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Prevention and Care during the Covid-19 Pandemic:

Masculinities as a Double-Edged Sword ¹ for Men and Women in Church Leadership in some Malawian Urban Churches

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Abstract

In Malawi, about 70% of confirmed COVID-19 cases were men, and about 83% of those who died of COVID-19 were men as of between January 2020 and August 2020. This article focuses on the masculinities of men in leadership positions, particularly how it affects health-seeking behaviour during COVID-19 in Malawi. Most church pastors are men and they have the ability to influence, positively and negatively, COVID-19 responses through concepts of masculinities. Religious ethnography and grounded theology generated data for this paper. The study was based on men in leadership positions in selected urban churches in Malawi between 2021 and 2022. The paper uses a gender analysis developed by the Circle of Concerned African Women Theologians. We found that some concepts of masculinities of men in church leadership negatively influenced COVID-19 care and treatment to the detriment of pastors and their members. We also found that certain concepts of masculinities of church men in leadership positively influenced healthseeking behaviors of pastors and some members of the church. This

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The term was first used in the Circle by Madipoane Masenya, a South African Circle Theologian in her conference presentation, "The Bible as a 'Sword' and a 'Tool for Healing."

article contributes to Circle theologies promoting ordination as a strategy to increase agency of women in the affairs of the Church and shows a link between agency and COVID-19 response in Malawi.

Résumé

Au Malawi, environ 70 % des cas confirmés de COVID-19 concernaient des hommes, et environ 83 % des décès liés à la COVID-19 entre janvier 2020 et août 2020 concernaient des hommes. Cet article se concentre sur la masculinité des hommes occupant des postes de direction, en particulier sur son influence sur les comportements en matière de santé pendant la pandémie de COVID-19 au Malawi. La plupart des pasteurs d'église sont des hommes et ils ont la capacité d'influencer, positivement ou négativement, les réponses à la COVID-19 à travers les concepts de masculinité. L'ethnographie religieuse et la théologie fondée ont généré des données pour cet article. L'étude a porté sur des hommes occupant des postes de direction dans certaines églises urbaines du Malawi entre 2021 et 2022. L'article utilise une analyse de genre développée par le Cercle des théologiennes africaines concernées. Nous avons constaté que certains concepts de masculinité des hommes occupant des postes de direction dans les églises ont eu une influence négative sur les soins et le traitement de la COVID-19, au détriment des pasteurs et de leurs membres. Nous avons également constaté que certains concepts de masculinité des hommes occupant des postes de direction dans l'église avaient une influence positive sur les comportements des pasteurs et de certains membres de l'église en matière de santé. Cet article contribue aux théologies du Cercle qui promeuvent l'ordination comme stratégie visant à accroître le pouvoir d'action des femmes dans les affaires de l'Église et montre un lien entre le pouvoir d'action et la réponse à la COVID-19 au Malawi.

Resumo

No Maláui, cerca de 70% dos casos confirmados de COVID-19 diziam respeito a homens, e cerca de 83% das mortes relacionadas com a COVID-19 entre janeiro de 2020 e agosto de 2020 diziam respeito a homens. Este artigo centra-se na masculinidade dos homens que ocupam cargos de liderança, em particular na sua influência nos comportamentos relacionados com a saúde durante a pandemia da COVID-19 no Maláui. A maioria dos pastores da igreja são homens e têm a capacidade de influenciar, positiva ou negativamente, as respostas à COVID-19 através dos conceitos de masculinidade. A etnografia religiosa e a teologia fundamentada geraram dados para este artigo. O estudo centrou-se em homens que ocupam cargos de liderança em algumas igrejas urbanas do Maláui entre 2021 e 2022. O artigo utiliza

uma análise de género desenvolvida pelo Círculo de Teólogas Africanas Envolvidas. Constatámos que alguns conceitos de masculinidade dos homens que ocupam cargos de liderança nas igrejas tiveram uma influência negativa nos cuidados e no tratamento da COVID-19, em detrimento dos pastores e dos seus membros. Constatámos também que certos conceitos de masculinidade dos homens que ocupam cargos de liderança na igreja tiveram uma influência positiva nos comportamentos dos pastores e de alguns membros da igreja em matéria de saúde. Este artigo contribui para as teologias do Círculo que promovem a ordenação como estratégia para aumentar o poder de ação das mulheres nos assuntos da igreja e mostra uma ligação entre o poder de ação e a resposta à COVID-19 no Maláui.

Keywords

church leadership, ecclesial leadership, masculinities, masculinity, COVID-19

Mots-clés

direction ecclésiale, leadership ecclésial, masculinités, masculinité, COVID-19

Palavras-chave

direção eclesiástica, liderança eclesiástica, masculinidades, masculinidade, COVID-19

Introduction

Much has been written on masculinities and COVID-19. Theological Scholarship on masculinities in the context of health and healing can be found in the works of early members of the Circle of Concerned African Theologians (hereafter, the Circle). Mercy Amba Oduyoye, mother of the Circle, began this conversation in 1989.² Since then, Anglophone Circle women in Western Africa, Eastern Africa, and Southern Africa Zones joined this conversation. Isabel Apawo Phiri from the Southern Africa Zone argues that ignoring masculinities would limit effectiveness of HIV and AIDS interventions.³ Lilian Siwila, from the same Zone, wrote on this theme based on her research on the

Mercy Amba Oduyoye, "The Search for a Two-Winged Theology: Women's Participation in the Development of Theology in Africa: The Inaugural Address."

³ Isabel Apawo Phiri, "A Theological Analysis of the Voices of Teenage Girls on Men's Role in the Fight Against HIV/AIDS in KwaZulu-Natal, South Africa."

role of Masculinities in Gender-Based Violence in Zambia.⁴ Her discussion mainly centers on hard/negative masculinities that fueled Gender-Based Violence in Zambia. The discussion on masculinities has been echoed by men doing African Theology. Tinyiko Maluleke, for example, related his discussion on masculinities to the integration of men in liberating women from oppression.⁵ Tinyiko Maluleke and others such as Ezra Chitando⁶ have argued for the need to have a joint effort between men and women in liberating women from oppression. In our discussions in this paper, it becomes clear that leaving out discourse on masculinities would limit any intervention in the prevention and care of COVID-19 related illnesses.⁷ The dominant conversation by Circle women has been on negative masculinities that promote oppression and on the fact that society promotes such masculinities to the detriment of women and their children. This discussion is often in the context of patriarchy as a vice against women's liberation in religion and in the public space. Specifically, cultural and patriarchal norms continually impact the chauvinistic personality of men in relation to their health, and despite high educational attainments, masculinity and cultural norms remain major influencers of men's healthseeking behavior.8 The trajectory that centers on negative masculinities alone is in sharp contrast to the argument by the founder of the Circle, Mercy Amba Oduvove, who wrote on the use of *soft masculinities* in protecting women from harmful cultural and religious practices.9 We argue that soft masculinities enhanced care and treatment during COVID-19.

This article is written at a time when Circle Theologians have centered more on liberation of women by women. Originally, the Circle had been strictly an association of women theologians. It is only recently that Circle theology has also been done by men. This article contributes to emerging theological literature on the role of men in liberating women and in this case in promoting health and healing of women and their children on one hand and also on the role of men in promoting health and healing for men using experiences of church men in leadership as a case in point. Since God created men and women in God's image, men in the image of God have 'soft/positive' masculinities to liberate humanity during the COVID-19 pandemic; some men in ecclesial

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⁴ Lilian Cheelo Siwila, "Masculinity and Empire in Religion and Public Life: Social Construction of a 'Real Man' in Zambia."

⁵ Tinyiko S. Maluleke, "'The Smoke Screens' Called Black and African Liberation Theologies."

⁶ Ezra Chitando, "Religion and Masculinities in Africa."

In Malawi in 2020, men were disproportionally affected by COVID-19, both in terms of confirmed cases and fatalities. "COVID-19 Rapid Gender Assessment (Malawi)."

Faith Osasumwen Olanrewaju et al., "Masculinity and Men's Health-seeking Behaviour in Nigerian Academia."

Mercy Amba Oduyoye, "The Search for a Two-Winged Theology."

leadership have 'hard/negative' masculinities because they also require grace to live a holy life.

The Approach of the Conversation

"Human beings produce sociocultural form through an arch of memories, actions and intentions. Narrative is a way in which that act may be expressed, rehearsed, shared, and communicated." ¹⁰

This article focusses on how concepts of masculinities of men in church leadership influence health-seeking behavior. Based on religious ethnography, 11 especially participant observation, in-depth interviews, and primary and secondary sources, this article is developed from the thick data 12 that was generated from 2021 and 2022 as part of the larger Nagel Institute research on Engaging African Realities on the theme of "Spiritualities, Worldviews, Health and Healing in the Context of COVID-19 and HIV and AIDS in Malawi." Utilizing narratives of men in church leadership in relation to how masculinities illuminated by worldviews and Christian spiritualities influenced care and treatment during the COVID-19 pandemic, we abstracted meaning from their behavior in relation to how they responded to COVID-19.

In our research, we used participant observation and juxtaposed this with intensive interviews with men and women leaders in selected churches in the four cities of Malawi: Mzuzu, Lilongwe, Zomba and Blantyre. We also used focus group discussions to fill gaps in the data that we collected earlier through other methods. The number of participants was determined by the saturation point of data. We also utilized limited quantitative methods to provide context, especially statistical data in order to better understand the issues highlighted in Periodically, we held small group discussions to get local interpretations on the data. This process enabled us to generate local theological concepts beyond what was merely a "thick description." This is an important aspect of grounded theology which helped us to move beyond being descriptive to being generative. The key discussion question was on how masculinities of men in leadership influenced care and treatment during the COVID-19 pandemic. It is through these discussions that we generated much of the concepts that guided the reflections of this paper. Secondary sources were utilized to connect the scholars' reflections on experiences of men in church leadership in Malawi in an "iterant manner." Gender analyses developed by the

J.D.Y. Peel, "For Who has Despised the Day of Small Things? Missionary Narratives and Historical Anthropology," 582–583.

¹¹ James S. Bielo, Anthropology of Religion: The Basics, 31.

¹² Joseph G. Ponterotto, "Brief Note on the Origins, Evolution, and Meaning of the Qualitative Research Concept 'Thick Description'."

Circle were used in conjunction with perspectives from social sciences. ¹³ The Circle is an academic gender community that writes from a Feminist point of view and was organized by Mercy Amba Oduyoye in 1989. Though it widely centers on experiences of women, it also includes experiences of men from the vantage point of how such experiences influence women, children and others in the community. Works on concepts of masculinity by the Circle were mainly related to HIV and AIDS and Gender Based Violence. Lillian Cheelo Siwila is an example of Circle Theologians who have produced a study on masculinities. ¹⁴ This paper interacts with her work and we have consulted widely other scholars that are not Circle theologians, because the issue at hand had broader aspects beyond scholarship of the Circle Theologians.

This work does not present an exhaustive treatment of concepts of masculinity that influence care and treatment during the COVID-19 pandemic; it is limited to concepts that emerged from the participants on whose information this article was based. Our work is based on wider research that was vetted by the Mzuzu University Research Ethics Committee of the Directorate of Research, ensuring that we met all the requirements to protect the dignity of the research participants. Further, names of participants are only revealed when explicit permission was granted to do so.

Charting Our Conversation on Masculinity: Men in Leadership and COVID-19 Responses

This paper utilizes some aspects of the typology of three masculinities identified by Lilian Cheelo Siwila to situate our reflections.¹⁵ We do not utilize the typology in the strict sense because we did not begin our research to test them as this would have stifled local knowledge on the issue. We, therefore, only use aspects from these typologies where we see connections between them and local concepts of masculinities. The three typologies of masculinity outlined by Lilian Cheelo Siwila are based on those by Rhoda Sempe who wrote on "Missionary Manhood." These are: *Traditional Manliness*, *White Collar Masculinity*, and *Clerical Hero Masculinity*.¹⁶ In this article, we have interacted with these typologies. Our central question in this discussion is *how do spiritualities and worldviews influence concepts of masculinity of men in church*

The Circle was launched in 1989 in Accra, Ghana and for this paper I restricted use of scholarship to the period of 1989–2017 because it is the period when the Circle was very active and many of the concepts I interact with were by scholars that wrote during this period.

¹⁴ Siwila, "Masculinity and Empire."

¹⁵ Siwila, "Masculinity and Empire," 42–48, 48–49, and 49–51, respectively.

¹⁶ Rhonda Semple, "Missionary Manhood: Professionalism, Belief and Masculinity in the Nineteenth-Century British Imperial Field."

leadership in the care and treatment of COVID-19 in Malawi? We have centered on these three concepts —

- 1. *Ine ndine* (chiTumbuka?: 'I am who I am'), which expresses a concept of authority;
- 2. *COVID-19 ndikachani?* ('what animal is COVID-19?'), which expresses a concept of strength or toughness; and
- 3. *Ine ndine wamkulu* ('I am powerful'), which expresses a concept of power or of superiority

— to reflect on how masculinities configure themselves based on spiritualities and worldviews of Malawians during COVID-19 responses.

In this paper, we argue that these concepts of masculinities displayed during the COVID-19 pandemic have a basis in the cultural worldviews and spiritualities of the Malawian people concerning the definition of "real men" in leadership positions. According to Lilian Siwila, there are Clerical-Hero masculinities that ascribe power and control to men in ordained ministry and that such power has a tendency to enhance dangerous masculinities that undermine women's liberation in the context of Gender Based Violence in Church and Public Life.¹⁷ In this paper, we only use the aspect of 'control' as participants that yielded this paper did not refer to 'power' in the three concepts of masculinities.

Concepts of Masculinity as a Double-Edged Sword

Concepts of masculinity that influence care and treatment during COVID-19 are likened to a double-edged sword because they either positively or negatively influence the role of church men in leadership in care and treatment during the COVID-19 pandemic. In a survey of 6,000 American adults, Dan Cassino found that men who identified as "completely masculine" were nearly three times more likely to report having contracted COVID-19 than those who did not. Secondly, concepts of masculinity do not only harm women, children and the elderly but even the men who lead churches. Janani Umamaheswar and Catherine Tan conducted a longitudinal study with college students in America and established that more men than women in their sample were associated with downplaying risks associated with COVID-19.

We have developed this paper by using the three concepts of masculinity from local people as listed above. First we will explore COVID-19 ndikachani?

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 $^{^{\}scriptscriptstyle 17}\,$ Siwila, "Masculinity and Empire," 49–51

¹⁸ Andreas Walther et al., "Examining the Role of Traditional Masculinity and Depression in Men's Risk for Contracting COVID-19," 2.

¹⁹ Janani Umamaheswar and Catherine Tan, "'Dad, Wash Your Hands': Gender, Care Work, and Attitudes toward Risk during the COVID-19 Pandemic."

('what animal is COVID-19?') and then we will turn to *Ine ndine* ('I am who I am' inclusive of *Ine ndine wamkulu* ('I am powerful').

COVID-19 ndikachani? What animal is COVID-19? (concept of strength or toughness)

The expression 'What animal is COVID-19?' signifies that 'real men' cannot be attacked by COVID-19. Such men perceive themselves as hunters and that they are able to kill any animal. This concept where 'real men' are perceived to be 'hunters' is related to the concept that 'real men' are warriors in the traditional Ngoni culture. This concept is a culturally conditioned perception of a "real man" not only in Malawi but in Africa and beyond. This is possibly why the majority of domestic security personnel in cities are men. For a long time, police forces and armies had no women as soldiers or security personnel in Africa and globally, probably because these professions were linked to being 'warriors', a preserve for the male gender. Even in the current dispensation, there is only a small percentage of women in the military and the police worldwide and they rarely if at all participate in front line combat. "Traditional manliness"²⁰ is also related to this concept of a warrior. This perception is also carried over into Christian lived experiences of some men including those not in leadership. In this perception, men relate COVID-19 to a tiny animal that is too weak not to be slaughtered by them. This concept also referred to the fact that real men were 'tough' and resilient to COVID-19. This was displayed in many ways. In the study that yielded this article, the act by men to appear tough also contributed to some men being resistant to seeking medical treatment on the basis that their physical strength would fight off the disease.

A man in Zomba was sick and showed clear signs of COVID-19 infection, however he did not go for medical treatment. His wife and family members encouraged him to go to the hospital but he did not accept. He then got really sick to the state that he was not able to decide on what to do. This was the time when the family took him to a nearby clinic for treatment. The medical person referred them to Zomba Central Hospital where results showed that he was positive to COVID-19 and was put in the isolation ward. He got well after some time.²¹

Ngoni cultures have strongholds in the Northern and Central regions of Malawi, but city churches are places of multiple cultures as a result of migration of people from these stronghold regions into the cities usually in search for employment. We observed that resistance to mask wearing among men was rooted in the men's attempt to appear tough. Rejection to wearing masks is a political statement to show strength as an important identity of being a "real

²⁰ Siwila, "Masculinity and Empire," 42–48.

²¹ Woman Church Leader, Zomba Urban Baptist Churches, April 2022.

man."²² In one of the cities, two clergy died suddenly and one of the grassroots interpretations was that the two died because they had lost the battle of becoming leaders of the church.

I was with a certain *Umanyano* ['Women's Group'²³] lady yesterday, and she has her own theory of the sudden death of the two pastors. Reverends *Akuti akuphana chifukwa cha maudindo*/they say they are murdering each other because of leadership ranks. The Church will meet this year to elect leaders.²⁴

The concept of toughness for 'real men' is mainly influenced by culture, spirituality and biology. Men in leadership perceive themselves to gain extra strength through faith in God. This is spiritual strength and congregants expect men in leadership to exhibit more strength as a measure that they had more faith in the Lord who is all powerful. This concept strengthened the perception of church leaders that they were tougher than men who were not Christians.

<u>chiChewa</u>	<u>English</u>
Ine ndinadwala koopsya ndi banja langa	I was very sick with my whole family.
Ndinali ndi zizindikiro zonse za	I had all signs of COVID-19.
Kolona.	I prayed and when I went to the
Ndinapemphera ndipo nditapita	hospital.
kuchipatala.	I was not found with COVID-
Sanandipeze ndi Kolona.	19.

He related his healing experience to the Biblical story where Shadrack, Meshack, and Abednego were saved from the fiery furnace because of their faith (Dan 3). He further encouraged the congregants that with faith in God they would be protected from COVID-19 infection and death.

Although the concept of strength gave confidence to some men against the pandemic, men also displayed some weakness as they avoided contracting COVID-19. This might also be related to arguments by other scholars that during the COVID-19 pandemic, some men (re)configured their masculinities as a coping mechanism to the change in the culturally constructed roles.²⁵ As opposed to ignoring treatment based on the masculinity of "toughness," some men opted to seek medical help. This contrasts with the reaction by some men in leadership positions who relied solely on their "physical toughness," and even

²² Lori Rozsa et al., "Mask Schism: "Submission Muzzle' or Civic Duty?"

²³ The chiTumbuka word *umanyano* means 'united' or 'unity' and in this context refers to one of a number of Christian women's groups. (ChiTumbuka is spoken in Malawi, Zambia, Tanzania, and Zimbabwe.)

²⁴ Presbyterian Women's Leader, 7 June 2022.

²⁵ Molly Manyonganise, "When a Pandemic Wears the Face of a Woman': Intersections of Religion and Gender during the COVID-19 Pandemic in Zimbabwe," 236.

condemned those that got vaccinated. The following incidence is one of the many instances where some men opted to suspend their masculinity of "toughness" as evidence of being "real men."

At a funeral in Zomba, pastors, all men, sat on chairs in the open space outside the house as some pastors' wives sat inside the house together with the bereaved pastor's wife. Pastors also made sure that they observed social distancing. At the burial site, pastors stood as pastors' wives and others sat on the floor. Standing positions gave the pastors opportunities to safeguard social distancing and avoid contracting COVID-19.²⁶

This outcome is consistent with the findings in other studies, which suggested that masculinity in health and healing is dependent in that, upon realizing that their masculinity roles would be in jeopardy due to diseases, men would be eager to keep their bodies in good health, hence would observe health promotion behaviors.²⁷

We also found that some men used the concept of toughness to care for others. The traditional understanding that women are carers does not mean that there are no men that are engaged in caring roles. During the COVID-19 pandemic, some men were also involved in caring roles. These are soft masculinities of men. Molly Manyonganise also argues that men were involved in roles that were traditionally considered to be for women.²⁸ In Malawi, though there were less strict lockdown regulations, many men in leadership positions also had episodes of working from home. This also included pastors as some churches did not hold physical meetings. Pastors spent time with families and there is likelihood that they shared with their wives some caring roles including cooking for their families. Mwiine established that men shared in roles of women including cooking in the kitchen.²⁹ Caring roles subjected men to fears of contracting COVID-19.30 Some men were bold enough to disclose their COVID-19 positive status to the congregation and friends. This encouraged congregants to seek care and treatment because after such testimonies, some people sought contacts for access to herbal treatments.

Some of you might have witnessed that I did not come to church for many Sundays and you had heard that I was sick. I tested positive to COVID-19 and was very ill to the point that I felt that I would not live

Deeni Rudita Idris, Nur Shazwana Hassan, and Norashikin Sofian, "Masculinity, Ill Health, Health Help-Seeking Behavior and Health Maintenance of Diabetic Male Patients: Preliminary Findings from Brunei Darussalam."

²⁶ Participant Observation, Zomba Urban, July, 2021.

²⁸ Molly Manyonganise, "When a Pandemic Wears the Face of a Woman," 237.

²⁹ Amon Ashaba Mwiine, "Men in the kitchens and the (re) configuration of masculinity in domestic spaces during COVID-19 Lockdown in Uganda."

³⁰ Umamaheswar and Tan, "Dad, Wash Your Hands," 9.

again. I did not go to the hospital but through a friend that also got infected I was encouraged to use herbal treatment and now I am well. Those of you who might have family members that are sick and show signs of COVID-19, we can talk outside the church so that I can explain to you the therapy that helped me.³¹

The Concept of toughness has roots in the African worldview. The experiences of men in Church leadership have shown that the concept of toughness was dangerous during COVID-19 and require transformation. Our research has demonstrated that transformation is possible as some men suspended the concept of toughness to realize health and healing during COVID-19. This supports Circle theology of Cultural interpretation that advances positive cultural elements and discourages negative cultural elements that are harmful to women, men and children.³²

Ine Ndine / I am who I am Ine ndine wamkulu / I am powerful

This concept of 'I am who I am' as a mark of 'a real man' in church leadership has origins in African worldview and spirituality. It is related to the concept of 'the big man.' First, this concept has roots in the traditional culture where 'real men' are perceived as superior. One popular chiChewa saying in Malawi that denotes this perception is that *mwamuna ndi wamkulu mbanja*— 'the man is superior in the family.' This concept of 'I am who I am' has also some similarity to the concept of "man of God" based on the Old Testament description of a Prophet and relates to a church leader who deserves great respect:³³ "Most of the times, there are a lot of praises for 'the man of God' before he moves forward . . . to deliver his sermon."³⁴

City churches have separate worship services in English and in the vernacular language dominant in a particular city. English worship services provide avenues for charismatic influences in these churches as the Charismatic spirituality is associated with the elites that are members of the English services. Charismatic spirituality, therefore, enhanced the power of pastors in city churches to influence health-seeking behavior of their church members.

In Malawi, most of the leaders of congregations are men and these therefore influence most of the decisions of the church including how congregants should

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³¹ Elder, Baptist Church in Zomba Urban, August, 2021.

³² Musimbi R. A. Kanyoro, Introducing Feminist Cultural Hermeneutics: An African Perspectives, 64–66.

³³ Kenneth R. Ross and Klaus Fiedler, A Malawi Church History 1860 – 2020, p. 361.

³⁴ Rhodian Munyenyembe, Christianity and Socio-Cultural Issues: The Charismatic Movement and Contextualization in Malawi. 62.

respond to COVID-19. The *Ine ndine* concept was therefore key in influencing health-seeking behaviors of congregants.

In all city churches where research that yielded this article was carried out, a pastor is the ruler of the congregation. This is true even in the Baptist church congregations where theoretically a pastor is not above the church.³⁵ According to Moses Mlenga, a pastor should be the first among equals.³⁶ The priest represents Christ to the Congregation.³⁷ This identity also contributed to exhortations by some clergy in city churches that undermined biomedical approaches such as wearing face masks and getting vaccinated. One pastor in a city church commended church members that they should fear vaccines more than COVID-19 if they had faith in God. This implied that COVID-19 was less effective to those that had a strong faith in God and that the reason he was not vaccinated was that he had extra strength through faith in God. Pastors are perceived to exemplify such toughness as leaders of congregations. Christian leadership identity, therefore, required power to configure "toughness" as a concept of masculinity for "real men" in church leadership. In a related story, a pastor of a Presbyterian congregation in Lilongwe City claimed that even though he had signs of COVID-19, he did not test positive to the disease when he went to the hospital for treatment.³⁸ If he had tested positive, he would have been perceived to have lost the concept of toughness as an important element for a "real man" in church leadership. His toughness was contextualized into his identity as a Christian and his ability to rely on protection from God through faith alone.

Even though there are a limited number of women as pastors, there are no women who are in the position of making decisions for the whole church. General Secretaries make decisions for congregations and congregations that informed this study had no woman clergy who was a General Secretary.³⁹

The *Ine Ndine* concept positioned men to influence COVID-19 responses. This is not a new area where Church men have been involved in providing solutions to social economic ills of the society in Malawi and globally. Wale Adebanwi argues that Yoruba clergymen have an influence in the political affairs of Nigeria as they belong to the super-elite and can relate with those in

³⁵ Hany Longwe notes that "in some Protestant churches the congregation" — and not a pastor — "is the final authority." Longwe, Setting the Record Straight. Essays on Ecclesiology, Missiology and Evangelism, 163.

³⁶ Moses Mlenga, "Cold War between Reverends and Ruling Elders in CCAP, Synod of Livingstonia: From Ruling to Assistant Elders," 225

³⁷ John Paul II, Mulieris Dignitatem [Latin: 'The Dignity of Women'].

³⁸ Presbyterian pastor, Lilongwe, urban church, September 2021.

³⁹ Mercy Chilapula, "Towards Inclusion: Experiences of Women Clergy in the Church of Central Africa Presbyterian (CCAP) Blantyre Synod," 4

political positions with ease. $^{\rm 40}$ In Malawi, some clergymen also were engaged in political reforms. $^{\rm 41}$

In Malawi, prior to the 2019 elections, some churches displayed political inclinations. They endorsed presidential candidates according to their faith, regional and political affiliation. This was done during political rallies, in homilies at worship services, church announcements, pastoral letters etc.⁴²

However, this article is restricted to majority of the pastors who have no national influence on COVID-19 responses. In this position of authority, pastors have a role to influence members to embrace biomedical approaches through testimonies and sermons during Sunday gatherings.

The *Ine ndine* / 'I am who I am' concept of masculinity influenced pastors in city churches to act as spokespersons on how congregants responded to COVID-19 biomedical approaches. However, spiritualities of leaders, even within the same church, were sometimes the cause for ideological conflicts that undermined COVID-19 responses:

We did not practice much of the preventive measures against COVID-19, because our two elders one after the other announced in church that COVID-19 is just a plot and that they were not getting Vaccines. However, both contracted COVID-19 after they made the confession. Our concern is that some church members still believe in what they said and yet they have not gone back to the congregation to tell them what happened to them. We also know that both have received Vaccines.⁴³

The 'I am who I am' concept of masculinity also discourages some men from revealing their COVID-19 status. One of them is that getting sick with the virus signifies that one is not strong enough to fight. This is a display of one of the negative masculinities during the COVID-19 pandemic.

A leader of my church contracted COVID-19. He was in an isolation ward for treatment but when he was discharged, he did not come to church. I visited him at his home several times and he always assured me that he would come to church the following Sunday which he never did. One time he opened up and told me that he could not attend services because he was ashamed that he contracted the disease and was not sure of how the congregation would receive him.⁴⁴

⁴⁰ Wale Adebanwi, Yorùbá Elites and Ethnic Politics in Nigeria: Obafemi Awólowo and Corporate Agency, 118–121.

⁴¹ James Tengatenga, *Church, State and Society in Malawi: The Anglican Case*, chapter 5; see especially his discussion starting on p. 153.

⁴² Timothy Kabulunga Nyasulu, "The Church in the New Era of Democracy: A Call for Non-partisan Prophetic and Pastoral Functions," 258.

 $^{^{\}rm 43}\,$ Youth Leader, Baptist Church in Mzuzu City, November 2021.

⁴⁴ Lilongwe Baptist Pastor, October 2021.

In the view of the *Ine ndine* concept, those men in leadership positions that contracted COVID-19 were seen as not 'real men' in church leadership.

Congregants often listen to men in leadership positions. During the Vaccination Campaign, there were two key pastors that influenced Baptists to get vaccinated. These were Rev. Vincent Chirwa of Blantyre Baptist and Rev. Fletcher Kaiya of Jerusalem Baptist in Blantyre. These are only a few of the Baptist pastors that influenced their members and at the national level through public vaccination and also through public awareness meetings. At congregational level, elders and pastors encouraged members mainly through declaring that they got vaccinated and encouraging others to get the same.

On the other hand, some church men in leadership positions referred to the teachings of their churches as basis for care and treatment during the COVID-19 pandemic. Some of the teachings were that Christians ought not be afraid of COVID-19 but live in faith to defeat it. Leaders ensured that congregants followed their decisions by looking down upon those that did not attend services.

In one city, church pastors made those that resumed church service attendance 'to stand up' to be welcomed by the church. Some welcoming remarks were derogatory. For example, at one time the pastor commented that those who did not attend church services were living 'double standards.'⁴⁵

Some leaders in the church discouraged members from getting vaccinations. This was done especially through teachings that explained away the efficacy of vaccines and even the existence of COVID-19. Such church leaders were influenced by spiritualities of their congregations but since some Malawian people do not only follow teachings of their congregations, such teachings influenced Christians across many denominations.

The 'Ine Ndine Concept' as a concept of Masculinity is related to poor health-seeking behavior.

A pastor died in a certain city and prior to his death he had told the wife not to take him to the hospital. He was a Christian and also a traditional healer. He used traditional herbs all his life and did not trust hospital treatment. He got very ill and when pastors' wives visited him, they only met the wife and they were told that he was getting better and sleeping. But after a few days he died while receiving treatment at the house. 46

This story is one of the many stories where some pastors used the concept of *Ine Ndine*, to deny treatment to family members and even church members.

⁴⁵ Conversation, 19 May 2022.

⁴⁶ Conversation, 23 January 2022.

Conclusion

We have shown that there are both soft/positive and hard/negative concepts of masculinities of men in leadership that positively and negatively influence health -seeking behavior during the COVID-19 pandemic. Masculinities are not sex-specific and binary as women can also possess them. We have shown that pastoral positions influence health-seeking behavior in church and public life. Certain concepts of masculinity do not empower men in church leadership to positively influence COVID-19 care and treatment. The Concept of COVID-19 ndikachani? / What animal is COVID-19? (concept of strength or toughness) is problematic as it has the potential to undermine COVID-19 responses for women, children and men themselves. The concepts of Ine ndine / I am who I am (concept of authority) and ine ndine wamkulu / I am a 'big man' (concept of superiority) have potential to empower women to participate meaningfully in COVID-19 responses. Women in church leadership have an opportunity to share in the soft masculinities that influence positively health-seeking behavior during the COVID-19 pandemic. But this may not be possible if women are not ordained as pastors. This is because, they may not share some aspects of the positive concepts outlined above. Circle theology has argued that ordination of women to the ministry of the word and sacrament accords them opportunities to be included in decision making bodies. This would particularly enhance positively COVID-19 care and treatment responses. If (more) women are ordained, they will have opportunities to influence local church responses to COVID-19 within their jurisdiction. Similarly, women can influence care and treatment at national level if they are appointed to positions that allow them to direct the affairs of the church. It is at that level of engagement that women can influence health-seeking behavior of congregants at national level.

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