healing they are healers and when they are prophesying they are prophets. In the JMC, healing and prophecy are closely linked; most often, members are healed through prophecy when God gives the prophet a solution for a person who is sick, including those who are pregnant. Most of the women in the Church had prophetic guidance when they were pregnant. However the Church also assists pregnant women with guidance and in some case clothes for the unborn child.

What also attracts people to AICs is the use of rituals for healing. The church members are healed by being part of rituals. The Church members fully participate in these rituals and they get support from other church members. Women participants interviewed in this study highlighted that they are a family church that looks after one another in times of need. The Church members offer their support as they sing, dance and pray as one is going through the healing rituals. Buhrmann reports that “The use of ritual in which the patient, the community and the congregation participate is supportive and highly meaningful” (Buhrmann 1989:33). Support is very important within AICs. Most interviewed participants also reported that JMC is a family-orientated movement which provides rituals such as songs and dances when ministering healing to the members who are sick or suffering.

Healing within the AICs is not only physical but spiritual too. Every sickness has a cause and effect. The prophets play an important role by explaining the root cause of the church member’s suffering. Most of the sicknesses and problems are identified as having to do with evil spirits and witchcraft and therefore the prophet can explain why a person is sick by explaining how evil spirits caused the problem. This has attracted many people to the healing practice of AICs in Zimbabwe.

3.5 Justification for Healing in JMC

My observation is that healing is common in the Church although it has so many representations. It is not only about the removal of sickness which is already there but starts when one is not sick. I gathered from the field that the most important form of healing for the Church members is protection from evil spirits and evil attacks. This is also common in the context of maternal health. JMC women are protected by the healing practice of the Church from evil during pregnancy. Healing is justified in the church by the fact that God heal and therefore he sends his prophets (*Vaporofita*) to heal and deliver (A1 on19 /09/2013) . It is both justified biblically and prophetically. The impression is that denying healing practice is denying God and his word.

The healing practice is also justified by the previous healing experiences that church members had when they came to Church. The women interviewed believed that if God delivered them from the evil spirit in this Church he could also heal them if they faced any complications during pregnancy. One woman reported that;

“I have been married for 13 years and Iam glad that the Church helped me. I had an issue because I had a problem (Yembereko) I could not give birth for three years. This affected my marriage; you know men have got issues when you do not give them a child. However the Church helped me and I gave birth to my Children. It was not easy because evil spirits that follow families and generations were following me but I got delivered in the Church” (M5 on 29/09/2013).

3.6 Conclusion

This section has discussed different forms of healing within JMC. The chapter found out that they are different methods of healing used for women who are pregnant in JMC.. The different methods are laying of hands for healing which is a common practice in many Churches. However it is the prophet or healer who lays hands on the sick. There is also the use of water and prophecy for healing. Water (*Muteuro*) is central in JMC healing practice. They are also rituals that are performed for healing at special sites and occasions like the Pungwe where church members gather all night in the mountains to pray. The chapter also highlighted the use of Bible as a motivation for faith and healing. The members argue that if miracles happened in the Bible then they can also happen in JMC. I also discovered that healing is central within most AICs especially faith healing through prayer and the use of prophetic leadership. Having discussed the following, the next chapter explores the research process, data presentation and data analysis. It explains the healing activities provided for women in Glenview as highlighted by field work data.

CHAPTER FOUR

PRESENTATION OF DATA AND ANALYSIS OF THE HEALING PRACTICE OF JMC

4.0 Introduction

The chapter considers the field research done among JMC members. This chapter will present and analyse data that came from the fieldwork in Glenview, Zimbabwe. Three different sets of questions were used to gather data among both male and female participants of JMC. The data proved helpful in providing the researcher with an understanding of the healing practice of the Church as the chapter will elaborate. In this study I will also present a brief description and explanation of the data analysis, research process, and research findings.

4.1 Research Process and Data Analysis

The participants were interviewed in this study all came from Glenview Zimbabwe. Seven women and five male participants were interviewed and all of them were married. All the men interviewed stated that they all had supported their wives during pregnancy. Out of the seven females that were interviewed two of them were leaders who closely participated in assisting other women during childbirth. The other five women were married Church members who both had children in the Church and had had an experience of the healing practice of the church during pregnancy. Five out of the women were in a polygamous marriage. Among the women interviewed two of them were not born in the Church but the rest of the women were born and raised within the Church. Both men and women were purposefully selected so as to get a balanced response from both males and females on their experiences of maternal health in the JMC. The participants were members who have either experienced the healing practices of the Church during pregnancy or the males who supported their wives during pregnancy.

Both male and female participants all had children 2 of the male participants worked in different industries in Harare and the rest were self-employed. 3 of the male participants were in polygamous marriages and the rest were planning to get a second wife soon. All the women participants were from a polygamous family except the one who had lost her child during birth. None of the female participants were employed outside the church but some

expressed their ability to do handcraft and do trading. Most of the women had an education up to grade seven (below matric). The men would not openly indicate their education status. The interviews were conducted in three phases. Three interviews for the Church leaders were conducted in their different homes in Glenview Township. The three male leaders were comfortable to hold discussions with me in their homes which made the sessions very successful. Two of these male participants were born in the Church and expressed a wealth of knowledge on the healing practices and history of the Church. What was common amongst all the male participants I interviewed was that they all agreed that the overall control and leadership of a man in the home and Church was a God given mandate. They also disliked the use of hospitals, especially for those born in the Church. The male participants who later joined the Church seemed to be biased towards issues of medical care and hospital use. All the male participants expressed their fear and nervousness when their wives were pregnant but on the other hand three quarters of the male participants trusted a great deal in the healing practice of the Church. The male participants accompanied their wives to church for prayer during pregnancy. The Church however does not pray for the pregnant women as sick people but rather provide a healing practice which protects both the mother and the unborn child from evil. Healing for the church is victory over evil spirits and witchcraft practices that seek to disturb women members who are pregnant.

In addition, I interviewed two women who were instrumental in teaching, training and helping women during pregnancy, and with other health issues. Both the two women came to where I was staying for interviews. They all strongly agreed on adhering to the Church's healing model of not going to hospitals. I assume that as participants in providing healing they have faith in their practice. The two women were married and expressed their experience of helping women in the Church and matters related to the health of women. The women were confident during the discussions and fully supported the headship and rule of men; in fact they felt that it was their duty to submit to their husbands. One of the women had lost a child sometime during birth and highlighted that the church fully supported and comforted her.

The other four female participants were interviewed in their homes as they explained that they would need to look after the home after the interviews. One of the four women came to the Church already with a marital problem and highlighted that God helped her to get a husband and even children. The other woman was married when she was 16 years old and

she had all her children in the Church. Two of the women highlighted that the use of the hospital invites a curse since God is the only healer. Amongst the four women, two were not born in the Church and I observed that they had previous medical knowledge when they gave birth outside the Church. Female participants who were born in the Church totally refused to use hospital assistance but the others could not openly deny using hospital assistance. All the women participants highlighted how they felt during pregnancy by stating that pregnancy is scary - it is a time of life and death. However the participants expressed faith in the healing practices of their church. In some interviews I was even shown children who were born without the use of hospitals.

Although the interviews were meant to be conducted on specific days with specified times, I was accorded permission occasionally to go back and interview these participants for clarity on matters that were deemed significant to the study especially where clarity was needed. The participants were happy to assist. Most of them are really proud of their Church practices.

4.2 Healing Activities for Pregnant Women in JMC Glenview

Women ministering to women

Positive religious health assets such as prayer, hope, comfort and care are found within JMC. Women also have time to pray and fellowship as a community of believers. Prayer is central in the day to day life of women during pregnancy. Some women also provide water to others for protection and guidance when one is expecting a child. They are also elderly women who are qualified to assist women by way of advice during pregnancy. Accommodation is also provided for women to give birth. This assist by giving support when one is in labour or pregnant. Women give birth in the houses that are selected by the church or in their houses with the assistance of other mature women.

The church members have faith in their healing practices so much so that they do not allow members to go for operation in case of complications. During their preparation and protection activities and prayers they are assisted to avoid birth complications. One woman explained that *“Even if doctors say one should be operated in our Church we do not believe in operations but we have a way of dealing with such problems. We are helped to deal with all the problems we might face by prophets. We are also given water that helps us to open the way for the baby to come (Mvura yenzira)”*, (M6 on 30/09/2013).

Within JMC, the members care for each other as family. Most of the women interviewed felt that there are programs that assist them and as a result they are not lonely. A women member argued that

“Pregnancy can be a lonely journey and I think that our Church makes sure that women are not alone during pregnancy. The care, prayers and water is very important for women. Water has no side effects than some of the medicines that people are given in clinic. I think our Church has a smart way of dealing with pregnancy which is natural. If the healing ministry of the Church is not working our church could have been empty by now. Women are comforted in the Church and care is always given” (M1 on 25/09/2013).

Prayerful activities encourage and support them in dealing with pregnancy. Elderly church midwives also provide guidance to young mother during pregnancy. One stated that

“The church is my family and I didn’t know anything but we have elder women who help us all the way when we had our first Child to the third. The Church gave all the support and prayers when I was pregnant. They prepared me to give birth and in African Apostolic Church we are in safe hands because the Spirit sees the future and warns us about it” (M2 on 26/09/2013).

Teachings for women during pregnancy

Women also have their special teachings when they are pregnant. They are taught to be good and God fearing women who honour their husbands. Respect is central in JMC. Teaching on giving birth and what to expect is also given with elderly women who play a role as midwives. Some women during field work even highlighted that they are taught to look after their bodies smart as real women. The Church has strong support for women in terms of teaching during pregnancy. One woman who had been a church member for 12 years discussing the importance of teaching practice of the church explained that *“Infact we have managed to invite other family members to join the Church. Children are important in the Church and our leaders teach and preach in a way that helps our children to grow in the ways of God. We are not encouraged to drink or do drugs; I think it is a good place for children.”*(M1 on 25/09/2013).

The women are also taught on how to overcome evil when they are pregnant. Victory over evil spirits is vital for safe delivery when one is pregnant. A woman during field work explained that *“I have been in this Church for twelve years and it has been helpful to my family and life. The Church teaches spiritual healing that involves removal of spirits and demons.(Kudzinga Mweya yetsina)”*(M4 on 28/09/ 2013)

Other Ways of Assistance for Women in JMC

Beside the use of symbols such as water and oil the church also assists by way of providing gifts to the mother as well as groceries when need be as highlighted by some during interviews. The woman stated that *“The church helped me with water and prayers, at times they gave me water and salt (Muteuro).The Church was there for me they gave gifts to help me when I gave birth. I got some groceries and support when I delivered. I also was given oil and water to drink and use as I prepare to give birth. The helpers (Vachemeri) helped us even in our women meetings”* (M5 on 29/09/2013).

4.3 Research Findings

The findings of this study are structured based on important themes that emerged during the interviews in Glenview. The major themes include; theology of healing, the Holy Spirit and healing, hospitals as cursed institutions, the Apostle as sent by God, and the Church’s education on sexual and reproductive health. Other themes that relate to the study objectives will also be presented in this section.

4.2.1 Theology of healing

All the participants appreciated the contribution of the healing practice of their Church. However the understanding of healing within the JMC is holistic and involves many different meanings of healing.

Healing through faith

Almost all the participants both male and female highlighted that faith is needed for healing to take place. The leaders encourage the members to trust God during pregnancy so that their faith will results in positive results. One female leader elaborated that *“Water, prayer and faith is important to help women during and before pregnancy”*(M2 on 26/09/2013) . The assumption they have in the Church is that there is evil that waits to affect women during

pregnancy and therefore helping them through faith is encouraged. According to these participants, the healing practice is made possible through the faith of both the recipient of healing and the minister of healing. For most of the female participants who appreciated the help of the Church during pregnancy, they also highlighted that one has to have faith not only in God but in the prophets that he uses to administer healing. One woman emphasised, *“But one also has to believe the prophecies and even come to the Kurenje (Wilderness) for prayers”* (M6 on 30/09/2013). Kurenje is any bush or mountain area where the church members gather for their Church services. The Church does not gather in buildings but in open areas close to nature. They argue that even in the biblical times, prophets and God’s people gathered mostly on mountains and not man made sanctuaries. Church members take off their shoes when they are entering the place of worship as a sign of respect for the holy place. Members are encouraged to wear their white garments when attending prayer services at their shrines (*kurenje*). (B2 on 23/09/2013) Therefore healing in the JMCs is viewed as an act of faith in and obedience to a God who can heal all sickness through the prophets at a sacred place of worship.

Lack of faith in both the prophet and his God has also been listed as a hindrance to healing, or in this case giving birth safely. The leaders openly reported that some members could not be healed but they also give the responsibility to church members to obey God and his prophets. A prophet and leader highlighted that:

“Many pregnant women have been healed and helped in our ministry but there are also some whom I prayed for who were not healed. There are many reasons why people are not healed. Even in Jesus’ time not all people were healed but in some places he did not do miracles due to the fact that people in that area had no faith. Lack of faith affects people to get healed and helped.” (A2 on 20/09/2013).

The Church also interprets most of the biblical healing events as happenings that took place due to the faith that people had in God and his servant Jesus. All the six women cited the importance of faith during pregnancy for safe birth and protection. The prophets align lack of healing with lack of faith in some cases.

Healing as deliverance from evil spirits

Almost three quarters of the participants had an experience of deliverance as a form of healing. A woman actually came to the Church for deliverance and when that happened she

claimed that she was healed. A leader who spends all of his life in the healing ministry of the Church cited that *“As a leader I know people come to Church for encouragement, hope and also to be delivered from Evil spirits (Mweya yemadzinza) that destroy families”* (A1 on 19/09/2013). The members highlighted that all sickness has a cause and effect and in most cases the evil spirit is at work. They believe in the theology of good versus evil; therefore when women struggle during pregnancy the prophet seeks to address the evil spirits. Two thirds of them said they experienced deliverance from evil spirits during their pregnancy through prayers.

One woman reported that she had been delivered from evil spirits that affected her marriage and delayed her having children. The church leaders testified about their experience when they pray for people affected by evil spirits. One leader said: *“Sickness and sufferings are spiritual therefore we use a Spiritual way to deal with it... We also prayed for those who could not conceive and God gave them kids when the doctors had said they could not have children”* (A2 on 20/09/2013). Women who cannot conceive are regarded as women who have been haunted by an evil spirit hence the healing practice of the Church is important to them. According to most women who had struggled during pregnancy, the blame is on evil doers that send evil spirits.

According to female leaders and women participants, evil spirits cause miscarriages and complications and therefore deliverance provides healing. The same women indicated that other churches also come to get deliverance from the prophets since it is important for women during pregnancy. One woman reported that *“Some people also have been used by evil spirits and as a result they suffer as punishment and we cannot do anything at times. Evil spirits (Mweya yetsvina) because most of sufferings for women during pregnancy and water prayed for (Muteuro) usually helps them”* (M3 on 27/09/2013).

Confession of sins for healing

All the participants reported that one has to be righteous so as to attract healing and protection during any situation, including pregnancy. Sin was regarded as a hindrance to a healthy life and therefore one is encouraged to fear God and then healing takes place. One participant reported that *“Sin can also affect healing; God respects the prayer of the righteous. Some people are sick because of disobedience and sinfulness; we always*

encourage people to have a relationship with God first before we talk of any healing”(M4 on 28/09/ 2013. All participants were aware that confession is important for healing. Those who have sinned and want God to heal them are encouraged to confess their sin and promise not to do it again, then healing takes place. This is called *Kureurura* or confession that one does if he or she wants to be restored back to God and the community of believers.

Healing as a coping mechanism for pregnant women

All the women participants reported that the church practice helps them to cope during pregnancy. They all highlighted that pregnancy is a moment of loneliness and therefore the church provides assistance that helps women during this lonely journey. One woman participant who lost her baby during pregnancy highlighted and appreciated what the church did as it provided healing that helped her to cope during her sufferings when she lost her child. Most women elaborated how the healing practice gives them hope even in a hopeless situation. One participant cited that

“I know people come to Church for encouragement, hope and also to be delivered from evil spirits (Mweya yetsvina) that destroy families especially when they are giving birth. Prayers are given to my wife and family to protect us and the baby from harm. Mostly the prophet see problems before they happen and he gives us water to use when bathing to protect us and the unborn baby” (B1 on 22/09/2013).

The fact that someone can see the problem and give a guiding solution gives hope to pregnant women in JMC and as a result they cope with anxieties and fears during pregnancy. However, some reported that they know that there are things that the church cannot do. It was clear during interviews that every participant believes that their Church helps them to cope during pregnancy.

There is healing that takes place in the Church and some women appreciated the contribution of their leaders’ assistance during pregnancy. Mwaura explains healing as a pastoral concern as she encourages church leaders to provide healing to its church members. Mwaura reported that “it is a priestly duty for pastors to heal and restore humankind to wholeness. It states that it is a pastoral duty to care for people” (Mwaura 2000:72). The Johane Marange Church’s healing practice provides healing in a way that encourages the members to cope when they are pregnant.

One of the common words used in the Church is *Kubatsira*, which means to help. (A1 on 19/09/2013). This is used when prophetic healing is taking place. From the data, most participants saw healing as helping and not absence of sickness only. One church leader reported that *“The Church helps people who are suffering and sick”* (M5 on 29/09/2013). The helping aspect of healing provides a coping mechanism for pregnant women in Johane Marange Church. Most participants are coping through the healing practices offered by the church.

Bible as the source for faith healing

All the leaders and half of male participants reported the use of Bible quotations and examples as a tool for healing. They did not say that the church uses the Bible but they quoted some healing examples from it. All the participants agree that healing is still happening today as it was in biblical times. A male leader reported that *“I have been in the Church for 15 years and God really opened my eyes to be part of the Church. Healing is part of the spirit’s work; I believe that it is part of the ministry and the calling of the Church to exercise the healing fully. It is God’s will to heal sickness and his promise to heal did not end in the Bible days but rather happens today here in Africa”* (A1 on 19/09/2013). According to the participants, it is in God’s plan for women to give birth naturally without any medical assistance. All the healing narratives of Jesus were spiritual, and as such it is encouraged that the Church should heal and not hospitals.

The participant’s biblical understanding of God that informs their healing practice is that of a God who heals all. All the participants echoed the same view as highlighted by a female participant who said that *“There is no sickness that is greater than God and as a result we do not fear sicknesses and sufferings”* (M5 on 29/09/2013).. From the fieldwork, I observed that most participants mention the Bible but they did not highlight its use in the Church services. The Bible concept was more story-telling than quoting the Bible directly. One would suggest that there is a general knowledge of the Bible within the Johane Marange Church.

4.2.2 The Holy Spirit

Most participants recognised the importance of the Holy Spirit for healing. They also reported and accepted that they face problems during pregnancy and therefore they trust in the work of the Holy Spirit. Both leaders highlighted their understanding of healing by

appreciating the leadership of the Holy Spirit. According to my observation I would say the concept of healing in JMC is *“Know the Holy Spirit, know healing, and no Holy Spirit no healing”*. One church leader reported that they can only heal under the influence of the Holy Spirit. The leader said that, *“The Holy Spirit teaches us about healing; we do not learn it from colleges or bible schools”*(A1 on 19 /09/2013). All the leaders agreed that there is no need for human training for healing; it is the work of the Spirit.

The church leaders expressed the need for the Holy Spirit to prophesy and heal the sick. Elaborating on healing, the leaders stated that *“It is all the works of the spirit but one also has to believe the prophecies and attend prayers”*(M2 on 26/09/2013). It was clear in the research that both prophets and clients depend on the Holy Spirit for healing. One of the leaders indicated that *“It also depends on the leading of the Spirit and the directions given to the prophets. Mostly we follow the Spirit and we lay hands by faith according to the instructions of the Holy Spirit”* (A2 on 20/ 09/2013). According to the findings of this study, it shows that no healing will take place without the guidance of the Holy Spirit. Two thirds of the pregnant women reported that they were healed spiritually through prayers and encouragement.

4.2.3 Syncretic approach to Healing

All the participants discouraged the use of African Traditional Religion healing methods. A male leader reported that *“If the Church does not provide healing, people will get help from other ungodly sources like N’anga (Sangomas) and Mhepo yakaipa (Evil spirits)”* (A2 on 20/ 09/2013). Members are not encouraged to enquire from Sangomas and other religious sources which operate differently from the JMC. All the women participants highlighted that pregnant women are discouraged from consulting Sangomas because one will be unclean if that happens.

Secondly, the participants accused other religious groups, churches, medical professionals and even pastors of coming to them for healing privately. The participants stated that many religious groups, including mainline churches, bring their pregnant women privately for consultations and healing. One female participant reported that *“We even have doctors who come for help as well as other pastors who come at night for help in fear of their congregations”*(M5 on 29/09/2013). Despite this movement of people from other religious

groups, the JMC discourages syncretism. Another female participant reported that *“In some cases some people do not obey and do what the prophet says they should do. Some do not get healed or helped because they mix the apostolic ways and the Sangoma ways (Chipositori and Chin’anga)”* (M6 on 30/09/2013). The idea around this concept is that one will hinder healing by seeking help from other sources except the God of their Church. There is also a need to really understand and accommodate the church’s healing resources. There is a need for clarity on what really happens during the Church healings in Johane Marange Church. Allan argues that *“The practice of the indigenous healer concerned should be described in such a way that she, or her patient, would be able to recognize it as a true account of what occurred”* (Allan 1995:04).

A quarter of the participants also indicated that they had agreed to use some western medical assistance at some point when they were pregnant. As much as the Church refuses the use of other healing methods, the interviews’ findings suggest that some Church members seek hospital help privately when pregnant. However, the case still remains that the church members are not allowed to mix their method of healing with other healing models. Two thirds of female participants argued that a true JMC member will not go to the hospital. Another female participant reported that *“It is up to God to give and take, our duty is to pray and cast away evil spirits. People should also not mix God and the herbs (Mushonga). Therefore pregnant women in our Church are discouraged from getting assistance from Sangomas and other religious groups as well as western medical resources”* (M2 on 26/09/2013). This, according to the participants, is a sign of not trusting God enough to answer your prayers.

Healing as evangelism

All the participants highlighted that many people attend the Church because of its ability to heal and assist the sick and suffering. The participants indicated that pregnant women from other Churches come to get assistance, and as a result, they later become Church members. The healing practice has also been used as an evangelism tool. Most women said that they will die in the Church because it helped them during suffering and in most cases when they were pregnant. A church leader reported that *“I have been saved in the Church and have been there for 13 years. I came for healing and I believe that it is part of the ministry and the calling of the Church to exercise the healing fully”* (A2 on 20/ 09/2013). Most participants were born in the Church but those who joined later said that they came for healing and as a

result they are Church members for life. A female participant reported that *“Sick and suffering people come to our church for healing and this has been a best method of winning people to our church as well”* (M4 on 28/09/ 2013). Almost all the participants appreciated their church for assisting pregnant women who come for assistance with maternal complications. Therefore the healing practice of JMC is also a tool of evangelism as many women are attracted to join it when they come for assistance.

4.2.4 Hospitals as cursed institutions

All leaders who participated and half the female participants highlighted that there is no use in pregnant women getting assistance from hospitals. One female participant reported that *“Hospitals are cursed (Chakatukwa). According our Church, hospitals are not Godly. We do not use any medication such as tablets, injections and even doctors. It is not how God works in our Church”*(M3 on 27/09/2013). Hospitals are viewed by the Church as a place for people who do not have faith in a God that heals. Leaders argued that human effort cannot help pregnant women, only God. Human effort is when educated and trained people assume that they can heal when it is only God who can heal. They also view all western medical resources such as tablets as weak human efforts to try and deal with health issues which they cannot cure. The church leaders would prefer God-given solutions rather than doctor-given solutions. Going to hospitals is like choosing men over God, hence hospitals are stigmatised.

Other leaders such as Maldonado also agree with the healing practice of JMC, suggesting that science cannot heal all but God can. He argues that in the natural world, real science reaches a limit where it is unable to provide solutions to people`s health problems and they turn to God for the supernatural power of healing. He defines miracle as *“the supernatural intervention of God that interrupts the normal course of the natural life”* (Maldonado 2011:22-23). The healing ministry of JMC is based on a miracle-working God. The understanding that God still does miracles encourages people to depend on God and not hospitals. However this still needs to be critiqued so as to accommodate other healing options that are helpful, such as hospital assistance to pregnant women. Vengeyi agree that *“Some women in the church are also denied access to Western and traditional medicine. This is a fundamental right that every individual should have. Since Johane Marange resisted what the missionaries had brought to Africa, with medicine included, it denied its members the use of western medicine”* (Vengeyi 2013:66).

An emotional leader reported that

“The Church does not force people not to go to hospitals but we do not go to hospitals. Many people fail to understand us on that but they end up coming for help to us. God heals not hospitals, many people have died due to wrong treatment and some became worse. All our problems are dealt with at Church - we have our own hospital of the Spirit where we do not make people pay. For us hospital is not an option God is!” (M2 on 26/09/2013).

According to the findings, those who would go to hospitals will be regarded as unclean and will not be accepted in gatherings. Those who have violated the church rule by going to hospitals will be under discipline where they will not participate in Church or even wear the garment until an appointed time has passed. Then they can be restored prayerfully and in most cases they are asked to confess their sinful act.

A female participant reported that *“We are taught to have total faith in God not in medicines made by men. We have seen well educated people being affected and hounded by evil spirits and as a result they come to Church, take off their shoes and receive help (Kushandirwa) from the prophets. So many people have come for healing and consultations”* (A1 on 19/09/2013). Most participants suggested that the healing is not limited to church members only but to others who come for assistance. The healing practice of the JMC has some similarities with Chris Oyakhilome’s words on a God who heals all sicknesses. Oyakhilome suggest that *“people do not need to suffer with sickness because healing has been made available through Christ”* (Oyakhilome 2010:141-142). However his church members can still access hospitals to confirm healing.

There is also the need for women Church members to be given room to decide on how they want to give birth rather than to let the church doctrine on healing decide for them. Phiri highlighted that *“Even though African women participated in the struggle against colonial powers and cultural imperialism and in the founding of African Instituted Churches, sexism and patriarchy have kept them behind the scenes and their voices have been muzzled”* (Phiri et al 2002:49). When it comes to the use of hospitals for pregnant women, religion should not decide for them, their voice is needed.

One male leader highlighted the failure of the Church’s practice on some issues but still insisted that hospitals are not allowed. The leader openly reported that

“I know there are things and issues that the Church cannot do. For example, my uncle from the Church had a growth in the stomach. He suffered at home not going to the hospitals, we really felt sorry for him as a family. He later realised that the pain was too much and he went to the hospital where they operated on him and he was healed, up to now he is fine. He later came back to Church but it is not allowed to go to hospitals so if a person goes to hospital he or she will be unclean (Kun’ora) and cannot perform any duties in Church and at times cannot wear the gown. Hospitals are not encouraged at all even for pregnant women; they can get help from elder ladies in the Church (Vanambuya). We have our own ways of dealing with women during pregnancy and up to now I have never gone to the Hospital with anyone in my family”(A1 on 19 /09/2013).

The leaders emphasised that hospitals are cursed. If a member goes to the hospital during pregnancy or for any other health condition, there will be a need for cleansing as a way of being restored back to God and the Church.

4.2.5 Affordability of the church healing practice

All the participants reported that the healing practice of the church is available and free. This, they said, attracts many women to it during pregnancy. Hospital care during pregnancy is expensive in Zimbabwe so according to both male and female participants, God made a way by providing such a free but effective healing practice.

A male participant reported, *“Sick and suffering people come to our church for healing and we help them without a price (Kushandira)”* (B3 on 24/09/2013). A female participant also agreed with this argument by stating *“God is able and has helped us deliver many children, hospitals are even expensive, we thank God for our founder whom God raised to help Africa”* (M2 on 26/09/2013). Healing is practiced without any payment and as such, women compare it with the hospitals that are expensive and opt for the affordable services of the Maranke Church. They are also prophets within AICs who are paid for their services but Johane Maranke Church members highlighted that they will not sell healing. A male leader reported that *“We do not sell healings; true prophets do God’s work freely like the prophets in Johane Marange Church”*(B2 on 23/09/2013). Women participants themselves reported that they were not asked to pay anything when the church assisted them during pregnancy. This approach attracts many followers.

All participants highlighted that the fact that the healing practice of the Church is without cost attracted them and others to opt for it rather than the expensive. This stands out as both a pull and push factor for women to seek the healing practice of the Johane Marange Church.

4.2.6 Objects of healing: The use of water

Almost all the participants expressed their appreciation with the assistance they got from the healing water during pregnancy. A confident male leader reported that *“My family also experienced the healing ministry. I have four children - three boys and one girl. My wife gave birth with the help of the Church and the guidance of the prophets and water prayed for by a prophet (Muteuro)”* (A2 on 20/09/2013). Water plays an important role in the healing practice of the Church in different ways. A female participant having used water shared that *“Women also get prophetic help by getting guidance and security. Women can also be asked to use boiled water that has been prayed for and inhale the smoke (Kufukira)”* (M3 on 27/09/2013).

The male participants expressed that it is not any water that is used but special water which the prophet has prayed for. The ritual of transmitting God’s healing power to the water is done so as to empower the water to be unique. The participant went on to say *“Water, prayer and faith is important to help women during and before pregnancy”* (B3 on 24/09/2013). According to some participants, different objects are used as channels of healing, such as clothes, names and anything that the prophet would want to use. A healed participant reported that *“People who are away can also be healed even from photos or the use of a name”* (M5 on 29/09/2013). Church members can pray for their relatives who are far away just by using the name of the person, and healing takes place. The church can also use objects to administer healing. Women recalled having prayer objects during pregnancy.

Some participants also highlighted the use of oil for healing. Some received healing and assistance when they were pregnant by being given oil by the prophets for protection of both the baby and mother. A female leader reported that *“Oil is also important sometimes in our healing ministry although one has to be sure that the spirit has told him to do that because they are also false prophets around”* (M1 on 25/09/2013).

4.2.7 Foreknowledge a new model of healing

Interestingly, participants introduced me to a new model of healing which provides healing assistance for a person before the sickness comes. In the case of pregnancy, the women participants reported that some were healed before the problem came by the gift of foreknowledge which sees into the future of the baby and unborn child. One male participant reported that *“Healing takes place sometimes before the person is sick which is prophetic healing and it also happens when one is sick. Some even get healed as we preach the Gospel or are singing in the presence of God in the place of worship (Sowe)”* (B1 on 22/09/2013). A leader highlighted, *“By God’s grace we minister healing to women who are pregnant even before they get pregnant. Prayers are given to the women and their families to protect them and the baby”* (A1 on 19 /09/2013). The participants cited that many people come to the church for this model of healing; they are interested in knowing future health problems and avoiding them before they come. One male participant said that *“Healing takes place mostly every time and anywhere. We always call people to come for prayer especially when the spirit has shown us the future problems or the causes of their problems”* (B3 on 24/09/2013). This model of healing is different from prophecy because prophecy explains the future, and this form of healing is more than prophecy because it stops what was about to happen before it happens. Usually with prophecy it will happen but with this healing before the sickness, the sickness will not appear.

All women participants highlighted that complications during pregnancy are caused by evil and enemies of progress; as such it is important to be in a church that foretells the future. A female participant reported that *“All the plans of the enemies are revealed before they happen. Pregnant women are safe in the African Apostolic Church. I know it because I am one of the women who gave birth in the Church”* (M3 on 27/09/2013). The Johane Marange foreknowledge healing model argues that pregnant women need help before they are pregnant.

Prophetic Healing

Almost all the participants explained that it is the duty of a prophet to provide guidance to women who are pregnant. Participants outlined that *“We even have a prophetic team which visits those who are sick and pray for healing”* (A3 on 21/09/2013). Prophets within the Church are directed to people they must pray for or the ones they should warn about the evil

following them. Prophets administer healing because they have an ability to see the complications and get guidance for the situation.

Women participants who went through complications during pregnancy appreciated the comfort which the healing practice provided. A women participant reported that

“The Church gave me hope and a future; firstly I was delivered from the evil spirit that was against me being married and having children. When I was pregnant they gave me water to bath and use when cooking and drinking. The church believes in prayer and love. I was also taught how to give birth and to look after the kid. The Church mothered me since my mother is no more” (M2 on 26/09/2013).

Women and even male members appreciated the healing assistance of the church. Another woman said

“The Church supported me when I was giving birth. They prayed for me and my husband during that time and administered water for us to use. They also prophesied that there were evil spirits holding the baby since my time was overdue when I was having my fourth child. They prayed for me but eventually I had a still baby. That is how I lost my fourth child. They gave me spiritual help and water (Muteuro) to drink and use as part of my cleansing process. The Church supported me and comforted me” (M6on 30/09/2013).

4.2.8 The Apostles (Mapositori) as God sent

All participants also elaborated on the importance of their founder Johane Marange and other prophets as being God sent. They encouraged the appreciation of the servant of God who was sent to heal and ;deliver Africans from all forms of bondage. A female member reported that *“People are suffering and God raised the VaPostori (Apostles) to help and deliver the suffering”*(A3 on 21/09/2013). Another female leader who helps women to give birth said, *“God is able and has helped us deliver many children, hospitals are too expensive, we thank God for our founder whom God raised to help Africa”* (A3 on 21/09/2013). Johane Marange and his prophecies are important for the healing of Africa and those suffering. All participants have respect for the vessel which was send by God. A woman who had been in the Church all her life boldly highlighted that *“Our Church founder was sent by God to help us in our sufferings and we need to follow his teaching of healing by the Spirit of God, not*

hospitals which are very expensive”(M4 on 28/09/ 2013). According to the followers of Johane Marange, the prophet and his messages are God-given, therefore it is wise to obey and access healing. Pregnant women in the JMC emphasised that they follow the doctrine of healing which the God-sent prophet explained to them. One leader said, *“Our Church is so different from other Churches; we trust God and his prophets”* (A3 on 21/09/2013).

4.2.9 Church education on sexual and reproductive health

All women participants highlighted that the church provides teaching and training as they prepare to give birth. The church offers education on sexual and reproductive health. A women participant reported that

“We help so many women to deliver in the Church safely by preparing them; teaching them how to be good mothers who can look after their healthy children. We tell them and teach them what to expect when giving birth; for example, the water that is prayed for helps them to prepare a safe passage for the baby. During birth time we also help people deliver their children safely. Yes there are challenges but mostly we pray and consult the prophet when the problem is there. Mothers whom have just given birth are helped to rest after birth with the help of other women in the Church”(A3 on 21/09/2013).

Women are also assisted with knowledge that will protect them from making serious mistakes when giving birth or looking after the children.

It was also interesting to learn that women are even taught about breastfeeding and are given sexual guidance especially when one is pregnant or has just given birth. A woman cited that *“Women are taught to look after themselves and also to care for their children, which is important. We even give guidance on sexual issues after birth and issues of breastfeeding and child care. The Church is a community and we help each other to raise the children”* (M1 on 25/09/2013). All the participants appreciated the education which the church gives to pregnant women. Even male participants reported that *“My wives also get proper training to be a real mother who can look after my family. We are also given gifts as clothes for the unborn child”*(B2 on 23/09/2013).

Basic formal education would also be important for the Church members so as to understand the basic need during pregnancy. The JMC discourages members from getting formal

education. The Church members are not encouraged to study. According to Bourdillon not accessing education would help them avoid “being contaminated by the teachings of non-church members, and also it was a symbolic protest against Westerners as they are the ones who brought education” (Bourdillon 1993:92). However according to Vengeyi “Most of the members who now receive formal education up to tertiary level are boy children”(Vengeyi 2013:69).

4.4 Ways in which the Church may address maternal health issues

It would be helpful for the Church to revisit its understanding of healing in relation to women members who are pregnant. Phiri and Nadar critique religion as oppressive to women’s health. Phiri and Nadar state that “religion influences women’s thoughts, emotions, personalities and social relationships as they seek communion with God. It is a bold critique of how religion has enhanced or denied women’s health” (Phiri and Nadar 2006:9). In the light of advocating for a holistic approach, it is important for the African Apostolic Church to self-critique some of the methods of healing within the Church. Those which are life-denying ought to be challenged and critiqued whereas those life-empowering aspects ought to be embraced and encouraged. All the women participants explained that they received spiritual and prophetic guidance when they were pregnant.

The healing practice of the JMC is spiritually orientated and ought also to address practical matters in health such as labour and other physical needs when one is pregnant. Giving birth is not only a spiritual action but rather a physical action and as such the healing practice of JMC is not complete without hospital resources that assist women to give birth in a safer environment with trained medical professionals in case of complications and operations. There is also a need for the training of midwives so that they may be of service to the church members. There is need to engage with AICs on issues of women’s health and education. Education is important for transformation towards a gender sensitive religious environment for women and children. Discussing the education factor in AICs Vengayi suggests that “there is a need for activists and the Government to engage more with Apostolic Churches so that more educational programs can be made available to these Churches” (Vengeyi 2013:72).

Kanyoro argues that “Gender analysis takes into account ways in which roles, attitudes, values and relationships regarding women and men are constructed by societies all over the

world” (Kanyoro 2002:17). In the light of encouraging a holistic approach to health, it is important for JMC to self-critique the male and female roles and power dynamics in the Church. A healthy life begins with healthy relationships. Therefore the healing practice of the Church ought not to be oppressive to women, which it can be if it undermines the health of women during pregnancy by not allowing them to get access to public health facilities. One participant explained that she was happily married at 16 years of age. This, I suggest, needs to be critiqued in terms of women’s health during pregnancy. A 16 year old girl is too young to marry and is at high risk during pregnancy. I suggest that there is need for further research on marriage models within such movements if issues of health are to be addressed through a gender lens. As much as there are good religious health assets in the African Apostolic Church - such as prayer and spiritual encouragement - there is still the need to challenge and critique some of the life-denying practices towards health. Child pregnancy is a risk to both the mother and the unborn baby, thus religious practices such as these ought to be critiqued and condemned.

Austin James Allan in his thesis assesses the roles of such movements and encourages African Indigenous Churches in South Africa to be involved in the broader health care system. Allan encourages a more analytical approach that would explain what really happens during indigenous healing (Allan 1995:i). Allan encourages recognition of the viable and important role which indigenous practitioners play and their contribution to systems of health care. The suggestion he gives is that instead of only accusing the African Indigenous Churches of being a danger to the community, there is a need for cooperation and partnership in dealing with issues of health. Both churches and hospitals can work together for the benefit of the community. However, as much as the Church healing approach is useful there is also the need to address other issues and practices that can be problematic to health and well-being. In the African Apostolic Church, there are healing methods that encourage health and those that do not encourage health; therefore a more holistic approach ought to be adapted so as to accommodate healthy religious assets within African Initiated Churches.

Dorothy Farrand argues that “A change in attitude towards indigenous healers can only be truly achieved if they are studied within the context of an indigenous, rather than western scientific world view” (Farrand 1980). Good and life giving ways of dealing with women’s health within the African Apostolic Church ought to be recognised and adopted. I think it will

not be fair to undermine some of the rich indigenous ways of dealing with health issues just because they are not scientifically approved by western standards. African Apostolic Church offers support, love and care for women who are pregnant. They also encourage the use of water as part of healing. Women support and educate each other during pregnancy in the Marange Church, and it is a community church which cares for one another.

I suggest that both the western and indigenous methods ought to be critiqued accordingly, and where possible, that they merge so to create a holistic approach which is both western and indigenous yet health conscious. It is important to encourage a holistic approach to health. This however ought to be done without undermining important parts of the religious contribution to health care that are assets to health.

Cochrane and others state that “The primary assumption of the research undertaken by ARHAP is that religion, in its own right, is important to the health of individuals and communities” (Cochrane et al 2006:07). The interviews showed that participants agreed that the Church contributed much to their health during pregnancy by way of prayers, accommodation, spiritual support, and teachings on how to look after children as well as the message of hope – all of which are important for health. Positive aspects of indigenous practices concerning health ought to be integrated into the bigger picture of public health. It is interesting that the indigenous approach to health is affordable even to the common people since there is no payment for it. Male participants argue that hospitals are very expensive in Zimbabwe. As a result, the Church provides its resources without payment in a country where economic instability tends to control the masses. There is also a need for public health facilities and resources to be available and affordable to the public. People at the grassroots who are not able to access professional hospital services are likely to seek other means of medication that are easily accessible and affordable.

Cochrane, in another article on religious health assets, argues that “What often makes religious health assets different from other health associations, institutions or structures lies in what is not visible: the volitional, motivational and mobilising capacities that are rooted in vital affective, symbolic and relational dimensions of religious faith, belief, behaviour and ties” (Cochrane 2006:117). JMC is very symbolic in its practice. Participants explained the importance of the healing water (*Muteuro*) given to women during pregnancy. Water is healthy and contributes to women’s health provided it is from a clean source. Faith is also an

important part in the healing process therefore the Johane Marange church's healing practice has health assets that can be useful to women during pregnancy.

4.5 Positive and Negative Contribution of Religion to Health

Religion contributes to health and wellbeing in both positive and negative ways and it is important to understand how and why it influences health. Levin argues that "Lower rates were found in religious groups that have strict behavioural demands. Higher level of religious participation is identified with less illness and better health" (Levin et al 2005:237). Food also plays an important role in describing the health of an individual. Some religious groups and churches encourage members to eat healthy food and look after themselves as their form of worship to God. In this way the Church promotes good health. The Church becomes a positive contributor to women's health when encouraging healthy diets for its members. Van Ness argues that,

People's religions often influence their patterns of consumption, both in the sense of what they eat and drink and in the sense of what they purchase and utilize. Vegetarian diets, enjoined, for instance, by many Hindus, Jains, and Seventh Day Adventists, have been found to be associated with decreased risk of heart disease. Epidemiological maps of the incidence of lung cancer and liver disease show markedly low rates of occurrence in areas of Utah and surrounding states where many Mormons live. Smoking tobacco and drinking alcohol are forbidden by Mormon Church discipline (Van Ness 1999:17).

Women are discouraged from drinking when pregnant and this safeguards the unborn child. The encouragement of good behaviour within Churches is a positive contributor to good health and in this case women who are pregnant are discouraged from indulging in drinking and smoking. This is good for maternal health.

Food disciplines within some religious groups contribute to good health and a peaceful environment. The JMC is also strict about its diet. Water is healthy and this contributes to women's health. The Church members are also not allowed to eat pork (*Pig*) meat following the legion experience in the Bible where the pig had evil spirits. Pigs are identified as unclean and therefore the justification is that one will be clean by eating unclean food. However this interpretation of the scriptures ought to be critiqued in the light of women's health. It is commonly known in Zimbabwe that the JMC members do not drink beer. This would be healthy for pregnant women. In terms of food and the refusal to eat pork there is need to respect JMC's religious practice and views on the matter since they is religious freedom in Zimbabwe.

Levin also highlights that “Religion also has an effect on mental health and religion has influence on positive well-being and happiness” (Levin et al 2005:238). Religion at times is optimistic of the future and promises hope. Personally, the motivation that I have in times of distress and failure is the message of hope shared within religious gatherings. It contributes to steadiness of mind and peace of mind, and to me, having peace of mind is healthy. Women in the JMC are hopeful about the future. This helps them not to stress during pregnancy. In case of worse events such as death during pregnancy, I assume that the church’s message of hope prepares them even for peaceful death or loss. However why go to heaven when one can get medical resources that can save the mother and unborn baby? I believe that some deaths during birth could have been avoided if proper medical resources were available.

The article of Levin et al on the relationship between religion and medicine suggests that religion protects against morbidity. It states “that Religiousness was a salient protective factor against morbidity, mortality and depression symptoms or a determinant of positive well-being” (Levin et al 2005:240). Religion can be oppressive or liberating, and at times it is a negative contributor to health - especially when issues of gender oppression are entertained by denying women access to public health facilities. I suggest that there is also a need for a mutual relationship between religious health practices and the medical health practices. Nonetheless, it is important to note that religious participation also protects from morbidity.

Every form of oppression is against human well-being and wellness therefore religious oppression, especially to women during pregnancy, is not healthy. Gross cites an incident where “many Christians and Jewish women began the painful process of discovering how sexist their religions could be and the exhilarating process of finding, often in the collegial sisterhood of women, other ways of understanding and practicing their religions” (Gross 1996:39). There are also women with the JMC that silently disagree with the practice but cannot speak out or do anything about it. However I discovered that some women within the JMC do access medical health care privately, to secure their health. I suggest that what is left is for the women to be more vocal on their position on health during pregnancy. There is a need for the creation of a safe space for women in the Church to deal with their health problems and the oppression they experience from religious practice.

The meaning of health is broad and might not mean the absence of sickness only. I think it also involves the wellness of the whole being in all areas of life; hence religion might not remove sickness but contribute to good health in different ways. Religious involvement also contributes to better health and hope for a better future. Participating in religious activities provides moral and behavioural protection which in turn protects life. Levin et al argue that “Religious participation appears to exhibit moderate but statistically significant protective effects on morbidity and mortality” (Levin et al 2005:242). In the JMC, they encourage good behaviour which is an asset that contributes to good health. Smoking, doing drugs and abortion is not allowed in the Church. Some of this behaviour protects both the mother and child’s health. However there is the need to provide access to public health facilities for women during pregnancy.

Rakoczy, in Kourie and Kretzschmar, dealing with reflections on feminist spirituality asks, “Is it possible to live a healthy Christian spirituality in the midst of air that is contaminated with such untruth” (Rakoczy 2000:70)? Negativity towards women in the church results in unhealthy lives. Women ought to embrace the truth about their role in the Church and before God. When religion oppresses women, it becomes a bad influence on health because in most cases men will make decisions on women’s health without really understanding the experiences of women during their suffering.

Health involves social and economic life and religion provides social support at times. In some cases religion can be oppressive and can be a stumbling block to good health but it can also provide comfort. Levin et al take the same view and state that “Religious, spiritual beliefs and practices such as prayers, rituals and religious support are important resources of comfort for many individuals and are an essential coping strategy when dealing with physical and psychological effects of illness and treatments experiences” (Levin et al 2005:238). The JMC healing practice also proves comfort to women and their families during pregnancy. Women are comforted knowing that the church and the prophet are supporting them through prayer and rituals (*Muteuro*).

Rakoczy also encourages the humanization of women in Christian churches. Religion can affect women’s health by dehumanizing their sexuality. Religion and spirituality affect health when one’s sex is regarded to be not fully human. There is a need for a redemptive theology

within some AICs that provides freedom for women to access hospital health care and religious health assets during pregnancy.

4.6 Conclusion

In this chapter I have gathered that the healing practice in JMC is spiritual, and prophetic, and that objects are used as transmitters of the healing power. Faith and confession of sins contribute to a healthy life, however I propose that the approach of divine healing needs to be revisited in an attempt to encourage a more practical and holistic approach towards pregnant women in AICs. I also found that hospitals are described as cursed institutions, places where the church members of JMC should not go. However the chapter indicates that a few still access medical health privately. Suggestions were given on how the church can improve its healing practice. The chapter also suggested that there is a need for a theology that interprets scripture in a more gender sensitive way, where women are also given the voice to be independent. According to the research, most biblical interpretations in the JMC are patriarchal and thereby deny women their rights to safe healthcare during pregnancy, however the healing practice is appreciated since , prayer, prophecy, teaching and preaching is vital for good health even for pregnant women.

The chapter agrees that God is able to do all, but God also provides other means that have to be incooperated and work hand in hand with the healing of the Church. With this in mind, the I seek not to discredit the role of the JMC in healing but rather to propose a more practical approach to healing; creating a healthy model that assists pregnant women in the Church to cope. It is more important for the JMC healing practice to integrate with the hospital's ways of healing. However, the church has more time with people than hospitals so the healing ministry of the church is also important and available freely. As such, it needs guidelines and a marriage with the scientific healing models of doctors.

I gathered that the healing ministry of the JMC is religious and spiritually based which makes it difficult for other people who are not religious to understand it. It is based on spiritual commitments such as faith, and to an extent it is important to have faith when one is having complications. The concept of caring for each other and providing spiritual support is also an important part of the healing practice of the Church. I identified that some form of healing takes place within the Johane Marange Churches. It would be more effective when combined

with provision of practical support such as medication, food and education to those in the Church who are pregnant.

I gathered that both religion and medical resources contribute to health. However there is a need to critically assess these contributions. Some contributions are life-giving and empowering and some are oppressive and destructive to health. Religious positive contributions to health are to be welcomed and accepted as health assets. Oppressive and life-denying contributions ought to be discouraged and condemned. The relationship between religion and health ought to be understood in the light of it being life-empowering rather than oppressive. I propose a holistic approach to health for both the medical and faith healing methods of health. Having gathered information on religion and health from this chapter, I move on to the next chapter which provides a summary, theological reflections, conclusions, and recommendations arising from the study.

CHAPTER FIVE

SUMMARY, THEOLOGICAL REFLECTIONS AND CONCLUSIONS

5.0 Introduction

The previous chapter looked at the positive and negative contributions of religion to health. This chapter presents a summary, theological reflections, recommendations and conclusions of the study. I gathered that contributions related to religious health assets are both life-giving and life-denying so it is necessary to continuously engage and critique some religious assets that oppress women during pregnancy. This chapter now outlines and summarises the study and findings. Recommendations of the study will also be provided in this section.

5.1 Summary

This study makes the conclusion that healing within the AICs and JMC is identified and linked with the confessions and claims of total faith in God who can heal anything. The recipients of healing are encouraged to confess and have faith in the healing ministry of the church all the time; the more they confess victory, they get victory, and if they confess defeat they will be defeated. This inner healing helps them to live positively and with optimism for the future. The positive mentality helps pregnant women to avoid stress during their complications or moments of delivery.

I discovered that this approach helps the recipients psychologically by giving hope and encouraging a positive mentality. It was encouraging to see that most of the women and other participants within the JMC are hopeful about the future and even in times of loss or the death of children during birth, they are still hopeful and comforted. However during the interviews the researcher discovered that there was no clear follow-up and medical evaluation to show whether people's claims of healing and spiritual deliverance from evil spirits really happened or not. Most of the participants described only spiritual experiences of healing, which are difficult to dispute. However, spiritual healing is also important during pregnancy or complications. The stories and expressions of both male and female participants suggested that they all are recipients of the healing practice of their church.

What I also discovered is that most recipients of this healing practice come to the JMC already in need of spiritual healing and guidance. This has also resulted in fame for the JMC and its healing ministry; the element of healing through the spirit has attracted many followers to these movements. Most of the participants openly shared that they came to the

church because they had some form of spiritual problem or could not have children. People go to some AICs expecting to hear the spirit speaking and therefore they cannot dispute the prophetic guidance. I discovered that in JMC, even though women are not forced not to go to hospitals, they themselves refuse to go to such places due to what I would call an unhealthy religious practice. Members are so disciplined such that whatever the prophet says under the spirit is believed to be true and cannot be disputed.

Most recipients strongly believe that God can heal all sicknesses and deliver people from bondage. This approach is that of trusting God for God's divine and supernatural healing of sicknesses. Their reference for this approach is based on the Old and New Testament stories of God healing people. These are written truths, according to them, and the Church can learn from it today. However some participants believe in this healing approach but also include medical information which the society offers as common knowledge. Although they might not go to hospital, they have an understanding on how they should look after themselves medically when pregnant. This embraces the concept of western medicine by clarifying that good health is not limited to prayer and holy water only but to the global community and the God-given wisdom of health professionals such as doctors. Pregnancy in Africa is the same in the west therefore the methods can inform each other.

The healing practice of the African Initiated Churches also has a strong focus on the prophets themselves. The assumption is that without faith that the prophets are being used by God, it will be difficult for healing to take place or the spirit to give guidance. It is all about faith in God and God's prophets. During the interviews I discovered that most of the recipients of the healing are members who do not want to disappoint the prophet in any way since the prophets are God's special servants. Most of the participants highlighted that they raised most of their children in the Church but avoided mentioning real health problems they faced. I gathered that it is difficult for the JMC members to critique the claims the prophets make on any matters. All participants never mentioned the negatives of their healing practice which renders them questionable in this study. The Bible narratives on healing play an important role in motivating the healing practices of most African Initiated Churches.

Most of the claims of healing were not conclusive in that people did not really have names and dates of people who were healed by prayer or the healing water of the Church. This however does not discredit the healing practice of the Johane Marange Church. The other argument is that if the JMC has a detailed maternal healing model which assists women

during pregnancy, it could be important to document and share it with the world so people can get maternal care without any payment. Up to this day, the Africa Initiated Churches have different and new experiences of healing every day and as a result there is no formula that can be followed as can medical procedure. This suggests a conclusion that it remains important for pregnant women to get access to public health facilities during delivery.

There is also a need for the some AICs to accept limitations within their healing ministry. One JMC leader strongly argues that not believing in a healing God is lack of faith in God. It suggests that evil is more powerful than God.(A1) The JMC leader's healing is limited to God and the Church only which to me is an exclusive approach to issues of health. The prophet's approach to healing has to integrate other expertise in the field of health.

Most AICs link good health with good faith. They express that faith is needed both for the provider and recipient of healing for a miracle to take place. In this approach, when healing does not take place, there is blame directed toward the people who face complications during birth – that they might be lacking faith. It's either the prophet who does not have enough faith, or that the recipient is sinful or lacks faith. However the common one is that the recipient has no faith. One would argue that this approach needs to be assessed so that people will not be blamed when healing does not take place in AICs.

5.2 JMC Contribution to Maternal Health

t The JMC has a special attention to its women members when they are pregnant. Religious health assets such as prayer, water, prophecy, care and the message of hope encourages its members during pregnancy. Maternal health is also important for the Church and therefore both women and male prophet's work together to support the women. The current economic situation in Zimbabwe where one cannot afford paying medical bills to give birth in the hospital the Church support its members by providing accommodation when necessary. The Church is community and family orientated so much so that the pregnant women have the support of the whole family of believers during pregnancy. The church also provides special teachings for women on birth as a preparation which to me is education for maternal health. However there is room for the Church to improve on maternal health issues.

Women gave birth successfully in JMC which suggest that their model of healing is also productive. A participant explained that *“The Church helped me to conceive since I came to the church without a Child. I could not have a child for three years but the Church prayed for*

me and they gave me hope and deliverance. We have prayers for many problems that might affect children such as flue,(Nhova) when a child has complications and many other problems”(M5 on 29/09/2013). The Church does not only assist during birth but follows up to assist the born child and mother. Religion in this context to has contributed to maternal health.

5.3 Theological Reflections

Prophetic theology of advocacy

It is important for the Church to embrace a prophetic ministry of advocacy which sides with the oppressed. God takes the side of the poor and suffering in an attempt to help them in any way possible. I gathered that in JMC there is a theology of deliverance which states that all sickness and suffering are identified as evil spirits, and the prophet - not doctor - will provide deliverance through water. The problem is that maternal complications are also identified as the devil or demonic work sent to destroy people. As a result, the prophetic ministry of the church provides spiritual solutions. The prophets will explain the causes of all suffering and provide healing. This understanding endangers women with maternal complications because they will not seek medical help even though the woman is in danger. This endangers even the unborn child. The prophets are also protected from questioning and blame if healing does not take place because no one is willing to question God's mouthpiece. The healing method of such AICs is limited. Prophecy in the church ought to challenge the religious oppressive theologies which discourage women from accessing medical assistance.

Theology of presence

I appreciate the Church for being present, journeying with women through their pregnancy. However, I discovered that those who came to Church for prayers and got spiritual assistance in the form of water became hopeful regarding their condition and it helped them avoid stress. On this point the Church provided spiritual comfort. I admire that in the JMC pregnancy is not a lonely time because the Church supports the woman fully, all the way up to delivery. It also provides basic training on one how one ought to be a mother. The Church also has health assets which empower women during pregnancy. These however do not completely heal and assist pregnant women. It is amazing that some participants felt peace of mind, hopeful, encouraged, supported and protected during pregnancy, but whether that is a safe model of maternal care remains a question. God is a God who is always present when people are suffering and sick. This will be important for the Church to embrace.

Biblical Hermeneutics Theology

Bible quotations are used without questioning in the healing practice of the Johane Marange Church. Most of the healing theology in the JMC is linked with their understanding of healing by the spirit based only on Bible stories. However, in some cases the Bible has been used as a tool of oppression rather than liberation. Women's reproductive rights are denied with the use of scriptures that only focus on faith healing. This approach to the Bible has to be challenged. The Church can have a proper hermeneutics of the Bible which educates, informs and protects women and children. Most participants, including women, accepted total submission to male rule and authority in JMC due to their interpretation of the Bible. This endangers women in AICs since they have no choice on where they want to give birth.

Inclusive Theology

Some of the participants showed that they had some form of knowledge on hospital medical resources although on the terms of their religion, they claim not to use them. This approach shows also that as much as some AICs such as JMC believe in divine and supernatural healing, they also have a relationship with the medical approach which is stigmatised, hidden and private. The recipients themselves claim spiritual healing has taken place but they also have relatives which help them during pregnancy which are not church members. This ambiguity makes me assume that the JMC provides some form of healing but it has to appreciate a hidden silent partner which is western medical healing. One female participant clearly outlined that she believes in the healing practice of the Church but due to fear she had to use both when she was pregnant. As much as some members seek medical health care; it is done privately and is forbidden. I encourage an inclusive theology which includes other medical experts to assist women during pregnancy. However to conclude that no healing takes place in JMC will do an injustice to the richness of religious health assets such as prayer, faith and prophecy that are provided free of charge, especially considering how expensive medical attention has become in Zimbabwe. The practice ought to include other forms of assistance.

Grace Theology

Healing recipients, in some cases, are also encouraged to seek after righteousness and confess their sins (*Kureva*) before any healing can take place. I discovered that lack of healing in the JMC according to the prophets, is caused by many factors - one of them mentioned was sinfulness and disobedience to God and his prophets. The assumption here is that when

people sin and disobey God they will not be healed or will face complications during birth .However this approach is a consequentialist approach that teaches that one will suffer the consequences of his or her actions. This approach, mostly blaming the pregnant women who have complications during birth, asks that they confess their sin so as to deliver their baby properly. In the case of the pregnant women members infected by the HIV pandemic, it discourages them from accessing ARVs since it is interpreted as God punishing the sinfulness of the parents or parent. This consequentialist theology disempowers women and blames them for their maternal complications. I think the concept of interpreting complications as sinfulness is religious oppression which oppresses the already oppressed. It is important however for the Church to understand the concept of God as one who has grace, as one who helps the sick and suffering basing on grace and not what they have done (Acts 15vs11). The church ought to share the grace of God as they assist pregnant women, regardless of their sin and failures.

Theological Education

I gathered that the leader-participants stigmatised hospitals as cursed places and too the person who goes to the hospitals. This instils fear into the women followers and as a result they will not see the need to go to hospitals even if their life is at stake. Healing by the help of Church only is not complete and one ought to embrace education on safe healing models. The ministry of presence is one important model of healing that the Johane Marange leaders exemplify, but they also have unverified healing claims that endanger society. However one seek not to discredit the belief that God can heal all sicknesses; the argument is that we are still waiting to get detailed information on a person who was healed from maternal complications and scientific clarification that actual healing took place. Until then, these claims remain unchallenged speculations and I feel more research on the subject is vital.

5.4 Recommendations

Religious practices contribute to health both positively and negatively and as such, there is the need to critically assess their contributions. Some practices are life-giving and empowering and some are oppressive and destructive to health. Religion plays an important role in health issues, thus there is need to study more on the partnership between the two disciplines of religion and medicine. There are questionable practices and interpretations within both the religious side and scientific medical side. The study in Glenview showed both

negative and positive contributions of religion to health in relation to women's health. There is still more work that needs to be done on the side of religion since most of the practices are spiritual. However, the world needs a more holistic approach to health. It would be wiser to pray before church members get medical attention because both contribute to wholeness.

There is a need for public health facilities to improve so as to avoid risky methods of health provision for pregnant women in Zimbabwe. Pregnant women end up getting maternal assistance from any other available source since there is a shortage of treatment and health facilities. AICs such as the JMC use indigenous knowledge systems such as water for healing and their resources are accessible without payment. I think this attracts many pregnant women to seek maternal health care in such churches in comparison to hospitals which are expensive. I suggest the Ministry of Health and Government try their best to prioritise the health of women during pregnancy by making sure that medical resources are available and affordable. I recommend an HIV and AIDS gender sensitive approach towards pregnant women in Zimbabwe.

It is necessary to critically discuss the religious contribution to health, especially when it is life-denying. Phiri and Nadar encourage a critique of the involvement of religion regarding health. In Africa, Phiri and Nadar encourages "a bold critique of how religion has enhanced or denied women's health" (Phiri and Nadar 2006:9). This critical mentality towards religious oppression of women needs to be embraced so as to empower women and give them a voice, especially on maternal health choices. Positive religious inputs to health are to be welcomed and accepted as health assets but oppressive and life-denying inputs ought to be discouraged and condemned. The relationship between religion and health ought to be life-empowering rather than oppressive. I propose what I would call a health marriage between religion and health, where the medical approach appreciates the religious health assets in the Church and the Church appreciate the medical assets in relation to women's health.

5.5 Conclusion

Having explored the healing practice of the Johane Marange Church, I have come to the conclusion that it is important to understand the importance of religion to health matters. I believe that the marriage between religion and health is important for a holistic approach to health. However, both religious and medical contributions ought to be critiqued accordingly. Using the context of this study, a gendered critique is important when addressing religion and

health issues. It is important to clarify the meanings of words like gender, indigenous and health. The assumption that a hospital's concept of health is aligned with a western scientific contribution is problematic and needs to be challenged so as to adopt a more holistic approach to health which is not western or African but rather inclusive of all practices. This I think would contribute to a more friendly relationship between the medical health and indigenous health models. I agree with Steve de Gruchy who argues in the article "Re-Learning our Mother Tongue, Theology in Dialogue with Public Health" that "It is crucial that as a first step, religious leaders in Africa gain a basic level of public health 'literacy', and that public health practitioners gain a basic level of religious 'literacy' (de Gruchy 2007:48). Both religious indigenous healers and medical practitioners ought to continue to be students who are willing to learn from each other with regards to health issues. There is a need for special attention to women within AICs during pregnancy. I conclude with the argument of Vengayi who discussed on the JMC and argue that "People should be aware that the rights of women and Children supersede the freedom of belief and worship" (Vengeyi 2013: 72).

Bibliography

- Amanze, J. (1998). *African Christianity in Botswana: The Case of African Independent Churches*. Gweru: Mambo Press.
- Allan, A. J. (1995). *Between Literal Lesions and Literary Tropes- A proposal for examining the discourse of Healing in Some African Indigenous Churches*. (Master's Thesis Submitted to University of KwaZulu-Natal)
- Anderson, A.,(2001). *African reformation: African initiated Christianity in the 20th century*. Trenton, NJ: Africa World Press.
- April, S. M.(2007). *HIV and AIDS and its implication for the ministry of healing in some Pentecostal Churches in Namibia* .Pietermaritzburg: University of KwaZulu-Natal Press
- ARHAP, *Appreciating Assets: The contribution of religion to universal access in Africa*. ARHAP Research Report for the World Health Organization, 2006.
- Afr, A and Njiru, J . (2001). *New Religious Movements in Africa*. Kolbe press: Limuru
- Bourdillon, M.F.C. 1993. *Where are the Ancestor's? Changing culture in Zimbabwe*. Harare: University of Zimbabwe publications.
- Bless, C and Higson-Smith.C. 1995. *Fundamentals of social research methods: An African perspective*. Cape Town: Juta
- Chakawa, J. 2010. "Church in Marange area of Zimbabwe," *Zimbabwe Social Science Review* Volume 1 Number 2 December, 38-45.
- Chitando, E.,(2007a). *Living with Hope, African Churches and HIV/AIDS 1*. Geneva, Switzerland: WCC Publications, World Church

- Cuthbertson, G. Pretorius, H. and Robert, D. (2003). *Frontiers of African Christianity: Essays in Honor of Inus Daneel*. Pretoria: UNISA Press.
- Daneel, M.L., (1987). *Quest for belonging: introduction to a study of African independent Churches*. Gweru: Mambo
- Dube, M. W. (2003). "HIV and AIDS Curriculum for Theological Institutions in Africa". in Phiri, I., Haddad, B. and Masenya, M. (eds) *African Women, HIV/AIDS, and Faith Communities*. Pietermaritzburg: Cluster Publications. 207-240.
- Daneel, M. L. (1970). *Zionism and Faith - Healing in Rhodesia: Aspects of African Independent Churches*. The Hague: Mouton.
- Daneel, M. L. (1974). *Old and new in Southern Shona Independent Churches: Church Growth – Causative Factors and Recruitment Techniques*. The Hague: Mouton.
- De Gruchy S. (2007). *Re-learning our Mother Tongue: Theology in Dialogue with public health*
- Du Plooy, G.M. 2009. *Communication Research: Techniques, Methods and Applications*. 2nd edition .Cape town: Juta
- ECCORE / UNICEF. (2012). *Apostolic Religion, HIV/AIDS Denialism, and Rights of Women and Children in Zimbabwe*. Altar Sacrifice by B. Maguranyanga, S. Laver, M. Chizororo, W. Mushayi, O. Maguwuand M. Mapingure .Collaborating Centre for Operational Research & Evaluation, UNICEF Zimbabwe: Harare
- Fiorenza, E. (1984). *Bread Not Stone: The Challenge of Feminist Biblical Interpretation*. Boston: Beacon Press.
- Farrand, D.M 'An analysis of indigenous healing in Suburban Johannesburg' .Unpublished Master's thesis, University of the Witwatersrand, 1980

- Gennrich, D . (2004). *The Church in HIV world*. Pietermaritzburg: Cluster publications
- Gross, R. M .(1996). *Feminism and Religion*. Beacon Press books: Boston
- Hackett, R .1995."Women and New Religious Movements in Africa". Ursula King(ed.)
Religion and Gender. Oxford, U; Cambridge,USA: Blackwell,257-290
- Haddad, B. (2011).*Religion and HIV and AIDS* .Scottsville: University of KwaZulu Natal
 Press
- Hayes, S. (1992). "The African Independent Churches ": Judgment through Terminology.
Missionalia. 20(2), 139-46.
- Hayes Steven, African Initiated Church Theology. In Maimela S. and Konig A.(eds.)
Initiation into Theology, the rich variety of Theology and Hermeneutics, Pretoria: JL
 van Schaik, (1998),pp 159-179.
- Kanyoro, M. R. A. (2001). Engendered Communal Theology: African women's Contribution
 to Theology in the Twenty-first Century. *Feminist Theology*. 27, 36-56
- Kanyoro, R. A.(2002). *Introducing Feminist cultural Hermeneutics* .London: Sheffield
 Academic press
- Kourie, C and Kretzschmar, (2000) . *Christian Spirituality in South Africa*. Cluster
 Publications: Pietermaritzburg
- Levin.J et al (2005).*Religion, Health and Medicine in African Americans: Implications for
 Physicians*. In *Journal of the National Medical Association* .Michigan: University of
 Michigan
- Loewenthal, L. M (1995). *Mental Health and Religion*. Chapman and Hall: London
- Mukonyora, Isabel . (2007). *Wandering a Gendered Wilderness: Suffering and healing in an
 African Initiated Church*.
- Maldonado, G. (2011). *How to walk in the Supernatural power of God* .New Kensington:

Whitaker house

Marshall, H et al. (1996). *New Bible Dictionary Third Edition*. Nottingham: Inter Varsity press

Mills, D H.(2006) . *Signs and Wonders* .Accra: Parchment house

Masaiti, B. N (2007).*African Indigenous Churches and Polygamy in the context of HIV AIDS: The Case of the Mutima Church in Zambia*. (Master's thesis submitted to University of KwaZulu-Natal).

Magezi, V. (2007). *HIV and AIDS poverty and pastoral care counselling*. Stellenbosch: Sun Press

Mwaura, P.N. (2000). Healing as a Pastoral Concern. in Waruta, D. W. and Kinoti, H. *Pastoral Care in African Christianity: Challenging Essay in Pastoral Theology*. 2nd ed. Nairobi: Action Publishers. 70-100

Mukonyora, I. (2007). *Wandering a Gendered Wilderness, Suffering and Healing in an African Initiated Church*. Peter Lang: New York

Ndiokwere, I . (1981) .*Prophecy and Revolution*. SPCK: London

Oduyoye, M.A (2001).*Introducing African women's Theology*. Sheffield: Sheffield Academic press

Oduyoye, M. A(2004). *Journal of Feminist Studies in Religion, Vol. 20*.Indiana University Press: Indiana (7-22)

Oduyoye, M. A., Phiri, I. A., and Nadar, S. (2006) . *African women, religion, and health: essays in honor of Mercy Amba Ewudziwa Oduyoye*. Orbis Books.

Olivier J, Cochrane JR and Schmid B.(2006). ARHAP Literature Review: *Working in a*

Bounded Field of Unknowing, (Cape Town, African Religious Health Assets Program.)

Oyakhilome, C.(2010). *Healing from Heaven*. Randburg: Love world publishing ministry

Pobee, J. and Gabriell Ositelu 11 African Initiatives in Christianity: The Growth, gifts and Diversities of indigenous Africa Churches a Challenge to the Ecumenical movement. Geneva: WCC publications 1998.

Phiri, IA, and Nadar, S. (Eds.) (2006). *African women, religion and health*. Maryknoll, NY: Orbis Books.

Phiri, A. I. and Nadar S. (2006). What's in a Name? Forging a Theological Frame Work for African Women's Theologies. *Journal of Constructive Theology*. 12(2), 5-24.

Pui-lan, K. (2004). Mercy Amba Oduyoye and African Women's Theology. *Journal of Feminist Studies in Religion*, 20(1), 7-22.

Polit ,D.F and Beck C.T. 2008.Nursing Research: *Generating and Assessing evidence for nursing practice*. Philadelphia ,Pa: Lippincott

Rakoczy, S . (2004). *In Her name: Women doing theology*. Pietermaritzburg: Cluster Publications

Sackey, B.(2006). *New Directions in Gender and Religion*, The Challenging status of women in Africa Independent Churches. Lexington: Lanham

Schoffeleers, M. (1991). Ritual Healing and Political Acquiescence: the Case of the Zionist Churches in Southern Africa. *Africa*, 61(1), 1-25.

Siwila, L (2005). *African Women, Hospitality and HIV/AIDS: The Case of the Mothers Union of St Margret's United Church of Zambia*. (Master's thesis submitted to University of KwaZulu Natal)

Shoko, T., (1994), *'Health and Well-being: A Phenomenological Approach to the Quest for the Essence of Religion'*, Unpublished DPhil. Thesis submitted to University of Zimbabwe.

Shoko, T., (2007), *Karanga Indigenous Religion in Zimbabwe: Health and Well-Being*, London: Ashgate Publishers.

Shoko, T.,(2008), (Forthcoming) 'Old and New: Indigenous Healing in Harare', *Journal of African Cultural Studies*, pp. 1-17.

Vengeyi, E 2013. "Johane Marange Apostolic Church and gender-based violence in Zimbabwe" in E. Chitando and S. Chirongoma (ed), *Justice Not Silence, Churches facing sexual and Gender- based violence*. Stellenbosch: Sun Press.

Wakefield.(ed) (1983/1996).*WestminsterDictionary of Spirituality*. Philadelphia, London: Westminster

Internet sources

Definition of Healing Faith www.oxfordictionaries.com Accessed 7 March 2014

Health Assets www.aliss.scot.nhs.uk Accessed 7 March 2014

Van Ness, P. H. *Journal of Religion and Health*, Vol. 38, No. 1 (Spring, 1999), pp. 15-26
Published by: Springer Stable URL: <http://www.jstor.org/stable/27511317> .Accessed: 12/02/2013 00:46

Zimbabwe Demographic survey 2012, www.keycorrespondents.org/2012 accessed 20/05/2013

www.relzim.org/major-religions-Zimbabwe/African-indigenous Accessed 08/03/2014

Appendix 1



Possible Interview Guide

Research Interview guide for a Masters Research project on “**A gendered analysis of the concept of Healing and its effect on women during pregnancy in the *Johane Marange Apostolic Church* Glenview, Zimbabwe.**”

NB: Participants will not put names on the questionnaire but they will be represented by letters to identify each participating member. A1, A2, A3, A4 will be codes replacing the original names. Participants are free to withdraw any moment they feel so. Each Interview will take place for about 2 Hours.

1.2 Interview questions for leaders. (A letters will be used for Church leaders)

- How long have you been in the Church and what w has been your experience of the teachings of the church on healing?
- In what ways has the Church contributed to women during time of pregnancy?
- In what ways does the Church relate to the hospitals on issues of pregnancy for Church members?
- How involved are you in the healing ministry of the Church?
- How does the healing ministry of the church contribute to women’s health during pregnancy?
- From your experience in what ways are pregnant women helped through the healing Ministry of the Church?



Possible Interview Guide

Appendix 1

Research Interview guide for a Masters Research project on “**A gendered analysis of the concept of Healing and its effect on women during pregnancy in the *Johane Marange Apostolic Church* Glenview, Zimbabwe.**”

NB: Participants will not put names on the questionnaire but they will be represented by letters to identify each participating member. B1, B2, B3, B4 will be codes replacing the original names. Participants are free to withdraw any moment they feel so. Each Interview will take place for 2Hours

1.2 Interview questions for men (B letters will be used for men participants)

- How long have you been in the Church and what has been your experience on their teaching on healing?
- How long have you been married and what has been your experience of raising children in this Church?
- In what ways did the Church contribute to your wife during her period of pregnancy?
- In what ways did the hospitals contribute to your wife during her period of pregnancy?
- How involved are you in the healing ministry of the Church?
- How did the healing ministry of the church contribute to your wife during pregnancy?
- From your experience in what ways are pregnant women helped through the healing Ministry of the Church?
- What are other kinds of treatment did your wife get during her pregnancy?



Possible Interview Guide

APPENDIX 1

Research Interview guide for a Masters Research project on “**A gendered analysis of the concept of Healing and its effect on women during pregnancy in the *Johane Marange Apostolic Church Glenview, Zimbabwe.***”

NB: Participants will not put names on the questionnaire but they will be represented by letters to identify each participating member. M1, M2, M3, M4 will be codes replacing the original names. Participants are free to withdraw any moment they feel so. Each Interview will take place for 2 Hours.

1.1 Interview questions for women (M letters will be used for women participants)

- How long have you been in the Church and what has been your experience on their teaching on healing?
- How long have you been married and what has been your experience of raising children in the Church?
- In what ways did the Church contribute to you during your period of pregnancy?
- In what ways did the hospitals contribute to you during your pregnancy?
- How involved are you in the healing ministry of the Church?
- How did the healing ministry of the church contribute to you during pregnancy?
- From your experience in what ways are pregnant women helped through the healing Ministry of the Church?
- What are other kinds of treatment did you get during your pregnancy?

Appendix 2

Consent Form women

My name is Jacob Kutsira a student working on my Master's Degree in Religion and Gender. My Topic is “**A gendered analysis of the concept of Healing and its effect on women during pregnancy in the *Johane Marange Apostolic Church Glenview, Zimbabwe***”. This project is supervised by Dr L. Siwila at the School of Religion, Philosophy and Classics, at University of KwaZulu-Natal. I am managing the project and for any questions my details are. Cell: 0027785690626 Email: jacobkutsira@gmail.com

I emphasize that

- Your participation is entirely voluntary.
- You are free to refuse to answer any question
- You are at liberty to withdraw from the project at any time, should one wish to do so.
- You are free to give detail willingly without being forced or threatened.

Risks and benefits

This study involves giving information about matters that may make you feel uncomfortable. The study is also likely to take some of your time off your daily route. However I will make sure that the agreed time of 2 hours will be strictly followed. This study does not focus on people who need medical attention however should such events occur they will be suggestions and recommendations that they get professional health from health centres within the study area.

The study does not focus on women that are currently pregnant but those who have been pregnant and are willing to share their experiences during their past pregnant period experience. By participating in this study and sharing your experience, you will not only add to the body of knowledge on the problems of healing practices and women's health but you will also help the church to come up with suitable solutions to the issues of maternal health. At the end of the research process you will receive feedback through your local church.

Confidentiality

Every effort will be made to keep your responses confidential; therefore, no names will appear on any research form. When the results of the research are published no information will be included that would reveal your identity unless you specific consent for the activity is obtained.

Questions

For any queries contact:

Agreement to participate

I have read the above information, have had an opportunity to have any questions about this study answered and agree to participate in this study.

Name.....

Date.....

APPENDIX 2

Consent Form for men

My name is Jacob Kutsira a student working on my Masters Degree in Religion and Gender. My Topic is “**A gendered analysis of the concept of Healing and its effect on women during pregnancy in the *Johane Marange Apostolic Church Glenview, Zimbabwe***”. This project is supervised by Dr L. Siwila at the School of Religion, Philosophy and Classics, at University of KwaZulu-Natal. I am managing the project and for any questions my details are. Cell: 0027785690626 Email: jacobkutsira@gmail.com

I emphasize that

- Your participation is entirely voluntary.
- You are free to refuse to answer any question
- You are at liberty to withdraw from the project at any time, should one wish to do so.
- You are free to give detail willingly without being forced or threatened.

Risks and benefits

This study involves giving information about matters that may make you feel uncomfortable. The study is also likely to take some of your time off your daily route. However I will make sure that the agreed time of 2 hours will be strictly followed. This study does not focus on people who need medical attention however should such events occur they will be suggestions and recommendations that they get professional health from health centres within the study area.

The study does not focus on women that are currently pregnant but those who have been pregnant and are willing to share their experiences during their past pregnant period experience. By participating in this study and sharing your experience, you will not only add to the body of knowledge on the problems of healing practices and women’s health but you will also help the church to come up with suitable solutions to the issues of maternal health. At the end of the research process you will receive feedback through your local church.

Confidentiality

Every effort will be made to keep your responses confidential; therefore, no names will appear on any research form. When the results of the research are published no information will be included that would reveal your identity unless you specific consent for the activity is obtained.

Questions

For any queries contact

Agreement to participate

I have read the above information, have had an opportunity to have any questions about this study answered and agree to participate in this study.

Name.....

Date.....

APPENDIX 2

Consent Form Church leaders

My name is Jacob Kutsira a student working on my Masters Degree in Religion and Gender. My Topic is “**A gendered analysis of the concept of Healing and its effect on women during pregnancy in the *Johane Marange Apostolic Church Glenview, Zimbabwe*”**. This project is supervised by Dr L. Siwila at the School of Religion, Philosophy and Classics, at University of KwaZulu-Natal. I am managing the project and for any questions my details are. Cell: 0027785690626 Email: jacobkutsira@gmail.com

I emphasize that

- Your participation is entirely voluntary.
- You are free to refuse to answer any question
- You are at liberty to withdraw from the project at any time, should one wish to do so.
- You are free to give detail willingly without being forced or threatened.

Risks and benefits

This study involves giving information about matters that may make you feel uncomfortable. The study is also likely to take some of your time off your daily route. However I will make sure that the agreed time of 2 hours will be strictly followed. This study does not focus on people who need medical attention however should such events occur they will be suggestions and recommendations that they get professional health from health centres within the study area.

The study does not focus on women that are currently pregnant but those who have been pregnant and are willing to share their experiences during their past pregnant period experience. By participating in this study and sharing your experience, you will not only add to the body of knowledge on the problems of healing practices and women’s health but you will also help the church to come up with suitable solutions to the issues of maternal health. At the end of the research process you will receive feedback through your local church.

Confidentiality

Every effort will be made to keep your responses confidential; therefore, no names will appear on any research form. When the results of the research are published no information will be included that would reveal your identity unless you specific consent for the activity is obtained.

Questions

For any queries contact

Agreement to participate

I have read the above information, have had an opportunity to have any questions about this study answered and agree to participate in this study

Name.....

Date.....

Appendix 3

Primary sources

African Apostolic Church of Johane Marange Interviews

<i>Code name</i>	<i>Gender</i>		<i>Dates</i>
1. A1	Male leaders	A1	19 /09/2013
2. A2	Male leader	A2	20/ 09/2013
3. A3	Female leader	A3	21/09/2013
4. B1	Male participant	B1	22/09/2013
5. B2	Male participant	B2	23/09/2013
6. B3	Male participant	B3	24/09/2013
7. M1	Female participant	M1	25/09/2013
8. M2	Female participant	M2	26/09/2013
9. M3	Female participant	M3	27/09/2013
10. M4	Female participant	M4	28/09/ 2013
11. M5	Female participant	M5	29/09/2013
12. M6	Female participant	M6	30/09/2013