A GENDERED CRITIQUE OF THE RESPONSE OF CHURCHES HEALTH ASSOCIATION OF ZAMBIA (CHAZ) TO TWO SELECTED WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH ISSUES IN ZAMBIA

BY

Precious Kapolyo Musonda
213568897

Submitted in Partial Fulfilment of the Requirements for the degree of Master of Theology (Gender and Religion) at the School of Religion, Philosophy and Classics in the College of Humanities
University of KwaZulu-Natal

(Pietermaritzburg Campus)

Supervisor

Dr L. C. Siwila

2015

Declaration

As per University regulations and requirements, I hereby declare that this dissertation is my original work unless otherwise indicated in the text. It has not been submitted to any other institution of learning apart from the University of KwaZulu-Natal.

Signature of the student: .....

Precious Kapolyo Musonda

13 March 2015

As the candidate's supervisor I hereby approve this

Dissertation for submission

Signature of the supervisor: .....  **…….**

Dr L.C. Siwila

13 March 2015

Pietermaritzburg

Certificate for language editing

Editing of: **A gendered Critique of the Response of Churches Health Association of Zambia (CHAZ) to two selected women's Sexual and Reproductive (SRH) issues in Zambia.**

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

Date: 27th November, 2014

Dr Karen Buckenham
13 Kinnoull Rd,
Pelham,
Pietermaritzburg
kbuckenham@mweb.co.za

Acknowledgements

Firstly, I would like to extend my gratitude to the almighty God for giving me strength, good health and wisdom that enabled me to finish this work.

I am thankful to my supervisor Dr L. Siwila for her guidance and support throughout this study.

My heartfelt and sincere gratitude goes to my husband Allan Musonda who has been a source of encouragement and strength throughout this journey. You lifted me up in moments when I felt like I did not have any more strength to carry on with my work. I would also like to thank my children Bukata and Buwame for allowing me to cut down on the time that I should have spent with you.

I would also like to thank my parents Mrs Loveness Mulopwe-Kapolyo and Mr Emmanuel Kapolyo for their unfading love and support that I felt even from afar.

Lastly, my gratitude goes to the Church of Sweden for funding my studies this year. I would also like to thank Dr Tonsing for awarding me the Klaus Nurnberger Award. Your financial support was much appreciated.

Dedication

I would like to dedicate this work to my husband Allan Musonda, and my children Bukata Emmanuel Musonda and Buwame Faith Musonda. I thank God for blessing me with you as my family. You gave me a reason to work even harder. You are the best that God has given me!

Abstract and Key Terms

This study is a gendered critique of the response of Churches Health Association of Zambia (CHAZ) to the two selected women's Sexual and Reproductive Health (SRH) issues in Zambia which are HIV and AIDS, and Cervical Cancer. The study was motivated by the high rate of statistics on HIV and AIDS, and cervical cancer among women in Zambia. The purpose of this study was to answer the key question which is; how is CHAZ responding to HIV and AIDS, and cervical cancer as women's Sexual and Reproductive Health (SRH) issues in Zambia? The CHAZ annual reports, the CHAZ News Bulletin and the CHAZ Health Voice Newsletter were collected and analysed using Rao Gupta's three of the five "gendered approaches to HIV and AIDS intervention" which served as a theoretical framework for this study. These three approaches include; gender sensitivity, gender equity, and women empowerment. This was a qualitative textual study which used CHAZ documents and other materials sourced from the library and the internet. Critical Discourse Analysis was used as a research methodology for this study.

The study established that CHAZ considers HIV and AIDS as one of the diseases of major health concern. CHAZ implements *resource mobilization programmes* and *community based programmes* such as Prevention of Mother to Child Transmission (PMTCT), Home Based Care (HBC) and Local Community Competence Building (LCCB) in relation to HIV and AIDS. However, these programmes could be questionable based on the concepts of gender sensitivity, gender equity, and women empowerment. The response of CHAZ to cervical cancer was analyzed using *screening programmes*, *education and women empowerment programmes*, and the *link between HIV and AIDS and cervical cancer*. The CHAZ data that was analyzed at the time of this study did not show any programmes aimed at addressing cervical cancer, except in the PEPFAR and other reports that highlighted the involvement of CHAZ in the pink ribbon campaign. It was also established that the response of CHAZ to cervical cancer remains questionable in relation to gender sensitivity, gender equity and women empowerment because to begin with, cervical cancer is not listed among issues of priority health concern by CHAZ.

The study also examined four theological underpinnings of CHAZ in relation to women's SRH issues. The first one was *ecumenical theology as a Christian value of CHAZ.* It was established that this theology was significant to CHAZ in addressing women's SRH issues as it commands wider influence because of this theology. However, it was also established that it could pose a challenge to CHAZ's response in relation to women's SRH issues because it is composed of health institutions which are under different denominations with different views on women's SRH issues. The second one was a *scriptural theological response of CHAZ.* This was found to be life-giving as it is the basis of CHAZ's response to women's SRH issues. However, the study established that the patriarchal tendencies that emanate from scripture affected how CHAZ responds to HIV and AIDS and cervical cancer. The *theology of a healthy and productive life for all* was also found to be significant to CHAZ's response as it stemmed from its mission statement. However, it was established that HIV and AIDS and cervical cancer pose a challenge to this theology. Lastly, the theology of a *holistic approach to health care service delivery* was considered as significant to the response of CHAZ to the two SRH issues, as it emphasized healing, both in terms of the physical and the spiritual aspect.

Key Terms

Churches Health Association of Zambia, women, Sexual and Reproductive Health, Gender, HIV and AIDS, cervical cancer

ACRONYMS

ACHAP	<Africa Christian Health Association Platform
AIDS	<Acquired Immune-Deficiency Syndrome
ARHAP	<African Religious Health Assets Programme
ART	<Anti-Retroviral Therapy
CBD	<Community Based Distributors
CDA	<Critical Discourse Analysis
CHA	<Christian Health Association
CHAZ	<Churches Health Association of Zambia
CHI	<Church Health Institution
CMC	<Christian Medical Commission
CRS	<Catholic Relief Services
EHAIA	<Ecumenical HIV and AIDS Initiative in Africa
FBO	<Faith Based Organization
HBC	<Home Based Care
HIV	<Human Immunodeficiency Virus
HPV	<Human Papilloma Virus
IFAD	<International Fund for Agricultural Development
LCCB	<Local Community Competence Building
MOU	<Memorandum of Understanding
NAC	<National AIDS Council
NGO	<Non-Governmental Organization
PEPFAR	<President’s Emergency Plan for AIDS Relief
PMTCT	<Prevention of Mother to Child Transmission
SALC	<Southern African Litigation Centre
SRH	<Sexual and Reproductive Health
STI	<Sexually Transmitted Infection
TB	<Tuberculosis
UNESCO	<United Nations Educational, Scientific and Cultural Organization
UNFPA	<United Nations Population Fund
USAID	<United States Aid for International Development
WCC	<World Council of Churches
WHO	<World Health Organization

TABLE OF CONTENTS

CHAPTER THREE

A GENDERED CRITIQUE OF THE RESPONSE OF CHAZ TO HIV AND AIDS, AND CERVICAL CANCER

CHAPTER FOUR

EXAMINING THEOLOGICAL UNDERPINNINGS OF CHAZ TO WOMEN'S SRH ISSUES

CHAPTER FIVE

CONCLUSIONS AND PROPOSED AREAS OF RESEARCH

CHAPTER ONE
INTRODUCTION OF THE STUDY

1.1 Introduction

This chapter is an introductory chapter to the study. The chapter addresses all the elements that were critical in undertaking this study. These include the background to the research problem, the key research question, sub-questions, the objectives and theoretical framework on which the research is constructed, and the research methodology used in this study. Lastly, the outline of the chapters is given before concluding the chapter.

1.2 Motivation of the Study

The motivation for this study stemmed from my interest in trying to establish how gendered the response of CHAZ is to the two women's SRH issues after looking at the escalating rates of HIV and AIDS and cervical cancer. The study's approach, a gendered response of CHAZ to women's SRH issues, is biased towards the fact that diseases such as HIV and AIDS and cervical cancer mostly wear a feminine face. This can also be seen from the National AIDS Council (NAC) report which states that, in Zambia, the percentage of females infected with HIV is higher than the males (2012:5). The report also identifies the key factors that lead to this discrepancy in figures as stemming from the fact that HIV transmission is gendered and that there are other gender inequalities which include male domination (2012:5). In the case of cervical cancer, the Africa Coalition on Maternal Newborn and Child Health (2014:1) indicates that Zambia is among the African countries with high incidence levels of cervical cancer, which for Zambia is around 58.0%. These statistics stirred my interest to investigate how these health issues are being addressed in Zambia especially by faith communities and in particular CHAZ whose vision and mission is to create healthy Zambian societies that are productive.

1.3 Background to the Study

HIV and AIDS and cervical cancer are among the major health challenges that Zambia is facing. A study by Maimbolwa indicates that approximately 16.1 percent of females in Zambia are HIV positive (2013:6), thus stressing the depth of this challenge in the country. A study by Mwaba also highlights that Zambia is highly burdened by diseases such as HIV and other Sexually Transmitted Infections (STIs) (2011:6). From the above arguments, there is a clear indication that Zambia is challenged by HIV and AIDS as a women's SRH issue, thus necessitating the investigation of how FBOs like CHAZ have responded to this challenge.

On the other hand, a research on cervical cancer conducted by Mwanahamuntu et al shows that Zambia has the second highest incidence of cervical cancer in sub-Saharan Africa (2011:1). The authors further argue that in Zambia, most cancer related deaths among women are caused by cervical cancer (2011:1). This goes to show the intensity of the problem of women's SRH issues in Zambia and how gender plays a role in defining health.

Glasier et al, have argued that in developing countries of the sub-Saharan African region, women are the most affected by ill sexual and reproductive health (2006:1). The argument raised by Glasier et al highlights two important aspects with regards to women's SRH issues. Firstly, it puts into perspective how deep-rooted the challenge of women's SRH issues is in sub-Saharan Africa and Zambia in particular. Secondly, it highlights the vulnerability of women in the face of SRH issues. These two aspects bring out the need for a gendered critique on the response of CHAZ to HIV and AIDS, and cervical cancer. This is because these diseases not only affect the wellbeing of women but that of the society as a whole.

A further argument that may arise from the two aspects is the need for collaboration. Different organisations such as governments, non-governmental organisations (NGOs), and FBOs need to work in collaboration in addressing the effects of the gendered nature of women's SHR issues. This is why Fathalla et al argue that it is possible to make sexual and reproductive health available for all through concerted efforts by all stakeholders such as the women's health movement, governments, non-governmental organizations (NGOs) and so on (2006:1). This point substantiates the necessity of collaboration in addressing women's SRH challenges in order to achieve the goal of healthy societies. It is evident from Fathalla et al's argument that unless different institutions come together and collaborate in their response

towards HIV and AIDS and cervical cancer, society will continue to be subject to these pandemics. Therefore, CHAZ, being one of the major FBOs that look into health issues in Zambia, becomes of paramount importance in this study on women's SRH.
Sexual and reproductive health is defined as an:

> improvement of antenatal, perinatal, postpartum, and new born care, provision of high quality services for family planning, including infertility services, elimination of unsafe abortions, prevention and treatment of sexually transmitted infections, including HIV, reproductive tract infections, cervical cancer, and other gynecological morbidities, and promotion of healthy sexuality (Glasier et al 2006:2).

Glasier et al further highlight that many countries experience poor quality, absent or under used services when it comes to SRH because issues related to sexual intercourse are considered to be a taboo (2006:1). It is such occurrences that continue to place women in a position of high risk concerning SRH issues. This is why I resonate with Fathalla et al's argument that women could possibly contribute to improving standards of living and ultimately contribute to national economic development by means of having control over their sexual and reproductive systems and protecting themselves against ill sexual and reproductive health (2006:3). From this argument, it can be noted that working towards a gendered approach in addressing SRH challenges affecting women could help not only in establishing healthy societies but also in economic development for women.

Another motivating factor for this study is the role that FBOs play in promoting health services to women and how their engagement in this exercise is influenced by gender issues. CHAZ as an FBO has a critical role to play in promoting the health services for healthy societies. The significance of the work of CHAZ can be seen in the work of other FBOs in Africa. For example, one of the FBOs that have contributed to addressing health issues in Africa is the African Religious Health Assets Programme (ARHAP). It was formed in 2002 in order to contribute to and strengthen religious health institutions (ARHAP 2005:11). Schmid et al affirm this work by stating that in sub-Saharan Africa, there are a number of ways in which religious health institutions contribute to addressing major health challenges such as HIV and AIDS, where women present 75% of all cases (2008:30). Cochrane, who is part of ARHAP and has a focus on the role of religious organizations in health issues, argues that "in the midst of enormous challenges threatening the public health systems in sub-

Saharan Africa, Faith Based Organizations (FBOs) are making a substantial contribution to the health of communities" (2006:59). Cochrane also argues that deeper understanding of religious health assets is crucial to public health systems, considering the substantial health challenges that Africa and other continents are facing today (2006:63). This is why Cochrane argues that in sub-Saharan Africa, FBOs have made a substantial contribution towards helping to deal with diseases that threaten public health systems as well as improving the health of communities (2006:59). Additionally, Cochrane emphasizes that FBOs in sub-Saharan African countries account for approximately 30% to 70% of health facilities (2006:64). This is an important statistic as it highlights the level of impact that FBOs have had in dealing with health challenges such as SRH issues on the continent.

Within the continent, Martha Frederiks highlights different committees of faith communities that were set up to look into HIV and AIDS issues since 1999 and 2001, in Senegal and Burkina Faso respectively (2011:116). Haddad et al also conducted a research under ARHAP in Kenya, Malawi and Democratic Republic of Congo for the purpose of enhancing the strengths of Christian religious entities as potential stakeholders in the response to HIV (2008:2). Cochrane supports this statement by arguing that the aspect of religion is at the heart of public health (2006:60). These arguments have shown that FBOs in Africa have a significant role to play in addressing public health issues.

Dimmock and Cassidy, scholars with an interest in the work of FBOs in various parts of Africa, have shown that the work of CHAZ is important by bringing out significant information regarding the contribution of FBOs to health in the continent (2011:181). CHAZ as an FBO has made a significant contribution towards the health system in Zambia. According to their analysis, CHAZ contributes forty percent to public health in Zambia through a total of thirty-six health facilities as well as nine institutions of training (2011:181).

ARHAP highlights that in Zambia, religious entities have contributed more than other health institutions to the health and wellbeing of people (2006:67). Therefore, CHAZ as a well-positioned organization due to its involvements with different churches becomes relevant to contemporary public health systems in Zambia. In line with this argument, the Health Voice mentions that the health services of CHAZ make up more than 50% of health care services to rural areas (2013:4). This kind of effort and such contributions cannot go unnoticed because it is this kind of service that will help in dealing with women's SRH issues found within

CHAZ. Mutashala, a scholar in the field of mass communication, conducted research on CHAZ which focused on reviewing the impact that CHAZ's communication strategies have had in dealing with issues of health and development in Zambia (2007:16). The findings of this study highlighted that CHAZ has put in place some communication strategies throughout the country in their endeavour to address health issues, which include women's SRH issues in Zambia. Ndhlovu (2008: iii) also conducted research from a missiological perspective which focused on missiology as an important tool for FBOs and churches in Zambia if the fight against HIV is to be effective. In his study, Ndhlovu focused on tools for fighting HIV and AIDS as a general social issue of concern. Such a study further highlighted the significance of FBOs in addressing health challenges of societies. Although this study did not specifically focus on women's SRH issues, the role of FBOs in responding to health challenges is indispensable. The following key research question, sub-questions and objectives where used in this study:

1.4 The Key Research Question is:

How is CHAZ responding to the two selected women's sexual and reproductive health issues of cervical cancer and HIV and AIDS in Zambia?

1.4.1 The Research Sub-Questions are:

1. What is the vision and mission of CHAZ in relation to the two selected women's sexual and reproductive health issues in Zambia?
2. How gender sensitive is the response of CHAZ to the two selected women's sexual and reproductive health issues in Zambia?
3. How have the Christian values of CHAZ affected its response to the two selected women's sexual and reproductive health issues in Zambia?

1.5 The Objectives are:

1. To understand the vision and mission of CHAZ in relation to the two selected women's sexual and reproductive health issues in Zambia.
2. To establish how gender sensitive the response of CHAZ is to the two selected women's sexual and reproductive issues in Zambia.
3. To establish how the Christian values of CHAZ have affected its response to the two selected women's sexual and reproductive health issues in Zambia.

1.6 Theoretical Framework

The theoretical framework for this study is a gendered approach to women's sexual and reproductive health. The theoretical framework is drawn from Geeta Rao Gupta's (2000) "gendered approaches to HIV and AIDS intervention". The study adopts this framework in its search for CHAZ's response to the two women's SRH issues of HIV and AIDS and cervical cancer in Zambia. Three of the five approaches proposed by Gupta will be used in this study. These are gender sensitivity, gender equity and women empowerment.

These approaches are significant in undertaking action towards addressing women's SRH. Although Gupta focuses only on HIV and AIDS interventions, in this study, these approaches will be applied to the two women's SRH issues. The three approaches are explained below.

1.6.1 Gender Sensitive Programmes

Instituting gender sensitive programmes is one of the approaches that Gupta has promoted regarding HIV and AIDS programmes. To begin with, Gupta proposes that HIV and AIDS programmes should be gender sensitive by recognizing that individual needs and constraints differ based on gender and sexuality (2000:5). Further, Gupta's argument recognizes the existence of social constraints within societies which have different effects on men and women in relation to HIV and AIDS. Therefore, Gupta's gender sensitive approach becomes important in analyzing the response of CHAZ to HIV and AIDS and cervical cancer. Hinga supports this approach by arguing that "a gendered analysis of the HIV/AIDS pandemic in Africa was one of the most urgent issues crying out for attention" (2008:viii). Oduyoye also affirms the need for a gender sensitive approach when reflecting that "in Africa, gender became a theological issue when the Circle of Concerned African Women Theologians asserted that the gender parameter in African culture and religions has crucial effects on women's lives and on how womanhood is viewed by Africans" (2002:39). The above arguments clearly highlight the existence of socially constructed norms that affect women with regards to SRH issues and as such, a gender sensitive approach becomes an imperative measure of the response of CHAZ to HIV and AIDS and cervical cancer. This is consistent with the arguments of Dube (2004a), Kanyoro (2001), and Phiri and Nadar (2006), who unanimously advocate for a need to identify gender issues in analyzing women's sexual and reproductive health issues. Kanyoro further supports this argument by stating that it is not

possible to do an analysis of issues that oppress women outside the gender context because women's actions are deeply rooted in patriarchy (2001:163). Based on the above arguments, it can be noted that Gupta's gender sensitive approach is critical to the study as it would help in guiding the argument in analyzing CHAZ's response to women's SRH of HIV and AIDS and cervical cancer in Zambia.

1.6.2 Gender Equity Programmes

Another approach that is critical to this study is that of gender equity programmes. According to Gupta (2000:5), gender equity calls for a vigorous evaluation of attitudes and behaviors that hinder gender equity between women and men. This proposition by Gupta of gender equity becomes essential in the analysis of CHAZ's response to HIV and AIDS and cervical cancer. Since gender equity is one of the values for advocating good health, this approach will be helpful in analyzing how gender equitable the programmes of CHAZ are in relation to women's SRH.

Similarly, Doyal has also argued that there is a relationship between the gender divisions of society and the health of women (2001:1061). Therefore, it is necessary to consider how gender equitable societies are. This is in line with Philip's argument that it is necessary to consider gender norms when looking at women's health issues in sub-Saharan Africa because gender inequalities prevent women from having control over their sexual activity (2011:17). This clearly links women's SRH to the challenge of gender equity, thus the necessity of analyzing CHAZ's response to HIV and AIDS and cervical cancer. Ward also raises a significant argument in relation to gender equitable programmes by pointing out that there is a need for a clear understanding of inequalities found in gender roles and different experiences of men and women in the practice of Church which puts women in a vulnerable position especially through some doctrinal teachings (2010:138). Therefore, in analyzing CHAZ, which is an FBO, there is a need to take into account Ward's argument on the importance of gender equity to issues of HIV and AIDS and cervical cancer. Ackermann (2004:30) also argues for a theology that takes into account the gendered nature of HIV and AIDS by addressing the implications of gender equity found in traditional practices of Africans. The above arguments by different scholars put into perspective the significance of analyzing the response of CHAZ to women's SRH issues in Zambia through gender equity.

1.6.3 Women Empowerment Programmes

The third approach advocated by Gupta regarding gender in the context of HIV and AIDS is empowerment of women. Gupta suggests that HIV and AIDS programmes must empower women by protecting them against "destructive gender and sexual norms" (2000:6). Gupta (2000:5) also argues that "reducing the imbalance in power between women and men requires policies that are designed to empower women". The above arguments by Gupta emphasize the importance of women empowerment programmes in responding to women's SRH issues. This is because gender and sexual norms have made women vulnerable to contracting HIV and cervical cancer due to lack of empowerment to control their sexual activities. Similarly, programmes could empower women "by improving their access to information, skills, services, and technologies", and "encourage participation in decision-making and create a group identity that becomes a source of power" (Gupta 2000:6) to women. Dube supports this argument by stating that gender constructions have mostly disempowered women, such that they are unable to make decisions pertaining to their lives and this has resulted in HIV and AIDS affecting them the most (2004a:8). These arguments place gender empowerment in an indispensable position when analyzing how CHAZ has responded to women's SRH issues in Zambia. This is because women need to be empowered not only to save their own lives but those of other women.

Dube proposes "a theology of gender empowerment which counteracts death and proclaims life for women and the girl-child" (2003:83). For an FBO like CHAZ whose mission is to serve the underserved, Dube's proposition of gender empowerment could be crucial when looking at the response of CHAZ to the two selected issues.

Phiri (2003:15) has also pointed out that women and girls lack empowerment with regards to knowledge on how they could be protected from HIV as they care for the sick. This lack of empowerment is related to poverty and gender discrimination and this is why there must be empowerment programmes specifically targeted at female-headed households (Buvinic and Gupta 1997:259) and generally women. The above three components of Gupta's theory - gender sensitivity, gender equity, and women empowerment are critical in answering the key research question.

1.7 Research Methodology

This study is a literature-based qualitative research project which analyses CHAZ reports, the CHAZ News bulletin and the CHAZ Health Voice. It also draws on the work of Gupta and African women theologians such as Musa Dube, Susan Rakoczy, Mercy Oduyoye, Musimbi Kanyoro and many more who advocate for a gendered response to women's SRH issues such as HIV and AIDS. The research method of Critical Discourse Analysis (CDA) is used because it provides the frame for analysing CHAZ documents at a deeper level than the words, looking at the context of how something is said, as well as what is not said. Mouton states that "discourse analysis is sometimes defined as the analysis of language beyond the sentence" (2001:168). "The discourse analytic view is that all features of talk or texts perform some kind of action (for example exercising power and control over others) and it is possible to analyse how language is used to achieve that action" (Bloor and Wood 2013:1). Critical discourse analysis, then, is an exploration of the role that discourse plays in the processes that produce and reproduce power relations in particular social structures of society (Wooffitt 2013:4). It pays attention to the ways through which discourse sustains and legitimises social inequalities (Wooffitt 2013:4). It is 'critical' in the sense that it asks penetrating questions about social discourse for the purpose of exposing assumptions, contexts and power. As is explained regarding critical social research generally, it "aims to contribute to addressing the social 'wrongs' of the day (in a broad sense- injustice, inequality, lack of freedom, etc) by analysing their sources and causes, resistance to them and possibilities of overcoming them"(Fairclough 2009:163).

The CDA method will help in critically analysing the response of CHAZ to SRH issues, and evaluating whether CHAZ takes into consideration the gender constructions that prevent women from having control over their sexual and reproductive health. Based on the talk and texts in the CHAZ documents, it is possible to establish whether their discourse is liberative or oppressive to women, especially in relation to women's SRH issues such as HIV and AIDS, and cervical cancer. In summary, CDA will help in answering the research question of this study by critically analysing the response of CHAZ.

This literature based study did not exhaust all the women's sexual and reproductive health issues in Zambia but rather only focused on the two selected ones. This study was also

limited to the response of CHAZ and did not consider the responses of all Faith-Based Organizations (FBOs) to these issues.

1.8 Outline of Chapters

Chapter One

This is a general introductory chapter of the study. This chapter describes the motivation and the background to the research problem. A literature review is conducted on SRH and on the contribution of FBOs. The theoretical framework, research methodology and the outline are also part of this chapter.

Chapter Two

In this chapter, the historical background and the relevance of CHAZ to Women's Sexual and Reproductive Health is considered. The vision and the mission statement of CHAZ are also critically analyzed. The collaboration between CHAZ and the Zambian government as well as the intersection between religion and health is also discussed.

Chapter Three

This chapter is a gendered critique of the response of CHAZ to HIV and AIDS and cervical cancer. This chapter analyzes the response of CHAZ to HIV and AIDS, and cervical cancer as women's SRH issues, from a gendered perspective.

Chapter Four

This chapter is an examination of the theological underpinnings of CHAZ in relation to women's SRH issues. It discusses the Christian values of CHAZ and how they affect CHAZ in its response to women's sexual and reproductive health in Zambia.

Chapter Five

This chapter draws conclusions based on all chapters and proposes areas for further research.

1.9 Conclusion

In conclusion, this introductory chapter highlights the key components of the study. The chapter constitutes the background and motivation to the study, main research question, sub questions, objectives, theoretical framework, research methodology and the outline of chapters, as stated above. It provides a road map to what is considered in this study.

CHAPTER TWO

BACKGROUND AND RELEVANCE OF CHAZ TO WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH ISSUES IN ZAMBIA

2.1 Introduction

The previous chapter discussed the relevance of the research process. This chapter introduces CHAZ as an FBO in relation to its relevance to women's sexual and reproductive health. The chapter begins by discussing the background of CHAZ, and the collaboration between CHAZ and the Zambian government. This is followed by an analysis of the vision and mission statements of CHAZ in relation to women's SRH issues in Zambia. The last part of this chapter discusses the intersection between religion and health. The discussion of the intersection between religion and health helps to locate CHAZ in its context as an organization that addresses the intersection between religion and health.

2.2 Background of CHAZ

CHAZ is an FBO formed in 1970 that is operational in the republic of Zambia (CHAZ Health Voice 2013:4). Zambia is a landlocked country situated in the Southern part of Africa (Badenberg 2002:37). In terms of population, the 2010 population census data reveals that there are approximately 13,092,666 people. In terms of gender, females are 50.7% and males are 49.3% of the total population (UNFPA, 2013:8). This means that the Zambian societies have more women than men. Apart from that, Zambia is constitutionally a Christian nation with 80% of its population being professing Christians (Christianity in Zambia, 2014).[1] This describes the context in which CHAZ operates. Before a detailed discussion of the background of CHAZ is considered, it is important to locate the roots of CHAZ to Christian Health Associations (CHA) in Africa. CHA was formed in the 1960s as an affiliate of the "Christian Medical Commission (CMC) of the World Council of Churches (WCC)" (Dimmock and Cassidy 2011:180). Therefore, CHAZ is an affiliate of CHA in Africa. The objectives of CHA in Africa include the provision of "advocacy, communication and health information, technical assistance and training, capacity building, resource mobilization and

[1]http://www.zambian.com/html/christianity-in-zambia.html Accessed on 1/07/2014

administration, research, monitoring and evaluation, and joint procurement" to the health system (Dimmock and Cassidy 2011:182). Dimmock and Cassidy explain that CHAs has embedded in its vision and mission statements values such as:

> promotion of human dignity and the sacredness of life, to assist all in need with a preferential option for the poor and marginalized and to further contribute to the common good, to exercise responsible stewardship, and to be consistent with the teachings and moral principles of the church (2011:183).

The values of CHA have greatly influenced CHAZ in its formation. For example, the mission statement of CHAZ highlights the need to provide health services to the poor and marginalized (CHAZ 2012:2), which is consistent with the values of CHA as mentioned earlier. The CHAZ annual report also highlights that CHAZ is an inter-denominational umbrella organization established for the purpose of coordinating Church health services in Zambia (2010:2). CHAZ is also member of Africa Christian Health Association Platform (ACHAP), an FBO which encourages networking between different health associations in Africa (CHAZ Health Voice 2013:7).

In terms of CHAZ's responsibilities, Mutashala (2007:9) states that CHAZ was formed in order to facilitate programmes of church based health institutions. This is also confirmed by Dimmock and Cassidy (2011:181), who state that CHAZ makes up 40% of public health facilities in Zambia, making it one of the largest health service providers in the country apart from the government and mine hospitals. As one of the largest FBOs in Zambia, CHAZ implements the decisions of its board, and plays a representational and advocacy role for the Church health institutions (CHAZ Health Voice 2013:4). Some of the other responsibilities of CHAZ include provision of technical support and capacity building to health institutions under its membership (CHAZ Health Voice 2013:4). This shows that CHAZ occupies an influential policy making position on issues of health and it has the capacity to advocate for ways in which church health institutions should provide services to the communities.

2.3 The Collaboration between CHAZ and the Zambian Government

CHAZ as an FBO is in collaboration with the Zambian government. The CHAZ annual report states that CHAZ is the signatory of the Memorandum of Understanding (MOU) on behalf of

non-state organizations, and this indicates that the country is confident that CHAZ has the capacity to influence the health sector (2012:14). Heslop further states that the Zambian private sector, mostly dominated by CHAZ as an umbrella body of Church Health Institutions (CHIs) in Zambia, works side by side with the public sector. This ensures that health services of up to fifty percent are made available to the rural population through CHAZ's facilitative role, while the government pays salaries and stations staff to CHIs under CHAZ (2007:13). Mudenda et al also attest to the collaboration by stating that CHAZ as an organization falls between the mission hospitals, MOH, and the cooperating partners (2008:30). Mugweru (2011:3) affirms this by stating that there is a MOU between CHAZ and the Zambian government. The above information regarding the collaboration between CHAZ and the government strengthens the position of CHAZ in responding to women's SRH issues in Zambia. Additionally, CHAZ's report also highlights that CHAZ has the second largest impact to the government in health service provision to rural areas in Zambia (CHAZ Annual Report 2008:10). Such a report puts CHAZ in a strategic position to respond in a gender sensitive manner by creating a framework that works towards sensitization on the challenges of cervical cancer in the same way they responded to the issue of HIV and AIDS.

Furthermore, the Catholic Relief Services (CRS) highlights that, CHAZ commands nationwide influence because of its long term relationship with the Zambian government (2012:6). The complementary work of CHAZ with the Zambian government is also highlighted by the Danish Church Aid Final Report which says that CHAZ complements the efforts of the Zambian government in delivering quality health care services through the provision of "human, material and financial resources, innovation, and care" to the health sector (2005-2009:59). Additionally, the power of collaboration is also supported by Cochrane who argues that it is not possible for a single group to encompass all health issues (2006:71). The very nature of the health issues show that it is inevitable for governments to combine efforts with FBOs in order to effectively deal with these health challenges of which women's sexual and reproductive health issues are a part. Kiser gives an example of an FBO in collaboration with the public health institution established to develop a training that mobilizes the strengths of faith communities together with the public health institutions in responding to health challenges (2011:63).

However, the collaboration is not a new issue as most governments in Africa have been working hand in hand with FBOs as critical health assets that are of significance in the public

health systems. With such collaboration in existence, CHAZ stands as one of the relevant organizations that stem from such collaboration with its vision and mission focusing towards the wellbeing of society. Having said the above, it does not imply the absence of commitment by CHAZ in addressing health challenges in Zambia. According to the CHAZ annual report (2012:13), one of the three strategic directions of CHAZ is to contribute towards the attainment of health objectives nationally. Such a pronouncement by CHAZ highlights how resolute CHAZ is in addressing the health challenges of Zambia as a collaborating partner with the Zambian government. This becomes a basis of considering the response of CHAZ to HIV and AIDS, and cervical cancer from a gendered perspective.

2.4 CHAZ's Vision Statement

When one takes a close look at CHAZ's vision statement, which is to have *"Zambian societies where all people are healthy and live productive lives, to the glory of God"* (CHAZ 2012:2), two critical points are prominent; healthy Zambian societies and productive Zambian societies for all. The two statements show that CHAZ hopes to have Zambian societies where people are free of disease and are able to live lives that are meaningful and beneficial to society. These are very crucial issues that each society hopes to achieve, however both these points may be practically impossible to attain without effectively addressing factors that hinder people from being healthy and productive - such as the gendered nature of distributing health services as discussed in this study. In other words, healthy Zambian societies will definitely be a direct consequence of healthy men and women. This clearly spells out the indispensability of CHAZ's vision statement in addressing women's SRH issues.

The Vision statement of CHAZ therefore is key, in this regard in dealing with women's SRH issues in the sense that it would serve as the appraisal measure to see how consistent they are in establishing healthy Zambian societies. This therefore shows that having such a vision as healthy society for all is not a misplaced passion, but rather an attainable goal which calls for gender inclusivity in addressing health issues. WHO defines health as "a state that permits people to lead socially and economically productive lives" (1978:1). If we analyze WHO's definition of health in relation to the vision of CHAZ, building healthy societies requires a holistic approach that takes into account all constraints that stand in the way of both men and women's health. However, in relation to addressing women's SRH issues, it becomes prudent

to show that in most cases women's health needs to be accorded more preference in health seeking because women are the most affected by diseases such as HIV and AIDS and cervical cancer. Productive societies can also mean a society that is economically autonomous, since economic autonomy can also contribute to good health. Therefore, to attain such goals, it could require measures that promote gender sensitivity, gender equity and women empowerment in order to create opportunities for women to determine their own health through productive living. This is consistent with Fathalla et al's comment that women could contribute to economic growth when they live productive lives. In other words, health and productivity are intertwined, therefore to respond to one, means responding to the other. For instance, by empowering women to be productive, it gives them a voice because they become economically independent. This may also help in reducing the vulnerability of women to willful infection of diseases such as HIV and AIDS and cervical cancer as they have a say about their sexuality due to their being economically empowered. Therefore, the vision of CHAZ not only has potential to build healthy Zambian societies, but is also crucial considering the Zambian context in relation to women's SRH issues.

2.5 CHAZ's Mission Statement

The mission statement of CHAZ is a commitment to "*serving the poor and underserved communities with holistic, quality and affordable health services that reflect Christian values*" (CHAZ, 2012:2). One of the key principles that come out of this mission statement is that CHAZ targets the poor who in most cases are women who are not able to afford proper health care services. Another key value that springs from the mission statement is that of a holistic approach to providing quality and affordable health services that reflect Christian values. This entails providing spiritual services alongside health services. A holistic approach in this case may also mean embracing people's wellbeing and wellness. According to the CHAZ Health Voice, most of the health institutions that CHAZ oversees are found in rural areas of Zambia (2013:4). This means that most of CHAZ's clients are in the rural areas where access to quality and affordable health care services, especially concerning diseases such as HIV and AIDS and cervical cancer, is a big challenge mainly for women. This is an important element that affirms CHAZ's mission of serving the underserved and poor communities who are most susceptible to SRH challenges. Therefore, by CHAZ taking such a position, it clearly shows its resolve in creating healthy Zambian societies. This aligns with Phiri and Nadar who explain that one of the priorities of African women's theologies is a

commitment to women at the 'grassroots' in faith communities (2006:6). Therefore, as CHAZ reaches to the rural communities, its commitment carries the passion of many women theologians who have acknowledged that rural women are more vulnerable to SRH issues because of limited health facilities.

CHAZ also carries along its Christian ethos and theology which is to serve life. This shows that, a strong theology of life is advocated for in both the mission and vision statement which necessitates a life giving response to the challenge of HIV and AIDS and cervical cancer. The inter-denominational and ecumenical nature of CHAZ also needs to be taken into account when looking at its mission because it suggests CHAZ's ability to effectively influence issues of health in Zambia across denominations. Apart from that, Cochrane stresses the importance of understanding the religious dimension of FBOs because it explains their motivation, their commitment, their attitudes and actions (2006:66). These arguments clearly point out how CHAZ is in a privileged position to influence this cause. As denoted in its mission statement, it holds Christian values and seeks a holistic approach to health care provision to the under privileged as its motivation. Cochrane further argues that the value of FBOs is in their less visible and intangible elements, such as faith. For CHAZ, this can be seen in its Christian values which result in best practices and empowering initiatives especially among the poor communities (2006:66). Finally, the strength of CHAZ's mission can be fully represented in the intersection between religion and health.

2.6 The Intersection between Religion and Health

The intersection between religion and health is clearly stated in both the mission and vision statement of CHAZ. The emphasis on healthy and productive lives in the vision statement and the emphasis on a holistic approach in the mission statement bring out the intersection which is not only focused on physical health alone, but also focuses on spiritual nourishment in health care delivery. Chatters et al argue that religious and health institutions operate under common values and that they complement each other in health care delivery as they both work towards enhancing behavioral change in society (1998:693). Koenig also states that "religion also influences factors that directly affect the delivery of health care" (2004:1195). For example, after conducting a research on "Spirituality as a Mediating Factor in Black Families' Beliefs and Experiences of Health and Wellbeing", it was discovered that religious beliefs were at the center of good health (Ochieng 2010:102). This shows that religious

beliefs have a direct influence on health. CHAZ as an FBO that looks into health issues clearly affirms the above argument as it brings out the intersection between religion and health, as captured in its vision and mission statement. By embracing the practical response to health challenges in Zambia while holding biblical principles in its discharge of its duties, CHAZ recognizes the significance of the intersection between religion and health. The two need to work side by side if the envisioned healthy Zambian societies are to be attained. This is why Cochrane argues that global health agencies such as the Global Fund have realized the importance of the role of FBOs in the fight against diseases (2006:61). Cochrane further supports this by arguing that there is the need for a paradigm shift in the way health care provision is understood in public health, and that an ecumenical and flexible theology of health has the ability to make a positive contribution towards health issues (2006:62). Williams and Sternthal also attest to the relationship that exists between religion and health (2007:S47). Stiftung confirms this by reporting that the church in Zambia acts as a watch dog on social issues such as poverty, social injustice, and reminding the government of its responsibilities on behalf of the socially disadvantaged (2014:6). Therefore, CHAZ as an FBO fits well in this assignment as an FBO which has a strong partnership with the government. However, the critical element that may require consideration is how CHAZ uses the intersection in responding to health issues using a gender lens. Lastly, CHAZ is like a backbone of the various health institutions that are under its membership because it determines the programmes to be implemented by these CHIs. Therefore, the relationship between religion and health can be clearly seen to be at work in the programmes that CHAZ is undertaking as an FBO.

2.7 Conclusion

This chapter describes the background of CHAZ which was formed with a vision of creating healthy and productive Zambian societies for all. It also strived to highlight the context in which CHAZ operates by briefly pointing out some information about the Republic of Zambia. The chapter further highlighted the collaboration between CHAZ and the government of Zambia in addressing health issues in Zambia. An analysis of the vision and mission of CHAZ was done in order to establish how critical CHAZ is in addressing the two selected women's SRH issues. The chapter also discussed the intersection between religion and health. CHAZ rightly highlights this intersection as can be seen from its vision and mission statements. The next chapter seeks to answer the question of how CHAZ has responded to the women's SRH issues of HIV and AIDS and cervical cancer.

CHAPTER THREE

A GENDERED CRITIQUE OF THE RESPONSE OF CHAZ TO HIV AND AIDS AND CERVICAL CANCER

3.1 Introduction

This chapter is a critique of the response of CHAZ to HIV and AIDS and cervical cancer as women's SRH issues in Zambia. According to WHO, AIDS (Acquired Immune Deficiency Syndrome) is the name given to the fatal clinical condition that results from long-term infection with HIV(Human Immunodeficiency Virus)" (WHO's Website[2] in Ndhlovu, 2008: 3-4). On the other hand, SALC defines cervical cancer as "a disease that begins in the cervix of the female reproductive system" (2012:7). SALC further states that "the primary risk factor for developing cervical cancer is being infected with the Human Papillomavirus (HPV)" (2012:7). The chapter, through a critical discourse analysis, attempts to establish how CHAZ is gender sensitive, gender equitable and empowering to women in its response to HIV and AIDS and cervical cancer. The three approaches used in this study form part of five of Gupta's gender sensitive approaches to HIV and AIDS intervention, as discussed in chapter one. The chapter begins by discussing the understanding of gender in relation to this study. In its critique, the chapter is directed by the following themes: resource mobilization, and provision of technical, administrative and logistical support. Further themes include: implementation of community based programmes, screening, and education and women empowerment programmes. Before concluding the chapter, a link between HIV and AIDS and cervical cancer will be discussed.

3.2 Overview Definitions of Gender

Gender has been defined differently by various scholars. The concept has been a major theme among scholars from different fields of study. UNESCO defines gender as "social differences and relations between men and women which are learned, vary widely among societies and cultures, and change over time" (2000:6). Similarly, Oduyoye also defines gender as "a power relation between masculine and feminine" (2002:36). Further, gender is an ideology

[2] http://www.who.int/health-topics/hiv.htm.

which operates on a presupposition that the feminine must be encompassed by the masculine or that male must be superior as they relate to the female in such a way that they are entitled to subordinate the female (Oduyoye 2002:36). Phillips (2011:17) also adds that, gender refers to roles of individuals in particular settings that are based on their sex and are determined by power relations. Ramazanoglu and Holland submit that gender covers "both how specific people experience sexuality and reproduction, masculinity and femininity, and the boundaries and interstices between them, and also variable cultural categories for conceptualizing what is lived and thought" (2002:4).

These different definitions of gender indicate its fluidity when used in different contexts. It is upon such realization that this study proposes to put gender into a particular perspective when looking at women's SRH issues. If we critically analyze the above definitions of gender, it is clear that it is not possible for any well-meaning organization that seeks to deal with women's SRH issues to deal with such without taking into account gender constraints at play in women's lives. This is because gender influences the manner in which women behave in relation to their sexuality. Therefore, it is on this account that I endeavor to do a gendered critique of CHAZ's response to two selected women's SRH issues. The importance of looking at the issue of women's SRH from a gendered perspective enables us to measure the effectiveness of CHAZ's programmes in relation to gender sensitivity, gender equity and women's empowerment.

3.3 Response of CHAZ to HIV and AIDS

3.3.1 Resource Mobilization and Provision of Technical, Administrative and Logistical Support

The CHAZ Annual Report and information posted on its website indicates that CHAZ has been involved in the fight against HIV and AIDS in Zambia. This is done mainly through "resource mobilization, provision of technical, administrative and logistical support to member church health units, providing both treatment and preventive health services and implementing activities to mitigate diseases of public health concern" (CHAZ 2013:1). In health promotion interventions, roles such as resource mobilization for health institutions are imperative. In rural areas, for example, where health centres operate with little or no support, it becomes very difficult for the health centres to offer effective health services. The

intervention of organizations such as CHAZ in supporting church health units with resources and other forms of support as mentioned earlier can be argued to be a positive response to health promotion. However, the extent to which resource mobilization by CHAZ is targeted towards women's SRH issues is critical because women's SRH issues are at the core of health issues in Zambia.

A report by Pharmalink also indicates that CHAZ commands nation-wide influence following its implementation of a US$20 million 5 year HIV and AIDS programme which has a focus on preventing, mitigating, caring and supporting initiatives (2012:2). The report by CHAZ further indicates that CHAZ has also been able to provide approximately 44,599 HIV positive people with Anti-Retroviral Therapy (ART) (CHAZ 2013).[3] This response can be argued to be critical in Zambia as it proves to be health promoting especially in the context of HIV and AIDS. Data analysis on CHAZ as discussed above indicates that CHAZ responds to HIV and AIDS by implementing programmes through the Church health institutions. The CHAZ Annual Report mentions that the implementation of a Prevention of Mother to Child Transmission (PMTCT) programme concerning HIV goes as far back as 1999 (2012:15). This shows that CHAZ's PMTCT programmes have been in existence for 15 years. It further shows that for the past 15 years, CHAZ through its PMTCT programme has attempted to promote a mother to child HIV transmission prevention campaign. However, this response remains questionable when considered from a gender sensitive, gender equitable and women empowerment perspective. This is because it targets the wellbeing of the child and not the mother.

Since sex is one of the main modes of HIV infection, there is a need for such programmes to create awareness for both women and men on the danger of STIs. A gender sensitive approach to addressing HIV and AIDS will see to it that women, who under cultural norms are more likely to be victims of HIV infections, are empowered with knowledge on the danger of STIs. It has been argued that women are more disadvantaged than men by cultural norms especially in the negotiation of safe-sex strategies (Morrell 2003:45). Phillips (2011:17) supports this argument by stating that when looking at the causes of HIV and AIDS in women, it is important to consider social norms that legitimize forced sexual activity which renders women powerless when it comes to controlling circumstances around sexual

[3]http://www.chaz.org.zm/?q=about-us Accessed on 23/04/2014

activity. I concur with Cochrane who contends that the HIV and AIDS pandemic calls for powerful questioning of sexuality and other gendered power structures of society (2006:68). In many African traditional societies there exist particular norms invested with power that serve the advantage of men. For example, while it appears socially 'normal' for a man to ask for sex from his wife, it is regarded 'abnormal' for a woman to ask for sex from her husband. Instead a woman is expected to use signs other than her speech power. Therefore, it can be argued that such cultural standpoints, which exist in many traditional African societies, compromise women's agency when it comes to effective promotion of SRH strategies. Since a gender sensitive response seems to be indispensable with regard to the challenge of HIV and AIDS, any mitigation and preventative measures embarked on by CHAZ could be questioned as long as gendered power structures of society remain unquestioned. This is why Gupta (2000:2) argues that "in many societies there is a culture of silence that surrounds sex that dictates that 'good' women are expected to be ignorant about sex and passive in sexual interactions". Therefore, unless such cultural taboos are incorporated in the preventive measures that CHAZ is implementing alongside PMTCT, the response of CHAZ would be considered not gender sensitive. This is because the response would be seen as a neglect of women who are only seen as carriers of healthy babies.

Ackermann (2006:233) adds to this debate by submitting that because of the nature of HIV and AIDS as a gendered pandemic, gender analysis is required to deconstruct culture, gender, and religion as they all contribute to the spreading of the pandemic. This is why the gender sensitive approach is critical if CHAZ is to actualize its vision of healthy Zambian societies. It could be impossible to envision such a society without taking into account gender constructions at play which continue to put women at high risk of HIV infection. Thus, for us to measure how gender sensitive the response of CHAZ is to HIV and AIDS as a women's SRH issue, the necessity of a framework that addresses HIV and AIDS as a gendered pandemic needs to be in place.

3.3.2 Implementation of Community Based Programmes

CHAZ has implemented a number of community based programmes which are aimed at addressing women's SRH issues in Zambia. Goma et al have highlighted that CHAZ initiates and espouses community based programmes such as home based care as one of the ways of dealing with HIV and AIDS (2008:17). This argument correlates with a Pharmalink report

(2012:2) which has indicated that in 1990/1991, one of the ways in which CHAZ responded to HIV and AIDS was by setting up a Home Based Care (HBC) programme. Resch (2008:4) adds that in 2005, CHAZ and other organizations made home based care available to 132,000 people living with HIV in Zambia. This information highlights the degree of effort that CHAZ is making in addressing the challenge of HIV and AIDS. However, this information does not highlight the degree to which CHAZ is gender sensitive in this programme.

Another positive response of CHAZ to women's SRH that is mentioned in the Pharmalink report is the implementation of the Local Community Competence Building (LCCB) programme during 2003-2006 periods (2012:2). The report further states that CHAZ implemented the LCCB programme in its Church Health Institutions with the aim of making communities HIV and AIDS competent. This was a good initiative to inform communities of the dangers of the HIV and AIDS pandemic and making communities knowledgeable on HIV and AIDS. This actually resonates with DeHaven et al's argument that community-based institutions such as FBOs and churches are able to succeed where health professionals are unable to (2004:1034). Therefore, because CHAZ is an FBO with a mission that strives to serve the underserved as mentioned earlier, the responsibility to have a gender sensitive approach remains enormous. This further authenticates Doyal's argument that gender sensitive policies are necessary if women's and men's needs are to be addressed (2001:1061). This is why SALC argues for the significance of making communities knowledgeable on risk factors as far as SRH issues are concerned (2012:10). This argument shows the importance of community education in relation to SRH issues. I would therefore agree with Dube's argument when she states that "a gender sensitive multi-sectoral approach to HIV and AIDS, should factor gender works with class/ poverty, age, race, and immigrant status, sexual and ethnic identity" (2004a:12). This is important because gender affects people differently depending on their sex, social class, age and many other factors. The significance of such actions could help to challenge the power imbalances between women and men in society. Therefore, if such factors are taken into account by CHAZ in its implementation of LCCB, it could avert any challenges of questioning the gender sensitivity of its response to HIV and AIDS.

The Final Summary Report (2002:6) indicates another response of CHAZ to HIV and AIDS and that is the introduction of Community Based Distributors (CBDs). The report further indicates that CBDs were introduced to conduct community education on how STIs including

HIV could be prevented (2002:6). Through such sensitization programmes, communities are made aware of important information on how HIV infection can be prevented. This programme is useful in influencing the strategies being deployed in the fight against HIV and AIDS as a women's SRH issue.

3.3.3 Education and Women Empowerment Programmes in relation to HIV and AIDS

UNESCO (2000:7) defines empowerment as "having control over the decisions and issues that affect one's life". IFAD (2012:38) also defines empowerment as the increase in people's opportunity to control their own lives. It is also about people leading lives based on their own values, preferences, choices and being able to have influence over decisions that affect it. The significance of women's health programmes that empower women in relation to HIV as a SRH issue is that, they give women the ability to take informed decisions over their sexuality. Empowering women gives women a voice to participate in social, political and economic activities. According to Gupta, empowerment not only ensures women and men easy access to information (SRH) but also ensures that they gain the ability to make decisions pertaining to their health (2000:6). This substantiates the essence of women empowerment programmes as a response to HIV and AIDS.

However, in analyzing the response of CHAZ with respect to empowerment, there have been incidences of women empowerment with regard to education. According to the CHAZ News Bulletin, a 29 year-old mother of two children went back to school after a Human Rights and Gender awareness event was held by CHAZ community educators (2010:10). Similarly, a 22 year-old mother who had gone back to school also testified how the CHAZ community educators managed to transform her life through education programmes (CHAZ News Bulletin 2010:11). The decision to go back to school by both mothers is a step towards being empowered to be independent and having control over their lives. This is why education becomes an indispensable tool for enlightenment on issues such as HIV and AIDS and cervical cancer which are both depicted solely as female concerns.

Cochrane points out that as a result of HIV and AIDS pandemic, FBOs have been confronted at two points of their vulnerability, tradition and sexuality (2006:68). Most of the Christian traditions such as silencing and submission of women to men do not promote empowerment of women - instead they promote the kind of submission of women which carries oppression.

Thus in the name of tradition women are disempowered and become vulnerable to infections. CHAZ as an FBO has a challenge to address Christian traditions that oppress women in the name of religion and bring them under scrutiny in terms of gender justice. Sexuality, just like tradition, has played a very important role in disempowering women. In the name of Christianity and African culture, women have contracted diseases such as HIV. Therefore in the process of being custodians of their religio-cultural beliefs, women become disempowered and vulnerable. Cochrane has argued to this effect that religion legitimizes much of the taboos and silences in relation to sexuality (2006:68). This puts organizations like CHAZ in a vulnerable position when addressing women's SRH issues such as HIV and AIDS because they have to constantly deal with the challenge of religio-cultural beliefs.

If empowerment of women hinges on the liberation of women regarding issues of their sexuality, then keeping silent over issues of women's SRH will continue to subject women to great suffering. An educated woman is more likely to have knowledge of the diseases and will be able to make more informed decisions over her sexuality. Therefore, measures of empowering women through education need to be encouraged and carried out on a larger scale by CHAZ. This will create a conducive environment to sensitize women against social norms that put them in a vulnerable position to contract HIV. This means that any preventative measure that does not promote women empowerment might not be able to yield the desired results. Masenya argues that the HIV/AIDS era calls for the church to play a role with regard to the African Christian women's plight (2003:125). Nevertheless, the amount of money that CHAZ set aside as mentioned earlier to deal with HIV and AIDS could also be used to ensure that the CHIs intensify women empowerment in their programmes.

IFAD suggests that there can be no empowerment without women or men being self-reliant, skillful, knowledgeable, and being powerful enough to be heard and to challenge the norms and customs of society (2012:38). Therefore, for women to have power to challenge systems that continue to make them vulnerable to HIV infection, they need to be empowered with knowledge and skills not only in order for them to be economically independent, but also for them to be able to protect themselves against harmful SRH problems such as HIV and AIDS.

3.4 Response to Cervical Cancer

3.4.1 Screening Programmes

The screening programmes could be used as a way of establishing how gender equitable the response of CHAZ is to cervical cancer. This follows a statement that was highlighted by the Final Summary Report. The Final Summary Report (2002:10) indicated an urgent need to address gender barriers that make women unable to promote their SRH, by involving men. Such programmes could enable a positive response, especially when men are also involved in the screening programmes. This will create a better way of starting a dialogue on the need to partner in the fight against cervical cancer. Therefore, through such screening programmes, many could be sensitized on the threats of cervical cancer.

In order for equity to prevail, SRH issues such as cervical cancer deserve to be given more attention in CHAZ's programmes. Liu et al have rightly argued that Zambia is among the sub-Saharan countries with high rates of cancer deaths in women due to cervical cancer infection (2012:1). It becomes imperative therefore to engage in screening exercises as a recommended strategy to curb the disease.

According to Kapambwe, the Zambian government which works in collaboration with CHAZ started screening for cancer of the cervix in the year 2006 (2013:1). Kapambwe further explains that PEPFAR with the involvement of CHAZ introduced the 'pink ribbon' campaign in Zambia as a way of addressing cervical cancer (2013). This shows that something is being done by CHAZ with other organizations as a response to cervical cancer. Further, Alfaro et al listed CHAZ among the volunteers in the 'mobile diagnostics for cervical cancer milestone 2: needs assessment project' (2008:1). Based on the above information, it can be said that CHAZ has been involved in the cervical cancer projects as a partner with other organizations. However, the data analyzed on the response of CHAZ to women's SRH indicates that cervical cancer is not among what has been listed as the priority areas of response. The CHAZ reports indicate that CHAZ's priority areas are HIV and AIDS, Malaria and TB (2012:13).

When we consider the response of CHAZ to cervical cancer we see that there has not been much work done directly by CHAZ apart from its partnership with other organizations. What is of concern is the fact that CHAZ does not seem to place cervical cancer among the diseases of public concern. It is the lack of response to this serious illness that has become very common in Zambia that challenges the gender sensitivity of CHAZ in its response to cervical cancer. This becomes even more evident if we compare how CHAZ addresses HIV and AIDS as discussed earlier. Because CHAZ has been specific about the areas of commitment to implement programmes that mitigate diseases of public health concern, the absence of cervical cancer becomes a matter of serious concern. The importance of listing cervical cancer amongst priority areas could help in giving attention to the disease and increases sensitization. Therefore, the need for a gender sensitive approach cannot be overemphasized. It thus becomes important for CHAZ to not only consider cervical cancer as a disease of public health concern, but also to consider it a priority in its health responses.

From a medical point of view, the need for gender sensitivity is also emphasized. Doyal, for example, has argued that "greater sensitivity to sex and gender is needed in medical research, service delivery, and wider social policies" (2001:1061). This argument shows that sex and gender are important in health service delivery. In other words, until gender sensitivity is taken into account in programmes implemented by CHAZ, health service delivery will continue to be a challenge. This is because it increases the possibility of neglecting other important areas such as cervical cancer. Doyal (2001:1061) has further submitted that gender differences that are socially constructed are necessary determinants of whether individuals are able to realize their full potential in relation to a long and a healthy life. Therefore, when CHAZ is considering mitigating diseases of public health concern of which cervical cancer is part of in Zambia today, a gender sensitive approach would be required. This is very important especially when reports from SALC indicate that in Southern Africa, cervical cancer accounts for most of the cancer deaths of women (2012:vii). When we consider the fact that CHAZ already has established structures and programmes such as LCCB and CBD meant for the fight against HIV and AIDS, CHAZ can use the same structures to prevent and alleviate the spread of cervical cancer. Programmes such as community education could be used as one of the tools for establishing a gender sensitive response to cervical cancer.

According to Liu et al, in their study on "Cervical Cancer and HPV Vaccination: Knowledge and Attitudes in Lusaka, Zambia", it was established that there is high acceptance of the HPV vaccine by most of the interviewed women who further highlighted that they depended on the health clinics for information on cervical cancer (2012:3). This information shows that community education through health institutions could positively contribute to knowledge dissemination. However, the response to HPV is not the same in the rural areas. In many rural areas there exist some myths about HPV – that it causes sterility. However, with CHAZ's established good network especially in rural areas, it appears well placed to take advantage of its structures to offer community sensitization on the importance of the HPV vaccine.

Phiri and Nadar have argued that sexual and reproductive health issues have denied women's health (2006:9). In other words, the level of gender sensitivity of CHAZ in relation to cervical cancer could be either life giving or life denying to women. Thus, a gender sensitive approach would need to take into account the plight of women in addressing cervical cancer. Furthermore, since cervical cancer is a women's SRH issue and many women in Zambia are still subjects of socially constructed norms regarding owning their own sexuality, it becomes extremely necessary for CHAZ to take a leading role in promoting gender sensitivity when responding to cervical cancer.

3.4.2 Education and Women Empowerment Programmes in relation to cervical cancer

The question of how empowering the response of CHAZ is to cervical cancer has also been critiqued based on the nonexistence of women empowerment programmes. UNFPA (1998:viii) makes an important submission by stating that empowerment should provide relevant and understandable information on SRH issues, and the information must address sexuality, power relations and other common human experiences. This is also in line with the UNFPA Guide which highlights that cervical cancer prevention programmes should aim at ensuring that socially and economically disadvantaged women have access to these SRH services (2011:7). This means that empowerment should not be limited to economic empowerment but rather, it should also be extended to social empowerment in relation to women's SRH issues.

As alluded to earlier, CHAZ being the mother body that over sees the programmes of the CHIs, it could be in a better position to initiate cervical cancer programmes that are aimed at equipping women with information to deal with cervical cancer. This argument is based on the fact that when we look at CHAZ's programmes, CHAZ has been specific in its areas of response, as stated earlier and cervical cancer is not among them. Although CHAZ has submitted that health is not just the absence of disease but rather encompasses spiritual, physical, mental, moral, social and economic wellbeing of the person who is created in the image of God (CHAZ Annual Report 2008:12), without defined women empowerment programmes on cervical cancer, such pronouncements may be to no avail.

USAID (2012:3) has argued that "Female empowerment is achieved when women and girls acquire the power to act freely, exercise their rights, and fulfill their potential as full and equal members of society". However, when Zambia is ranked second highest in Africa for cases of cervical cancer, and if CHAZ, being the largest FBO that has indicated the intentions of helping build healthy societies, does not clearly highlight its response to cervical cancer, then one would not be wrong to question the empowerment programmes of CHAZ for women.

CHAZ has indicated the desire to follow a holistic approach at all levels of its operations. This therefore should include women empowerment in the area of SRH involving cervical cancer. However, this is not the case; CHAZ seems to have ignored the threat that cervical cancer is posing for the wellbeing of women and the society as a whole by not listing it among its priority areas. This is why I resonate with Oduyoye's argument that the church is never in the forefront when dealing with many ills of society, and that it usually arrives at the scene late (1995:487). Therefore, the seemingly lack of commitment by CHAZ to cervical cancer justifies such an argument as raised by Oduyoye.

Oduyoye further argues that women need to be empowered by the church to be in charge of their lives (1995:485). This argument calls for CHAZ to initiate programmes that challenge aspects of society that prevent women from having control over their sexuality, by using measures that counter the rising number of cases of cervical cancer in Zambia. Furthermore, another critical aspect in the response to women's SRH that needs to be taken into account is the link between HIV and AIDS and cervical cancer. This aspect needs to be taken into consideration if the vision of a healthy Zambian society by CHAZ is to be achieved.

3.5 The Link between HIV and AIDS and Cervical Cancer

A great deal of information indicates that a direct link exists between HIV and AIDS and cervical cancer. However, the lack of a clear programme by CHAZ on cervical cancer brings out an element of lack of gender equity. This is because despite the direct relationship that exists between the two, cervical cancer is still not listed among priority areas of response by CHAZ. Therefore, it is imperative to take into consideration the link in addressing the two SRH issues.

According to Engstrand (2013:20):

> A clear relationship between HIV and cervical cancer has been identified. Infection with HIV weakens the immune system and reduces the body's ability to fight infections that may lead to cervical cancer. As a consequence, women are more affected by cervical cancer in the Southern African countries relative to other geographical areas due to the high HIV infection rates. The research shows that cervical cancer is about 4-5 times more common among women living with HIV than women who are HIV-negative.

Southern African Litigation Centre (SALC) has also submitted that cervical cancer was recognized as an AIDS-defining illness and as a leading cause of mortality in HIV positive women by the US Centers for Disease Control and Prevention in 1993 (2012:18). SALC further reports that "the disproportionate cervical cancer burden in southern Africa is also partly due to the high prevalence of HIV in southern Africa with many studies indicating that a higher likelihood of pre-cursors to cervical cancer is found in women living with HIV" (2012:2). SALC continues to report that HIV infection and suppression of immunity due to HIV and other infections is one of the causes of cervical cancer (2012:8). These findings clearly demonstrate a strong link between HIV and AIDS and cervical cancer. Therefore, it could be anticipated that CHAZ in its response to HIV and AIDS would equally consider ways of moderating the spread of cervical cancer. However, the analyzed data shows that CHAZ's programmes do not include cervical cancer among the major issues of public health concern. Equity in service delivery cannot be overemphasized, especially with regards to health issues. According to UNESCO, gender equity calls for a fair treatment of both women and men based on their respective needs (2000:5). If we go by this definition, the high infection rates of HIV among women in Zambia warrants for women-focused prevention strategies, if equity is to be attained. However, when one considers the high levels of infection among women, the most equitable action by CHAZ would be to prioritize programmes that aim at addressing this trend. Nevertheless, the reports of CHAZ give little information on the nature of the programmes that are being initiated in terms of whether they

take into account gender equity. It is not evident how CHAZ considers the vulnerable position of women in their prevention measures especially in relation to cervical cancer.

It is on this account that I submit that without clearly defined intentions to prioritize women's plight in the fight against cervical cancer as a woman's SRH issue, it becomes difficult to attain gender equity. This is why Gupta argues that women's access to SRH services is restricted due to gender power relations (2000:4). Ackermann (2006:232) supports this by arguing that women are subjected to male hegemony both culturally and religiously as a result of sexism, which results in disorder between men-women relationships, further perpetuating the HIV and AIDS pandemic. Therefore, one way of addressing such discrepancies in female-male relationships is for CHAZ to embrace gender equitable programmes. Dube (2004a:12) also gives a helpful insight by stating that it is important to use a feminist perspective as a way of understanding healing in the HIV and AIDS struggle.

If we are looking at a gender equitable response based on the analysis of the definition of gender equity provided by the IFAD (2012:38) which defines gender equity not only as fair treatment of women and men based on their respective needs, but also as a goal which requires the rectification of imbalances between sexes as a way of compensating for historical and social disadvantages faced by women, then the response of CHAZ could not be regarded as gender equitable.

Another factor that challenges CHAZ's equitability and its lack of response to cervical cancer relates to the report mentioned above indicating that CHAZ has allocated a huge amount of money for HIV and AIDS programmes. By this, I do not undermine the effort CHAZ is making to try and combat the spread of HIV. However, when we consider the evidence given of the link between cervical cancer and HIV, it becomes necessary that both issues are addressed equally.

Furthermore, if "equity is a necessary prerequisite to achieving the right to health" as highlighted by the UNFPA (1998:vii), then CHAZ is challenged to consider how they respond to the challenge of cervical cancer. In relation to its vision and mission to bring about holistic healthy Zambian societies for all, one cannot talk about a holistic health approach without embracing equity. Therefore, there is the need for gender equity by taking into account the necessity of sensitization on the link between HIV and AIDS with cervical cancer rather than focusing on the prevention and mitigation programme of HIV and AIDS alone.

SALC has reported that cervical cancer awareness and screening is mostly limited to cities among HIV positive women while in rural areas and among HIV negative populations, awareness is low (2012:viii). The link between HIV and AIDS and cervical cancer can be used as a better channel to show how the two SRH issues affect women. Therefore gender equitable programmes will call for both men and women to find ways of fighting these two pandemics. CHAZ, being a body that operates mainly in the rural areas where culture seems to have a strong hold over the way in which diseases are defined, CHAZ needs to include education on diseases such as cervical cancer and its link to HIV and AIDS and needs to take into account issues of patriarchy and gender imbalances that manifest themselves in the health issues. For example, women's lack of power to negotiate safe sex and other culturally defined norms make women vulnerable to HIV and cervical cancer infection. Therefore a gender sensitive approach to the two women's SRH issues will take a holistic approach that will not only focus on preventative measures targeted at women but men as well. CHAZ needs to use its available institutions such as churches to educate men on cervical cancer so that they can partner with women in the fight against this disease. CHAZ's Annual Report continues to commend the church for being instrumental in ameliorating health problems in Zambia through its complementary role to the government in its efforts to ensure equity in health and other issues (2008:10).

It is on this ground that I argue that the response of CHAZ to cervical cancer could be more gender equitable especially if CHAZ considered cervical cancer to be among diseases of public health concern.

3.7 Conclusion

In conclusion, CHAZ has shown a significant response to the challenge of HIV and AIDS through resource mobilization and implementation of community based programmes. However, it was argued in this chapter that the response of CHAZ is lacking in aspects of gender sensitivity, gender equity and women empowerment. Information on the response of CHAZ to the challenge of cervical cancer is almost non-existent, as gleaned from the CHAZ data read at the time of this study. There is no indication of major activities undertaken by CHAZ in response to escalating rates of cervical cancer except in partnership with other organizations, such as PEPFAR's Pink Ribbon campaign. There is little data from other

sources indicating CHAZ's intention to respond. However, my findings indicate that this could probably be at a proposal stage. Although CHAZ has made strides in responding to diseases they have marked as areas of public health concern, there is still more that could be done by CHAZ in areas of gender sensitivity, gender equity and women empowerment, as evident in their response to women's SRH issues. The challenge is further compounded by emerging reports of the close link between HIV and AIDS and cervical cancer which makes the response to one at the neglect of the other retrogressive in terms of any positive strides. The following chapter examines the theological underpinnings of CHAZ in relation to women's SRH issues.

CHAPTER FOUR

Examining Theological Underpinnings of CHAZ to Women's SRH Issues

4.1 Introduction

This chapter addresses the theological underpinnings of the operations of CHAZ as it pursues its vision and mission of healthy Zambian societies. This chapter raises four theological themes, which are: ecumenical theology as a Christian value of CHAZ, scriptural theological response of CHAZ, theology of a healthy and productive life for all, and a theology of holistic approach to health care service delivery. These theological themes will be analyzed in order to establish their implications on the response of CHAZ to HIV and AIDS and cervical cancer as women's SRH issues.

4.2 *Ecumenical Theology as a Christian Value of CHAZ*

The significance of ecumenism in responding to the social challenges is indispensable. Our societies today are faced with a number of challenges of which women's SRH issues are amongst such, as discussed earlier. Therefore, every organization that is looking at having a wider impact in confronting health challenges should opt for ecumenical partnership. CHAZ is an institution with a strong ecumenical constituency. Ecumenism is a critical Christian concept that is strongly evident when we look at CHAZ, an FBO that consists of both Catholic and Protestant Churches (CHAZ Health Voice 2013:4). This is because CHAZ's existence and its ability to actualize its vision of healthy Zambian societies require the participation of different Christian denominations. This argument is supported by Chitando (2007:77) who submits that EHAIA, an ecumenical body under WCC which is responding to issues of HIV and AIDS has affirmed that ecumenical cooperation is playing a leading role in addressing HIV and AIDS. Chitando (2007:77) further asserts that "many Church leaders have noted that only a united front can provide an effective response to the epidemic". This shows that HIV and AIDS is women's SRH issues which cannot be handled single handedly. At the centre of ecumenical theology lies Paul's theology of one body in Christ. In 1

Corinthians 12:26[4], Paul argues that if one part of the body suffers, the whole body suffers with it. It is with such an understanding that CHAZ recognizes the need for ecumenical relationship because the suffering of every Zambian is the suffering of every member of the body of Christ. Therefore, when the country is struggling with the challenges of HIV and AIDS, and cervical cancer, it becomes the responsibility of every well-meaning Christian denomination to engage in finding ways of dealing with such challenges. With this perspective, CHAZ has upheld ecumenical theology as a necessary tool for building healthy Zambian societies. CHAZ also holds the view that "the manifestation of the victory of the kingdom of God over every kind of evil becomes a symbol of restoration to health of the whole human person, body and soul" (CHAZ Health Voice 2013:5). This shows that any kind of sickness is considered to be evil. Lack of good health is also considered to deprive people not only of their physical wellbeing but their spiritual wellbeing as well. From this perspective, it is evident that CHAZ is determined to actualize the vision of a healthy Zambia and has identified ecumenical theology as an important Christian value in the fight against diseases.

CHAZ has based not only its operation but its existence in the very concept of ecumenism. The inter-denominational nature of CHAZ clearly brings out ecumenism as a Christian value of CHAZ. This greatly expands the boundaries of influence for CHAZ as it oversees church health institutions which are run by different denominations. CHAZ also enjoys a rich pool of knowledge from different denominational backgrounds which could make its work more meaningful to the people as they relate with the work of CHAZ. The ecumenical theology of CHAZ is what has helped it in addressing SRH issues such as HIV and AIDS. Chitando and Klagba give another example of what ecumenical theology can contribute by highlighting the work of the Ecumenical HIV and AIDS Initiative in Africa (EHAIA), which is a branch of WCC that is greatly contributing towards the availability and accessibility of Anti-Retroviral Therapy in Africa (2013:3). Just like EHAIA, CHAZ also stems from WCC, as mentioned in chapter two, as a body with an ecumenical approach to addressing health issues. Therefore, the ecumenical stance of CHAZ has great potential for achieving it vision of healthy Zambian societies, as observed from some of the strides that CHAZ has made, especially in the fight against HIV and AIDS.

[4] If one part suffers, all the parts suffer with it, and if one part is honored, all the parts are glad. New Living Translation (NLT)

However, ecumenical theology could also be problematic because different denominations hold different stances and traditions when it comes to addressing women's SRH issues. For instance, the Catholic Church and some evangelical Protestants hold a very strong position on issues of reproductive health. This is consistent with Kissling's argument that the Catholic Church and some evangelical Protestant Churches hold an anti-reproductive choice advocacy stance in the public policy debate (1986:15). With such a position held by some key members of CHAZ, it places a limitation on some of critical decisions that CHAZ could make in responding to women's SRH issues for fear of breaching the ecumenical relationship. Another problematic aspect of the ecumenical theology of CHAZ is that the Church has some patriarchal tendencies as will be discussed in greater detail later in the next section of this chapter. This statement is supported by Chitando (2007:6) who argues that" Churches in Africa have not actively supported women in their quest for abundant life". Chitando (2007:6) further argues that women's subordination to men has continuously been reinforced by the Church. As a result, CHAZ could end up compromising with regard to taking action that could ensure that its response is gender sensitive, gender equitable and women empowering. In this respect, ecumenism as a Christian value embraced by CHAZ could be problematic.

4.3 Scriptural Based Theological Response of CHAZ for Healthy Zambian Societies

CHAZ as a Christian organization derives its inspiration to respond to the health challenges from scripture. This is clearly stipulated in the CHAZ Health Voice which states that CHAZ takes its work as a commission by God, based on scriptures such as Luke 9:2, "preach the word and heal the sick" (2013:3). This shows that CHAZ does not take the commission of preaching the word to be complete unless it is accompanied by healing. CHAZ considers the central message of the gospel to be responsive to society's pain. For instance, CHAZ interprets the account of Matthew and Luke, when the Lord gave the power to drive out unclean spirits and cure every disease and sickness (Matthew 10:1[5]; Luke 9:1[6]), as the primary context for any mission response. CHAZ also argues that "the power to heal therefore is given in a missionary context not for their exaltation but to confirm their mission" (CHAZ Health Voice 2013:5).

[5] Jesus called his twelve disciples together and gave them authority to cast out evil spirits and to heal every kind of disease and illness. NLT

[6] One day Jesus called together his twelve disciples and gave them power and authority to cast out all demons and to heal all diseases. NLT

Therefore, CHAZ considers its work toward a vision of healthy Zambian societies to be a faithful response to the commission of Christ. CHAZ strives to live its mandate of reaching the unreached by creating programmes that are considered life-giving, in line with scripture. Thus programmes such as the provision of PMTCT, HBC, LCCB and many others as stated earlier are to an extent a response to what the scripture in Matthew 25:40 says: "whatever you do to the least of these, you do to me". The CHAZ Annual Report (2008:11) attests to this by stating that their work shall be a reflection of the Christian faith values. This statement is further supported by the CHAZ news bulletin (2010:2) which confirms that the goals and objectives of mission hospitals as well as their daily operations are guided by scripture. From this discussion, it can be clearly noted that the activities of CHAZ are collectively a scripture-based theological response to health challenges with the goal to bring about healthy Zambian societies.

However, the scriptural based response of CHAZ to health challenges in Zambia, such as HIV and AIDS and cervical cancer, can be problematic considering the fact that CHAZ is an ecumenical organization. What this implies is that different denominations have different interpretations of scripture, especially when it comes to women's issues in relation to their sexuality. Some Christian denominations which are members of CHAZ could have a radical interpretation of scripture that challenges the empowerment of women and the ownership of their own sexuality. There are some Christian denominations that still hold a literal interpretation of scriptures such as Ephesians 5:22[7] which speak of women's submission to their husbands. Such scriptures have led to the subjugation of women, especially in the area of control over their sexuality, an area that is central to women's SRH issues. This kind of interpretation challenges the response of CHAZ to women's SRH issues.

Furthermore, scriptural theological response of CHAZ becomes a challenge for healthy Zambian societies because of the fact that scripture is not free from patriarchy. Dayam (2010:34) has argued that "theology in general, has taken patriarchy to be a divinely ordered human structure of power". It is such arguments that make it difficult for patriarchy to be questioned as it appears as though it was instituted by God. This theological understanding stems from different scriptural interpretations. For some denominations that have a literal

[7] For wives, this means submit to your husbands as to the Lord. NLT

interpretation of scripture, especially amongst the Protestants, any viewpoint that seems contradictory to scriptural teaching could be seen as undermining the divinity of scriptures. Therefore, when we consider that CHAZ is an ecumenical body, such different hermeneutical positions are important. The different scriptural interpretations challenge CHAZ's responses to health issues with regard to gender sensitivity, gender equity, and women empowerment. This does not mean that the scriptural based theological response of CHAZ is ineffective.

However, considering the effects of conservative interpretations of scripture that support patriarchy, it is not possible to ignore the possibility that CHAZ's response to HIV and AIDS and cervical cancer could have been negatively influenced by patriarchy. Petchesky et al argue that in patriarchal societies, women are given a position that is inferior to that of men and they are denied decision-making freedom because they are considered as only housewives (1998:190). These patriarchal tendencies could potentially resist progressive action that CHAZ might introduce regarding prevention measures for HIV and AIDS and cervical cancer. For instance, insisting that women should control their own sexuality could be interpreted as insubordination and contrary to the teaching of Ephesians 5:23[8]. Patriarchy, writes Njoroge (1997:81), is a "destructive powerhouse with systematic and normative inequalities as its hallmarks".

Furthermore, Njoroge explains that patriarchy has "its roots well established in the society as well as in the church and to tackle this problem will need well equipped and committed men and women to bring patriarchy to its end" (1997:81). Rakoczy adds to this by defining patriarchy as an "ideology, way of thinking, feeling and organizing human life which legally, politically, socially and religiously enforces male dominance and power. Culture, society and religious bodies, including the Christian church are all structured on this principle" (2004:10). Where patriarchy exists, writes Oduyoye, there you will find that unequal relations are normative and systematic (1995:131). This shows the intensity with which patriarchy penetrates most aspects of human life; its effects cannot be ignored. Therefore, CHAZ as an ecumenical body with members having different scriptural interpretations is not exempt from the arguments on patriarchy of the theologians above. This could be one of the reasons that CHAZ may be struggling with a gender sensitive, gender equitable and women empowering response to HIV and AIDS and cervical cancer. This could also be because patriarchal

[8] For a husband is the head of his wife as Christ is the head of the church. He is the savior of his body, the church. NLT

tendencies within Christianity are not questioned, and thus patriarchy is taken as God-given by women, men and religious organizations alike.

Akoto (2006:100) argues that women in Africa are experiencing ill-health because they do not have the freedom to take care of themselves. Scriptural interpretation from a patriarchal perspective exalts men over women. It is this second class position of women that has led to an increase in women's SRH problems in Zambia. Akoto supports this argument by stating that the health of women is most at-risk (2006:98). Glasier et al further accentuate this statement by highlighting that in developing countries, women are not able to exercise control over their sexual and reproductive health, a situation which has resulted in ill sexual and reproductive health (2006:1). This could be the reason why Zambia has high infection rates of HIV, and cervical cancer which also challenges the response of CHAZ as it endeavors to find means and ways of dealing with the spread of HIV and AIDS and cervical cancer.

4.4 Theology of a Healthy and Productive Life for All

The theology of a better life for all comes out of the vision statement of CHAZ of "healthy and productive lives" as stated earlier in the 2012 Annual Report. The theology that CHAZ has adopted serves as a parameter for how it responds to health challenges in Zambia. The CHAZ Health Voice (2013:5) has pointed out that the church participates "in the ministry of Christ when people experience the healing power of God. CHAZ's operations are guided by, a mission statement, a vision statement and the core values to ensure adherence to good practice on Christian ethics".

Therefore, the core values of CHAZ include a commitment to ensure a theology that promotes a healthy and a productive life for all. This is an important theology especially if women's SRH issues are to be taken into account. CHAZ, by holding this theology, strives to communicate that it is the desire of God for all humanity to live a healthy and productive life. For instance, CHAZ has argued that in welcoming the sick ,the church recognizes the fact that the church is called to live a human and Christian vocation as a way of participating in the growth and the kingdom of God in a new and more valuable way (CHAZ Health Voice 2015:5). This means that CHAZ recognizes the importance of developing a theology that supports the health of all as a way of participating in God's purpose for a healthy creation. However, the current status of women's SRH in Zambia poses a challenge to this theology

and raises the questions of gender sensitivity, gender equity and women empowerment because women continue to be vulnerable to SRH issues. Therefore, this theology cannot be realized in isolation from a theology that supports gendered measures. This is why Oduyoye argues that it is not possible for the church to speak of 'one body' before coming to a place where it is able to say that the whole body of Christ is hurt by what hurts women (1995:485). Therefore, it becomes necessary for CHAZ to respond to what Oduyoye argues is the need for theological reflection that includes a feminist ecclesiology, in order for the experiences of faith of women and their sexuality to be included in the response of CHAZ to SRH issues (2001:11). Such reflection could also respond to Ruether's argument that women have been reduced to reproduction tools by societal gender norms which confine them to definition by and ownership of men (1993:74). Otherwise the disregard of cervical cancer as a disease of public health concern would continue to enforce arguments such as the one raised by Oduyoye; that the church in Africa seems to turn a blind eye to issues that affect women's wellbeing, despite the pain that women are going through (1995:487).

When CHAZ talks of a theology of a healthy and productive life for all, women's SRH needs to be among the priority areas of response. One of the scriptures that CHAZ uses to support the theology under discussion is Luke 10:9: "heal the sick that are there and tell them the kingdom of God is near you." CHAZ does not take healing to mean just healing from disease but from anything that causes pain and suffering as explained in the CHAZ Health Voice (2013:5). This shows God's desire for all to be healthy and that no one deserves to be sick or left with any kind of illness.

4.5 Theology of a Holistic Approach to Health Care Service Delivery

As outlined in the mission statement earlier in chapter two, CHAZ endeavors to serve the "*poor and underserved communities with holistic health services*". The theology of wholeness emanates from the mission statement of CHAZ that implies incorporation of spiritual well-being with physical wellbeing. This is highlighted in the CHAZ Health Voice (2013:5) that points out that "CHAZ's approach to health is not limited to physical healing but it is holistic, it targets the body and the soul". This is supported by Mudenda et al, who submit that CHAZ's health services are the most preferred among the rural sectors of the Zambian society because of their holistic approach that does not only care for the physical health needs but also caters for the spiritual needs of the people (2008:28). This theology

draws attention to the significance of a pastoral approach in health care delivery. This is an important theological response by CHAZ because many of the challenges of people infected with HIV and cervical cancer have a psychological aspect. Therefore, a holistic approach towards healing Zambian societies, as taken by CHAZ, is critical when addressing women's SRH issues in Zambia.

4.6 Conclusion

In conclusion, I would like to state that the theological underpinnings of CHAZ highlighted in this chapter are important in its work to attain the healthy Zambian societies it envisions. What remains is for CHAZ to take into account some of the challenges highlighted in the discussion of theological themes, such as patriarchy amongst others, as this would enable CHAZ to strengthen its response to women's SRH issues. Further, the strength of CHAZ's ecumenical composition could be used to its advantage in addressing the challenge of HIV and AIDS and cervical cancer despite the different theological positions held by different denominations. This is because despite the theological differences, one theology remains universal, and that is the theology that cares for the wellbeing of humankind. As CHAZ uses its ecumenical strength to address women's SRH issues, these actions are consistent with the theology of care for the wellbeing of humankind, and with Jesus' gospel of showing love to all, especially those in a vulnerable position (Luke 4:18)[9].

[9] The Spirit of the Lord is upon me, for he has anointed me to bring good news to the poor. He has sent me to proclaim the captives will be released, that the blind will see, that the oppressed will be set free, NLT

CHAPTER FIVE

CONCLUSIONS AND PROPOSED AREAS OF RESEARCH

5.1 Conclusion of the Research Study

An analysis of the response of CHAZ from a gendered perspective in the previous chapters clearly shows that the response of CHAZ lacks gender sensitivity, gender equity, and the women empowerment aspect in relation to HIV and AIDS and cervical cancer. It was also established that ecumenism as a Christian value of CHAZ could be both life-giving and life-denying in relation to the response of CHAZ to the two issues. The use of scriptures is also both life-giving and life-denying because of the negative effects of scripture, one of which is patriarchy. Therefore, the main aim and objectives of the study have been accomplished. This chapter concludes the study and proposes further areas of research.

Chapter One

Chapter one of this study, brought out the motivation and background of the study. This chapter also highlighted the various components of the research process as a way of guiding the research study such as the key research question, sub-questions and objectives which are critical in putting into perspective areas of great importance to the study. The chapter also highlighted the theoretical framework and the research methodology.

Chapter Two

The second chapter described the background of CHAZ and its structure as a mother body of FBOs in Zambia that facilitates the work of Church Health Institutions in Zambia. The vision and mission of CHAZ were analyzed as a way of showing the relevance of CHAZ to women's SRH issues in Zambia, as was the collaboration between CHAZ and the Zambian government. This chapter also discussed the relevance of the intersection between religion and health.

Chapter Three

The third chapter was a gendered critique of the response of CHAZ to HIV and AIDS and cervical cancer. It was established that there are positive strides that CHAZ has made in responding to HIV and through the different themes such as; resource mobilization programme and implementation of community based programmes. It was also established that these programmes are doing well as they are contributing towards the wellbeing of people in relation to addressing HIV and AIDS. However, after analyzing the programmes, it can be concluded that the response of CHAZ is not gender sensitive as it does not take into account the gender norms at play in relation to women's SRH issues.

Screening, education and women empowerment programmes were discussed as a way of analyzing the response of CHAZ in relation to cervical cancer. The link between HIV and cervical cancer was also discussed. However, the study established that the response of CHAZ was not gender sensitive, gender equitable and women empowering with regards to how CHAZ has responded to cervical cancer. This was highlighted by pointing out that cervical cancer was not listed among priority areas of public health concern by CHAZ. The study further pointed out that the existing structures of CHAZ of having health institutions within rural areas could be used as a critical tool for implementing programmes that could avert the challenge of cervical cancer. However, it has been concluded that the response of CHAZ to cervical cancer is not gender equitable especially when compared to the way CHAZ has responded to the challenge of HIV and AIDS. It was established that because CHAZ's response to cervical cancer is negligible, the response is not empowering to women.

Chapter Four

The fourth chapter discussed the theological underpinnings of CHAZ in relation to women's SRH issues. For example, it has been established that the theology of ecumenism has both positive and negative influences on the response of CHAZ to HIV and AIDS and cervical cancer. It was argued that the different theological positions of the various denominations under CHAZ have negatively affected the response of CHAZ to women's SRH issues. Scripture was another Christian value of CHAZ that was analysed. It was established that scripture has some life-giving values as the basis of CHAZ's. However, one of the challenges of using scriptures as a basis of CHAZ's response is patriarchy. This was considered as a

major impediment in the response of CHAZ to women's SRH issues. It was also shown that the theology of a healthy and productive life for all - as derived from CHAZ's vision statement - is significant to the response of CHAZ to women's SRH issues. However, this theology is being challenged by the levels of women's SRH issues such as HIV and AIDS and cervical cancer in Zambia. This chapter also considered the theology of a holistic approach to health care service delivery. It was established that this is a significant theology towards addressing women's SRH issues as it emphasises both physical and spiritual healing.

5.2 Proposed Areas of Further Research

There is a need to investigate how the Church Health Associations in other African countries are responding to women's SRH issues such as HIV and AIDS and cervical cancer. This is critical because, as Cochrane submits, "very little is known, in Africa for example, about what FBOs do, how they operate, and how they are aligned with public health systems" (2006:62).This information could help CHAZ to effectively respond to the two selected issues.

Further, research should be conducted to establish how best the collaboration between the Zambian Government and CHAZ could effectively address the gender issues. The Zambia National Strategic Health Policy also recognizes the significance of this collaboration by submitting that, not only is CHAZ the largest faith-based institution that contributes to the health sector, it is also second to government in terms of public health service delivery and the implementation of nationwide health facilities (2011-2015:71). Kapambwe also affirms the importance of the collaboration by mentioning that CHAZ contributes to public health services through CHAZ-owned hospitals and clinics (2008:4).

Further, research should focus on how best CHAZ can address the negative effects of patriarchy so as to ensure that it does not affect their response to women's SRH issues such as HIV and AIDS and cervical cancer. As long as patriarchy remains unattended to, the progress in terms of addressing women's SRH issues will remain hampered. There is a need for CHAZ to respond in a way that is liberating to women. In this way, CHAZ will prove to be an exception to Hinga's assertion that the social institution of religion does not represent the views of women and it does not act to benefit and liberate women because it is irredeemably patriarchal (2006:184). This is supported by Kasomo and Maseno's argument

who argue that African feminist theology is about encouraging relations that bring empowerment to men and women, recognizing the humanity of all people, not based on sexist criteria (2011:161). Kasomo and Maseno further state that African feminist theology is about getting rid of all that threatens and limits the full humanity and equality of women (2011:161). Ackermann supports this by arguing that as a result of little education and living in patriarchal relationships, women lack the necessary skills and power for safe sex negotiation (2006:233). Ruether adds to this argument by stating that men define and own a woman's body as well as her reproductive processes and women are considered as reproduction tools (1993:74). Therefore, CHAZ not only needs to reverse what Ruether (1993:94) calls the 'case of projection' theory which has given women a position that is subordinate to that of men, ultimately rendering them less of God's image. The rates of infection of HIV and cervical cancer in Zambia are slowly threatening the full humanity of women, which warrants a response that is gender sensitive, gender equitable and empowering to women by organizations that command influence, such as CHAZ.

CHAZ also needs to take Oduyoye's challenge seriously when she argues that the church in Africa needs to redeem Christianity from being a force that compels women to accept roles that demean their humanity (1995:480). Knudsen makes an important argument to this effect by stating that in Uganda, most women do not access family planning because of lack of support from their husbands - who are decision makers in the home by virtue of being the head and the bread winner of the house (2006:49). This is a result of religious and cultural beliefs. Knudsen affirms this argument by stating that some countries' religious beliefs or traditional norms have led to women's sexual and reproductive rights not being talked about as they are considered to be taboo (2006:49). These arguments could, to some extent, justify the struggle that CHAZ may be having in implementing preventive measures regarding HIV and AIDS and cervical cancer that are more radical by challenging patriarchy that is found both in their member churches and in the Zambian societies.

Therefore, there is need for CHAZ to be alert to problematic patriarchal dimensions that characterize both religion and society, as mentioned by Cochrane (2006:68). These dimensions of patriarchy are a serious impediment to any response that could be aimed at addressing HIV and AIDS and cervical cancer. This is why I propose a gendered response in addressing the challenges of HIV and AIDS and cervical cancer.

There is also need for further research to focus on how best the relationship between religion and health could be strengthened through taking an interest in new developments in the medical field. For example, Lusti-Narasimhan et al have argued for the importance of WHO guidelines in the use of the two new vaginal antiretroviral drugs if the prevention of HIV is to be effective (2014:1). Chibwesha et al, researchers in the medical field, have argued that the dual method of contraceptive use could improve the reproductive health of women. This was after they conducted research on the effectiveness of counselling intervention strategies in relation to HIV and AIDS that were introduced with regard to contraceptive use in 16 clinics in Lusaka (2011:1).The arguments of all the above scholars bring out important information with regard to the need to incorporate a number of stakeholders such as government and NGOs into the discussion of HIV and AIDS and cervical cancer.

5.3 General Conclusion

From this study, it can be concluded that a gendered approach in addressing the challenge of women's SRH issues remains indispensable. This can be noted by a number of themes highlighted throughout the study indicating the limitations that arise from lack of consideration of the aspect of gender sensitivity, gender equity and women empowerment. Until women are empowered, gender equity and sensitivity are embraced in addressing HIV and AIDS and cervical cancer, the challenge of SRH issues will continue to haunt the Zambian societies and the vision of CHAZ of healthy Zambian societies will be difficult to achieve.

BIBLIOGRAPHY

Ackermann, D. M. 2008. 'Deep in the Flesh':Women, Bodies and HIV/AIDS: A Feminist Ethical Perspective. In Hinga,T.M; Kubai, A.N; Mwaura, P & Ayanga, H.*Women, Religion and HIV/AIDS in Africa:Responding to Ethical and Theological Challenges*, 105-125. Pietermaritzburg: Cluster Publications.

Ackermann, D.M.2006. From Mere Existence to Tenacious Endurance: Stigma, HIV/AIDS and a Feminist Theology of Praxis. In Phiri,I. A & Nadar, S. (eds), *African Women, Religion, and Health: Essays in Honor of mercy Amba Ewudziwa Oduyoye*, 221-242. New York: Orbis Books.

Ackermann, D. M. 2004. Tamar's Cry: Re-Reading an Ancient Text in the Midst of an HIV and AIDS Pandemic. In Dube, M.W & Kanyoro, M. *Grant Me Justice! HIV/AIDS and Gender Readings of the Bible* (pp. 27-59). Pietermaritzburg: Cluster Publications.

Addai, I. 1999. Does Religion Matter in Contraceptive Use among Ghanaian women? *Review of Religious Research,* (40), No. 3, 259-277.

Africa Coalition on Maternal and Newborn Child Health. 2014. Retrieved October 28, 2014, from https://*www.google.co.za/#q=statistics+of+cervical+cancer+in+zambia%2c+%22pdf%22.*

African Religious Health Assets Program. 2006. *"Appreciating Assets: The Contribution of Religion to Universal Access in Africa", Report for the WHO.* Cape Town: ARHAP.

African Religious Health Assets Program. 2005. *International Colloquium Case Study Focus Papers and Proceedings*, 1-78. Willow Park.

Airhihenbuwa, C.O & Liburd, L. 2006. Eliminating Health Disparities in the African American Population: The Interface of Culture, Gender, and Power. *Health Education & Behaviour, (*33), No.4, 488-501.

Akoto, D.B. 2006. Women and Health in Ghana and the Trokosi Practice. In Phiri, I.A & Nadar, S. (eds), *African Women, Religion, and Health: Essays in Honor of Mercy Amba Ewudziwa Oduyoye*, 96-110. New York: Orbis Books.

Alfaro, S; Mao, C; Chan, T; Freifeld, C & Hirji, S. 2008. *Mobile Diagnostics for Cervical Cancer Milestone 2: Needs Assessment.* Retrieved October 15, 2014, from https://www.google.co.za/#q=churches+health+association+of+zambia+and+cervical+cancer%2c+%22pdf%22

Austria, C.R. 2004. The Church, the State and Women's Bodies in the Context of Religious Fundamentalism in Philippines. *Reproductive Health Matters,* (12), No. 24, 96-103.

Ayanga, H. 2008. Religio-cultural Challenges in Women's Fight against HIV/AIDS in Africa. In Hinga, T.M; Kubai, A.N; Mwaura,P & Ayanga, H. *Women, Religion and HIV/AIDS in Africa: Responding to Ethical and Theological Challenges,* 34-48. Pietermaritzburg: Cluster Publications.

Badenberg, R. 2002. *The Body, Soul and Spirit Concept of the Bemba in Zambia: Fundamental Characteristics of Being Human of an African Ethnic Group,* PhD Thesis. Kasama: Culture and Science Publication.

Bledsoe, C.H; Casterline, J.B; Kuhn, J.A & Haaga, J.G. 1999. *Critical Perspectives on Schooling and Fertility in the Developing World.* Washington D C: National Academy Press.

Buvinic, M & Gupta, G. 1997. *Female Headed Households and Female Maintained Families: Are they Worth Targeting to Reduce Poverty in Developing Countries?* Chicago: University of Chicago Press.

Catholic Relief Services. 2012. *The AIDS Relief Zambia Partnership: Transitioning to the Churches Health Association of Zambia.* Retrieved September 08, 2014, from https://www.google/#q=collaboration+between+churches+health+associations+of+zambia+(chaz)+and+government+%22pdf%22.

Chatters, L.M; Levin, J.S & Ellison, C.G. 1998. Public Health and Health Education in Faith Communities. *Health Education and Behaviour,(*25), No.6, 689-699.

Chibwesha, C.J; Michelle, M; Matoba, C.K; Mbewe, R; Chi, B.H & Stringer, J.S. 2011. Modern Contraceptive and Dual Method use among HIV infected women in Lusaka. *Infectious Diseases in Obstetrics & gynacology,(8), No. 5* , 1-9.

Chitando, E. 2006. *Acting in Hope: African Churches and HIV/AIDS 2.* Geneva: WCC Publications.

Chitando, E & Klagba, C. 2013. *In The Name of Jesus! Healing in the Age of HIV.* Geneva: World Council of Churches.

Christianity in Zambia. Retrieved July 1, 2014, from www.zambian.com/html/christianity-in-zambia.html.

Churches Health Association of Zambia 2013. *About CHAZ.* Retrieved April 23, 2014, from http://www.chaz.org.zm/?q=about_us.

Churches Health Association of Zambia.2008. *Annual Report.* Lusaka: CHAZ Publications.

Churhces Health Association of Zambia. 2010. *Annual Report.* Lusaka: CHAZ Publications.

Churches Health Association of Zambia. 2012. *Annual Report.* Lusaka: CHAZ Publications.

Churches Health Association of Zambia. 2010. *CHAZ News Bulletin.* Lusaka: CHAZ Publications.

Churches Health Association of Zambia (CHAZ); Planned Parenthood Association of Zambia (PPAZ) & Canadian Public Health Association (CPHA). 2002. *Improving Sexual and Reproductive Health Service Delivery: The Zambian Family and Reproductive Health Project.* Retrieved November 4, 2014, from https://www.google.co.za/#q+women's+sexual+and+reproductive+health+issues+in+zambia.

Cochrane, J. R .2006. Religion, Public Health and A Church for the 21st Century. *International Review of Mission, (95), No. 376/377* , 59-72.

Dan Church AID. 2005. *Dan Church Aid HIV Program: Final Evaluation Report 2005-2009.* Retrieved September 8, 2014, from https://www.google.co.za/#q=collaboration+between+churches+health+association+of+zambia+(chaz)+and+government+%22pdf%22.

Dayam, J. P .2010. Towards a Laboratory Christian Theology: Interrogating the Gendered Self. In Sheerattan, B.P & Peacock, P.V. *Created in God's Image- From the Hegemony to Partnership- A Church Manual on Men as Partners: Promoting Positive Masculinities.* Switzerland: SRO-Kunding.

DeHaven, M. J; Hunter, I. B; Wilder, L; Walton, J. W & Berry, J .2010. Health Programs in Faith-Based Organizations: Are They Effective. *American Journal of Public Health* (94), No.6, 1030-1036.

Dimmock, F & Cassidy, T. 2011. Maintaining and Strengthening African Religious Health Assets: Challenges Facing Christian Health Associations in the Next Decade. In Cochrane, J.R; Schmid, B & Cutts, T.*When Religion and Health Align*,178-192. Dorpspruit: Cluster Publications.

Doyal, L. 2001. Sex, Gender and Health: The Need For A New Approach. *BMJ* (323), 1061-1063.

Dube, M. W .2004a. Grant Me Justice: Towards Gender-Sensitive Multi-Sectoral HIV/AIDS Readings of the Bible. In Dube, M.W & Kanyoro,M.R. *Grant Me Justice!HIV/AIDS and Gender Readings of the Bible*, 3-24. Pietermaritzburg: Cluster Publications.

Dube, M. W. 2004b. Talitha cum! A Postcolonial Feminist & HIV/AIDS Reading of Mark 5:21-43. In Dube, M.W & Kanyoro, M. *Grant Me Justice! HIV/AIDS & Gender Readings of the Bible*, 115-140. Pietermaritzburg: Cluster Publications.

Dube, M. W. 2003. Talitha Cum! Calling the Girl-Child and Women to Life in the HIV/AIDS and Globalization Era. In Phiri, I; Haddad, B & Masenya, M. *African Women, HIV/AIDS and Faith Communities,* 71-93. Pietermaritzburg: Cluster Publications.

Engstrand, G .2013. *Report on the Healthcare Sector and Business Opportunities in Zambia.* Retrieved September 08, 2014, from https://www.google.co.za.

Fairclough, N. 2009. A Dialectical - Relational Approach to Critical Discourse Analysis in Social Research. *Methods of Critical Discourse Analysis,* (2), 162-187.

Fathalla, M. F; Sinding, S. W; Rosenfield, A & Fathalla, M. M. 2006. Sexual and Reproductive Health For All: A Call For Action. *The Lancet Sexual and Reproductive Health Series. World Health Organization*.

Frederiks, M. 2011. Statements by Religious Organisations on HIV and AIDS:Intersecting the Public Realm. In Haddad, B. *Religion and HIV and AIDS: Charting the Terrain*, 108-129. Pietermaritzburg: University of KwaZulu Natal Press.

Glasier, A; Gulmezoglu, M. A; Schmid, G. P; Moreno, C & Van Look, P. F. 2006. Sexual and Reproductive Health: A Matter of Life and Death. *The Lancet Sexual and Reproductive Health Series, World Health Organization*.

Goma, F. M; Mutale, W & Mkwananzi, S. 2008. *A Countrywide Situational Analysis on Palliative Care in Zambia. Final Report.* Palliative Care Association of Zambia (PCAZ).

Greening, P. 2010. The Role of Hermeneutical Lenses for an Ecotheology. In Horrell, D.G; Hunt, C & Southgate, C. *Rereading the Apostle in a Time of Ecological Crisis*, 33-47. Texas: Baylor University Press.

Grown, C; Gupta, G & Kes, A .2005. *Taking Action: Achieving Gender Equality and Empowering Women.* London: Earthscan.

Gupta, G. R. 2000. Gender, Sexuality, and HIV/AIDS: The What, the Why, and the How. *XIIIth International AIDS Conference, Durban* , 1-8.

Haddad, B; Olivier, J & De Gruchy, S. 2008. *The Potential and Perils of Partnership: Christian Religious Entities and Collaborative Stakeholders Responding to HIV and AIDS in Kenya, Malawi and the Democratic Republic of Congo.* Cape Town: ARHAP Publications.

Haney, E. H. 1980. What is Feminist Ethics? a Proposal for Continuing Discussion. *Journal of Religious Ethics*, 115-124.

Heslop, J .2007. *Preparing for Microbicide Access Zambia Country Profile.* Retrieved September 08, 2014, from https://www.google.co.za/#q=collaboration+between+churches+health+association+of+zambia+(chaz)+and+government+%22pdf%22.

Hinga, T. M .2008. Introduction. In Hinga, T.M; Kubai, A.N; Mwaura,P & Ayanga, H. *Women, Religion and HIV/AIDS in Africa: Responding to Ethical and Theological Challenges*, viii-xviii. Pietermaritzburg: Cluster Publications.

Hinga, T. M. 2006. Jesus Christ and the Liberation of Women in Africa. In Oduyoye, M.A & Kanyoro, M.R. *The Will To Arise: Women, Tradition and the Church in Africa*, 183-194. Pietermaritzburg: Cluster Publications.

International Fund for Agricultural Development. 2012. *Gender Equality and Women's Empowerment Policy*. Retrieved August 29, 2014, from https://www.google.co.za/#q=gender+equity+%22pdf%22.

Kanyoro, M. R. 2001. Engendered Communal Theology: African Women's Contribution to Theology in the 21st Century. In Njoroge, N.J & Dube, M.W. *Talitha cum! Theologies of African Women*, 158-180. Pietermaritzburg: Cluster Publications.

Kanyoro, M. R. 2004. "Reading the Bible" in the Face of HIV and AIDS. In Dube, M.W & Kanyoro, M.R. *Grant Me Justice! HIV and Gender Readings of the Bible*, viii-xiv. Pietermaritzburg: Cluster Publications.

Kapambwe, S. 2013. *A Cervical Cancer Free Africa: Regional Solutions for Lasting Change.* Retrieved October 15, 2014, from https://www.google.co.za/#q=churches+health+association+of+zambia+and+cervical+cancer%2c+%22pdf%22.

Kapambwe, S. K. 2007/8. Review of Cervical Cancer Screening Program in Zambia. *44th International Course in Health Development (ICHD),* 2 (Accessed:07/03/2014, 03:38 PM).

Kasomo, D & Maseno, L. I .2011. A Critical Appraisal of African Feminist Theology. *International Journal of Current Research,* (2), No.1, 154-162.

Kiser, M. 2011. Boundary Leaders: Seeing and Leading in the Midst of the Whole. In Cochrane, J.R; Schmid,B & Cutts,T. *When Religion and Health Align: Mobilising Religious Health Assets for Transformation*, 62-74. Dorpspruit: Cluster Publications.

Kissling, F.1986. Religion and Reproductive Freedom: Towards a Feminist Ethics of Rights and Responsibility. *A Journal of Women's Studies,(* 9), 13-16.

Knudsen, L. M. 2006. *Reproductive Rights in a Global Context.* Nashville: Vanderbilt University Press.

Koenig, H. G. 2004. Religion, Spirituality, and Medicine: Research Findings and Implications for Clinical Practice. *Southern Medical Journal, (*97), No.12, 1194-1200.

Liu, F. W; Vwalika, B; Hacker, M; Allen, S & Awtrey, C. S .2012. *Cervical Cancer and HPV Vaccination: Knowledge and Attitudes of Adult Women in Lusaka, Zambia.* Retrieved November 4th ,2014, from https://www.google.co.za/#q=human+papilloma+vaccine+programme+in+zambia+and+chaz%2c+22pdf%22.

Lusti-Narasimhan, M; Khosla, R; Baggaley, R. T; Mcgrory, E & Farley, T .2014. WHO Guidance Grounded in a Comprehensive Approach to Sexual and Reproductive Health and Human Rights: Topical Pre-exposure Prophylaxis. *Journal of the International AIDS Society, (*17), No.2, 1-6.

Maathai, W. 2009. *The Challenge for Africa.* London: William Heinemann.

Maimbolwa, M. C. 2013. Women's Health and Sexual and Reproductive Health in Zambia: A Review of Evidence. *Lusaka District Health Management Team (LDHMT) and Training Research Support Centre (TARSC),* 1-15.

Masenya, M. 2003. Trapped Between Two "Canons": African-South African Christian Women in the HIV/AIDS Era. In Phiri, I; Haddad, B & Masenya, M. *African Women, HIV/AIDS and Faith Communities,* 113-127. Pietermaritzburg: Cluster Publications.

Michael, B & Wood, F. 2013. *"Discourse Analysis".* Sage Online Publications, DOI:10.4135/9781849409403.n17.

Ministry of Health .2011. *National Health Strategic Plan 2011-2015.* Retrieved September 8, 2014,from https://www.google/#q=collaboration+between+churches+health+associations+of+zambia+(chaz)+and+government+%22pdf%22.

Mogobe, D. K .2005. Denying and Preserving Self: Batswana Women's Experiences of Infertility. *African Journal of Reproductive Health,* (9), No 2, 26-37.

Morrell, R. 2003. Silence, Sexuality and HIV/AIDS in South African Schools. *The Australian Educational Researcher,* (30), No.1, 41-62.

Mouton, J. 2001. *How to Succeed in your Master's & Doctoral Studies: A South African Guide and Resource Book.* Pretoria: Van Schaik Publishers.

Mudenda, D; Chompolola, A; Chitah, B; Wake, W & Mapoma, C. C. 2008. *Provider Purchasing and Contracting for Health Services: The Case of Zambia.* Retrieved September 8, 2014, from https://www.google/#q=collaboration+between+churches+health+association+of+zambia+(chaz)+and+government+%22pdf%22.

Mugweru, M. 2011. *Africa Christian Health Associations Update, No.17.* Retrieved September 8th, 2014, from https://www.google/#q=collaboration+between+churches+health+association+of+zambia+(chaz)+and+government+%22pdf%22.

Musonda, P. K .2013. *"Being Barren, Being Human": A Feminist Cultural Critique of Bemba Proverbs on Childlessness among Married Women of Zambia,* Honours Thesis. Pietermaritzburg: University of KwaZulu-Natal.

Mutashala, J. C. 2007. *Communication Strategies Taken by the Churches Health Association of Zambia (CHAZ) in its Efforts to Facilitate People's Health and Development.* M. A Thesis. Lusaka: University of Zambia.

Mwaba, P. 2011. *National Health Strategic Plan: "Towards Attainment of Health Related Millenium Development Goals and other National Health Priorities in a Clean, Caring and Competent Environment" (2011-2015).* Lusaka: Ministry of Health.

Mwanahamuntu, M; Sahasrabudde, V. K; Kapambwe, S; Pfaendler, K; Chibwesha, C; Mkumba, G. 2011. Advancing Cervical Cancer Prevention Initiatives in Resource Constrained Settings: Insights from the Cervical Cancer Prevention Programme in Zambia. *Health in Action,(*8), No. 5, 1-5.

National AIDS Council. 2012. *Zambia Country Report.* NAC and Ministry of Health Publications

Ndhlovu, J. 2008. Combating HIV: *A Ministerial Strategy for Zambian Churches.* PhD. Thesis. Cape Town: University of Stellenbosch.

Njoroge, N. 1997. The Missing Voice: African Women Doing Theology. *Journal of Theology for Southern Africa,* (99), 77-83.

Njoroge, N. J .2006. Women, Religion and Health. In Phiri, I.A & Nadar, S. (eds), *Essays in Honor of Mercy Amba Ewudziwa Oduyoye* (p. 63). Pietermaritzburg: Cluster Publications.

Ochieng, B. 2010. Spirituality as a Mediating Factor in Black Families' Beliefs and Experiences of Health and Wellbeing. *The International Journal of Interdisciplinary Social Sciences, (* 5), No. 6, 99-109.

Oduyoye, M. A. 1995. *Daughters of Anowa:African Women and Patriarchy*. New York: Orbis Books.

Oduyoye, M. A. 2001. *Introducing African Women's Theology*. Sheffield: Sheffield Academic Press.

Oduyoye, M. 2002. Gender and Theology in Africa Today. *Journal of Constructive Theology*, (8), No.2, 35-45.

Parham, G. 2002. Cervical Cancer Prevention Program in Zambia. *Globocan*, 4 (Accessed:1/02/2014, 04:08 PM).

Pereira, J. 2009. *Zambia Aid Effectiveness in the Health Sector: Case Study*. Retrieved September 8, 2014, from https://www.google/#q=collaboration+between+churhces+health+association+of+zambia+(chaz)+and+government+%22pdf%22.

Petchesky, R. P & Judd, K. 1998. *Negotiating Reproductive Rights: Women's Perspectives Across Countries and Cultures.* London: Zed Books.

Pharmalink. 2012. *HIV Programming in Church Institutions: Challenges & Responses.* Retrieved September 04, 2014, from www.epnetwork.org.

Phillips, S. P. 2011. Including Gender in Public Health Research. *Public Health Reports*, (3) 16-21.

Phiri, I. A.2008/2009. African Theological Pedagogy in the Light of a Case Study on Gendered Violence. *Journal of Constructive Theology*, (14), No. 2, 109-124.

Phiri, I. A. 2003. African Women of Faith Speak Out in an HIV/AIDS Era. In Phiri, I.A; Haddad, B & Masenya, M. *African Women, HIV/AIDS and Faith Communities,* 3-20. Pietermaritzburg: Cluster Publications.

Phiri, I. A & Nadar, S. 2006. Treading Softly but Firmly. In Phiri, I.A & Nadar, S. (eds), *African Women, Religion, and Health: Essays in Honor of Mercy Amba Ewudziwa Oduyoye*, 1-16. New York: Orbis Books.

Rakoczy, S. 2004. *In Her Name: Women Doing Theology.* Pietermaritzburg: Cluster Publications.

Ramazanoglu, C & Holland, J. 2002. *Feminist Theology: Challenges and Choices.* London: SAGE Publications.

Resch, S. 2008. *Sustainability Analysis of HIV/AIDS Services in Zambia.* Retrieved September 04, 2014, from https://www.google.co.za/#q=response+of+chaz+to=hiv+and+aids+%22pdf%22.

Ruether, R. R. 1993. *Sexism and God-Talk: Toward a Feminist Theology.* Boston: Beacon Press.

Schenker, J. G. 2000. Women's Reproductive Health: Monotheistic Religious Perspectives. *International Journal of Gynecology and Obstetrics, (*70), 77-86.

Schmid, B; Thomas, E & Olivier, J. 2008. *The Contribution of Religious Entities to Health in Sub-Saharan Africa.* ARHAP Publications.

Southern African Litigation Centre.2012. *Tackling Cervical Cancer: Improving Access to Cervical Cancer Services for Women in Southern Africa.* Retrieved October 10, 2014 from www.southernafricalitigationcentre.org.

Stiftung, B. 2014. *Zambia Country Report.* Retrieved July 1, 2014, from http://www.bti.project.org.

Tamale, S. 2011. *Researching and Theorising Sexualities in Africa.* Cape Town: Pambazuka Press.

The Health Voice. 2013. *Government Commend CHAZ for Raising Awareness on Non Communicable Diseases as CHAZ Host the ACHAP 6th Biennial Conference No. 1, January-June.* CHAZ Publications.

United Nations Educational, Scientific and Cultural Organization.2000.*Gender Equality and Equity: A Summary Review of UNESCO's Accomplishments since the Fourth World Conference on Women (Beijing 1995).* Retrieved August 29, 2014, from https://www.google.co.za/#q=gender+equity+%22pdf%22.

United Nations International Children's Education Fund (n.d.). *Promoting Gender Equality: An Equity-Focused Approach to Programming.* Retrieved August 29, 2014, from https://www.google.co.za/#q=gender+equity+%22pdf%22.

United Nations Population Fund. 2011. *Comprehensive Cervical Cancer Prevention and Control: Programme Guidance for Countries.* Retrieved November 4th, 2014, from https://www.google.co.za/#q=human+papilloma+vaccine+programme+in+zambia+and+chaz%2c+%22pdf%22.

United Nations Population Fund.1998. *Ensuring Reproductive Rights and Implementing Sexual and Reproductive Health Programmes Including Women's Empowerment, Male Involvement and Human Rights: Expert Round Table Meeting.* Retrieved August 29, 2014, from https://www.google.co.za/#q=gender+equity+%22pdf%22.

United Nations Population Fund. 2013. *Zambia Update*. Retrieved July 1, 2014, from https://www.google.co.za/#q=percentage+of+women+to+men+in+zambia%2c+%22pdf%22.

United States Aid for International Development.2012.*Gender Equality and Female Empowerment Policy.* Retrieved O8 29, 2014, from https://www.google.co.za/#q=gender+equality+%22pdf%22.

Ward, E. 2010. Experiencing Shame in Ministry: A Struggle for Pastoral Care-givers. *Journal of Constructive Theology: Gender, Religion and Theology in Africa,* (16), No. 1, 120-139.

Weiss, E; Whelan, D & Gupta, G. R. 2000. Gender, Sexuality and HIV: Making a Difference in the Lives of Young Women in Developing Countries. *Sexual and Relationship Therapy,* (15), No.3, 233-245.

Williams, D. R & Sternthal, M. 2007. Spirituality, Religion and Health: Evidence and Research Directions. *MJA,(*186), No.10, S 47- S 50.

Wooffitt, R. 2013. *Conversation Analysis and Discourse Analysis-Critical Approaches to Discourse Analysis.* Sage Online Publications, DOI: 10.4135/9781849208765.

World Health Organization. 1978. *Annual Report.* World Health Organization Publications.

Youth Vision Zambia. 2011. *Situational Analysis on SRH / HIV Integration in Zambia.* Retrieved September 04, 2014, from https://www.google.co.za.

Zwane, L. P. 2003. *The Role of the Roman Catholic Church in South Africa in Developing an Authentic Christian Sexual Morality for Zulu Christians.* Pietermaritzburg: PhD Thesis, University of KwaZulu-Natal.