

Women's church attendance within the Church of Jesus Christ of Latter-day Saints during the
COVID-19 Pandemic

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Abstract

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In-person religious gatherings have been linked to the transmission of the SARS-CoV-2 virus that causes COVID-19. Public health guidance restricting gatherings has met resistance, compromising by limiting behaviors and capping attendance in worship services; virtual worship services have been offered in many congregations as an alternative. This qualitative study provides insight into the decision-making process of women members of the Church of Jesus Christ of Latter-day Saints, as they chose to attend in-person church services during the COVID-19 pandemic when virtual church services were offered. Twelve women living within the Bothell Washington Stake, a geographic unit of the LDS church in western Washington, USA, were interviewed one-on-one remotely between May and July 2021. Data were analyzed through deductive and inductive coding using the social cognitive theory as a guiding framework.

Six themes emerged around the decision to attend and/or discontinue in-person services: 1) women went to church to receive the Sacrament, renew their covenants; 2) women felt the presence of the Holy Spirit stronger with the congregation in-person than in isolation at home; 3) Women returned to church to counter the loss of purpose and community they experienced during COVID-19; 4) women attended in-person to reaffirm their commitment to God, to support their family, and serve the congregation; 5) women attended when their risk-benefit assessment favored in-person services; and 6) discontinued when it did not. The author recommends the following actions be taken by public health officials to increase compliance with public health recommendations: encourage home worship during infectious disease outbreaks, partner with LDS leadership to develop guidance on safely preserving the essential components of worship services and ordinance of the Sacrament, and consider harm reduction strategies for women to meet and worship together over prolonged outbreaks of communicable disease. Future research should examine the changing patterns of in-person worship over time, particularly when restrictions are relaxed and tightened again.

Introduction

According to data collected through March 2, 2022, the Centers for Disease Control and Prevention (CDC) estimate that 944,662 people have died from COVID-19 in the United States. This number is expected to be an undercount, as over one million excess deaths in the United States were reported from February 1, 2020, to February 19, 2022. [1] In-person religious gatherings have been linked to the transmission of the SARS-CoV-2 virus that causes COVID-19. [2-4] This led many states, including Washington, to temporarily prohibit religious gatherings in the early months of the COVID-19 pandemic. [5] However, worship services were permitted to resume in Washington state beginning June 1, 2020 under *Safe Start Washington*, a phased COVID-19 reopening plan, with the provisions of social distancing, mandatory mask-wearing,

and size restrictions based on building capacity throughout the global COVID-19 pandemic. [6, 7] *Safe Start Washington* remained in effect through June 30, 2021. [8] Washington State has since reported 17,339 deaths involving COVID-19, pneumonia, or influenza.[1]

The Church of Jesus Christ of Latter-day Saints, a Christian denomination colloquially known as Latter-day Saints (LDS) or Mormons was founded in Fayette, New York, on April 6, 1830. [9] As of 2022, Church membership in the United States is over 6.7 million persons, or 2.05% of the population, worshipping in 14,459 congregations. [10] In Washington, that number is 289,479, or 3.91% of the population in 544 separate congregations. [11]

The global leaders of the Church of Jesus Christ of Latter-day Saints, referred to as the First Presidency and Quorum of the Twelve Apostles, suspended public gatherings worldwide on March 12th, 2020. [12] In response, the LDS church congregations local to western Washington introduced a “live-stream” virtual devotional that members could view as part of their Sunday worship during the Washington state stay-at-home orders. [13] Beginning May 19th, 2020, the First Presidency of the Church permitted worship services and other activities to resume in a phased manner, provided congregations followed local government regulations for health and safety. [14, 15] The congregations in western WA were permitted to resume in-person church services at the chapel on July 26, 2020 after the county of residence reached Phase 3 per the “Safe Start Washington” COVID-19 protective guidelines. [16, 17] Virtual broadcasts of these in-person church services continued to be held at the local level upon the writing of this paper, March 2022.

This study is a qualitative inquiry of LDS women’s decisions to attend in-person church services during the COVID-19 pandemic. The goal is to provide insight into the decision-making process of women who attended in-person church services when virtual services were available,

and when they would remain at home after their initial return to in-person services. These findings may foster greater cultural competence in public health officials when communicating with this faith community about the on-going risks and impact of COVID-19. The author aims to make recommendations that will guide public health officials to work effectively with the LDS community prior to future disease outbreaks and emergencies.

Methods

Study Design

The author conducted a qualitative study with semi-structured interviews, conducted remotely, one-on-one with participants during the COVID-19 pandemic.

Participants and Sampling

The population of interest was adult women who are members of the Church of Jesus Christ of Latter-day Saints (LDS) in western Washington, United States. This study used a purposeful sampling strategy, selecting participants pragmatically based in their experiences with the phenomena of interest, and diversity of the analytic variables expected to impact that experience. [18-20] Participants met these specific inclusion criteria: English-speaking female, 18 years or older, who self-declared membership in the Church of Jesus Christ of Latter-day Saints. Women must be married, divorced, or widowed; have attended at least one church service in person since May 2020; and reside, or have membership records in the Bothell Washington Stake in an English-speaking ward. A stake is a geographic area encompassing smaller local congregations with set geographic boundaries, known as wards, or branches.[21]

The investigator approached two wards for recruitment. As a gesture of courtesy and respect, the author contacted the Bishop and Relief Society President of the wards to introduce the study topic, methods, and its role in her personal educational goals. These leaders expressed

support for the endeavor, understanding that the results and participation status of congregants would remain confidential.

An electronic flyer containing a QR code and internet link to a survey allowed prospective subjects to indicate their interest and availability. See Appendix 1. Participant interest survey. The author distributed this flyer via the private Facebook page for the LDS women in the area, in the church foyer, and at a women's church social event. See Appendix 2. Study recruitment flyer. Local church leadership did not announce or publicly endorse the study to minimize any appearance of coercion.

Women were prioritized for interview by the date they expressed a formal interest, their scheduled availability, and how well known they were personally to the author. Twelve of the nineteen women who completed the participant interest survey, or otherwise approached the author, were enrolled. One woman did not meet the eligibility criteria, two did not respond to follow-up communication, and another was unable to schedule an interview date. A fifth woman and friend of the author was not interviewed in order to reduce potential response bias; the author interviewed two close friends earlier in the study. Lastly, the author strategically chose to prioritize the experience of LDS women who were married, precluding the enrollment of two single women.

Participants with a confirmed interview date/time received two internet links: one to a full demographic and religious experience survey, and a second to an electronic copy of the consent materials. Questions related to religious activity were adapted from the Duke Religion Index, specifically Organizational religious activity (ORA) and non-organizational religious activity (NORA). [22] See Appendix 3. Demographic and experience survey. The University of Washington Institutional Review Board approved the study as no greater than minimal risk and

authorized the use of verbal consent. The investigator did provide an electronic copy of the consent materials through a survey link prior to the interview. See Appendix 4. Consent Information. The survey included questions to check for understanding, but its completion was not mandatory as it was not the method of informed consent. At the beginning of each interview, the researcher verbally reviewed the consent materials, conducted a check for understanding, and offered an opportunity to ask questions. Verbal consent was granted prior to any recording.

Interviews

The author selected Bandura's Social Cognitive Theory (SCT) as the guiding theoretical framework to move from broad health behavior concepts to population-specific factors driving LDS women's church-going behavior in a pandemic. [23] Strengths of the theory include Bandura's concept of *reciprocal determinism*; "human behavior is the result of a triadic, dynamic, and reciprocal interaction of personal factors, behavior, and the environment mediated by cognitive processes." [24] This framework is particularly useful for considering the role of acculturation, or how observational learning shapes outcome expectancies, emotional coping responses, behavioral capability, and self-efficacy. [25] Semi-structured interviews were conducted with the use of an interview guide to ensure flexibility to explore participant driven topics and themes, while covering key points of interest. [26, 27] See Appendix 5: Interview guide. The following best practices were employed: the use of open-ended, non-leading questions and discussion prompts; probing questions to encourage elaboration; and thoughtful consideration of topical order to build trust and momentum. [26, 27] "Could you describe for me an average pre-pandemic Sunday?" encouraged women to focus on events they find meaningful. Questions such as "What led to your decision to start attending in person?" and "Was the Sacrament available to you at home?" encouraged women to describe their relevant

circumstances. The questions were test piloted on a male member of an LDS congregation, and subsequently refined. [26] Interviews ranged from 51 to 102 minutes, with a mean length of 71 minutes.

The author conducted individual interviews remotely through the internet conference service Zoom™ (n=11) or by telephone (n=1) according to the participant's request. This minimized the potential exposure to and transmission of COVID-19 between parties in accordance with the approving institutions' research guidelines at the time of the study. Interviews mediated through Zoom™ were recorded and audio transcribed through the automatic transcription feature. The author proofread the transcripts while listening to the accompanying audio, providing corrections and redactions of identifying information as needed. The single interview conducted via telephone was transcribed using a HIPAA compliant professional service used by faculty at the University of Washington. Every effort was made to transcribe speech verbatim to ensure data accuracy and quality. [27]

The interviewer stated her position as a married, female member of the Church of Jesus Christ of Latter-day Saints within the Bothell Washington Stake, asking questions in the capacity of a public health graduate student. The author had no church leadership role at the time of these interviews.

Qualitative Analysis

The author used qualitative analysis strategies to systematically draw meaningful inferences from the women's interviews. The process began with immersion in the data, achieved through multiple readings of the transcripts, and writing thoughts and impressions in the form of analytic memos. [28] Coding, the practice of labeling passages with a "word or phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative

attribute for a portion of language-based or visual data,” was performed using the qualitative data analysis software Dedoose V.9.0.18 (SocioCultural Research Consultants, Los Angeles, California, USA). [29] Both deductive and inductive approaches to coding were employed. Deductive analysis was appropriate for identifying theoretical concepts of health behavior, allowing analysis to be structured around existing literature. [30] Inductive coding captured emergent phenomena and themes unique to the study population. [29-31] In vivo coding, the use of the participants own language, was employed wherever possible. [29] The author drafted an initial codebook during ongoing data collection, using the first four interviews. Codes were reframed to identify the main constructs of SCT framework: behaviors, environmental factors, and personal factors that demonstrate the reciprocal determinism displayed. [23, 24] Environmental factors encompassed categories such as LDS Doctrine, LDS cultural norms, church operations, and the COVID-19 climate (government restrictions, disease metrics, etc.). Personal factors included an individual’s background, attitudes, goals/motivation, values, emotional responses, perceived risk, and self-efficacy. The behaviors of interest were attending church in-person during the COVID-19 pandemic, and abstention following an initial return. This iteration of the codebook was used on all transcripts.

The coding team consisted of two female graduate students receiving training in the field of public health. The author selected a second coder who is also an LDS female, attending a congregation outside of the study recruitment area, to review select transcripts and confirm the findings. This individual was ideal for her LDS doctrinal knowledge, cultural understanding of the population, and for her training in public health and qualitative methods.

The following strategies were employed to orient the second coder: 1) A review of the study objectives, interview guide, and one transcript prior to receiving the codebook, 2)

instruction on the coding software, and 3) training on the codebook content, with practice application to selected passages across two sessions. The codebook included the code names, definitions, and sample quotes, all organized by domain. Both researchers read and independently coded two transcripts, meeting for discussion after each interview. In total, both coders reviewed five transcripts. Coders met after the completion of each transcript to discuss the findings and any disagreements until reaching consensus. All codes achieved a minimum of 80% agreement. Percent agreement was calculated at multiple levels, moving from the three broad domains of social cognitive theory: behaviors, environment, and individual factors, at an average of 89% agreement across transcripts, to more narrow concepts. The remaining transcripts were coded once more by the primary author using the last coding scheme. Codes were organized into content categories of higher order headings, drawing relationships between categories to create themes. [30, 32, 33]

Results

Interviews were conducted beginning May 2021 to July 2021. All participants were married, began attending church in early childhood (ages 1-12). See Tables 1 and 2 for participant and household demographics, respectively. Six of the twelve women confirmed that they held leadership roles within the Relief Society Presidency of their wards at the onset of the pandemic February 2020, or at the time of their interview. Participants answered questions about their participation in church activities prior to and after the onset of the COVID-19 pandemic. See Appendix 6. Religious activity survey response. All participants had at least one household member including themselves begin vaccination between December 2020 and June 2021. See Table 3. Participant household vaccination status.

Table 1. Participant demographics

Sociodemographic Characteristics of Participants

	<i>n</i>	%
Gender		
Female	12	100
Male	0	0
Non-binary	0	0
Age (years)		
18-24	0	0
25-29	1	8.3
30-39	1	8.3
40-49	6	50
50-59	1	8.3
60-69	3	25
70+	0	0
Race		
American Indian/Alaska Native	0	0
Asian	0	0
Native Hawaiian or other Pacific		
Islander	0	0
Black or African American	0	0
White	12	100
More than one race	0	0
Ethnicity		
Hispanic or Latino (Latinx)	0	0
Not Hispanic or Latino (Latinx)	11	91.7
Unknown	1	8.3
Education (Highest completed)		
Regular high school diploma	0	0
GED or alternative credential	0	0
Some college credit, no degree	6	50
Associates degree	0	0
Bachelor's degree	3	25
Master's degree	3	25
Doctoral degree	0	0
Marital Status		
Single	0	0
Married	12	100
Separated	0	0
Divorced	0	0
Widowed	0	0
Other	0	0

Age began attending the Church or Jesus Christ of Latter-day Saints		
Early childhood (ages 1-12)	12	100
Teenage years (ages 13-17)	0	0
Young adulthood (ages 18-24)	0	0
Adulthood (ages 25+)	0	0
Prefer not to say	0	0

Note. $N = 12$

Table 2. Participant household demographics

Household Demographics

	<i>n</i>	<i>%</i>
At least 1 child under 18 years of age		
Yes	8	66.7
No	4	33.3
At least 1 adult child 18 years or older		
Yes	4	33.3
No	8	66.7
Number of generations living in the household		
One	2	16.7
Two (ex. Parent, child/adult child)	8	66.6
Three (ex. Grandparent, parent, child/adult child)	2	16.7
Do you consider yourself or a member of your household to be at high risk for, or vulnerable to COVID-19?		
Yes	3	25
No	7	58.3
Unknown	1	8.3
Prefer not to say	1	8.3

Table 3. Participant household vaccination status

Household Vaccination

	<i>n</i>	<i>%</i>
If you or a member of your household was vaccinated against COVID-19, in what month were they vaccinated? Check all months that apply if answering multiple household members. If you received a vaccination that required more than one dose, please indicated the month you received the first dose.		
Jan-21	2	16.7
Feb-21	1	8.3
Mar-21	5	41.7
Apr-21	6	50
May-21	4	33.3
Jun-21	1	8.3
Unknown	0	0
Prefer not to say	0	0
If not yet vaccinated, do you or a member of your household plan to be vaccinated against COVID-19?		
Yes	3	25
Eligible persons are vaccinated	6	50
Unknown	1	8.3
No response	2	16.7

Study findings suggested a dynamic interaction between the physical and social environment, LDS cultural norms, and women’s personal beliefs and values in their church-going behavior. The following themes emerged: (1) Women went to church to receive the Sacrament, renew their covenants; (2) Women felt the presence of the Holy Spirit stronger when worshipping with the congregation in-person than in isolation at home; (3) Women returned to church to counter the loss of purpose and community they experienced during COVID-19; (4) Women attended in-person to reaffirm their commitment to God, to support their family, and serve the congregation; (5) Women considered their household risk and the church operating protocols before attending in person; and (6) Women discontinued in-person worship when the perceived risk to their own or others’ health was too high.

Context. A primer on Sunday worship within the Church of Jesus Christ of Latter-day Saints

Church services in the Church of Jesus Christ of Latter-day Saints consist of a weekly two-hour worship block held on Sundays, typically in a dedicated LDS chapel. The center of these services is Sacrament meeting, where the ordinance of the Sacrament is administered, analogous in purpose and practice to a Catholic Eucharist or Protestant Communion. [34]. The ordinance of the Sacrament is patterned after the actions of Jesus Christ, as outlined in the scriptures: “He took bread, and gave thanks, and brake it, and gave unto them, saying, This is my body which is given for you: this do in remembrance of me. Likewise also the cup after supper, saying, This cup is the new testament in my blood, which is shed for you” (*Holy Bible*, King James Version, Luke 22:19–20). Partaking of the emblems is a renewal of one’s baptismal covenant made with God: a promise to take upon them the name of Jesus Christ, to follow his commandments, and always remember Him. [35] In return, one’s sins are forgiven and the Holy Spirit may be a constant companion. [21, 35]

The administration of the Sacrament is overseen by the bishop, a lay local leader of the congregation, and is given as part of Sunday worship services in LDS chapels or dedicated spaces. [21, 35] Bishops may authorize the Sacrament to be given in homes, care centers, and hospitals for persons confined for medical reasons, or if church meetings cannot be held for an extended period of time, but it is the exception. [35]

Theme 1: Women went to church to receive the Sacrament, renew their covenants

Women faced barriers to receiving the ordinance of the Sacrament regularly with COVID-19 stay at home restrictions in place, including where they could obtain it, how, and by whom the Sacrament may be administered according to the protocols set by the Church of Jesus

Christ of Latter-day Saints. With church meetings canceled and chapels closed, families were invited to perform the Sacrament in their home provided they contact their bishop on a weekly basis to obtain approval. Members were instructed to include their location, who would bless the Sacrament, and who would receive it [13]. Unfortunately, the new protocol caused confusion, and delayed initiation of the ordinance in the homes of some women.

“You know, we didn’t do it [the Sacrament] as often as we should have. I think there was some confusion about whether you are authorized, whether R-----[husband] was authorized. And then, after that we. We tried to do it more often, but for some reason we didn’t do it, I don’t know why.” - Participant 2

The weekly request was also a barrier, as families were reluctant to contact their bishop if they perceived it to be late in the day, or too long after the online church service concluded.

“We had to you know you have to reach out to ask for specific permission to have the Sacrament. And so that like got into our social anxiety, a little bit so we would do it, but then sometimes we'd like if we'd forgotten until the afternoon, sometimes it would just be like oh we can't text him this late.” – Participant 8

No temporal restrictions were ever stated by the leadership, although they encouraged members to hold it after the conclusion of the virtual service. When a woman in ward leadership was asked if a Sacrament request was ever denied, she replied, *“From the inside leadership perspective, I don't think so. So it makes it even more interesting that he asked huh?”* – Participant 1 As the pandemic lingered, families could receive standing approval for their household through a stated calendar date.

The Sacrament can only be administered by morally worthy male church members who have had the requisite Priesthood authority conferred upon them through ordination. [35]

Women who desired to renew their covenants away from the congregation relied on Priesthood holders living in their home; this didn’t guarantee access. Some men were unable to provide it because they were physically absent while caring for extended family members, or were unwilling to do so when experiencing crises of faith.

“Well, and this is important too, because N---[husband] would not do the Sacrament at home for us. And so like if I wanted to take the Sacrament then it was going to church. And I missed the Sacrament, like that's an important ordinance for me, and in my worship” - Participant 6

Ministering brothers, members of the congregation formally assigned to care for and serve designated households, were briefly encouraged to provide the Sacrament in the absence of a Priesthood holder in the home. According to the woman receiving this assistance, the practice was halted by stake leaders to avoid the spread of contagion. However, she wondered if that would have persisted had others known that she had lost access entirely during the church closures. Other women stated that their family was inconsistent in having the Sacrament at home, likely due to the advanced planning required. Women overcome these new logistical and social challenges by relying on the church infrastructure when services resumed.

Theme 2: Women felt the presence of the Holy Spirit stronger when worshipping with the congregation in-person than in isolation at home.

For the LDS community, meeting each Sunday in the chapel to worship together in fellowship is a cultural norm. It is therefore unsurprising for women to describe that it was easier to have a spiritual mindset attending services in-person compared to virtual services.

“You need to do what is going to help you feel the strongest spiritually. Like for me that's in person, because that's a relief to me, like it's like a relief of the things that like...It makes it easier for me to be spiritual in person – Participant 8

The Latter-day Saint church buildings for Sunday services are designed to create a reverent atmosphere. They are not grandiose structures, unlike temples where LDS women and men make additional covenants with God. Chapels are often of modern construction, adorned with simple artwork of Jesus Christ, and bear no crosses.

The invocation, the singing of hymns, and the moments of quiet reflection during the distribution of the Sacrament are conducive to feeling the peace associated with the presence of

divinity. Within the LDS faith, it is commonly referred to as feeling the Spirit, or the Holy Ghost. One woman described it this way:

“I absolutely love feeling the Holy Ghost. It’s one of my favorite things in my whole life, and I feel that endorse truth when people give talks I feel it when I hear the Sacrament prayer. And when people pray sincerely, I feel the Spirit tell me that what I’m feeling is good and right and true. Now to greater and lesser degrees depending on the talk and the preparation, but you always feel like it’s the right thing to be there [in church].” – Participant 5

The Latter-day Saint women interviewed had been conditioned to this routine and format of worship since early childhood. The absence of the visual and auditory cues and routines associated with worshipping in the chapel made it more difficult for women to feel fulfilled at home.

“I would say that’s the biggest place where I missed church, was partaking in the sacrament. Both music and... We sang, but it just wasn’t quite the same. And then I had come to realize a few years before that there’s symbolism even with the sacrament table, with the light cloth being draped over the emblems, which really does look like there could be Christ’s body under there. It’s very symbolic. And so at home, just having the little cloth over a tiny plate [containing the emblems], it just wasn’t quite the same. And it was fast. It was so fast, so there was less time to ponder and think and pray during that time too. So that was probably the biggest place I missed being in church.” – Participant 12

Some women attempted to create a similar atmosphere by mimicking the setup of pews with chairs for their children, wearing Sunday attire, and using piano benches as altars on which to bless the Sacrament. *“With virtual, at least in our house, we get dressed even though we’re at home. We don’t sit on a couch. We set up the chairs like they’re in pews, it gave the kids a sense of normality.” – Participant 1*

Despite these attempts, the presence of the congregation was something women couldn’t mimic. Women described the power of being in communion with each other on their spiritual affect when moving from virtual services to in-person services.

“I was like, ‘Wow.’ I felt like there was some normalcy maybe. Maybe that’s what it was. Well, I had liked being around people. I like to see them when they’re talking. I like to

feel the spirit there because I think it's a different feeling that you can't get online. I'm not saying you can't feel the spirit online, but I think in-person it's different. You could feel that everybody else felt kind of the same way. It was like normalcy. And not as isolated, maybe. And it's not the same. It's not the good old days, but it's not a bad thing either. It's a start.” – Participant 11

Those feelings of unity were heightened during the pandemic because only those who genuinely wanted to attend, absent the normal sociocultural pressures to attend, were present.

“I’ve been watching church services um but there's something about being there in person I just felt the Spirit so strongly. I think people were happy to be there and that was nice. People were really, really happy to be there, it wasn't it wasn't a chore or a task. You can easily opt out easier, ‘You know well it's COVID, you know?’ So everyone wanted, really wanted to be there and it was just really wonderful.” – Participant 10

Theme 3: Women returned to church to counter the loss of purpose and community they experienced during COVID-19

Like many who followed COVID-19 stay-at-home orders, LDS women suffered negative impacts of isolation. However, the losses sustained were exaggerated by the LDS culture. Women in the Church of Jesus Christ of Latter-day Saints are subject to traditional gender norms. All Latter-day Saints are encouraged to obtain higher education or vocational training that can to support a family financially. At the same time, all genders are encouraged to pursue marriage in an LDS temple to a worthy companion of the opposite gender, and to begin having children in their early twenties, much earlier than their U.S. peers. Fathers “are responsible to provide the necessities of life and protection for their families. Mothers are primarily responsible for the nurture of their children.” [36] This is commonly interpreted within and outside of the LDS community as discouraging women from work outside the home in favor of becoming a stay-at-home-mom (SAHM), leaving the role of breadwinner to their husbands unless financially necessary. One woman explained how fundamental family and the LDS community is to women’s lives, providing cultural context to their losses during COVID-19 shutdowns. Her remarks are supported by the narratives women used to introduce themselves: as wives, mothers,

and grandmothers, by the education and occupational training (mentioned by four of the twelve, with three currently SAHM), hobbies, and church membership or calling.

“I think that in the LDS church you're very, if you are very devout you are very much caught up in with your family, with seminary [weekday scriptural classes for teenagers], with all the different classes and activities that kids and summer activities, it is non-stop when you have little kids but especially teenagers [...] If you're someone who identifies yourself and your whole world is kind of an LDS world that's mostly what your world is, I think it's [the loss of church] tremendously isolating.” – Participant 2

3.1 Loss of calling

The Church of Jesus Christ of Latter-day Saints relies entirely on volunteer to run their wards and stakes. Roles and responsibilities are assigned to church members through callings, unpaid positions to serve; women may spend thousands of hours over their lifetime serving in church callings. [37] Losing a calling due to the pandemic was analogous to a lost occupation in terms of the excess time, loss of human interaction, and a blow to women's sense of identity.

“The elderly women. I would say fifty-five plus. Maybe, probably older when interviewed in ministering interviews [welfare checks], many of them would just sob, and say they didn't feel like they had any purpose, that. That they, their reason for, you know, there's how they identified themselves was gone, you know. So they felt Empty kind of lost, you know and it's multiple people that were just really very isolated, and "What do I do?" kind of thing, "What am I supposed to do with all this time?" [...] I didn't realize that it would be so challenging for elderly people. And I would say, a loss of identity, really, I would say that. And purpose both.” – Participant 2

One woman who served in the temple for over sixteen years, expressed her grief during the shutdowns. *“Well the temple closed, and so we were no longer ordinance workers. That was really hard. we really missed that.” – Participant 3* Another woman assigned to teach seminary to high school students for an hour every weekday morning at 6:00 am lost the beneficial interactions of her role.

Interviewer: What was it like when you guys shifted to online seminary?

Participant 8: “It was hard. I missed it because yeah, we're still teaching, but barely any of the kids like to have their faces on Zoom, and I would say probably a quarter of them dropped off completely. There were some who would come every day. There were some

came a couple of times a week.[...] So it was hard because like I said, part of the benefit or the payoff for doing that calling is being with the kids. So I was still getting the scripture study part, but I wasn't getting the interaction, the more dynamic teaching, teacher, student role. It was still fine. It was still good, but I definitely miss being in the classroom.” – Participant 12

3.2 Isolation

Latter-day Saint women are conditioned to survive hardship together, whether it is a catastrophic event or the daily grind of caring for small children. When asked what they missed most when not attending church, a common response was, *“Just connection with other adults, you know, seeing people.”* – Participant 9 Fellowship is built into the very structure of the Church of Jesus Christ of Latter-day Saints. Every woman has ministering sisters who are other women in the ward assigned to befriend and care for them. Some were unable to continue in the emotionally supportive roles to fellow women. This was difficult for those both giving and receiving.

“Before the pandemic, my visiting teacher [an outdated term for ministering sister] used to come, my visiting teacher used to call me up, I’d go over there a lot to visit and stuff. And it just stopped.” – Participant 11

“Then the people who really did need contact, like a lot of the older women really needed contact and they weren’t, we couldn’t give it to them, we couldn’t give them physical contact. And that was upsetting so. That was hard, I think, for everybody. Because you’re supposed to minister to people and make sure they’re doing well and then, if they’re not, what there’s not much you can do you know? Because the emotional needs, are really what needs to be addressed.” – Participant 10

A SAHM with three small children lost the positive activities and social interaction she relied on as part of her parenting strategy, particularly on Sundays.

“We’d like to run cookies to somebody’s house, or like, say hi to somebody [...] It was just so much anxiety around other people, and like obviously like you’re scared safety wise, but then, also, socially, because you don’t know if someone’s gonna get mad at you [for visiting]. [...] Sunday was a little bit harder to like, have a purpose other than just survive that day and keep the kids happy until the end of the day, and then start over again on Monday with your week, right?” – Participant 8

Isolation set in further when women were either cut off from their extended family in an effort to protect women who didn't want to be protected. Alternatively, women were unable to escape the constant presence of their children and spouses engaged in distanced learning and working.

“One of my kids, because of his job situation, he wasn't comfortable being...he didn't want to be around me because he worked with people and stuff and he worried about me and see, for me that's a big deal. I think that hugging and stuff like that. That was really hard because at first, my daughter she's like, oh, and goes, “Can I give grandma a hug?” And she goes, “Well, not right now.” And see, that was hard.” – Participant 11

“How did you cope?” “On food. I mean, it was better than drugs. [laughter] [...]there was no there's, there was no space for me if I needed five minutes to myself, no, no, we had kids zooming in the front room, we have kids zooming in every bedroom we had T---- [husband] in on a zoom call in my bedroom so yeah. It was NUTS yeah.” – Participant 9

3.3 Perception of the disaster itself

The Church of Jesus Christ of Latter-day Saints admonishes its members to be prepared against a variety of emergencies by having a supply of food, water, clothing, and savings set aside. Enthusiasts will go as far as to learn how to cope through months of disruption in utility services and economic supply chains characteristic of natural disasters. In those conditions, the assumption is that members will come together to take care of each other. Instead, the needed measures to protect against COVID-19 fundamentally upended LDS women's strategy and self-efficacy for in living through catastrophic events.

Participant 10: *“It was not the disaster, I was expecting. It was not.”*

Interviewer: *“What were you expecting?”*

Participant 10: *“Well, I always envisioned, you know I always envisioned when we talk about these disasters You know, being forced to live outside with no amenities and maybe come together a little bit as a Community, I mean that's not necessarily human nature but that's a hopeful view of it probably but, but to be isolated, with all the amenities is...and the order is basically to do nothing was kind of excruciating.”*

3.4 Pushing back against loss

LDS women lost their occupation, their family, parental support, and community without church meetings and events, including Sunday worship. They pushed back against this unforeseen disaster by resuming their routine of family interaction and in-person church attendance as soon as possible.

Interviewer: *“So it sounds like the one piece that you may be able to have been in control of was saying ‘I’m going to church.’”*

Participant 9: *[With emphasis] “I’m going back to church and I’m having all my family over for dinner every Sunday! We did worry about what the neighbors would think because it’s like. Four cars, maybe that show up in our driveway. um but nobody, nobody ratted us out, and so we just kept doing it...yeah those were the things we could control.”*

Theme 4: Women attended in-person to reaffirm their commitment to God, to support their family, and serve the congregation.

Devout Latter-day Saint women are committed to God, their role as mothers, and in dedicating service to others. Attending church meetings and renewing their covenants through the Sacrament on Sunday is a part of the covenants all members make at baptism, and adhere to at varying degrees.

“I liked going to sacrament meeting because I felt like that was important. Because it felt like I was fulfilling my, like spiritual obligations like and I felt like That was a good boost for me emotionally feeling like I was feeling, something that I thought was important.” – Participant 8

For some women, the decision to return to in-person church was a declaration that their faith was still a priority. They described becoming the informality of in their home worship, by not observing the usual norms of grooming and dress that would indicate respect and reverence for the importance of the ordinance. *“You kind of got used to just sitting at home with the Zoom church. I definitely got too casual with it, I call it pajama church.”* – Participant 3 Leaving the comfort of their home, even when they were still anxious about returning, was a recommitment to God.

“I think numbers one is just like [it’s] super easy to stay home and we weren’t really paying attention in church. It didn’t really matter to us anymore, you know what I’m saying? ...So we decided, okay, do we want to go to church, or do we just not care and we had to kind of like, make a decision, you know. We decided we wanted to, we want to continue going, you know I mean because it’d be super easy to just like not go, you know what I mean? So it was getting very comfortable to just like lay around and half listen and you know what I mean like [laughter] So we decided does this need to be important to us? We talked about it as a family, we decided yes that’s why that’s kind of what went through our minds to go back.” – Participant 4

Other women returned to church for the benefit of their family. Mothers believed that church was good for their children and a fulfillment of their parental role to provide for their spiritual and emotional health.

“We felt like it was important for our teenage girls to be back at church, so that helped motivate it[...]I mean, A---- [daughter] was eight when I took her to Africa for the first time. So we’re not incredibly risky people, but we’re definitely more willing to put that aside, I guess, for things that we think are important.” – Participant 12

“I’ve had two really depressed kids and being able to go to church has been very helpful for that, because they get to see other people.” – Participant 7

Wives specifically mentioned accompanying their husbands who had roles and responsibilities related to holding Sacrament meeting. These couples attended church every week, considering themselves exempt from the attendance restriction by last name.

“So when it went in person we actually attended every Sunday because D----[husband] was in charge of the Zoom. So, he had the camera and everything and we felt that it, I felt if my husband was making the effort to be there every Sunday then I needed to support him, because he wasn’t it wasn’t a calling or anything for him, he just did it because he had the equipment and stuff and so. We started our whole family, started going and they needed young men to do the sacrament and, and we had J-----[son] so. yeah. But if my kids didn’t want to I didn’t make them go every Sunday they, but they did go on the day that was our last name.” – Participant 7

“We have been going ever since July and we went every week, not every other, and the reason for that is because my husband was organist and I just went with him.” – Participant 5

However, a woman's husband attending in-person to assist with Sunday services was not a guarantee of accompaniment if she had health concerns or caregiving responsibilities to frail family members.

Lastly, women in the Church of Jesus Christ of Latter-day Saints feel strong obligations to their congregation, commonly referred to as their 'ward family.' As mentioned, there is no paid clergy in the local church. Roles and responsibilities are assigned to members through callings. Women may be called to assist in the temporal needs and relief of suffering of others within the ward and the community at large through the organization of the Relief Society. Its motto is "Charity never faileth." If there were a female counterpart to an LDS bishop, it would be the president of the Relief Society. Each ward and stake have its own local presidency, consisting of a president, two counselors, and a secretary, mirroring that of the LDS bishopric. [38] Some women returned to church because they felt that it was necessary to fulfill the obligations of their callings.

Out of the four women in the Relief Society presidency, one woman went not only to ensure that people were watched over and made to feel welcome, but to remove the pressure off of others who are at higher risk of COVID-19, or were more fearful of it to attend.

Participant 4: *"I was in a leadership position and I was the only one comfortable going."*

Interviewer: *"Really. Were you explicitly asked to go and represent as a leadership?"*

Participant 4: *"No, but it relieved the obligation the others felt. To say I'm going to go, and you don't need to worry about it. And I wasn't as concerned with forty in the room, only 150 sounds a little bit nutsy to me and I'm giving them feedback as to such. We mostly talked to people in the parking lot.[...]And I would count to see how many were there, and I would try to note, especially the sisters, because I think that's part of the stewardship of my calling, who was there and who was greeted or acknowledged, even though I had to stay distanced, of who was there."*

This conviction of stewardship and show of compassion for other women carried beyond Sunday church attendance. One ward's Relief Society presidency held weekly virtual socials, left

gifts or cards three times within a year, delivered groceries to the quarantined, and had distanced visits on doorsteps to support other women. This line of inquiry, while a fascinating testament of women's devotion to God through service, is beyond the scope of this paper.

Theme 5: Women's risk-benefit assessment favored in-person services

Women returned to in-person services after assessing the protocols for safety, adherence to guidelines/protocols, and whether those protocols mitigated the effects of social isolation and lack of spiritual fulfillment. Women first considered the risk of attendance to their household, and of others with whom their family may interact.

"Our decision-making process was really, our, the number one thing was we didn't we didn't have anybody in our home that was high risk. Or that we felt was extra vulnerable to COVID, so if I would have had you know, a member of my family that was in the vulnerable group, then we would have reconsidered, but that was our, that was our biggest reason." – Participant 9

"I felt safe COVID wise, I felt like my family was pretty safe compared to like older people right and we don't have a lot of family nearby that we see right now or that are at risk, like that are higher risk and so." – Participant 8

Weeks before in-person services resumed, the local ward leadership distributed a list of protocols and precautions to be taken to the congregation. Many of the noted changes were taken directly from local government restrictions, including a mask mandate, socially distanced seating, and operating at a reduced percentage of the building's capacity. The congregation was divided into two cohorts by last name, each attending on alternate weeks, and church members were discouraged from lingering in the building, and socializing before and after the meeting. See Appendix 7 for Church COVID-19 protocols.

Women reviewed the protocols and planned their return accordingly, using personal observation, vicarious experiences, and trusted opinions to assess the safety. They often scouted out the circumstances before bringing their children to see how things were implemented, while others employed strategic delays.

“N---- [husband] and I tried it out, the first time, we were like well let's just see how this, you know how it works, I feel like Bishop B----- and the stake setup thoughtful guidelines.” – Participant 6

“The [A] ward let them experiment. And then, when it was successful with [Ward B] we did it too, but we gave it a like a month or two. [laughter]” – Participant 10

Confidence in church leaders and other trusted figures lent the protocols initial credibility, which was compounded by witnessing the changes in action. One woman was finally reassured by a physician in her congregation.

“I wasn't scared. I figured that they wouldn't do it unless they had good protocols in place, which they assured us they did, and when I got there and I saw it. I saw how they were knocking themselves out.” – Participant 5

“Actually you know what influenced me? Was my friend, K----- who's a doctor who basically said he was really impressed with how they were doing it, and because he said that he thought that it was very much controlled, you know, in terms of chances of exposure, I felt more comfortable going.” – Participant 2

Women also felt empowered to voice concerns when they thought the operating protocols were insufficient. Regarding building capacity, one woman shared, *“I wasn't as concerned with 40 in the room, only 150 sounds a little bit nutsy to me and I'm giving them feedback as to such.”* – Participant 1 Another woman drew attention to the flaws in how the Sacrament was prepared and distributed by adolescent boys.

“I stressed about the boys and the gloves and passing the sacrament because they'd have the boys, they have the deacons [a Priesthood office typically held by eleven- to thirteen-year-old boys] pass the sacrament and then they'd have to deacons take the Sacrament and put it in their mouth, with their gloves on and I'm like that defeats the purpose of the gloves. If they take their masks down and put their own bread in their mouth. So like several times, I was like T----- [husband], you're going to go talk with you about this, because this is, like defeats the purpose. Or they would have the boys sit there the entire meeting holding their gloves that they're going to put on later. And so I'm watching my own kid play with his gloves on and off on and off like playing with his gloves. [laughter; motions rubbing hands together] [...] I think, at some point they switched to the boys would wear two sets of gloves so, then they would take their Sacrament and take one set of gloves off. They did they did fix it, but it took a while. [laughter]” – Participant 9

Women who felt confident in the efficacy of the church operating protocols remained so when the protocols were followed. Women felt like the church leadership and the congregation themselves were good at engendering compliance.

“You know in there and I feel like the way it's been handled here where it's just been kind of like ‘look, you're wearing a mask.’ [laughter] Or you can't come in, there were a couple of times like where we'd see someone come in, without a mask on or something, but they were always kindly corrected and they oh yep sorry, you know, put it on and, yeah like we didn't feel, I didn't feel unsafe.” –Participant 6

Although it did not directly impact their attendance, women were aware of the impact on other women who would not attend when fellow congregants didn't follow protocols, and when restrictions were eased.

Theme 6 Women discontinued in-person worship when the perceived risk to their own or others' health was too high

Most women continued to attend church in-person after their initial return with notable exceptions. Their decision making was based on the perceived risk of on-going attendance to themselves or others. This was due to an increase in the local COVID-19 transmission, or a change in their household risk. *“If the numbers were higher or spiking are going up in the county we will occasionally we'd like stay home that Sunday and just do a virtual.” – Participant 6* One woman who had intended to delay her return until the region was in Phase 3, which would take effect when the region's COVID-19 burden lowered, took advantage of her elderly mother's absence to attend until she would resume her caregiving responsibilities.

“I did go back because I recognized that, when my mom came [back to live with her] she wasn't vaccinated, I wasn't going [to attend], and I think it was closer to the realization of ‘Oh wait a minute! I'm not going to go when she comes back,’ so I if I'm going to go, I need to go now. I don't think I was vaccinated, I don't think I was when I went.” - Participant 2

Another woman who worked as a hospital COVID-19 screener exercised caution during months of high transmission and hospitalization to avoid becoming a disease vector until she was fully vaccinated.

“I’ve actually been going since they reopened. Not like in December [2020] and January [2021] I really didn’t because I mean I, I took all the precautions at the hospital, I wore, I did everything. And it’s a huge open space where I was and I worked in the evenings so we didn’t even have many people coming through, and the filtration system was great. But I, I was worried about possible transmission. So December and January I really maybe went a couple times...but I limited it and then... when February hit [and] I came because I was yeah I’ve been. I’ve been fully vaccinated, so I felt Like I was probably not a huge threat to people. [laughter] – Participant 10

Lastly, women remained at home when displaying respiratory symptoms out of concern for others’ mental health, including when they didn’t believe the cause to be COVID-19 related.

The only thing that would keep us home is if we, for whatever reason, had a cough or something that would make people uncomfortable to be around us. – Participant 3

In summary, women would discontinue attending church in-person if they felt it posed a health risk – physical or mental - to themselves, their families, or other members of the congregation.

Discussion

Latter-day Saint women’s decision making to attend church or not was often based on competing norms and values: covenant renewal through the Sacrament, a desire to feel spiritually fulfilled through communal worship, commitment to God, family, and congregation, and the prominence of the LDS community in their daily life. Unaddressed spiritual, social, and emotional needs were the largest driver to return to church for women whose primary community consists of family and other church members. Returning to in-person church was one way these women reclaimed a sense of purpose, their support network, and normalcy. Women took care to assess their household risk, the strength of the congregation’s safety protocols, and fellow members adherence when returning in-person. They withdrew to virtual services when

their assessment changed, putting themselves or others at risk of negative outcomes. This dynamic interaction between the physical and social environment, LDS cultural norms, and women's personal beliefs and values in their church-going behavior is a prime illustration of Bandura's reciprocal determinism in practice. [25] Women acted in ways and within environments that they believed would achieve their goals. [24]

These findings align with the literature regarding the benefits of attending church services. Spirituality is associated with positive impacts upon women's physical and mental health, such as reducing depression through meaningful relationships [4] For those with a strong religious identity, it is participation and the social networks built within the congregation that mediate the positive effects of church attendance and life satisfaction. [39] This is certainly true for members of the Church of Jesus Christ of Latter-day Saints, which relies entirely on volunteers to run their wards and stakes through callings. [37] Virtual church cannot satisfy the need for worship within a congregation for people of faith who lost their community in the pandemic. [40, 41] Women's spirituality and faith are key coping mechanisms linked to resilience. [42] When the risk of COVID-19 was weighed against the certain comfort of "religious social involvement," the risk-benefit analysis often favored in-person church. [4]

Evaluating behavior in a worldwide pandemic lasting over two years presents a moving target for researchers. Knowledge of the disease, preventative tools, governmental/CDC guidelines, and LDS church protocols have changed numerous times since this data collection. Individual church member's willingness to adhere to the requests and pleas of both secular and church regulation has also waxed and waned over time.

The infrastructure of the Church of Jesus Christ of Latter-day Saints LDS and its communities can be an asset during infectious outbreaks. Members of this church have the

capacity to worship and receive essential ordinances at home. They are not reliant upon the presence of professional clergy for the ordinance of the Sacrament provided the local church authority approves it. Public health leaders could request congregations to leverage these options to protect public health during future outbreaks.

Leadership within the Church of Jesus Christ of Latter-day Saints is a hierarchical pattern worldwide organized by geographic boundaries. The hierarchical leadership structure of geographic stakes down to wards and branches enabled communication and enactment of new church protocols (i.e. in-person COVID-19 protections) to individual congregations in an area. Public health professionals would do well to partner with leaders in the church at the Stake level to issue specific guidance relevant to LDS worship services. This may include alteration of the distribution of the Sacrament based on the mode of infection transmission, in a way that preserves the essential components of the ordinance.

Women's connection with and service to others outside of their homes served as a protective factor for their mental health. Women need additional tools to mitigate the emotional impact of social distancing. Public health leaders, in partnership with the Stake Relief Society Presidency, should consider harm reduction strategies for women to meet and worship together during prolonged disease outbreaks. Strategies include the ward Relief Society presidencies coordinating the combination of two or more household groups based on ministering sister assignments or existing relationships. A confidential survey could assist the grouping of women with similar health risk factors, or those who are engaging in comparable protective behaviors. Some women may be hesitant to participate, but it is the norm for the Relief Society presidency to handle sensitive information with discretion, as they assist with the distribution of church

resources to meet household needs. [35] Each group should have at least one male Priesthood holder who is able and willing to administer the Sacrament.

Study Strengths and Limitations

The author claims membership in the study population as a woman member of the Church of Jesus Christ of Latter-day Saints, Bothell Washington Stake. This connection may have secured greater access to and trust of the community. Indeed, the author's on-going membership inspired confidence that the study objective was not to place the church or its members in a negative light. For perspective, formal studies on the LDS Church by institutions not affiliated with the LDS Church, and have the approval of LDS Church officials, are uncommon. [37] While this study did not require access to records, proprietary documents, or cooperation of the ward and stake leadership, it is still a rare insight into a minority religious community during a public health crises.

As women raised within or who joined the LDS church in early childhood, there is a shared knowledge and understanding of the religious doctrine and cultural norms between the author and the participants. However, this juxtaposition as a researcher with shared experiences must be considered. [43, 44] Women may filter out information relevant to the doctrine and cultural norms that they assume to be known to the author. Responses may be biased to be socially or culturally acceptable as a faithful Latter-day Saint woman. [44]. This is especially true of the participants to whom the author is known personally. The author specifically asked women if they were able to obtain the Sacrament during the pandemic, as it is the key ordinance performed in routine Sunday worship. This may have led to its prominence in the general themes. Findings were not presented to the community for corroboration to preserve anonymity and as unique individual circumstances could compromise confidentiality.

All of the women interviewed were either in the author's church congregation prior to or following the change in ward boundaries, suggesting a sampling bias. Women may have felt obligated by the faith's service orientation to assist a member of their ward, or the author's presence in church meetings served a reminder. Both respondents that were lost to follow-up were in other wards.

This sample is in no way representative of the Church of Jesus Christ of Latter-day Saints population within the U.S. with respect to age, race, ethnicity, marital status, or age of joining this faith. The author made a conscious decision to concentrate on married, divorced, or widowed women to minimize variation in household composition. All interviewed subjects happened to be married, and have joined the church in early childhood. The lack of racial and ethnic diversity of the women sampled reflects the composition of their immediate neighborhoods and respective congregations. Future research should consider a more diverse LDS population, with special attention given to other geographic regions.

Conclusion

Religious gathering in a time of COVID-19 places increased risk of illness upon those that attend worship services in-person, and the people with whom they interact. However, long-term abstention from church is not sustainable for many. Women in the Church of Jesus Christ of Latter-day Saint bear significant burdens in the upholding of faith commitments, supporting their families, and serving within their congregation. The LDS community also plays a critical role in fulfilling women's spiritual, social, and emotional needs of everyday life. Public health leaders should support these women in their desire to worship and connect by reducing risk in a culturally competent manner. Options include partnership with the local church leaders to overcome barriers to meaningful home worship, establish robust protocols for in-person worship,

and facilitate controlled social gathering. These actions may reduce the spread of COVID-19, and mitigate the impact of the long-term sequelae of isolation.

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Participant Interest

Appendix 1.

Sarah Broliar, a member of the Bothell Washington Stake of the Church of Jesus Christ of Latter-day Saints, is completing her Master's degree in Public Health. As part of her educational requirements, she is leading a study of one-on-one interviews to learn more about women's experiences with in-person church services during the COVID-19 pandemic.

Key points:

Interviews will be conducted over Zoom or the phone by Sarah Broliar. Interviews will last between 30-45 minutes. Interviews will be recorded so that they can be transcribed. You will be asked to complete a short survey including questions related to you and your household demographics (age, race, number of generations living in the home), changes in church attendance after May 2020, and your or your household risk to COVID-19. Interview times will be structured around your schedule. All data are confidential and will be labeled by study ID, not names. Recordings will be destroyed after 90 days, or when the study is completed, whichever comes first. Participation is voluntary; you may ask questions at any time. Completing this survey is not a formal consent or agreement to participate; it is an interest gauge and scheduling tool. Thank you for supporting a fellow Relief Society sister!

First name

Last initial

Are you 18 years of age or older?

- Yes
 No

Do you consider yourself a member of the Church of Jesus Christ of Latter-day Saints?

- Yes
 No

Are you a member of, or do you reside within the boundaries of the Bothell Washington Stake?

- Yes
 No

Have you attended at least one in-person church service in WA state since May 2020?

- Yes
 No

Which ward are you in? (If you changed ward when the Stake was reorganized, please include the name of your current and previous ward, i.e. Current: Cottage Lake Ward, Former: Hollywood Hill Ward).

Are you able and willing to participate?

- Yes, sign me up!
 Yes, if it's convenient.
 No thank you.

Preferred Interview Times

- Morning
 Afternoon
 Evening

Preferred Interview Days

- Weekdays
 Weekends

Best contact email

Best contact phone

May we text you?

- Yes
- No

Preferred Contact Methods

- email
- text
- phone call

When would be the best time for an interview? Any dates to avoid?

Appendix 2. Study recruitment flyer.



VOLUNTEERS NEEDED

**WOMEN'S
EXPERIENCE**

WITH LDS CHURCH SERVICES
DURING THE COVID-19 PANDEMIC

A member of the Bothell WA Stake is conducting a research study for her Master's in Public Health, and would like to hear from you!

WHO | LDS Women (ages 18+) in the Bothell WA Stake

WHAT | 1:1 Interview (30-45 minutes) - Date/Time of your choice
Complete a short survey about household demographics, risk to COVID-19, and church attendance.

WHERE | Over Zoom or a phone call
Interviews will be recorded for transcription, then deleted.

**INTERESTED
?**

Email Sarah Broliar: s2stewar@uw.edu

or

https://redcap.link/LDS_RS_Covid19interviews

We would love to hear your story!

Not a Church sponsored activity. Participants will not be paid.
This study is **voluntary** and **confidential**.

Demographic and Experience Survey

Please complete the survey below. All data is confidential.

You may skip any question in which you are not comfortable answering except the starred questions. Those questions confirm whether you are eligible to be in the study.

Thank you!

Screening Questions: All questions in this section are required to ensure your eligibility.

Section 1 of 4

- 1) First Name _____
- 2) Last Initial _____
- 3) Gender Female
 Male
- 4) Age (years) 18-24
 25-29
 30-39
 40-49
 50-59
 60-69,
 70+,
 Over 18
- 5) Do you consider yourself to be a member of the Church of Jesus Christ of Latter-day Saints? no
 yes
- 6) Do you live within, or are you a member of, the Bothell Washington Stake? no
 yes
- 7) Do you attend an English-speaking ward within the Bothell Washington Stake? Yes
 No
- 8) Have you attended at least one church meeting in-person (at the chapel) in Washington state since May 2020? no
 yes

Demographics**Section 2 of 4**

- 9) Race
- American Indian/Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - Black or African American
 - White
 - More Than One Race
 - Unknown / Not Reported
-
- 10) Ethnicity
- Hispanic or Latino (Latinx) NOT Hispanic or Latino (Latinx) Unknown / Not Reported
-
- 11) Marital Status
- Single
 - Married
 - Divorced
 - Widowed
 - Prefer not to say
-
- 12) Highest level of education completed:
- Nursery school
 - Grades 1 through 11
 - 12th grade-no diploma
 - Regular high school diploma
 - GED or alternative credential
 - Some college credit, but less than 1 year of college
 - 1 or more years of college credit, no degree
 - Associates degree (for example: AA, AS)
 - Bachelor's degree (for example: BA, BS)
 - Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
 - Professional degree beyond bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
 - Doctorate degree (for example, PhD, EdD)
 - Prefer not to say
-
- 13) Household Members (check all that apply):
- At least 1 child under 18 years of age is living in the household
 - At least 1 adult child 18 years or older living in the home
 - One generation lives in the household
 - Two generations live in the household (example: parent, child/adult child)
 - Three generations live in the household (example: grandparent, parent, child/adult child)
-
- 14) Do you consider yourself or a member of your household to be at high risk for, or vulnerable to COVID-19?
- Yes
 - No
 - Unknown
 - Prefer not to say

Church participation**Section 3 of 4**

- 15) At what age did you begin attending the Church of Jesus Christ of Latter-day Saints?
- Early childhood (ages 1-12)
 - Teenage years (ages 13-17)
 - Young adulthood (ages 18-24)
 - Adulthood (ages 25+)
 - Prefer not to say

Answer the following questions as if you were describing your routine prior to March 2020, before the onset of the COVID-19 pandemic.

Note: Religious group activities include those that are unique to the Church of Jesus Christ of Latter-day Saints, such as temple worship, Relief Society activities, etc.

	Several times a week	About once a week	Several times a month	Several times a year	Seldom	Never	Prefer not to say
16) How often do you attend church services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17) How often do you participate in other religious group activities (i.e. adult Sunday school classes, Bible study groups, prayer groups, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer the following questions as if you were describing your routine NOW, after the onset of the COVID-19 pandemic. Choose the response that best describes your habits for the majority of May 2020 to May 2021.

Attending IN-PERSON means to be at the chapel or other church building.

Attending VIRTUALLY means to not be at the chapel, or other church building. Instead, one uses internet-based or phone calls to attend church services and activities.

Note: Religious group activities include those that are unique to the Church of Jesus Christ of Latter-day Saints, such as temple worship, Relief Society activities, etc.

	Several times a week	About once a week	Several times a month	Several times a year	Seldom	Never	Prefer not to say
18) How often do you attend church services IN-PERSON?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19) How often do you attend church services VIRTUALLY?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20) How often do you participate in other religious group activities (i.e. adult Sunday school classes, Bible study groups, prayer groups, etc.), IN-PERSON?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21) How often do you participate in other religious group activities (i.e. adult Sunday school classes, Bible study groups, prayer groups, etc.), VIRTUALLY?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Vaccination History and Intent

Last are a few questions asking about whether you or a member of your household was vaccinated against COVID-19. Your answers may help us better understand where you are coming from. This information will not go into any medical or church records. As with all information, this is confidential.

Section 4 of 4

- 22) Have you or any member of your household been vaccinated against COVID-19?
- Yes
 No
 Unknown
 Prefer not to say
-
- 23) If you or a member of your household was vaccinated against COVID-19, in what month were they vaccinated?
- Check all months that apply if answering for multiple household members.
- If you received a vaccination that required more than one dose (Moderna, Pfizer), please indicate the month you received the first dose.
- Dec 2020
 Jan 2021
 Feb 2021
 Mar 2021
 Apr 2021
 May 2021
 June 2021
 Unknown
 Prefer not to say
-
- 24) If not yet vaccinated, do you or a member of your household plan to be vaccinated against COVID-19?
- Yes
 No
 Unknown
 Prefer not to say
 Eligible persons in household already vaccinated
-
- 25) Comments
-

Consent Information

Appendix 4.

Researchers' statement:

We are asking you to be in a research study. The purpose of this consent form is to give you the information you will need to help you decide whether to be in the study or not.

Please read this carefully. You may ask questions about the purpose of the research, what we would ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear.

When we have answered all your questions, you can decide if you want to be in the study or not. This process is called "informed consent." A copy of this form will be emailed to you.

This material will be explained again at the time of the interview. This will allow you to look at the information ahead of time.

KEY INFORMATION

- The goal of this study is to understand the experience and decision-making of women who attend in-person church services during the COVID-19 pandemic. This includes the value and meaning of Sunday worship, and your experiences in a time of COVID-19.
- Findings may help public health officials become more culturally competent when working with Latter-day Saint communities.
- Types of activities in research: you will be asked to participate in a one-on-one interview over Zoom or the phone for 30-45 minutes, and complete a short survey.
- Interviews will be recorded so that they can be transcribed. Recordings will be deleted after 90 days, or the conclusion of the study whichever is first.
- Responses will NOT be shared with anyone within the Church of Jesus Christ of Latter-day Saints. Any findings presented to the academic, public health, or religious community will be presented in summaries. No one will know what you said, or whether you participated in the study.
- It might be stressful to talk about changes from the COVID-19 pandemic. You can choose what questions you feel comfortable answering. You can stop at any time.

The following sections, 1-9, go into greater detail. Section 10 has a list of statements for you to answer.

PURPOSE OF THE STUDY

(Section 1 of 10)

PURPOSE OF THE STUDY

Over 500,000 people in the United States have died from COVID-19 related complications as of April 1, 2021. Some in-person religious gatherings have been linked to the transmission of the SARS-CoV-2 virus that causes COVID-19. However, recognizing the value of worship services to the community, modified services are being held Washington state under the provision of social distancing, mandatory mask-wearing, and restrictions based on building capacity. In addition to new medical treatments and vaccinations, public health and government leaders need ways to support communities of faith and maintain the health of all.

The goal of this study is to understand the experience and decision-making of women who attend in-person church services during the COVID-19 pandemic. This includes the value and meaning of Sunday worship and the factors that drive its attendance, in conjunction with beliefs and attitudes towards the COVID-19 pandemic.

STUDY PROCEDURES

(Section 2 of 10)

STUDY PROCEDURES

All women who meet the following criteria can participate in this study:

- Be an English-speaking woman, aged 18 years or older
- Self-declare membership in the Church of Jesus Christ of Latter-day Saints
- Reside or have church membership records in the Bothell Washington Stake.
- Attend an English-speaking congregation within the Bothell Washington Stake.
- Have attended at least one church service of the Church of Jesus Christ of Latter-day Saints in-person (at a chapel) in Washington since May 2020.

If you consent, you will be asked to complete an individual interview on the topic of worship services and how COVID-19 has impacted you. For example, we will ask you such questions as "Describe your average pre-pandemic Sunday" and "What changes have you and your family made to avoid contracting COVID-19?"

All interviews will be socially distanced. They will be held over internet conferencing or the phone. Interviews will last between 30 and 45 minutes. We ask that you do not use any names, or personal information about others in your faith community to protect their privacy.

Interviews will be recorded to be written down through transcription. This allows the researcher to read your answers after the interview is over.

We will also ask you to complete a questionnaire including questions related to demographics, and experiences. For example, we may ask you your age (within a range), if you live alone or with others, how many years you went to school, your average church attendance before 2020, and whether you or a member of your household intend to receive the COVID-19 vaccine.

We anticipate these questions will take no longer than 10 minutes to answer. You may refuse to answer any question or item in any questionnaire. We may follow-up with you after your interview to ask additional questions related to your experience if you agree to it.

RISK, STRESS OR DISCOMFORT, BENEFITS OF THE STUDY

(Sections 3 and 4 of 10)

RISKS, STRESS, OR DISCOMFORT

You may feel stress or anxiety during this study from being interviewed, or talking about changes caused by the COVID-19 pandemic. There is always a risk of a breach of confidentiality of recordings or transcripts. Safeguards are in place to minimize this risk, such as giving each person a Study ID Number by which all their materials are labeled (known only to the researchers), destroying recordings after transcription, and password protection.

Researchers will not tell anyone whether you chose to be in the study or not - including church members or leaders (i.e. bishops, stake presidency, etc.) You may talk about this study with others, but not any personal information, names of any kind, or identifying information.

BENEFITS OF THE STUDY

This study may help us understand how Latter-day Saint women worship and meet the spiritual needs of themselves and their families during public health crises. This may help public health officials better understand and communicate with faith groups. Participants will not directly benefit from or be paid for being in this study.

SOURCE OF FUNDING**(Section 5 of 10)**

SOURCE OF FUNDING

This study is not funded.

CONFIDENTIALITY OF RESEARCH INFORMATION**(Section 6 of 10)**

CONFIDENTIALITY OF RESEARCH INFORMATION

The researchers will keep the study data confidential. We will assign a unique study code to your survey responses, interview notes, recordings, and transcriptions.

We will keep the link between your identity and the study data in a secured location, separate from the study data. The link between your identifiers and the research data will be destroyed after the records retention period required by state and/or federal law.

The university staff members sometimes review studies such as this one to make sure they are being done safely and legally, or to audit and evaluate the research. If a review of this study takes place, your records may be examined. The reviewers will protect your privacy. The study records will not be used to put you at legal risk of harm.

We will NOT tell anyone in the Church leadership if you have or have not chosen to participate in the study. We will not tell anyone in the Church leadership what is shared as part of the study. Anything learned that is presented to the academic, public health, or religious community will be presented in a way where no one can tell it was you, such as a summary. No one will know what you said, or whether you participated in the study.

USE OF INFORMATION AND SPECIMENS**(Section 7 of 10)**

USE OF INFORMATION AND SPECIMENS

The information that we obtain from you for this study might be used for future studies. We may remove anything that might identify you from the information. If we do so, that information may then be used for future research studies or given to another investigator without getting additional permission from you. It is also possible that in the future we may want to use or share study information that might identify you. If we do, a review board will decide whether we need to get additional permission from you.

OTHER INFORMATION**(Section 8 of 10)**

OTHER INFORMATION

Taking part in this study is voluntary. You may stop participating and withdraw from this study at any time without penalty or loss of benefits. Refusal to participate, or withdrawing consent to participate will not affect employment, professional assessments of any participant, or ecclesiastical standing.

If you choose to withdraw, we will destroy the link between your identity and the study data. Contact Sarah Broliar, the lead investigator at s2stewar@uw.edu with questions regarding participation, or if you wish to withdraw from the study. You will not have to pay anything as a results of participation in this study.

RESEARCH-RELATED INJURY**(Section 9 of 10)**

RESEARCH-RELATED INJURY

If you think you have been harmed from being in this research, contact the investigator at the top of this form, Sarah Broliar at s2stewar@uw.edu, or 661-917-6446. If you have questions later about the research, or if I have been harmed by participating in this study, you can contact one of the researchers listed on the first page of this form or call the Human Subjects Division at (206) 543-0098 or call collect at (206) 221-5940.

STATEMENTS OF UNDERSTANDING**(Section 10 of 10)**

- 1) I have read the given material. Yes
 No

- 2) I understand that the researcher, Sarah Broliar, will go over this information with me at the time of the interview. Yes
 No

- 3) I understand that I will not sign a written consent form. Consent will be obtained verbally at the time of the interview. Yes
 No

- 4) I understand that I may revoke my consent at any time. Yes
 No

- 5) I understand that I can ask questions before, during, and after the interview about the consent process. Yes
 No

- 6) Enter any questions you have now into the box. _____

Appendix 5: Interview Guide

Objective

To understand Latter-day Saint women's experience and decision-making surrounding whether to attend in-person Sacramento meeting during the COVID-19 pandemic.

Equipment and Setting

- Test internet connection and meeting links prior to the meeting.
- Test recording devices (at least two) prior to the meeting. Bring a spare power source or charging cord. Test the sound quality of the device placement with respect to the computer speaker or phone placement.
- On your end, provide a comfortable environment with relative privacy. Remove animals and other distractions from the space. Do not allow others to enter the room. Consider using a virtual background if the area is cluttered.

Preliminaries

- Confirm the identity and eligibility of each participant.
- Take each participant through the informed consent process if not previously done.
- Ensure that each has completed their demographic and experience survey prior to starting, or encourage them to do so after the call has finished.
- Inform each participant of their number. State the date and number on the recording.

Sample Script

Introduce yourself, and thank the participants for coming. Include that you are a member of the X congregation.

“These interviews are being conducted to fulfill an educational requirement. There may be an opportunity for what is learned in general to be published in the academic community. This may help government and healthcare leadership better understand and serve LDS women in the future. Nothing shared could identify you. Your information will never be released. What you say will never be pointed back to you.”

Over the next 30 minutes, I am going to ask questions about your experience navigating life during the COVID-19 pandemic, specifically how it has impacted your Sunday worship. This study is completely voluntary.

- You may feel elevated levels of stress from recalling and articulating previous experiences around COVID-19.
- You can decline to answer any question at any time.
- This interview is being recorded for transcription purposes. It will be identified only by your study ID number. After it is transcribed, the recording will be permanently deleted.
- Please avoid using names, or any information that could be used to identify other people.
- If anything is disclosed accidentally, we will strike it from the transcript.

What questions do you have before we start?

Sample Interview Questions

Warm-up, Context

“Tell me a little bit about yourself.”

“How long have you been a member of the Church of Jesus Christ of Latter-day Saints?”

1. Church services

Goal: How do these women experience Church? Why do they go? When would they opt out?

“Would you describe for me an average pre-pandemic Sunday?”

If not mentioned, ask specifically about Sacrament meeting.

What do you get from it? What do you enjoy?

Anything you could live without?

“What callings or roles do you and your family have in Sunday services?”

Pre-Covid: *How often did you attend Sacrament meeting? Under what circumstances would you miss it?*

“Take a moment and think about a Sunday (pre-COVID) where you did not feel like going to church, but you did anyway. Tell me about it”.

Is that true of most Sundays?

2. Sundays during the pandemic

Goal: How did these women experience Church in the pandemic? Have they received the Sacrament ordinance at home?

“How have your Sundays changed since pandemic?”

How did that evolve over the past year?

Tell me about those weeks when there were no in-person services.

Tell me about Church services during the past year.

“Was the Sacrament available to you?”

“You mentioned (X, something they value) from Sacrament meeting (or church). How do you get that now?”

3. Return to church

Goal: Are subjects attending in person? Understand their decision-making process. Determine if the subject did or could receive the Sacrament in their home.

“When was the last time you went to in-person Sacrament meeting in WA?”

“Tell me about your first week back.”

Prompt: How was it different?

“What went into your decision to go back? / Walk me through that decision-making process.”

Are you still going?"

(If they mention receiving the Sacrament at home, ask explicitly about the reason to attend in person)

"Walk me through that decision-making process."

"What would need to be different for you return to in-person services (as often as you did before the pandemic)?"

(If they mention not receiving the Sacrament at home, ask explicitly about the reason not to attend in person.)

4. Household

Note: Consider asking household questions earlier in the interview if possible.

"What changes have you (and your household) made to avoid contracting or spreading COVID-19?"

"Tell me about your living circumstances."

How would you rate your households COVID-19 risk?

5. Tell a friend

"What would you tell a friend who was deciding if she should go back to in-person Sacrament meeting?"

6. Closing free response

"Is there anything else you think is important for me to know?"

Appendix 6: Organizational religious activity (ORA) and non-organizational religious activity (NORA) survey responses.

Answer the following questions as if you were describing your routine before March 2020, the onset of the COVID-19 pandemic.¹

1. How often do you attend church services?	N	%
• Several times a week	1	8.3
• About once a week	11	91.7
• Several times a month	0	0
• Several times a year	0	0
• Seldom	0	0
• Never	0	0
• Prefer not to say	0	0
2. How often do you participate in other religious group activities (i.e., adult Sunday school classes, Bible study groups, prayer groups, etc.)?		
• Several times a week	1	8.3
• About once a week	7	58.3
• Several times a month	1	8.3
• Several times a year	3	25
• Seldom	0	0
• Never	0	0
• Prefer not to say	0	0

Answer the following questions as if you were describing your routine now, after the onset of the COVID-19 pandemic. (footnote)

Attending IN-PERSON means to be at the chapel or other church building.

Attending VIRTUALLY means to not be at the chapel, or other church building. Instead, one uses internet-based or phone calls to attend church services and activities.

3. How often do you attend church services in person – at the church building?		
• Several times a week	0	0
• About once a week	7	58.3
• Several times a month	3	25
• Several times a year	1	8.3
• Seldom	1	8.3
• Never	0	0
• Prefer not to say	0	0

4. How often do you attend church services virtually, or online using a service like Zoom, GoToMeeting, or phone calls?

• Several times a week	0	0
• About once a week	3	25
• Several times a month	5	41.6
• Several times a year	2	16.7
• Seldom	2	16.7
• Never	0	0
• Prefer not to say	0	0

5. How often do you participate in other religious group activities (i.e., adult Sunday school classes, Bible study groups, prayer groups, etc.)? – at the church building?

• Several times a week	1	8.3
• About once a week	2	16.7
• Several times a month	4	33.3
• Several times a year	2	16.7
• Seldom	1	8.3
• Never	2	16.7
• Prefer not to say	0	0

6. How often do you participate in other religious group activities virtually, or online using a service like Zoom, GoToMeeting, or phone calls? (i.e., adult Sunday school classes, Bible study groups, prayer groups, etc.)?

• Several times a week	0	0
• About once a week	2	16.7
• Several times a month	6	50
• Several times a year	2	16.7
• Seldom	2	16.7
• Never	0	0
• Prefer not to say	0	0

Religious group activities include those that are unique to the Church of Jesus Christ of Latter-day Saints, such as temple worship, Relief Society activities, etc.

Appendix 7. Church COVID-19 Precautions undertaken by the Bothell Washington Stake.

- Upon entry and exit to the building:
 - o Masks covering the mouth and face were required for entry
 - o Doors were propped open, or attended to by one person, to minimize surface contact
 - o Hand sanitizer was prominently placed at the entrance
 - o Traffic was directed one way in, one way out
- During the service:
 - o Singing was not permitted, and hymnals were not distributed. This evolved to permit singing with masks on.
 - o Social distancing was maintained by blocking off pews
 - o Lingering was not permitted in the hallways
 - o Capacity was Limit attendance capacity by alphabet
 - o There were no second hour meetings, only Sacrament meetings.
 - o Speakers at the podium could remove their masks once a plexiglass barrier was erected between the speaker and congregation
- The Sacrament:
 - o Hand-washing for those preparing the sacrament
 - o Double gloving between passing the bread and water
 - o The pieces of bread were segregated in cups within the trays, rather than resting on an open tray, to prevent inadvertent contact when members take their portion.
 - o The disposable water cups were retained by congregants, rather than disposed of in the receptacle built into the water tray as normal
 - o Sacrament trays were retained by the distributors who moved up and down the empty pews marked off for social distancing. They were not passed down the pews from one congregant to another as normal.
- After the service
 - o Do not linger in the building or socialize in the parking lot
 - o Cleaning crew wipe down surfaces, air out of the building.