

Politics of vaccines for child-bearing women in Johane Masowe eChishanu church in Zimbabwe

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The upsurge of the coronavirus disease 2019 (COVID-19) pandemic has challenged the medical community internationally to find a cure to curb its spread. Existing investigations, mostly on SARS-CoV-2 (COVID-19) have given researchers a learning curve on vaccination tactics for dealing with this new COVID-19. Several vaccines were produced, namely Pfizer-BioNTech, Moderna, Sputnik V, AstraZeneca, Johnson and Johnson, Novavax, Sinopharm and Sinovac, among others. There were several conspiracies about their efficacy, especially on child-bearing women. These conspiracies were politically motivated aiming to discredit other pharmaceuticals globally. This vaccine politicking also cascaded down to the Zimbabwean child-bearing women of the Johane Masowe eChishanu Church. The study focuses on investigating the politics of vaccines and their affects on child-bearing women in the Johane Masowe eChishanu Church in Zimbabwe. The phenomenological perspective was used in investigating the responses of the child-bearing women of this Church. The article concludes by recommending that the government should put in place mitigation measures on the impact of some retrogressive beliefs and practices, which may dissuade some followers from the Johane Masowe eChishanu Church from accessing lifesaving medical interventions such as COVID-19 vaccination.

Contribution: This study brings to the fore the politics of vaccines and their affect on child-bearing women in the Johane Masowe eChishanu Church in Zimbabwe.

Keywords: child-bearing women; Johane Masowe eChishanu Church; phenomenological perspective; vaccines; COVID-19.

Introduction

The outbreak of SARS-CoV-2 (COVID-19) in December 2019 was a shocker to the world. The coronavirus disease 2019 (COVID-19) pandemic affected humanity in different facets of life such as public health, education, business, political activities and religious practices, among other things. Thousands and thousands of people globally succumbed to the deadly coronavirus. The eruption of COVID-19 caught the world unaware and unprepared for it. The medical and scientific communities globally were challenged by the lethal disease to produce vaccines to curb and possibly cure the spread of the disease. The medical and scientific fraternities came up with a variety of vaccines that include Pfizer-BioNTech, Moderna, Sputnik V, AstraZeneca, Johnson and Johnson, Novavax, Sinopharm and Sinovac, among others. Africa had its own herbal medicines that they attempted to mainstream in the global medical fraternity, but they were rejected by the West because they were not tested and certified by scientists although they healed the symptoms of the coronavirus. Churches remained hiding because of the strict regulations of lockdowns. Pastors and reverends were no longer going out to pray for and heal their followers from the wrath of the coronavirus because they feared contracting the dreadful disease. When the vaccines for COVID-19 were availed, there was a huge sigh of relief globally for most people although some had reservations. There were various myths and conspiracy theories against taking the vaccines worldwide. Zimbabwe was not spared from these myths and conspiracies, especially concerning child-bearing women in the Johane Masowe eChishanu Church. The vaccines that the Zimbabwe government encouraged its citizens to take were either Sinopharm or Sinovac or both for political reasons. It was a different scenario with the Johane Masowe eChishanu Church members who argued that their doctrine did not allow them to seek conventional medicines from hospitals. So, for them, vaccination against the COVID-19 pandemic was a new phenomenon altogether. This was coupled with the notion that the COVID-19 vaccine may affect the fertility of the child-bearing men and women, and this resulted in resistance against vaccination. The insights of the phenomenological paradigm will

be used in interrogating the rethinking and reimagining of the politics of vaccines and the implications for child-bearing women in the Johane Masowe eChishanu Church in Zimbabwe.

Theoretical framework: The phenomenological paradigm

The insights of the phenomenological paradigm that provides descriptions of people's experiences from within the insider point of view will be used in this study. This method was founded and developed by the German philosopher Edmund Husserl (Cox 2006). Husserl is considered as a scholar who provided the best reflections on phenomenology. Chitando (2012) argued that Husserl was not the first philosopher advocating this methodology, but he made it popular. Husserl's insights will be utilised in this article. Of importance is what Gavin (1999) says:

Although the phenomenology of religion predates Husserl, he is nevertheless of central importance in its development, for it is to Husserl that it owes its three most analytical concepts, namely bracketing [*epoche*], eidetic reduction and empathy [*einfuhlung*]. (p. 92)

In line with what Gavin (1999) has proposed earlier, Husserl thought of formulating some fundamental principles in the search for knowledge. Husserl started by analysing phenomena. Phenomena is derived from the Greek term *phainomai* meaning 'that which manifests itself' (Chitando 2012:265). Husserl asked a central question in the development of this methodology, 'how can I claim to know that other people, cattle, trees, animals, and other objects exist?' (Chitando 2012:265). Husserl was made to understand that philosophers need to examine phenomena, which is anything that is perceived by the senses.

Its major aim is to conceptualise how people create meanings of different things that occur to them (Chitakure 2016). The phenomenological method is the study and explanation of a phenomenon that speaks for itself without applying theories about contributory explanations (Chitando 2012). The study employs 'the phenomenological principles such as *epoche* [bracketing out], descriptive accuracy and eidetic intuition [*establishing the meaning*]' (Sibanda 2017:192). Descriptive accuracy, *epoche* and empathy are some of the valuable attributes of the phenomenological method, which were used for the conceptualisation and presentation of the collected experiences on the politics of vaccines on the child-bearing women of the Johane Masowe eChishanu Church in selected shrines in Zimbabwe.

Husserl's insights were also used by James L. Cox who argued that 'as the phenomenology of religion developed in the twentieth century, Husserl's philosophy must be regarded as one of its major formative influences, alongside theology, and the social sciences' (Cox 2006:25). In this article, interviews and observations will be used to analyse the phenomena under study.

For data collection, the researcher conducted some unstructured interviews with a group of child-bearing women in the Johane Masowe eChishanu Church and a few of its leaders. Some participants were interviewed telephonically because of distance and time. Of the 12 participants of the Johane Masowe eChishanu Church, three were child-bearing women from Masvingo, two were from Chiredzi and the other four were from Harare and Rusape, respectively. In addition, there were three male elders from Harare, Rusape and Masvingo who articulated the beliefs and practices of their church. For those who were not found on their stations, the telephonic interview approach was utilised. In addition, interviews were also enhanced using social media, particularly WhatsApp. The study also utilised, to a greater extent, documentary analysis of the electronic and print media from textbooks, newspaper articles, journal articles and WhatsApp text messages. For confidentiality purposes, all the study participants are referred to use pseudonyms.

Overview of the coronavirus disease 2019 pandemic

The government of Zimbabwe also declared the coronavirus disease as a national disaster. This led to the sudden closure of schools, colleges and universities, companies and an instantaneous closure of all churches, among other institutions and organisations (Mdiniso 2020). The rapid spread of COVID-19 across the globe had a severe impact on religious beliefs and practices. The Johane Masowe eChishanu Church was not spared by the effects of the coronavirus. This was because the virus was spreading at an alarming level, and its severity was a concern for all international stakeholders. Several people were infected while others succumbed to the deadly virus. The virus was spreading at an unprecedented speed, which forced the World Health Organization (WHO) to announce mitigating measures globally (Mavengano & Marevesa 2020). There was a mandatory proclamation of the lockdown worldwide by the WHO, which saw the restriction of movements of people as a way of reducing its spread. These restrictive measures that included physical (social) distancing, personal hygiene and quarantine affected religious gatherings. Countries such as Zimbabwe had to come up with various restrictions as far as worship was concerned during the peak of the coronavirus (Sibanda & Muyambo 2020). Religious gatherings and activities were banned following lockdown regulations. The majority of Christian churches embarked on televangelism where the church would reach its members online.

The politics of vaccines in Zimbabwe

Vaccination politics globally had an impact on African countries. Because of technological advancement and the evolution of the scientific and medical community, the COVID-19 vaccine was produced quicker than other vaccines for the previous pandemic. There was a jostling for vaccines whereby some governments would sign agreements with pharmaceutical manufacturers before the vaccine was even

available for them to supply to their countries. This resulted in the politicisation of the COVID-19 vaccine in the global arena. The severity of the coronavirus disease forced countries such as Britain, Japan, the United States and others who were in the European Union (EU) to procure vaccines even before the clinical tests were approved (Matambo 2021). Now that there were several vaccines available, public confidence in the efficacy and safety of the COVID-19 vaccines depended on the political context in which the various vaccines were approved and distributed. The EU and the United States were associated with the pharmaceutical manufacturers of Pfizer-BioNTech, Moderna, Sputnik V, AstraZeneca and Johnson and Johnson, and they treated the products of Novavax, Sinopharm and Sinovac with suspicion. According to Matambo (2021):

The COVID-19 vaccine has become the symbolic totem of a new form of political power. In Africa, European actors through the COVAX facility have politicized the vaccine as they try to show their benevolence towards Africa while reaping soft power diplomatic benefits in turn. (p. 2)

This type of competition between the Global North and the Global South powers had implications on how public health and improvement were perceived in Africa as all the approved vaccines were either ineffective or dangerous depending on which media interpretation or politician one listened to.

In Zimbabwe, for instance, there were mainly four vaccines that were being administered, and these were Sinopharm and Sinovac from China, Covaxin from India and Sputnik V from Russia. There were two major vaccines that were primarily administered in Zimbabwe, and they were Sinopharm and Sinovac from China. The fact that Zimbabwe got vaccines from China, India and Russia is because of the look East policy that the government opted for as a counter to the sanctions that were imposed by the West. The first consignment of Sinopharm and Sinovac vaccines was delivered through a coup of diplomacy particularly when a chartered Air Zimbabwe flight was used and met by the Vice President and the Chinese ambassador (Murewanhema et al. 2022). This was a strategic moment; the press would widely capture it for political reasons. It was interesting to note that there were shortages of donated vaccines from China, but the government of Zimbabwe could not accept the donation of vaccines from Johnson and Johnson when Zimbabweans were protesting about the shortages. Matambo (2021) argued that:

[I]n correspondence sent to the African Export-Import Bank which is managing funding for the African Vaccine Acquisition Trust (AVAT) program for the African Union and has secured doses from a number of suppliers, Zimbabwe's government explained it was still analyzing possible side effects of the Johnson and Johnson's COVID-19 vaccine and that the country is not yet ready to participate in the August allocation of the vaccines as measures are still being put in place to establish the cold chain management framework for the vaccines. (p. 3)

The government of Zimbabwe's position that they did not accept the British vaccine because they wanted to study the side effects of Johnson and Johnson could not be true. According to the Zimbabwe Association for Doctors for Human Rights, the conditions in which Johnson and Johnson vaccines are kept are similar to those of the Sinopharm and Sinovac vaccines (Matambo 2021). It might probably be because of poor political relations between Zimbabwe and Britain that led Zimbabwe to reject the Johnson and Johnson vaccine. Murewanhema et al. (2022) observed that many Zimbabweans expressed mistrust and suspicion regarding Sinopharm and Sinovac vaccinations. This could have forced prominent religious leaders to discourage their members from being vaccinated by taking advantage of their anointing oil. It was a different scenario in the Johane Masowe eChishanu Church that reassured their congregants that through prayer, they would be healed and spared from the virus. Matambo (2021:3) pointed out that 'others have claimed that China is well known for sending substandard goods to Africa therefore they do not rule out that the vaccine could be substandard'. There was also another common belief in Zimbabwe that there was no COVID-19 in the rural areas; therefore, rural-based people do not need to be vaccinated but should take indigenous herbs to treat the coronavirus disease. One may argue that Zimbabwe has a long-standing relationship with China that dates to the liberation struggle against colonialism, and because of this it stands to reason that there should be more confidence reposed on China than countries in the West.

Beliefs and practices of the Johane Masowe eChishanu Church

Brief background

Johane Masowe eChishanu Church's beliefs and practices are not very different from the rest of the African Initiated Churches. However, in this section, I will focus more on the beliefs and practices of the Johane Masowe eChishanu Church. The Johane Masowe eChishanu Church believes in an open space of worship that they make sacred or holy and it becomes a place for prayers. According to Mukonyora (2000):

These places could be under the shade of trees near the main roads, in dried-up marshlands, on hilltops, valleys near water bodies such as dams, rivers and lakes, behind factories and other places on the periphery. (p. 1)

Madzibaba David, in an interview on 16 December 2022 in Masvingo, was asked why they wanted to worship in places such as under trees and he said they prefer to worship in an open area where there is no shade even when it is hot; this is done to show commitment to God. Nevertheless, the utilisation of the open space during worship and prayers leads to the concept of *sove* and/or *masowe*, which denotes the 'sacred wilderness', an idea that clearly defines the Masowe Vapostori. Chikosi (2015) argues that Johane Masowe was the founder of the Masowe Apostolic Church, which means 'Johane of the Wilderness'. Mukonyora (2000)

pointed out that ‘it is believed that these places in the “sacred wilderness” are conducive to the quest for the physical, spiritual and psychological healing’. The Johane Masowe eChishanu Church places that the places the researcher visited were mainly open spaces where there was no shade.

No formal education

The Johane Masowe eChishanu Church leadership discourages their members, both children and adults, from receiving formal education offered in conventional schools because they think that the curriculum that schools offer gives their members ‘bad’ ways of thinking. Ruele (2014) confirmed that the leader of Johane Masowe eChishanu Church, Madzibaba Ishmael, did not receive conventional education. These children exhibit critical problems because they do not go to school. Madzibaba Ishmael was unknowingly violating one of the elementary rights of all children, which is enshrined in Article 26 of the United Nations Universal Declaration of Human Rights as well as in the Constitution of Zimbabwe of 2013. Conventional education is important for children because it helps them to develop mentally, economically, physically, emotionally and politically. According to Ellis and Ter Haar (2004), the Church is letting the disadvantaged children not to have conventional education, which may subsequently result in a clash between the state and the religious thought.

Forced early marriages

Like most of the African Apostolic Churches in Zimbabwe and beyond, the Johane Masowe eChishanu Church endorses early marriages. The elderly men marry girls at a tender age. In some instances, older men marry young girls when they are married to other several wives (Ranger 1999). This is what young girls in the Johane Masowe eChishanu Church are entangled in as they grow up in their church. According to Mbanje and Mahuku (2011), ‘31% of the girls get married before the age of 18 in Zimbabwe’. Johane Masowe eChishanu Church has its share in the statistics given above. The constitution of Zimbabwe of 2013 section 78 (Marriage Rights) spells out that the minimum age for marriage is 18 years and forbids forcing someone into marriage. This is where the Johane Masowe eChishanu Church is found wanting; they grossly violate the children’s rights by forcing them into early marriages to elderly men. The Zimbabwe Broadcasting Cooperation TV News (2015) reported that the problem of early child marriages in Zimbabwe stands at 21%; in some cases, children are married even before turning 13. A related incident that surprised many was when a 9-year-old girl got pregnant in Zimbabwe and was admitted to the United Bulawayo Hospitals, when she was 33 weeks pregnant. Harare (2022) reported that sources close to the family claimed that she could have been raped by a close relative and the case was being investigated by the police. This incident happened in Tsholotsho District in Matabeleland North Province. The issue of child marriages or sexual abuse of the girl child in Zimbabwe is on the rise, not just in the Johane Masowe eChishanu Church but even in the secular world as the case of the 9-year-old girl shows. Nonetheless, it

is significant to note that there is a huge impact on the girl child whether the sexual abuse takes place either in church or outside the church. These child marriages are injurious to the future of the girl child in Zimbabwe and beyond; in and outside the church because there is a cycle of gender inequality and poverty.

They do not believe in using information and technology gadgets

Johane Masowe eChishanu Church does not allow its members to use or purchase and own information and technological gadgets such as radios, cellphones, newspapers and television sets. This creates church members who live in their world differently from the rest of the people because they will not be in touch with current developments in society. Mbanje and Mahuku (2015:4) pointed out that, ‘[h]ence, the Church had become a Christian “fundamentalist” group with strategies of avoiding, confronting and defeating the “world” as a permissive society’. This goes against the dictates of the United Nations Convention on the Rights of the Child as embedded in Article 17, which prescribes the right to information from national to international media. The African Charter on Human and People’s Rights, Article 9, argues that every person has the right to receive information and express and disseminate information within the framework of the law (UN Human Rights 1989a). Denying members access to information is a violation of their human rights, and it also deprives them of a normal and standard life that gives humanity adequate conditions for spiritual, mental, moral, physical and social development as enshrined in Article 27 of the UN Convention, in the African Charter in Article 9 and Section 20 of the Zimbabwean Constitution of 2013. Therefore, Zimbabwe ratified both the UN Convention and the African Charter to be fully used.

Discouraging members the Right to National Registration

Johane Masowe eChishanu Church tends to deprive its members of the right to national registration; Church members are discouraged from acquiring or applying for birth certificates and National Identity Cards. Johane Masowe and eChishanu Church leadership claimed that they do not have National Identity cards; however, it was revealed that Madzibaba Ishmael had one (Mbanje & Mahuku 2011). This is a true manifestation of a Church leader who lacks transparency, honesty and integrity in his followers. It is abundantly clear that this kind of leadership is toxic to its followers. The UN Convention on the Rights of the Child Article 7 articulates that every child has the right to get a birth certificate at birth and a national identity and to be taken care of by their parents (UN Human Rights 1989b). The *sowe* of Ishmael is grossly violating the Zimbabwean Constitution section 35(3)(c) of 2013 that adopted the right of registration of every citizen.

Do not believe in conventional medicine, but faith healing

The Johane Masowe eChishanu Church has, among its doctrines, a denial of the right to modern health care. The members of this Church are not permitted to go to hospitals if they fall sick. They believe in faith healing whereby they think prophets have been given power to heal

those who are sick. According to Mabvurira, Jabulani Calvin and Shirindi (2015), the prophets use the Holy Spirit with the aid of *nhombo* [sacred stones]; these are given to people who are not well for healing purposes. These stones are taken from rivers, and these stones are always three to signify the Trinity. The prophet will prescribe to the person who is ill to either wash the face or to bath the whole body for a specified number of days that the prophet would have prescribed. During the peak of the COVID-19 pandemic, this practice was not being followed because of the lockdown.

In their healing process, Johane Masowe eChishanu Church also uses what Mabvurira et al. (2015) calls *kutsipika* [burying]. The patient buys a clay pot [*mbiya*], accompanied by white or red clothes. In some cases, the nature of the problem could be written on the cloth. The cloth is put into the clay pot [*mbiya*], to be buried in the bush upside down where it cannot be seen by people. The other way of doing it is to take the cloth with the clay pot [*mbiya*] and throw it into a flowing river. The meaning of this is that the problem is either buried or is swept away by the flowing river.

The other method that the Johane Masowe eChishanu Church practices when they heal their clients is to tell them to put a red cloth [*mucheka mutsvuku*] in the form of a belt inside the clothes for a period prescribed by the prophet. According to Madzibaba Elias in an interview in Masvingo (14 December 2022), 'the red cloth will chase away the evil spirits that will be following the patient'. Madzibaba Elias further went on to state that 'the red cloth can be put in the house as a defence to the evil spirits which may haunt a family'.

Johane Madzibaba eChishanu Church has another approach to healing, which is the use of the leaves of a hissing tree. The hissing tree is common in Zimbabwe and is called *Muchakata* or *Muhacha* in Shona, and in Ndebele, it is called *Umkhuma*. The leaves of the hissing tree are used in different ways in the Johane Masowe eChishanu Church in the healing process. The leaves can either be boiled or not, and the water is given to the patient to drink, or the patient may be asked to put the leaves in a bottle with water and bath with the water for a prescribed number of days. In a telephone interview with Madzimai Tecla of Chiredzi, she argued that when the patient bathes with the water, he or she is requested to say his or her problems and how they should be resolved. There are other healing methods that the Johane Masowe eChishanu Church uses, which will just be mentioned without going into details because this is just a small section on the beliefs and practices of this Church. These healing methods that they use include, pointing to the East, *makate*, *choto*, and songs.

It is against this background that the Johane Madzibaba eChishanu Church taught its members not to seek conventional medicine whenever they fall sick. They believe in *mweya* [the spirit] for healing. This implies that the COVID-19 vaccination programme that was proclaimed by the WHO and the government of Zimbabwe was not well received by the Johane Masowe eChishanu Church. Even

expecting mothers were not allowed to go for delivery in hospitals, and this had the potential to create complications for the mother and infant. Instead of going to the hospitals to deliver babies, the Church leadership demands that expecting mothers should be helped to deliver under the custody of Church women birth attendants. The Johane Masowe eChishanu Church does not have its followers at heart because they seem not to be concerned about their well-being. In this section, it has been observed that the beliefs and practices of the Johane Madzibaba eChishanu Church have a bearing on the conspiracies and politics of vaccination within the Church. The government needs to put in place some checks and balances to mitigate the impact of some retrogressive beliefs and practices, which may lead to the abuse of some followers where some teachings prohibit members from accessing lifesaving and life-prolonging medical interventions such as COVID-19 vaccination. In the next section, this research examines the myths and conspiracies that affected the Johane Madzibaba eChishanu Church in Zimbabwe.

Myths and conspiracies of vaccination in the child-bearing women in the JMCC in Zimbabwe

The outbreak of the COVID-19 pandemic brought a global crisis, which forced researchers and scientists to produce an effective and safe coronavirus vaccine. The WHO identified that there was vaccine hesitancy that could be a threat to public health, particularly in poor countries. The myths and conspiracies came about because of limited knowledge, religious beliefs and misinformation about vaccines (Ullah et al. 2021). The Johane Masowe eChishanu Church was not spared dealing with the hesitancy and rejection of the vaccines. Vaccination rejection is usually related to religious and philosophical moral faith and beliefs concerning vaccination (Streefland 2001:160). This scenario has the same impact as the role of the negative faith and beliefs on the Johane Masowe eChishanu Church.

In this research, several people were interviewed concerning the vaccination of child-bearing women in the Johane Masowe eChishanu Church. The participants in the areas of Zimbabwe covered in this study namely, Harare, Masvingo, Rusape and Chiredzi had views that were similar in terms of the reluctance to take vaccines by the child-bearing women in the Johane Masowe eChishanu Church. Johane Masowe eChishanu Church members are generally against going to the hospital if they fall ill. However, several participants alluded to the fact that the COVID-19 vaccine can cause people to be sick with COVID-19. Madzimai Spiwe of Masvingo *sowe* alleged that they could not be vaccinated because the coronavirus vaccine would make them sick. Madzimai Spiwe went on saying:

It is not clear how the COVID-19 vaccine can make me sick, but it is the general thinking that we have as a Church. As Madzimai, we are convinced that the coronavirus is a man-made virus

which is meant to kill us. We are also taught here that mweya [*spirit*] will heal us if we get sick, so the idea of the vaccine is not a welcome development to us. The virus, according to our prophets, is a biological warfare which is meant to kill people. So, we don't need such vaccines. (n.p.)

The above view is also shared by Madzimai Anna of the Mufakose *sowe*; she said:

I am worried about people who have evil minds and invent things that are intended to destroy humanity. The aim of having the mindset of killing is evil. Any disease that causes pain to people, I believe, is from the devil and this can be fixed by muteuro [*prayers*] from prophets. The fact that the virus was manufactured by people probably in the laboratory may imply that the vaccine is also meant to kill us.

In a telephone interview, Madzibaba Michael of Rusape *sowe* shared the same sentiment that COVID-19 results from man's mischievous experimentation where they ended up manufacturing coronavirus disease, which was probably meant for war. Madzibaba Michael gave some biblical references where there were pandemics because humanity had disobeyed God. The coming of the pandemic, according to him, was a punishment from God, but he still maintained that COVID-19 was man made. He alluded to the fact that the COVID-19 pandemic could be a result of some form of politricks between the international superpowers, so to trust them and allow our members to be vaccinated could be dangerous. Therefore, the myth that if you are vaccinated you will get sick appeared to be something which the Johane Masowe eChishanu Church seemed to have agreed on as a Church.

The major problem within the Johane Masowe eChishanu Church was the belief that the COVID-19 vaccine could affect the fertility of child-bearing women and their partners. This kind of thinking was also a cause for concern for most of the Zimbabweans. When the author was vaccinated at the Great Zimbabwe University clinic, expecting women were not jabbed. There was also a casual talk that the people of child-bearing ages could have problems in having babies after the vaccination. This thinking was shared by the Johane Masowe eChishanu Church. In the doctrine of Johane Masowe eChishanu Church, child-bearing is taken seriously and polygamy is emphasised (Mukonyora 1998). Whatever affects child-bearing in both sexes is not received well by the Church. Hence, there was reluctance and rejection of the COVID-19 vaccine. This conspiracy theory is premised on the thinking that the enemies of Africa are planning to wipe all Africans from the face of the world because there are countries that are planning to come and stay in Africa (Caplan 2006). Johane Masowe eChishanu Church members believed that God did not create them so that he would destroy them. Madzibaba Michael argued that through the prophets, God will protect, defend and nourish them when pandemics such as coronavirus disease ravage other human beings. So, there was no need for their members to be vaccinated as it would affect the fertility of child-bearing women and their partners.

Several women in Masvingo and Chiredzi alluded to the fact that they did not want to be vaccinated or even be near someone who was vaccinated because he or she would affect other women's menstrual cycles. The women included Madzimai Eva, Madzimai Anna and Madzimai Spiwe, among others who subscribed to these myths and conspiracies. In a telephone interview, Madzimai Chipo and Madzimai Fungai of Rusape shared the same view that they should not be close to people who were vaccinated as this might disturb their menstrual cycle.

Reflections

It has emerged in this study that the upsurge of the COVID-19 pandemic challenged the medical and scientific community to find a solution in the form of either a cure or a vaccine to curb the spread of COVID-19. This resulted in the medical and scientific fraternities coming up with a variety of vaccines, which included Pfizer-BioNTech, Moderna, Sputnik V, AstraZeneca, Johnson and Johnson, Novavax, Sinopharm and Sinovac, among others. It was also observed that Africa had its herbal medicines that they used but were rejected by the West because they were not tested and certified by scientists though they healed symptoms of coronavirus. Churches remained hiding because of the strict regulations of lockdowns. Pastors and reverends were not praying and healing their followers from the wrath of the coronavirus because they feared contracting the dreadful disease. The research revealed that there was a sigh of relief globally for many people when the vaccines for COVID-19 were rolled out, though some had reservations about them. The advent of the vaccines was accompanied by several myths and conspiracy theories against taking the vaccines worldwide. It was revealed that Zimbabwe was not spared from dealing with these myths and conspiracies, especially concerning the child-bearing women in the Johane Masowe eChishanu Church. In this research, it was also observed that the beliefs and practices of the Johane Masowe eChishanu Church included discouraging their members from seeking conventional medicine when they got sick, they were reluctant to acquire National Identity cards, members of the Church were not allowed to acquire and use the information and technological gadgets, they practiced forced early child marriages and formal education was discouraged among others. The government of Zimbabwe is encouraged to enforce the UN Convention, the African Charter on Human Rights and the Constitution of Zimbabwe because Zimbabwe is a member of the UN and African Union and it ratified them. This is so because as enshrined in the Universal Declaration of Human Rights and the International Conventions on Human Rights have agreed and proclaimed that:

[E]veryone is entitled to all the rights and freedoms set forth therein, without distinction of any kind, such as race, colour, sex, language, religion, politics or other opinion, national or social origin, property, birth or other status. (UN Human Rights 1989:4)

Therefore, all the UN Conventions and African Charters on human rights should be guided and enforced by the

government of Zimbabwe without fear or favour. It emerged from this study that it is mainly because of these beliefs and practices that the Johane Masowe eChishanu Church members were hesitant to be vaccinated during the peak of the COVID-19 pandemic. The church did not allow its members to go to formal hospitals when they fell sick and this proscription extended to the coronavirus vaccines. Related to this was their belief in polygamy, so when some myths and conspiracies centred on possible effects on the fertility of the child-bearing women and their spouses, they did not take this lightly. The participants in all areas in Zimbabwe who were covered in this study namely, Harare, Masvingo, Rusape and Chiredzi had views that were similar on the reluctance of taking vaccines by the child-bearing women and their partners in the Johane Masowe eChishanu Church.

Conclusion

This study established that there was politics of vaccines during the peak of coronavirus disease and how this affected child-bearing women and their partners in the Johane Masowe eChishanu Church in Zimbabwe. This politicking resulted in the reluctance to vaccinate against COVID-19. This politicking came into being after the invention of several vaccines that were manufactured by several medical and scientific fraternities including Pfizer-BioNTech, Moderna, Sputnik V, AstraZeneca, Johnson and Johnson, Novavax, Sinopharm and Sinovac, among others. It was observed in this research that the child-bearing women and their partners in the Johane Masowe eChishanu Church ended up rejecting the COVID-19 vaccines because of the myths and conspiracy theories that affected the core of their belief systems that are polygamy and their view towards going to hospitals when they get ill. This study concludes that the government should put in place some checks and balances to mitigate the impact of some retrogressive beliefs and practices where some teachings prohibit members from accessing lifesaving and life-prolonging medical interventions such as COVID-19 vaccination.

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Competing interests

The author declares that they have no financial or personal relationships that may have inappropriately influenced them in writing this article.

Author's contribution

T.M. is the sole author of this research article.

Ethical considerations

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Data availability

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