

**Untold Memories of HIV and AIDS among Pastoral Agents: The
Case of the Anglican *Manyano* Leaders in the KwaZulu-Natal
Midlands 1990 - 2010**

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ABSTRACT

Through the oral history approach, this study documents shifts in the pastoral agency of *manyano* leaders in the HIV and AIDS context of the KwaZulu-Natal Midlands from 1990-2000 and 2000-2010. The two time periods are significant as they mark changes in socio-economic and socio-political influences on HIV and AIDS in South Africa. The model used to investigate the agency of the *manyano* leaders has been drawn from James Scott's (1990) theory of power relations between dominant and subordinate groups.

Scott's (1990) theory guided this study in analysing the agency of *manyano* leaders in two ways. Firstly, the theory guided the study's analysis of the interviews beyond the superficial level to uncover discourses that in Scott's (1990) terms operate in the public realm, hidden realm and in the realm of 'infrapolitics'. Secondly, Scott's (1990) theory helped uncover some of the shifts in the subversive agency of the *manyano* leaders' response to the HIV and AIDS epidemic during the two time periods of 1990-2000 and 2001-2010.

In both periods, the *manyano* leaders' agency revealed that they opt for just and liberative responses on behalf of those that have been marginalised by the epidemic. The study revealed that in the first period, the agency of the *manyano* leaders' faced more resistance in the public realm due to dominant political, religious and social attitudes that fuelled HIV and AIDS-related stigma and denial. As a result, much of their response to challenges raised by the epidemic took place in the hidden realm. In the second period, discourses of HIV and AIDS became more public and as a result, this study has argued, their agency has also become more public. From the results of this study, lessons have been drawn that contribute to a critical appreciation of *manyano* leaders' pastoral agency in the context the HIV and AIDS epidemic in the KwaZulu-Natal Midlands.

DECLARATION

I declare that, unless otherwise specifically indicated through the references, this dissertation is entirely my original work. All citations, references and borrowed ideas have been duly acknowledged. This dissertation is being submitted for the degree of Masters of Theology and Development in the Faculty of Humanities, Development and Social Sciences, the University of KwaZulu-Natal, Pietermaritzburg, South Africa. None of the present work has been submitted previously for any degree or examination in any other University.

Date

Thandi Soko

DEDICATION

To

My parents

Prof. Boston Soko and *Amayi* Werani Gondwe

my family and friends

Alice, Naomi, Thoko, Mike, Folkert, Muluka and all too many to mention, you know yourselves.

for mentoring/inspiring me

Dr. Bruce Main, Peter Qeko Jere, Judith Johanna de Wolf, Theodore Waz, Grenna Kaiya

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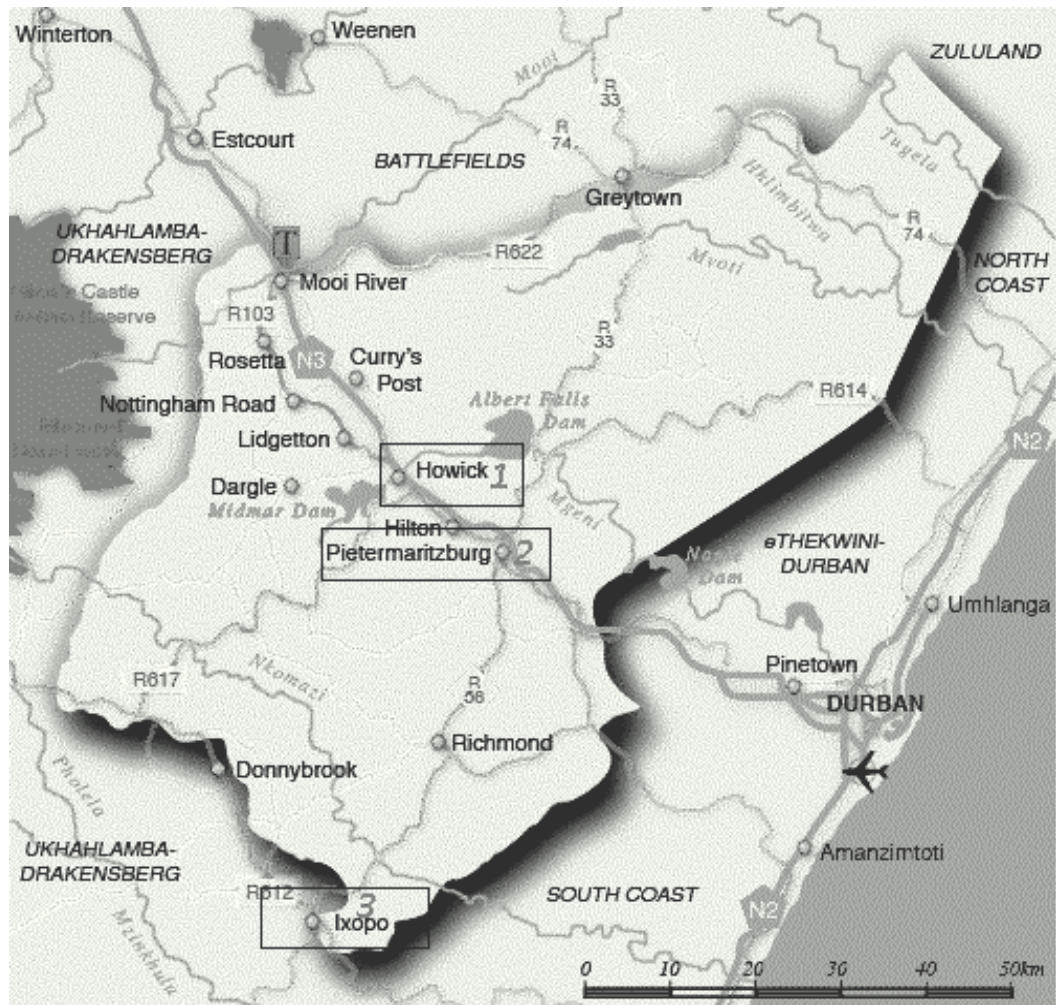
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I also give my thanks to the Sinomlando Centre for Oral History and Memory Work in Africa at the School of Religion and Theology of the University of KwaZulu-Natal for providing the framework and environment through which the fieldwork aspect of this dissertation has been possible.

Finally, I give my heartfelt thanks to the *manyano* leaders of the Anglican Church in the KwaZulu-Natal Midlands that were interviewed for this study for the disclosure, the cooperation and the time allocated to this study, and to those who directly or indirectly have contributed in various ways to the accomplishment of this work.

Map of KwaZulu-Natal: Localisation in Relief Format of the KwaZulu-Natal Midlands



Areas 1, 2 and 3 indicate where the semi-rural areas discussed in this study are located.

Source: Cited in Rooms for Africa 2011. *Midlands*. Available online:

<http://www.roomsforafrica.com/dest/south-africa/kwazulu-natal/regions/midlands.jsp> (Accessed 24 May 2011).

ACRONYMS/ABBREVIATIONS

ACSA	: Anglican Church of Southern Africa
AIDS	: Acquired Immune Deficiency Syndrome
ANC	: African National Congress
ARV	: Anti-retroviral drugs
ART	: Anti-retroviral Treatment
CPSA	: Church of the Province of Southern Africa
HIV	: Human Immunodeficiency Virus
KZN	: KwaZulu-Natal
MU	: Mothers' Union
OVC	: Orphaned and Vulnerable Children
TAC	: Treatment Action Campaign
TB	: Tuberculosis

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CHAPTER ONE

INTRODUCING THE STUDY

1.1 Introduction

The 1980s saw the first reported incidence of HIV in South Africa (SA Department of Health cited in Joshua 2006:1). At first, reported HIV infections were relatively few in number but by the 1990s the number of HIV infections had grown greatly, with most cases being reported in poor black communities (Karim and Karim 2002:1). Documented reasons for the high spread of HIV in poor black communities were many, but I will focus on only three. The three factors are interconnected and include: apartheid HIV and AIDS public health policies from the 1980s to 1994, post-apartheid denialist HIV and AIDS policies from the 1990s to the early 2000s, and social stigma.

Apartheid public health policies pertaining to HIV and AIDS from the 1980s-1994 are significant in the history of the epidemic because they reveal the South African state's early response. I will not attempt to discuss the entire apartheid era itself in this study, but I will rather focus on some of the significant influences on the spread of the epidemic in the 1990s.

Firstly, South African HIV and AIDS researcher Mandisa Mbali (2004:104) describes the apartheid government's public health response to the epidemic as discriminatory. She explains that the discriminatory response of that government arose out of the history of colonial and post-colonial discourses that understood African sexuality as a high risk in terms of disease transmission (Mbali 2004:105). These discourses claimed that Africans were evolutionarily inferior to other races and part of that inferiority was depicted in hyper sexuality leading to excessive promiscuity (Mbali 2004:112). With the advent of the epidemic, Mbali argues that these discourses guided policy-making that was shaped by the view that Africans, along with other groups reported to be most vulnerable to the sexual transmission of HIV at the time such as homosexuals and sex workers, were at risk because their sexual practices were 'inherently pathological in AIDS science' (Mbali 2004:104,113,117). The policies encouraged the idea that avoiding sexual contact with certain groups of society, particularly 'high risk' groups among Africans would help curb the spread of the epidemic. An example of this was the proposed

ostracism of so-called 'high risk' groups such as foreign African mine workers (through forced HIV tests and the subsequent deportation of those who were positive) and the labelling of African sex-workers as 'the diseased African prostitute' (Mbali 2004:113-114).

Mbali (2004:111-113) further argues that the impact of the apartheid public health policies on the epidemic was more fully felt through the outcome of the African National Congress's (ANC) counter-response once they came to power in 1994. The ANC government under Thabo Mbeki sought to counter the race-based discriminatory HIV and AIDS discourses of its predecessors (Mbali 2004:111-113). However, according to Mbali (2004:109-111), more effort went into countering the discriminatory discourses of apartheid rather than the acknowledgement of and the holistic addressing of the factors fuelling the epidemic. These interconnected factors included poverty, unemployment and poor access to health care. Poverty, unemployment and poor health care access in poor black communities, among other factors, although remnants of discriminatory apartheid policies, had remained a problem in the new democracy. In fact, the economic policies embraced by the ANC under Mbeki began to increasingly highlight 'the deeper problems of injustice, greed and the massive accumulation of wealth encouraged by the neo-liberal paradigm and implemented through multilateral corporations and institutions' (Lutheran World Federation cited in Kaiya 2008:18). However, the ANC seems to have overlooked its own responsibility in the fuelling of the epidemic by adopting the economic policies above (Mbali 2004:111).

A related factor in the ANC's response at the time was 'AIDS denialism'. AIDS denialism is described as the 'belief that the existing canon on [HIV and] AIDS science is wrong and that AIDS deaths are caused by malnutrition, narcotics and antiretroviral medications (ARVs)' (Kalichman, Rohleder and Swartz 2009:123). Thabo Mbeki was a strong proponent of this view and this led to its influence on the public health response to the epidemic (Fourie and Meyer 2010:47). Mbali (2004:115) explains this by stating that the ANC's AIDS denialist discourse sought to argue that racial prejudice and Western scientific agendas were the major influences in the growing presence of the HI virus. The ANC administration therefore went on to appropriate research findings that contradicted, seemingly deliberately, findings from what they regarded as the 'Western biomedical/scientific paradigm' (Mbali 2004:106-111). The findings the ANC appropriated influenced the HIV and AIDS policy from the late 1990s until the early 2000s (Mbali 2004:106). The policy included the denial of the causal link between HIV and AIDS and

opposition to the universal provision of antiretroviral therapy to patients dependent upon the South African public health care system (Bayer and Oppenheimer 2007:5; Mbali 2004:104). In addition, the ANC government claimed antiretroviral drugs were ineffective and lethally toxic in spite of the scientific research that demonstrated otherwise:

HIV causes AIDS [and] that HIV tests are highly effective in diagnosing HIV infection and [therefore] antiretroviral drugs, correctly prescribed as triple therapy or to prevent mother-to-child transmission, can both prevent HIV infection and treat HIV. (Pallela et al cited in Mbali 2004:104-106).

The ANC's HIV and AIDS policy created increasing conflict between the government and opposing members of civil society and the medical profession (Schneider cited in Mbali 2004: 104) as will be discussed later in the chapter. What is clear is that both the apartheid HIV and AIDS discourse that sidelined issues of HIV and AIDS through discriminatory health policies and the post-apartheid Mbeki administration's stance on 'AIDS denialism' resulted in fuelling the growth of the epidemic. This will be evidenced later in the chapter through statistics that show this growth in the 1980s and 1990s.

In light of the official apartheid and post-apartheid HIV policies marking the 1980s and more significantly in the 1990s, what then were the dominant public discourses of HIV and AIDS among South Africans? For the purposes of this study, I will now begin to look at HIV and AIDS in the 1990s through the scope of the entire decade (1990-2000) in order to compare it in this study to the 2001-2010 decade.

Denis (2006:2-3) argues that issues of HIV and AIDS were not central to public discussion in the 1990s even though this was the decade in which the first major wave of HIV infections took place. This seems to have been a result of the fact that another major social event took place in the 1990s: the very significant transition from the apartheid regime into democracy in 1994. The year 1994 marked the culmination of decades of struggle for liberation from apartheid. Finally, democracy was won! It was a time of celebration for many in South Africa. According to Bayer and Oppenheimer,

It was a moment of enormous hope. The world bore witness to an expression of democratic aspiration rivalled only by the transformations that shook Eastern Europe and the Soviet Union in the last decade of the twentieth century. But, at the very moment of transition, the seeds of a grave epidemic had already been

sown. AIDS has indelibly marked the years since apartheid's end, burdening South Africa's Black community, which had so recently shed the political and social oppression of the old regime (2007:3).

The transition into democracy took centre stage in the public realm as shown above. Yet at that same time, research has revealed that an HIV and AIDS discourse had already begun to forge its way into the dominant public realm: the HIV and AIDS discourse of stigma.

In broad terms, stigma relates to socially constructed ideas, attitudes and norms that prejudice (or even reject) those perceived as not fitting the dominant social norm (Parker and Birdsall 2005:5; Patterson 2005:3-5). Stigma is based upon understandings of what constitutes 'difference' or 'deviance' from the socially accepted norm (Goffman cited in Mahajan, Sayles and Patel et al 2008:S70). Social norms may be influenced by cultural, moral or religious beliefs, ideas and attitudes which hold the power in a given context to discredit or reduce those that are 'different' or 'deviant' 'from a whole and usual person to a tainted one' (Goffman cited in Mahajan, Sayles and Patel et al 2008:S70).

Stigma is translated into day to day discourse through 'discrimination'. I touched on the topic of discrimination earlier in the chapter in relation to the HIV and AIDS public health policies of apartheid South Africa. But what is discrimination? Discrimination is the enactment of stigma (Parker and Birdsall 2005:5). This enactment can be verbal, physical or institutional. An example of discrimination is the barring of foreigners infected with HIV from certain academic scholarships in the West during the early stages of the epidemic (Chirimuuta and Chirimuuta cited in Mbali 2004:113).

Furthermore, Sacks argues that popular discourse that attempted to personify the HI virus as a killer and enemy to be defeated resulted in HIV and AIDS stigma:

If HIV/AIDS were constructed purely as an epidemic of infectious disease then everyone would be equally susceptible to it. However, personification as a killer allows for the casting of a particular people and behaviours as allies of the enemy. A virus requires a vector, a point of transmission, while a killer requires means and allies in the course of destruction. These allies are the 'polluters', the reservoirs of HIV/AIDS, the infectors. Indeed a dichotomy has emerged between the 'responsible' body and the 'diseased body', with the diseased body represented as the dark and threatening Other in the war against HIV/AIDS. The responsible body is, however, in constant danger of falling into the category of the diseased body (cited in Connelly and Macleod 2004:6).

The derogatory description of people infected with HIV as ‘vectors and carriers of a killer virus’ helps explain why they were particular recipients of stigma and discrimination. Bayer and Oppenheimer highlight HIV and AIDS-related stigma further:

To have the virus was to be guilty of bad behaviour, of having corrupted oneself, or of having been contaminated by others. Even children could be stigmatised because they bore the sins of their parents (2007:69).

The faith community was also significant in the development of HIV and AIDS stigma. In the mid-1990s, faith-based organisations (FBOs) had begun to respond to the epidemic with positive interventions such as care and material assistance to those who were HIV positive (Sinomlando 2010:1). However, beyond the material and physical assistance, there was much theologising of ‘the cause of the disease’ (Joshua 2006:34). Similar to the prevailing social stigma, popular church discourse in South Africa and beyond posited that the ‘cause of the disease’ was the sin of sexual immorality arguing that ‘a positive diagnosis is only what the ‘guilty’ person deserved’(Patterson 2009:11). This is clearly exemplified in a 1990 statement made by Monsignor Desmond ¹ in response to an HIV and AIDS community campaign in the Western Cape:

The show undermines moral values based on the Ten Commandments and should not be encouraged. It sets out to promote the use of condoms in order to prevent Aids. It is therefore pandering to those seeking pleasure in the abuse of the sex faculty. It promotes permissiveness instead of preparing people for marriage (cited in Joshua 2006:43).

Organisers of that campaign, African Research and Education Puppetry Programme (AREPP), countered Desmond’s statement by arguing that, ‘we have to live in the present with a virus that is killing off people. What we are advocating is that people get the knowledge and start thinking for themselves’ (cited in Joshua 2006:43). But the fact that FBOs linked sex to sin and punishment, judgmental attitudes emerged that stigmatised those who were HIV positive (UNAIDS 2005:14).

A significant turning point came in the late 1990s through the mobilisation of civil society opposed to government policy. Activists, most notably those belonging to the Treatment Action Campaign (TAC), strove to force government to make antiretroviral therapy affordable and

¹ Of Our Lady of Good Hope Catholic Church, Western Cape, South Africa

accessible (Bayer and Oppenheimer 2007:5). TAC met with government resistance. However, what TAC managed to achieve in terms of the HIV and AIDS discourse is vividly described as follows,

Globally and historically, leadership on HIV/AIDS issues has more often come from the bottom of society than it has from the top. Civil society movements on HIV/AIDS have not only been critical in raising awareness of HIV/AIDS issues in terms of health and sexual behaviours, but they have also been the main instigators in politicising it. Nowhere is this more true than in South Africa, where AIDS workers for many years struggled to raise the profile of the issue in the midst of both political and public indifference. One of the greatest catalysts for engaging the public was not an educational campaign but a political one, the Treatment Action Campaign (TAC). (The Panos Institute 2003:10)

By 2003, TAC had successfully helped to take HIV and AIDS out of ‘a purely health- oriented discourse and to politicise it, helping to put [HIV and] AIDS on the South African agenda’ (The Panos Institute 2003:10). As a result, issues surrounding stigmatisation, anti-retroviral treatment and the link between HIV and AIDS gained more public recognition and debate at national and societal levels (Denis 2006:3-5). Therefore, even though the 2001-2010 decade has been marked with many deaths, this decade marked a significant roll-out of anti-retroviral therapy (Bayer and Oppenheimer 2007:200). TAC thus succeeded in 2003 in persuading South Africa’s ruling ANC on legal, humanitarian and moral grounds ‘to commit to the provision of treatment to the vast numbers for whom antiretroviral therapy was a matter of life and death’ (Bayer and Oppenheimer 2007:200).

The history of HIV and AIDS in South Africa, briefly outlined thus far, helped shape the epidemic as it has existed in the province of KwaZulu-Natal between 1990-2010. The province is not only important because it is the context of this study but the province is significant to the South African history of HIV and AIDS as a whole. Studies indicate that HIV and AIDS as an epidemic ‘appears to have started earliest in the province’ (Avert 2011). Furthermore, for the most part of the 1990s, the province was the most affected by HIV prevalence (Denis 2006:22). Studies indicate that this trend has continued into the 2000s. Statistics reveal that by 2009, the province’s HIV prevalence has remained the highest in South Africa at over twenty-nine per cent of the national total (Avert 2011). This has led to KwaZulu-Natal being described as the epicentre of the epidemic nationally (Higgins and Norton 2010:215). Contributing factors will be

highlighted as I begin to draw attention to the study's focus of investigation in the sections below.

1.2 The Sinomlando Centre for Oral History and Memory Work

In this section I seek to primarily introduce the study and its background. I will first introduce the centre conducting the wider research project under which this study is undertaken before proceeding to look at this research project itself. In my discussion, I will briefly discuss oral history, its importance, and how it is used as a method in historical research by the research centre. A more detailed discussion of the topic of oral history itself, however, will follow later on in the chapter.

This study is part of a wider research project undertaken by the Sinomlando Centre for Oral History and Memory Work in Africa at the School of Religion and Theology, University of KwaZulu-Natal (hereafter referred to as Sinomlando). Sinomlando is a research and community development centre that consists of two complementary projects: the Oral History Project and the Memory Work Project (Sinomlando 2010:2). The Memory Work Project conducts research into how memory helps build resilience in contexts of trauma and vulnerability (Sinomlando 2010: 2). Memory work is a process that provides psychosocial support through story-telling to children and families experiencing adversity (Sinomlando 2010:2). Through story-telling, the memory work concept is designed to facilitate dialogue that helps build resilience. This is achieved through four key elements of the memory work approach to story-telling:

Firstly, that people and communities who make sense of their history are more likely to develop to their full potential. Secondly, that telling one's story in a caring and supportive environment helps to take control of one's life. Thirdly, that it is important to validate people's perceptions and feelings, however painful or controversial they may be; and lastly, that being able to talk to others about one's history is empowering (Sinomlando 2010:2)

The Oral History Project is more relevant to this study which is conducted under its auspices. The Sinomlando Oral History project describes oral history as both a method and as a means of achieving specific purposes (Sinomlando 2010:2-4). The purpose of oral history is three-fold: academic, development and educational (Sinomlando 2010:2-3). The academic purpose of oral history is to document the stories of social actors usually marginalised in historical research (Denis and Ntsimane 2008:10-12). The development purpose is to empower interviewees who

may have experienced histories of disempowerment; and finally, the educational purpose is to transfer the skills of oral history as a method to community members (Sinomlando 2010:2-3).

As a method, oral history relies upon interviews that are designed to retrieve memories about the past (Denis and Ntsimane 2008:10). There are specific kinds of memories the oral history approach focuses on. Portelli describes memories that are the main focus of retrieval through oral history interviews as 'oral sources [of] social groups whose history is either absent or distorted in the written record' (1981:97). The methodology of oral history interviews involves interactive interviewing; a mutual involvement in shaping the outcome of the interview by both the interviewer and the interviewee (Denis and Ntsimane 2008:3). This means that the interviewer does not remain passive as the interviewee recounts events of the past. Rather, the interviewer participates in shaping the story by posing questions that facilitate the clarification of facts or viewpoints and listens for responses and any other evidence of underlying information that can be further probed (Denis and Ntsimane 2008:3). This is described as a historical conversation involving a 'complex interaction between an interviewer and an interviewee about events of the past' (Denis and Ntsimane 2008:3).

The interaction is described as a complex activity because the interview session must facilitate, as much as possible, the retrieval of memories as subjectively experienced by the interviewee (Perks and Thomson 1998: ix; Sinomlando 2010: 4). This can be achieved for example, through the interviewer's preparation of open-ended questions that will trigger the memories related to the study; adequate knowledge of the research topic to guide criticality; active listening skills and objectivity in order to catch important details for further probing in follow-up questions (Sinomlando 2010:4-9). The interaction is recorded on an audio device to be transcribed later for oral archives (Denis and Ntsimane 2008:3; Sinomlando 2010:2).

Combining the method and purposes of oral history as described above, Sinomlando recognises that popular historical research relies upon document-based methods of recording history that tend to be biased (Sinomlando 2010:2). The bias leans towards the perspectives of those segments of society that culturally, socially or economically influence written sources of history (Hillegas cited in Sustainability History 2010). Oral history, therefore, seeks to fill the gaps created by such bias by complementing document-based historical research (Denis and Ntsimane 2008: 1). This is achieved through documenting memories as they are experienced (subjectively)

by those sidelined from traditional historical accounts so that they can help fill the gaps in popular history by contributing their experiences and perspectives (Denis 2008:10; Perks and Thomson 1998: ix).

Given this background, Sinomlando is presently undertaking an oral historical research of HIV and AIDS in the province of KwaZulu-Natal. The wider research project is entitled, '*An Oral History of AIDS in KwaZulu-Natal, Recording the Stories of Caregivers, Community Workers and Pastoral Agents involved in the Fight against HIV/AIDS.*' From the three groups mentioned in the research project title, this study focuses on pastoral agents, specifically *manyano* leaders of the Anglican Church in the KwaZulu-Natal Midlands from 1990-2010. In the current context of the HIV and AIDS epidemic, Sinomlando argues that,

popular written sources record the history of HIV and AIDS from the perspective of society's dominant actors in addressing issues of HIV and AIDS such as government health departments, influential clergy and the leadership of major NGOs (2010:1).

Thus, it is important to document the unfolding history of HIV and AIDS by including the 'forgotten' voices of those that have been marginalised in traditional historical recording processes. This enables a more comprehensive understanding of the epidemic.

1.3 The Importance of Documenting Oral History

In the previous section I introduced the Sinomlando, its Oral History Project and the wider project under which this study is undertaken. In this section I discuss the importance of documenting oral history in order to show its validity for this study and the wider research project. Oral history is a broad field and I will not attempt to discuss it in its fullness in this study. Rather, I will focus particularly on how oral historians have related the importance of documenting oral history to the context of HIV and AIDS.

I will first discuss how oral history has been important globally in documenting an oral history of HIV and AIDS by looking at the work of Bayer and Oppenheimer (2000). Bayer and Oppenheimer in their book, *AIDS Doctors: Voices from the Epidemic: an Oral History*, conducted oral history interviews in the United States from 1994 to 1996. The interviews were conducted among Americans who were either HIV positive or 'physicians with broad experience who could reflect on what was common in experiences of the epidemic as well as what was

unique about caring for people with AIDS' (Bayer and Oppenheimer 2000:275). Bayer and Oppenheimer (2000:276) describe the period of their research as a time when clinical prospects for people with HIV were not promising and then later in the period, new therapeutic advances had begun to make radical changes in the management of HIV.

Many of the physicians interviewed were located in a context of HIV and AIDS-related social stigma and/or homophobic discrimination as many of them were either homosexual and HIV positive or running practices treating HIV positive gays and lesbians (Green 2009:56; Bayer and Oppenheimer 2000:7,31,40). Apart from the stigma attached to their status or sexuality, the physicians themselves were not otherwise a dominated group in the HIV and AIDS discourse at the time. However, their subjective memories and experiences of the epidemic were among those of many others that remained undocumented. Theirs were unique voices of a history of 'a medical and social crisis that had not been shared on such a platform before' (Bayer and Oppenheimer 2000:277).

Bayer and Oppenheimer (2003:3-9) conducted an extensive study into the background of the epidemic and the working conditions of physicians treating people with HIV. This was in order to prepare them for the interaction in the interview sessions. In the previous section I described the oral history interview session as an interaction about past events. Therefore Bayer and Oppenheimer's extensive research into the background of the epidemic and the conditions of the physicians was important in building their own knowledge in order to facilitate 'a mutual effort by the interviewer and the interviewee to tell the latter's tale' (Bayer and Oppenheimer 2000:276-277).

In this approach to retrieving the doctors' memories, Bayer and Oppenheimer sought to uncover events, facts and shifts as subjectively experienced by the interviewees. This information could then be compared with relevant archival and scholarly sources to cross-check key details as 'personal testimony is [often] vulnerable to cultural biases and self-selection, among other factors' (Denzin and Lincoln cited in Denis and Ntsimane 2008:57). In the present study, I utilised a similar approach by researching my study's context and that of the interviewees prior to conducting fieldwork interviews.

At the end of their study, Bayer and Oppenheimer state that they were able to uncover 'surprisingly rich information about the epidemic' (Bayer and Oppenheimer 2000:277). So rich was the information, they promptly 'went back to some doctors to explore with them how the changes in therapy, the improved clinical outlook, and the dramatic reduction in AIDS-related deaths, had affected their world [and] their commitments' (Bayer and Oppenheimer 2000:276). The work of Bayer and Oppenheimer in the area of HIV and AIDS is significant as it reveals the impact of stigma as subjectively experienced by informants. As stated earlier, many of the physicians interviewed were located in a context of social stigma attached to their HIV status, their sexuality or both (Bayer and Oppenheimer 2000:7). The researchers describe the impact of stigma on the oral interviews as follows,

We cannot provide a measure of the degree to which physicians answered candidly or consciously withheld critical material. We do know that some have sequestered portions of their transcripts because they deemed those sections too sensitive (Bayer and Oppenheimer 2000:277).

From 2001 to 2003, oral historians Denis and Ntsimane (2005) conducted a study in KwaZulu-Natal to record an oral history of the epidemic from the point of view of semi-urban families affected by HIV and AIDS. Significantly, their research documented several cultural factors that exacerbate the epidemic. Factors included the prevailing cultural tolerance of multiple concurrency among males and the cultural pressure on women to prove fertility by having children (Denis and Ntsimane 2005:238, 247).

Their research went on to confirm the role of women as key players in marginalised communities in the context of HIV and AIDS in the KwaZulu-Natal Midlands.² This is significant, I argue, because it seems to depart from discourses of the epidemic that highlight the role of for example, government and institutions such as the church as the key players. The first section of this chapter outlined the significance of these social players in the epidemic, but the work of Denis and Ntsimane is a good example of oral history attempting to fill the gap by highlighting those key players that are unrecognised in the popular discourse of the epidemic.

² The Midlands region is located within inland KwaZulu-Natal. It is east of the Drakensberg mountain range and north-west of the province's major harbor city of Durban. The KwaZulu-Natal Midlands comprises of urban, rural and semi-rural areas. Urban areas include the provincial capital, Pietermaritzburg.

Further, the work of Denis and Ntsimane (2008:126) sought to impact the informants positively through the oral history method. They recognised that as academic investigators entering poor communities they needed to be aware that ‘because of the institutional support [academic researchers] enjoy and their [relatively] easy access to financial resources, the interviewers tend to be seen by the interviewees as being in a position of power’ (2008:109). As a result, they made it their deliberate duty to affirm the informants in their significance to historical research by celebrating their achievements, voices and concerns to help the interviewees to see themselves not as ‘passive or barely visible entities, but as articulate [and] as heroic makers of history’ (Denis and Ntsimane 2008:109, 126; Denis and Ntsimane 2005:241-242, 247).

1.4 The Significance of *Manyano* Women in Documenting an Oral History of the Epidemic

The previous section has argued that oral history helps fill in the gaps of history, including the history of HIV and AIDS by including the voices of those that have been marginalised from popular historical accounts. In the context of HIV and AIDS, oral history complements popular, document-based historical accounts in recording a more comprehensive understanding of the epidemic. In light of this, this section will discuss why the *manyano* movement is important in documenting an oral history of the epidemic. I will seek to show why I have chosen to focus on *manyano* women as the pastoral agents of investigation in the wider study titled: ‘*An Oral History of AIDS in KwaZulu-Natal, Recording the Stories of Caregivers, Community Workers and Pastoral Agents involved in the Fight against HIV/AIDS*’,

But before I look at the importance of the *manyano* movement in documenting an oral history of the epidemic, it is necessary to first ask why the faith community in general is significant to this task. Focusing on Christianity, Kaiya points out that the church as a civil society institution ‘stands in a strategic position to address injustice issues since it is able to work directly with people at grass-root level’ (2008:2). She further points out that the wider church, although generally involved in social issues, is divided on how that involvement should be done (Kaiya 2008:2). But, she argues, the church’s role should be prophetic through confronting and speaking out against injustice on the side of the ‘poor, the oppressed, the marginalized and the voiceless in the society; the victims of injustice’ (Kaiya 2008:33). In this way, by engaging socio-economic issues in their theology, the church can be an active agent for transformation at the local, national and international level.

Mboya describes the role of faith communities in the context of HIV and AIDS in Africa as follows,

In general the belief in God and adherence to religious teachings characterises the majority of the people in Africa. Therefore religious institutions in Africa can play a significant role in the struggle against HIV partly because most of the people that are affected by HIV are within reach [of] the institutions (2005).

In KwaZulu-Natal as with the rest of South Africa and Africa, the faith community has played a significant role in the history of the epidemic. One of the ways it has done this is through pastoral agents. Pastoral agents in this study ‘broadly include priests, ministers, preachers, lay agents, members of Christian women organizations (*manyanos*) and African traditional leaders’ (Sinomlando 2007:1). Pastoral agency, in this study, refers to a Christian response to the needs of a context that seeks to enhance liberative social transformation (Sinomlando 2010:1).

A background of the *manyano* movement helps us see the kind of pastoral agency that is particular to the movement. A full historical description of *manyanos* and how the movement has developed in South Africa will be given in chapter two. However, here it is important to note that the *manyano* (meaning ‘unity’ in isiXhosa) are Black Christian women’s organisations that were founded by women missionaries employed by the Methodist Church, the Anglican Church and the American Board mission in order to conform African women to their typically European ideal of “devout domesticity” (Gaitskell 1990:254).

To some extent the missionaries succeeded in this task. But over time, the African women transformed the *manyano* movement into one that ‘gives the outward appearance of compliance with the missionary structures, but in its functioning adopts forms that embrace what is relevant for their daily life of struggle and survival’ (Haddad 2000:268). This is what stands out in the pastoral agency of the *manyano* women, as will be described more fully later in the study. Much of what *manyano* women have done as pastoral agents in response to daily life contexts of struggle and survival remains untold. This appears to be due to the bias document-based historical sources has given to the pastoral agency of ordained church leaders.

Traditionally, the historical exploration of church leaders has mostly focused upon ordained male clergy. Denis and Phiri illustrate this point by describing an objection they received regarding

research they conducted among church leaders in KwaZulu-Natal in the 1990s,

A female colleague from a neighbouring university asked us why we interviewed almost exclusively men [with the exception of one prophetess from an AIC]. We replied that this bias was due to the topic of research. Until very recently only men were ordained to the ministry in South Africa (2001:1-2).

Focusing on ordained leaders, the majority of whom are male, neglects the role played by women in the churches of South Africa through organisations such as the *manyano* movement. Therefore, I argue that it is important to document the oral history of *manyano* women because firstly, the historical documentation of their pastoral agency has been largely neglected in favour of male ordained pastoral agents.

Secondly, their pastoral agency is significant. Denis and Phiri (2001:3) describe the *manyano* movement as the backbone of Christian communities whose contribution to the life of the church is vitally important in building pride and dignity. They evangelise, sing, care for the sick and raise funds; and additionally, as my fieldwork will reveal in chapter four, their leaders engage in counselling and various types of training. Through their active engagement, the *manyano*, I argue, have much to recount that is significant to filling the gap left by neglecting historical contributions made by women's movements in the South African church.

Thirdly, it is important to document the oral history of *manyano* women because their pastoral agency, as any other form of agency, occurs in a social dynamic of power and subordination. Agency is a broad term but in the context of this study it refers to the ability of a person, group or community to effect change in human capability or organisational systems towards social transformation that opts for the marginalised in society (Hobson 2003:6). The agency of *manyano* women is subordinate because in many of their churches

With few exceptions, the direction of the church is male. It is in their own organisations that the women exercise leadership. But even here they are not autonomous: all key decisions are submitted to the approval of the pastors (Denis and Phiri 2001:3).

Denis and Phiri continue to argue that even though the *manyano* are not fully autonomous,

they nevertheless have a fairly large degree of independence. The *manyano* women have their day, usually a Thursday, in addition to Sunday (2001:3).

As has been argued earlier in the chapter, dominant social and religious actors have responded to the epidemic through stigma, discrimination, moral judgment and denial. It is, therefore, important to firstly analyse through an oral history approach, whether subversive agency is present in the *manyano* leaders' experiences in the spaces where they exercise independence, and, secondly, to investigate whether this subversive agency has changed during the two time periods of 1990-2000 and 2001-2010.

Lastly, in relation to academic research, it is hoped that this study will make a contribution to the existing resources on social and cultural experiences of HIV and AIDS, particularly those of *manyano* women. In addition, this study can contribute to the empowerment of *manyano* women as agents of social transformation by enabling their voice to be recorded. Further, the outcome of this study could be informative and useful as a basis for further collaborative research in the diverse areas of oral history, HIV and AIDS, social science and theology.

In this section, I have sought to highlight why the *manyano* is significant in oral history. I have also sought to show how the *manyano* are important in documenting an oral history of the epidemic. In the next section I will briefly discuss the theoretical framework this study will use to guide the documentation and analysis described above.

1.5 Theoretical Considerations

This study uses the conceptual framework outlined by James Scott (1990) in his text entitled *Domination and the Arts of Resistance: Hidden Transcripts* which is outlined fully in chapter three. Scott's (1990) conceptual framework examines relations of power through the discourse of dominant and subordinate groups. Scott (1990:2-5) argues that because of power relations between dominant and subordinate groups, their discourse takes place in both the public and the hidden realm. Scott's (1990) discourse analysis as outlined above guides this study in the investigation of the agency of *manyano* leaders.

The pastoral agency of *manyano* leaders is located within a context of HIV and AIDS that has been influenced by the public transcript of the dominant. As stated earlier in the chapter, during the 1990-2000 period, the public discourse of the dominant was one in which the criticality of issues of HIV and AIDS were for the South African government pushed to the periphery of its agenda (Whiteside 2008:88); and for religious leaders, pushed to the moral periphery (Denis 2006:2-3). These factors promote domination through stigmatisation of those living with or affected by HIV or AIDS.

This study will seek to argue therefore, that the realities of the 1990-2000 period necessitated pastoral agents, such as the *manyano* leaders (themselves a dominated group within church and societal hierarchy) to seek to facilitate a covert response to issues of HIV and AIDS within their *manyano* groups and in turn, within their communities, at the level of infrapolitics. That is, through responses to and discourses of HIV and AIDS that were disguised publicly as a conscious effort to circumvent opposing attention from dominant societal agents.

The 2001-2010 period in South Africa is noted for a more public discourse of HIV and AIDS from the church and government. Scott's (1990) conceptualisation further guides this study in investigating the fieldwork outcomes to ascertain whether there were shifts in the *manyano* leaders' response to the epidemic in the public realm between the first and second period under investigation.

1.6 Research Design

As established above, this study seeks to investigate the research problem of: *what the historical and current realities of HIV and AIDS as experienced by the manyano leaders of the Anglican Church in the KwaZulu-Natal Midlands during the period 1990-2010 are*. From this research problem, four working questions arise. Firstly, what are the experiences of agency in *manyano* leaders when addressing the HIV and AIDS epidemic in the period between 1990 to 2000? Secondly, what are the experiences of agency in *manyano* leaders when addressing the HIV and AIDS epidemic in the period between 2001 and 2010? Thirdly, are their experiences of agency different between the two time periods? Lastly, what does an analysis of the *manyano* leaders' oral testimonies in these two periods contribute to a social and cultural history of the epidemic in the KwaZulu-Natal Midlands?

In answering these questions, the study seeks to attain four objectives. The first objective is to document the agency of *manyano* leaders in addressing the HIV and AIDS epidemic in the period between 1990 to 2000. The second is to document the agency of *manyano* leaders in addressing the HIV and AIDS epidemic in the period between 2001 and 2010. The third is to analyse the observable differences in the agency of *manyano* leaders between these two time periods and lastly, to make a social and cultural contribution to the history of the epidemic.

This study is a small ethnographic study. It is qualitative and utilises a case study design. A case study investigates a unit to answer specific research questions in order to establish a range of 'different kinds of evidence, evidence which is there in the case setting; [and] no one kind of source of evidence is likely to be sufficient on its own' (Gillham 2000:1-2). A case study design is appropriate for this study as it provides the framework for retrieving more than one *manyano* leader's memories of HIV and AIDS in this study's context.

The study is empirical and includes a literature review and fieldwork. My literature review focused on oral history, the *manyano* movement, HIV and AIDS history in KwaZulu-Natal and James Scott's theory of power relations between dominant and subordinate groups. In my field work, I interviewed eight Anglican *manyano* (Mothers' Union) leaders from the Anglican Diocese of KwaZulu-Natal. The systematic sampling method used in the snowballing technique was utilised in the selection of the interviewees. The snowballing technique of research is a non-random sampling procedure in which the researcher selects available respondents to be included in the sample who, after being surveyed, can refer the researcher to other individuals who would represent the population of concern (Bernard and Ryan 2010:367). The snowballing technique is also described as 'the friend-of-a-friend-approach (Terre Blanche 2006:291). This technique has provided an opportunity to seek out a selection of interviewees from among the peri-urban Anglican *manyano* leaders of the KwaZulu-Natal Midlands that meet the scope of this study. It thus included those whose geographical location and life-experiences are typical of other *manyano* leaders in meeting the interest focus of this study (Terre Blanche 2006:139).

Furthermore, this study utilises the data gathering tool of open-ended interview questions. Each interview was an hour long, was captured on an audio recorder and subsequently transcribed for the study in addition to being submitted to Sinomlando for archiving purposes (see Appendix A). The interview transcripts were then coded to identify themes for analysis based on the 'theory-

related material' technique (Bernard and Ryan 2010:62). The theory-related material technique of coding states that, 'by definition, rich narratives contain information on themes that characterise the experience of informants, but we also want to understand how qualitative data illuminate questions of theoretical importance (Bernard and Ryan 2010:62-63). Utilising this technique, I marked with highlighters the themes that indicated information and experience that responded to the theoretical perspectives highlighted in this study.

Interviewees were briefed on the interview topic and the academic purpose of the research (see Appendix B). They were also briefed regarding informed consent, that there is no financial benefit for their participation and the time frame of each interview (see Appendix C). It was explained to them that their knowledge will benefit historical research in the area of HIV and AIDS for the province. I notified them of their right to withdraw from the process at any point for personal reasons that may arise. In addition, I discussed with them the Sinomlando interview release agreement form which declares the intention of Sinomlando to add interview transcriptions that are captured in this study to its archives (see Appendix A). Each interviewee was notified of the pseudonym option on the interview release. Upon their decision to proceed, they were asked to sign the consent form and interview release agreement form.

This study does not explore all the dimensions of the pastoral agency of the *manyano* leaders interviewed nor their colleagues in the KwaZulu-Natal Midlands. Rather, as stated above, the study will solely explore whether subversive agency is present in the eight *manyano* leaders' accounts of experiences of the epidemic in the two time periods of 1990-2000 and 2001-2010. In addition, the study sheds light on the vision of liberative social transformation held by the *manyano* leaders, regardless of the challenges they faced between 1990-2000 and 2001-2010 arising from HIV and AIDS-related stigma from social, political and religious structures.

1.7 Structure of the Dissertation

The content of this study is structured based on an outline of six chapters that interconnect in describing the context of HIV and AIDS in the province of KwaZulu-Natal, the documentation of *manyano* leaders' memories of the epidemic and the critical analysis of their memories.

The next chapter discusses the South African *manyano* movement, outlining its history and its progression to the present, with particular focus on the Anglican *manyano* (Mothers' Union).

Giving attention to Gaitskell (1990), Holness (1998), Ngewu (2004), Joshua (2006), Haddad (2008), and the *Mothers' Union* (2007); this chapter's discussion will include the structure, pastoral agency and leadership roles in *manyano* groups, and their role as pastoral agents in the context of HIV and AIDS in the KwaZulu-Natal Midlands.

The third chapter discusses James Scott's theory of power relations between dominant and subordinate groups. It shows how the theory guides the study in uncovering the agency of *manyano* leaders as a subordinate group.

The fourth chapter outlines the fieldwork and findings. It discusses the *manyano* leaders' memories of HIV and AIDS from 1990-2010 as they emerged out of interviews.

Chapter five analyses the study findings as they relate to the theoretical framework and the objectives of the oral history methodology. This chapter also provides the research background from which chapter six offers recommendations for further study on the topic of *manyano* leaders and their agency in addressing issues of HIV and AIDS in the KwaZulu-Natal Midlands.

Chapter six concludes the study. It draws together the study motivation, problem and objectives, findings. It also discusses this study's hypothesis which is that for the *manyano* leaders, subversion was more present in the first period due to greater challenges posed by public health policies and HIV and AIDS-related stigma and denial than the second period. The chapter also presents the study's limitations and makes recommendations for further study.

CHAPTER TWO

ANGLICAN *MANYANO* LEADERS IN THE HIV AND AIDS CONTEXT

2.1 Introduction

This chapter explores the development of the *manyano* movement in South Africa from its inception to the present. It discusses the history of the *manyano* movement in South Africa generally, followed by a discussion of the South African Anglican *manyano* in particular. The exploration of the *manyano* movement in this chapter helps provide an outline of the role of its leaders' in the context of HIV and AIDS. An historical overview of the *manyano* movement and the roles its leaders play in the context of the epidemic responds to the first and second objectives of this dissertation which are to document the agency of *manyano* leaders in addressing issues of HIV and AIDS as an epidemic from 1990-2000 and 2001-2010. As this chapter will argue, the *manyano* movement is unique in its pastoral agency within the church and the margins of society in addressing challenges such as the HIV and AIDS epidemic.

2.2 The History of the *Manyano* Movement in South Africa

This section of the chapter seeks to achieve two objectives. The first is to describe the background of the *manyano* movement in South Africa. The second objective is to define the movement focusing mainly on the Anglican *manyano* known as the Mothers' Union. These two objectives provide the background necessary for the next section's discussion of the Anglican *manyano* in the province of KwaZulu-Natal.

As stated in chapter one, the term '*manyano*' means 'union' in isiXhosa and describes prayer unions that were founded by women missionaries from the Methodist and Anglican churches in the United Kingdom; and the American Board Mission, ABM (Gaitskell 1990:251-255). The term *manyano* had come to describe the prayer unions at the turn of the twentieth century (Gaitskell 1990:251). Gaitskell further explains that 'the actual term '*manyano*', although it is the official isiXhosa term for Methodist groups, is frequently used of the phenomenon of black women's organisations as a whole' (Gaitskell cited in Holness 1998:22).

According to Moss, the name of the movement is believed to derive from the word '*ukumanyana*', an isiXhosa word meaning 'to unite' (cited in Ally 2009:165). Holness explains the meaning of the name further by stating that the Xhosa word '*manyano*' (and the seSotho equivalent, '*kopano*') has to do with union but beyond that, the word is best translated as 'let's pull together' (Holness 1998:25). She describes the 'pulling together' of the *manyano* as the sense of community they adhere to in the practice of their faith (Holness 1998:25).

In terms of spiritual nurture, historically the term '*manyano*' refers to the fact that the groups were first established as prayer unions by women missionaries (Gaitskell 1990:225). The prayer unions were designed to promote Victorian Christian ideals of devout domesticity in grooming African female converts into 'future spouses of Christian men, mothers of Christian children and makers of Christian homes' (Gaitskell 1990:255). This initiative seems to have been motivated by the missionaries' observation that the numbers of female members were disproportionately higher in the Methodist and Anglican churches, the major churches among Africans in South Africa at that time (Gaitskell 1990:252-253). This observation seems to have given them hope that by instilling Victorian Christian ideals of domesticity, the African women in the prayer unions would influence the conversion of their families and communities. The missionaries succeeded to some extent in fostering their ideals among the converts; they brought together the converts into gatherings that 'explicitly aimed by the early 1900s to help women in their new responsibilities as Christian wives and mothers' (Gaitskell 1990:256). Under the supervision of the missionaries, other aspects of these prayer unions involved 'devotionalism, evangelism, temperance and visiting the sick' (Gaitskell 1990:256).

The establishment of the prayer unions brought a particular religious style at that time, that of lay indigenous women coming together to pray and to be trained by the missionaries; but also opportunities to participate in Christian mobilisation and leadership (Gaitskell cited in Holness 1998:23). The women began to take ownership of the groups by using them as a platform to address their own needs and those of their mostly rural contexts; the '*manyano* represented a 'powerful female spiritual response to Christianity in the face of both male-dominated churches and traditional patriarchal culture' (Holness 1998:23). As the *manyano* movement's presence grew in this way, the missionaries welcomed them at first because of their perceived role in fostering 'devout domesticity' through Christian motherhood and morality (Gaitskell cited in

Holness 1998:23, 28). With time, however, it became evident that the groups were a channel of solidarity and mutual support, both for women who had moved to urban areas and rural women whose husbands had moved to the cities for work, in the face of social, economic, political and emotional disruption in apartheid South Africa (Holness 1998:23). Gaitskell shows that *manyano* women were becoming active in mobilisation and solidarity in response to challenges of gender, race and class and began to organise more formally in distinctive, often uniformed organisations (Gaitskell 1990:251).

Moss describes *manyano* women as the 'heartbeat' of local churches in Southern Africa (cited in Ally 2009:165). It seems this is the case due to the history of the *manyano* movement in apartheid South Africa. Women from rural and semi-rural communities had begun to search for jobs in white homes as domestic workers where they were given basic accommodation (International Organisation for Migration 2010:11). Reflecting on that period, Shireen Ally concludes that the *manyano* movement 'has always been associated, in particular, with domestic workers and [up to the late 2000s] membership consists predominantly of live-in domestic workers' (2009:165). From this new urban setting, *manyano* groups began to thrive.

There were a number of reasons why live-in domestic workers during the time of apartheid were coming together through *manyano* groups. Firstly, domestic workers along with many other women in apartheid South Africa found themselves, according to Holness, literally at the bottom of society's pile because of 'their often triple oppression of being female, black and poor' (1998:25). The triple oppression, in other words, refers to how the reality of cultural patriarchy, racial discrimination and economic poverty impacted upon the daily-life experiences of rural and working class black women who had migrated to urban areas. Their daily life experiences included facing the challenges of poverty, unemployment, harsh working conditions, breakup of family life as men moved away to work in the mines (Holness 1998:25).

These realities, according to Holness, created among the affected women, 'a diminished sense of personhood' (1998:25). She captures this in her memories of what she describes as the '*manyano* transformation' of her family's domestic worker. She states,

Among my earliest memories are those of sitting, as a young child, in the room of Elizabeth Nompoti Ngobo, my parents' domestic worker, and watching with

fascination as she dressed for [the Methodist] *manyano*. Fastidiously washed and lavishly perfumed for the occasion, Elizabeth would don her distinctive black, red and white uniform (symbolising respectively the blackness of our sin, the cleansing blood of Jesus, and the purity imparted by the washing away of sin) and excitedly set off to join her friends for their weekly Thursday afternoon *Manyano* meeting. Elizabeth, the white family's domestic worker, had been transformed into Ms EN Ngobo, *Manyano* woman in uniform, person in her own right (1998:21).

The *manyano* movement came to be a place of solidarity, where women could recover their sense of dignity in the face of the cultural displacement they experienced by living away from their own communities, racial discrimination and the economic challenges they faced as working class women.

Ally describes the transformation the *manyano* groups offered to their members in the following way,

usually hidden behind closed doors, domestic workers' invisibility is forcefully disrupted on manyano meeting days [Thursdays] when they can be seen along the pavements of White Suburbia in their distinctive uniforms (2009:165).

Secondly, the Thursday meeting is a tradition that is believed to have its roots in the association between the *manyano* movement and its historically large domestic worker membership in apartheid South Africa. The structure of the working week for domestic workers during apartheid and the schedule of *manyano* activities correspond in that, "Thursday afternoons, or 'Sheila's Day'- in response to domestic workers' naming of the day- became both the widespread 'day' off for domestic workers and the entrenched meeting time for *manyanos*' (Ally 2009:165). The Thursday meetings seem to have reflected the low literacy levels of the majority in the groups as was noted in their emphasis on oral spiritual expressions mentioned above: prayer, preaching, sharing concerns. According to Holness (1998:26), the oral spiritual aspects of preaching, singing, praying and a general 'pouring out' (sharing concerns), are of tremendous significance because most domestic workers that made up the *manyano* majority at the time were neither highly literate nor theologically trained. She further explains that this was a result of both apartheid and church patriarchal structures that relegated women to the margins of a 'religion brought by Westerners in a largely literary form' (Holness 1998:26). The *manyano* members embraced oral spirituality in their faith as Holness illustrates in the following

description of a *manyano* meeting relayed to her by an informant,

On a Thursday evening Mabel would return exhausted but glowing from her *manyano* meeting. I would usually ask the question: "How was *manyano* today?" Invariably her response went something like this: "Wonderful! The prayers were wonderful. Christine was preaching today. She preached for a long time, but it was wonderful. She can speak just like a *mfundisi*. She was telling us about how we must pray about our problems. And afterwards we had a collection and we went to visit the mother of Emily. She's had a stroke. So we went to her house and cooked for her and prayed, and then we came home (1998:26)

The Thursday meetings also highlighted communal solidarity through practical support. Epprecht suggests that solidarity in the Thursday meetings was not only limited to retaining the dignity of the women but also allowed 'women to experience catharsis from the stresses of their day to day lives' (cited in Holness 1998:26). Whether this was the case or not, Epprecht's statement above is significant in that it points to the holistic regard for spirituality that characterises the spirituality of *manyano* groups whereby individual salvation, spiritual nurture and personal needs are seen in the wider scope of a living and caring community (Holness 1998:25). Holness elaborates,

For the women who belong to the *Manyano*, their organisation means for them the sharing together of life. Together they enrich each other spiritually; together they share and work through problems; together they celebrate. Their weekly coming together provides an outlet, historically denied to them in patriarchal and Westernised churches, for otherwise largely unexpressed talents and unarticulated emotional and social needs (1998:25).

As *manyano* groups grew in the urban and semi-urban areas to include women professionals such as teachers and registered nurses for example, the socio-political context of South Africa meant that the mutual support offered to women within the groups assumed enormous significance (Holness 1998:25). The women in professional jobs along with those in unskilled professions faced together in their churches the religious marginalisation of women and relegation to specific roles, notably the exclusion of women from ordination. The religious marginalisation the women faced corresponded to patriarchy in traditional culture, meaning that the women were silenced both by Christianity and by their own men (Holness 1998:26).

This is perhaps where the *manyano* uniform held (and continues to hold) its greatest significance. The women were facing common challenges within society and the church even though their

economic and social statuses differed. The uniform became the 'leveller'- in other words, the *manyano* uniform conferred a common identity on its members (Holness 1998:25). The common identity was one of dignity, self-confidence and pride whereby the members moved

from being individuals with a sense of either no, or at best second-rate, personal identity (a negative self-image) or only derivative identity (Mrs so-and-so's maid), to people with a positive identity of their own. In addition to this, the *Manyano* uniform serves another vital function. Everyone looks the same. No one can detect who is rich and who is poor. The women consequently wear the uniform with pride. It is a booster of self-confidence, assuming - dare I suggest? -almost sacramental significance (Holness 1998:25).

Furthermore, according to Haddad, *manyano* uniforms bear spiritual significance in relation to the daily life experiences of the wearers, for many who wear it, 'the uniform embodies supernatural powers that infuse the material world and become a resource for dealing with this reality' (2000:9).

Many of the challenges *manyano* groups have sought to respond to historically are still applicable. Despite the dawn of democracy and the ordination of women in mainline churches in the 1990s, Olivier suggests that *manyano* groups continue to struggle towards a dignified identity for their members and the 'situation is unlikely to change until black women are given some kind of strengthened identity within the black community' (cited in Holness 1998:26).

The above exploration of the background of the *manyano* in South Africa is in no way exhaustive. However, it provides the context of the movement from which we can now focus on the Anglican *manyano*, the Mothers' Union.

2.2.1 The Anglican *Manyano* in South Africa

The *manyano* of the Anglican Church in South Africa shares in the heritage of the larger South African *manyano* movement discussed in the preceding section. First however, let us explore its origins in South Africa. The Anglican Church's *manyano* group is officially known as the Mothers' Union (MU). Historically, the Mothers' Union is part of the *manyano* movement because by definition, it is a black Christian Women's organisation (Gaitskell 2004:266).

Historians trace the group's origins to the international Mothers' Union beginnings in Victorian era England:

Mary Sumner founded the Mothers' Union in 1876, in the village of Old Alresford in Hampshire, where her husband, George Sumner, was [an Anglican] rector. She was spurred into action when her eldest daughter gave birth to her first baby. Mary remembers her feelings of inadequacy as a young mother charged with the terrible responsibility for a new life. She believed that women from every class needed to understand that mother-hood was a profession and is equipped to perform it. Motherhood involved more than providing the physical needs of children. The primary responsibility of mothers was to raise their children in the love of God. Mothers could only do this, she believed, if their lives were firmly rooted in prayer (Mothers' Union 2007:11).

In this way, the South African MU shares in the history of other prayer unions as discussed in the last section in that the vision of its missionary founders was the development of devout domesticity. From the statement above, Mary Sumner's vision for devout domesticity seems to be captured best in her passion for prayer, motherhood and family life. The South African MU has retained this vision, interpreting it in their current constitution's official purpose in the following way: 'the Mothers' Union is to be especially concerned with all that strengthens and preserves marriage and Christian family life' (Mothers' Union 2007:9)

Their constitution has historically addressed both regulations and moral issues. The regulations will be discussed in the next section but I will seek to explore the moral issues here. Some scholars have described its constitution as moralistic. Holness elaborates by stating that "the *manyano* women live by a strict constitution which covers both proprietorial and moral issues, and it is not uncommon for a member to be 'de-bloused' for having committed an offence in violation of it" (1998:27-28). To be more specific, as early as the mid-twentieth century, the MU could exclude churchwomen who did not fit the ideals of what was understood as Christian motherhood: chastity and marital respectability (Gaitskell 2004:280). For example, membership was closed to divorcees and unmarried mothers at that time in what Gaitskell describes as the MU's close associations with 'narrow definitions of Christianity and marriage' (2004:271).

By the 1980s, according to Claire Nye, the MU constitution had not changed on private

morality, for example,

Even though divorcees and unmarried mothers should have been free to join after the 1975 worldwide changes in MU's entry requirements, African branches in Cape Town still operated the same bars in the mid-1980s. They were strong on 'legalism and adhering to the rule-book', such that becoming a member was 'seen as something to strive for, to have 'made it' in terms of respectability in the eyes of the community and the Christian church (cited in Gaitskell 2004:280).

However, Holness (1998:28) notes that the MU's seemingly unyielding adherence to its constitution on the private morality of members did have limits. On this point, she observes the following:

Strangely, within the bounds set by the constitution, there is a large measure of tolerance. By way of example, a friend of mine, some twelve years ago, became pregnant as the result of a brief relationship with a person to whom she was not married. What I have come to understand is that, despite appearances to onlookers, there is a good measure of understanding for the sociological situation that many of the women endure, a blind eye being turned to many a breach of rule (Holness 1998:28).

The sociological situation Holness points to, I suggest, included women's realities of economic, patriarchal and racial marginalisation discussed in the previous section. For example, for some, poverty had influenced the breakup of family life as men left to work in mines. For others, abusive relationships rooted in patriarchal norms had led them to flee to urban areas in search of more independence (International Organisation for Migration 2010:7). These challenges directly influenced within the MU an 'indigenous expression of African women's Christianity' (Haddad 2000:7).

The indigenous expression of African women's Christianity has been defined as the early, widespread mobilisation and solidarity in *manyano* groups that responded to the changing ideological, economic and religious roles (Gaitskell 1990:251). In other words, the MU along with the wider *manyano* movement responded early to the fact that the private morality of the MU members is located within a context that challenges the narrow notions of Christian motherhood and marital respectability handed down by the Victorian-era women missionaries. It is no surprise then, as Holness shows above, that within the bounds set by the MU constitution

even as recently as the mid-1980s, the MU in its tolerance stood in solidarity with those who were sidelined by the moral stance of its constitution.

Solidarity with the marginalised spread beyond personal morality and women empowerment within the MU structures to solidarity with those marginalised in local communities. In their current manual, the MU, in addition to focusing on family and marriage explicitly seeks to 'resort [its] members to take practical action to improve conditions for families; both nationally and in the communities in which they live' (Mothers' Union 2007:9). The practical action aspect of the MU will be developed further later in this chapter but we can note here that so significant was their concern for their communities that Pat Harris, central president of the MU said of the group in the early 1990s,

the biggest threat of our time comes surely from apathy, inertia and indifference, this could not be said about [the MU] who are plugged in at grass root level in every diocese, and in hundreds of parishes (cited in Ngewu 2004:195).

Today, the MU women seem to have continued in their solidarity with the marginalised. For example, they give 'the outward appearance of compliance with the missionary structures, but in [their] functioning adopt forms that embrace what is relevant for their daily life of struggle and survival' (Haddad 2000:268). Regarding struggle and survival, Haddad's (2000) study among Anglican *manyano* leaders within the KwaZulu-Natal Midlands area of Vulindlela is invaluable in providing insight into their context of struggle, survival and their resistance in solidarity in empowering themselves and others who face similar challenges. This is discussed more fully later in the chapter.

Regarding the *manyano* movement, I observe that it is important to be cautious when discussing the issue of empowerment. For the MU, as with other *manyano* groups, not all members of the MU are located in the daily context of struggle and survival. The global MU structure has maintained membership of women from both sides of its African and missionary roots (Gaitskell 2004:271). In other words, the global MU has members from both the wealthy, developed countries such as the United Kingdom and from economically weaker, developing countries such as South Africa. Furthermore, the majority of MU members globally are African women (Gaitskell 2004:271). Although women on the continent are made up of both the rich and poor,

the majority face the daily reality of survival and struggle due to economic and gender challenges.

Within the South African Anglican MU, the majority of its MU membership is black African (Gaitskell 2004:271). Although many of the black African women in the South African MU share in a similar history of racial discrimination in apartheid South Africa, not all of them face a material struggle for survival. Holness seems to concur:

A word more about empowerment: I do not think that it is possible to overestimate the role that the *manyano* movement has played in terms of the empowerment it confers on otherwise totally disempowered people. Each of the points made earlier regarding the nature of the *manyano* movement constitutes a dimension of this empowering dynamic - the uniform, the platform to speak and the ready audience, propriety, "good deeds", money-raising, etc. Acknowledging my status as an observer, I nevertheless find myself cautiously asking if this is really empowerment in the real sense. Is someone truly empowered if she is only free within the confines of what an organisation and its uniform affords her? I mentioned at the outset women known to me who shun the *manyano* organisation. Part of their motivation for doing so is precisely this, believing as they do that joining or remaining within the organisation with its somewhat static outlook and reinforcement of traditional women's roles, in fact denies to women the self-actualisation that they seek (this is arguably true of most traditional women's organisations). Most often, however, these are highly educated, professional women, equipped intellectually, emotionally and often economically to transcend the need for the recognition, power and sense of community bestowed by the organisation (1998:29).

As valid as this argument might be, it only points back, I suggest, to what has been discussed earlier: the relevance of *manyano* groups to their contexts. While some may find the *manyano* movement lacking in empowerment, it remains a movement of solidarity that empowers those at the margins.

Also, as this study will show in chapters four and five, the *manyano*, in this instance the MU, remains a place where professional women use the empowerment they have attained in solidarity with those marginalised in their communities in various ways. Thus, they join in the empowerment of others facing, as this study will show, struggle, survival and resistance together with those at the margins. This study will therefore use the terms '*manyano*' and MU interchangeably to signify a focus on the black MU members who are at various levels of socio-

economic and socio-cultural empowerment but are still committed social agents and encounter in their daily lives struggle and survival, particularly in the context of HIV and AIDS.

In sum, therefore, a definition of the *manyano* movement centres around three specific areas. Firstly, the term ‘*manyano*’ refers to indigenous Christian women’s organisations in South Africa’s mainline Protestant churches and African Initiated Churches (AICs). Secondly, the *manyano* movement, including the Anglican MU, has existed historically to promote Victorian-era missionary ideals of Christian womanhood within the home and later, the social context of its members. Lastly, but importantly, the *manyano* movement is publicly committed to the missionary ideals of marriage and family life while actively creating its own contextualised forms of survival responses to the daily life challenges of its members, their families and their communities. This indigenous response is often enacted away from public view, in their Thursday meetings.

2.3 The Structure of the Anglican Mothers’ Union

A brief description of the structure of the global and national MU is necessary before specifically focusing on its structure in the KwaZulu-Natal province. The MU is an autonomous organisation operating within the Anglican Communion that works in co-operation with the Bishops and incumbents of the various parochial charges of the various Anglican Provinces across the globe (Mothers’ Union 2007:12). The MU has an overarching constitution and although Dioceses have their own rules and regulations, these can not contradict the overarching Constitution (Mothers’ Union 2007:16).

Structurally, the MU has retained its historical missionary ties to England where the headquarters of the organisation is situated. Globally, the MU is presided over by the MU world-wide president, trustees and council at the Mary Sumner House in London, England. Provincially, the MU is presided over by MU provincial presidents, councils and executives. At diocesan level, the MU leadership is composed of diocesan presidents, councils and executives. Deaneries are fourth in the structure and are presided over by an MU presiding member, executive and elected representatives. At parish level, the MU parish leader presides over the MU while at parish branch level, the MU branch leader presides over it (Mother’s Union 2007:15).

The KwaZulu-Natal Anglican Church is part of the Anglican Church of Southern Africa (ACSA) which was formerly known as the Church of the Province of Southern Africa (CPSA) (Ngewu 2004: viii-ix). Within ACSA, the KwaZulu-Natal MU belongs to the MU Nguni Cluster; a grouping of MUs from five dioceses: the two KwaZulu-Natal dioceses (the Diocese of Zululand and Diocese of Natal); the Eastern Cape Diocese of Umzimvubu; and the Dioceses of Mpumalanga and Swaziland (Mothers' Union 2009:12). Of the two KwaZulu-Natal dioceses, the KwaZulu-Natal Midlands MU falls under the Diocese of Natal which has four deaneries/regions: South coast region, Northern region, Durban and Districts and Pietermaritzburg and District (Mothers' Union 2009:7).

At parish level the Diocese of Natal has a total of forty eight parishes with MU members; the larger parishes have up to fourteen branches per parish (Mothers' Union 2009:9)'. This study has focused solely on six parishes in the peri-urban communities of the Pietermaritzburg and District deanery/region. The six parishes are St. Christopher's in Sobantu; St. Mark's in Imbali and its branch/chapelry, St. Peter's in Elandskop; St. Martin's in Edendale; St. Raphael's in Sweetwaters; Mpophomeni Parish in Mpophomeni; and St. Andrew's Parish in Springvale, Ixopo.

2.4 Definition and Roles of *Manyano* Leaders

Defining the roles of *manyano* leadership in this section provides a background to the next section in which I will focus on how the context of HIV and AIDS impacts upon Anglican *manyano* leaders in the KwaZulu-Natal Midlands.

The *manyano* parish structure is governed by an executive that is elected triennially at individual parish and branch annual general meetings (AGMs) (Mothers' Union 2007:23-24). The AGM is the decision making body of *manyano* groups at parish level. Holness observes that AGM's have maintained distinct missionary influences,

The fastidious attention to propriety among *manyano* women brings an easy smile to many a Western face. Protocol is strictly adhered to, and my experience of *manyano* women is that the business side of meetings is often more formal than the Western model on which it is based (repeated 'Madame chairs', 'members of the meeting at large', et cetera) (Holness 1998:28)

According to Holness, there is an underlying reason for this propriety. She draws upon Epprecht's findings among the Kopano (Christian women's organisations in Lesotho), to conclude that it is in itself a form of empowerment, "giving 'a sense of perfectibility which, like the uniform, could erase class and other social differences' between the women (cited in 1998:28).

AGMs are designed to bring together representatives from all the parish's branches. The report of the year's work is read, an audited financial statement given and discussion held on the future work and activities. It is at the AGM that every third year that the parish executive committee is elected (Mothers' Union 2007:23). The executive comprises: 'the parish leader and her Vice; the secretary and her Vice; the treasurer; all branch leaders and two additional leaders' (Mothers' Union 2007:24). The *manyano* parish leader is 'the liaison between the Incumbent, the Parish Council, the Diocesan President, MU Organiser, the Presiding Member and the members of the [*manyano*] in the Parish' (Mothers' Union 2007:24). Her duties, as set out in the constitution include representing the parish ecumenically and to other organisations as well as coordinating the implementation of programmes, activities, trainings and projects within the parish and its branches (Mothers' Union 2007:24). All leaders are elected to serve a term of three years; if re-elected, they can serve for a maximum of one more term (Mothers' Union 2007:39)

In addition to the AGM, a *manyano* parish leader is responsible for organising parish meetings, the frequency of which is determined in consultation with the priest-in-charge and the parish members (Mothers' Union 2007:23). Additionally, the *manyano* leader must oversee that members gather for prayer meetings, conferences and business meetings; there are also 'mini groups' that seek to address the needs of members and these could be: Saturday groups, evening groups and monthly groups (Mothers' Union 2007:25).

Weekly, the Anglican *manyanos* meet on Thursdays. *Manyano* leaders lead their groups during these meetings that may generally include a business section, a time of sharing, a devotional time that may include preaching, singing and praying, followed by preparations for a visit to some member in need (Holness 1998:26). The business section deals with constitutional and fund-raising matters pertaining to the group at that particular time (Holness 1998:27-28). Commenting on the fund-raising aspect of the *manyanos*' weekly meetings, Olivier argues that this 'is one

area in which the women have more power than the men in a historically black church, and consequently, are reluctant to yield to any kind of change that would alter this position (cited in Holness 1998:28). Holness concurs and adds that the '*manyano* women have an extraordinary capacity to raise money [often] at considerable cost to themselves' (1998:28). She provides the following observations that help us to understand the importance of the often costly activity:

the power to raise money confers a particular status on the women - something that they usually do not experience elsewhere. For example, when a minister leaves the congregation the *manyano* begin well in advance planning for a farewell present. In my experience it is by no means unusual for the gift to comprise a dining room suite, a dinner service and a refrigerator... From a privileged white perspective a situation like this is difficult to understand. It looks like pure extravagance and a kind of "showing off". And it is. No *manyano* woman would deny this. This element is also unashamedly present in church services when special appeals are made. One *manyano* woman will leave her seat, make her way to the front of the church, announce that she is giving *x* amount, and challenge others to beat it. Somehow in this context money and power and empowerment belong together (1998:28-29).

In the next section I will seek to explore their practical involvement, that is, social and pastoral agency in the improvement of conditions in their communities. In doing so, I will begin to draw our attention to their involvement in addressing issues of HIV and AIDS in the KwaZulu-Natal Midlands from 1990 to 2010. Additionally, exploring their practical involvement will enable an exploration into some of the theological reflection guiding their social action.

2.5 *Manyano* Leaders as Social and Pastoral agents in the KwaZulu-Natal Midlands

For *manyano* women, practical action seems to be interconnected with all of their activities. In the context of this study, practical action includes all that *manyano* leaders enact in their role as pastoral agents offering a Christian response 'to the needs of a context that seeks to enhance liberative social transformation' (Sinomlando 2007:1). Practical action in this study, as chapter four and five will show, includes prayer support, material care and counselling.

Holness argues that practical action for *manyano* groups is not a separate realm from their spirituality, rather, it 'flows out of the preaching, praying and sharing time of *manyano* meetings':

first, [*manyano* women] seem to experience healing simply by being able to express their problems. Second, the needs articulated among the group invite advice, in the form of the shared wisdom of the members; and third, such needs often themselves provide the cue for social action by the group (1998:27).

Holness further argues that historically, African life and spirituality are interconnected; ‘without the body-soul, temporal-eternal, spiritual-secular dualisms that are so characteristic of the Western mind and experience, life in Africa is one’ (1998:24). Oduyoye explains this point further, she argues that ‘in the African attitude to life, spiritual needs are as important for the body as bodily needs are for the soul’ (cited in Holness 1998:24). African spirituality, then, is grounded in the rest of life (Holness 1998:24). This applies to *manyano* leaders’ practical involvement in meeting social needs. As stated earlier in the chapter, this holism is evident in the equal emphasis on spiritual activities (prayer, preaching and evangelism) and social activities (problem sharing, advice and counselling, fund-raising, and social action) in weekly *manyano* meetings; with the understanding that ‘spiritual needs’ will only be met if ‘bodily needs’ are taken care of’ (Holness 1998:25- 29).

Over the years, holistic practical involvement has been limited because a significant proportion of *manyano* women can only afford a little energy or time for concerns beyond their own survival (Holness 1998:27). Despite this, *manyano* women and their leaders respond in solidarity to community challenges. For example, Haddad’s (2008) study carried out in Vulindlela³ describes what I understand to be the *manyano* movement’s application of a holistic African Christianity response to the epidemic: the recognition of structural injustice that goes beyond the moralistic teaching rooted in retribution theology in addressing issues of HIV and AIDS. Theologies of retribution suggest that people who prosper do so because they must have pleased God. Therefore, if bad things happen to people, they must have done something wrong (Haddad 2008:54). Drastically, this theology of retribution has had devastating effects on those living with HIV in communities such as Vulindlela (Haddad 2008:54). Women church leaders in

³ Vulindlela is a historically poor Black semi-urban community outside Pietermaritzburg (Piper 2010: 3). It includes some of the communities represented in this study’s fieldwork.

communities like Vulindlela provide hope

The women church leaders know that bad things do happen to women and not necessarily because they have done something wrong. They know that being sexually promiscuous is not the only way to become infected. The illness came even to married women who could not insist on using a condom while engaged in sex with their husbands' (Haddad 2008:54).

This perspective among the group of women leaders confirms the concept at work in the *manyano* movement which she uncovered in her earlier work, 'survival theologies' (Haddad 2000). Survival theologies are an expression of faith that reflect women's struggle to survive within a context of material deprivation and oppression (Haddad 2000:103,313,410). Survival theologies are born out the struggle of survival by ordinary women with no formal theological training and demonstrate the ability to survive by employing different survival strategies including faith to sustain themselves and those they minister to (Haddad 2000:103,313,410). Survival strategies contribute to *manyano* women's sense of physical, spiritual and mental well-being that enables them to face their daily lives and offer support to others (Haddad 2004:9). In this study I will return to this concept of 'survival theologies', as strong links seem to be shared between these theologies and the *manyano* women's covert and subversive practical action on behalf of those marginalised by HIV and AIDS.

Focusing on the Anglican *manyano*, the reality of poverty among its members has also impacted upon its response to the epidemic. Ngewu states that 'most members of the MU are experiencing grinding poverty and some of these have either very little or no education at all' (2004:189). However, he quickly adds that,

yet despite this abject poverty, when one is looking for the wealth of the Church, one would do well not to look beyond the members of the MU. Let it be said, quite emphatically too, that there is not a single member of the CPSA who can claim not to have benefitted, one way or the other, from the MU (2004:189).

How then have Anglican *manyano* leaders of the MU, despite this apparent lack of financial or educational resources, been a benefit to the Anglican Church and their communities? Anglican *manyano* leaders have had to lead their groups and communities in addressing issues of HIV and AIDS even in the face of poverty. In this regard, Haddad's (2000) study in Vulindlela once again brings an important insight; that of the theological resource of 'survival' for poor women. In the HIV and AIDS context Haddad's notion of survival refers to, I suggest, the *manyano*

leaders' option for 'a dignity, a quality of life, which is intricately intertwined with these women's understandings of God in their lives' (2008:49).

This option for survival is therefore the tool of agency and resistance to daily struggles such as those brought on by HIV and AIDS and exacerbated by material conditions for poor and marginalised women. Haddad reiterates the significance of survival strategies by stating that 'it is in the interconnectedness of faith and material conditions, that survival strategies and resistance are fostered, which in turn can lead to social transformation' (2008:49). This social transformation, I argue, includes the response to issues of HIV and AIDS.

2.6 Conclusion

This chapter aimed to provide a background to the *manyano* movement in South Africa. This was done so as to foreground the first and second objectives of this dissertation: the documentation of the agency of *manyano* leaders in addressing issues of HIV and AIDS as an epidemic from 1990-2000 and 2001-2010 that will be covered in chapter four. The chapter has presented the history of and definitions of the South African *manyano* movement in general and the Anglican *manyano* (Mothers' Union) in particular. This was achieved by discussing the structure of the Anglican Mothers' Union in the ACSA and in the Diocese of Natal; the definition and roles of Anglican *manyano* leaders; and discussing Anglican *manyano* leaders as pastoral agents in the context of HIV and AIDS in the KwaZulu-Natal Midlands between 1990 and 2010.

This chapter's findings have shown that the Anglican *manyano* leaders promote family and marriage based on the early, Victorian-era missionary vision for the movement. However, the leaders go beyond that to also promote practical action in solidarity in the struggle, survival and resistance against the injustices facing their families and communities. Such practical action has faced challenges, particularly within the context of HIV and AIDS, due to the realities of economic poverty and the dominant social and religious perceptions towards the epidemic that the *manyano* leaders face. *Manyano* leaders have spaces in which they theologise and practically enact their resistance to challenges including those posed by the HIV and AIDS epidemic. Among the ways they achieve this is through survival strategies. Survival strategies include advocating for condoms within a church community context in which the topic is still debated.

This chapter's discussion has sought to demonstrate that the *manyano* movement is uniquely positioned in its social agency within the church and the margins of society in addressing challenges such as the HIV and AIDS epidemic. In the next chapter I discuss James Scott's (1990) theory of power relations between dominant and subordinate groups.

CHAPTER THREE

THEORISING THE AGENCY OF *MANYANO* LEADERS

3.1 Introduction

The previous chapter discussed the historic development of the South African *manyano* highlighting the Anglican *manyano*, who are pertinent to this study. I argued that the Anglican *manyano* seek to holistically help members and their communities in addressing daily life challenges including those posed by the epidemic. In this chapter, I seek to build upon Scott's (1990) theory of power relations between dominant and subordinate groups as broadly introduced in Section 1.4.1. This is in order to demonstrate its significance in guiding this study's analysis of the agency of *manyano* leaders within the context of HIV and AIDS.

3.2 Relations of Power between Dominant and Subordinate Groups

Scott (1990) relates how he was first drawn to study discourse that reveals the power relations that exist between dominant and subordinate groups. He states that it was through his 'efforts to make sense of class relations in a Malay village' (1990:ix). He had observed that

the poor sang one tune when they were in the presence of the rich and another tune when they were among the poor. The rich too spoke one way to the poor and another among themselves (1990:ix).

His observations opened up a study that sought to understand how power relations affected discourse among various groups, as he illustrates in the following way:

Once attuned more closely to how power relations affected discourse among Malays, it was not long before I noticed how I measured my own words before those who had power over me in some significant way. And I observed that when I had to choke back responses that would not have been prudent, I often found someone to whom I could voice my unspoken thoughts. On those rare occasions on which my anger or indignation had overcome my discretion, I experienced a sense of elation despite the danger of retaliation. Only then did I fully appreciate why I might not be able to take the public conduct of those over whom I had power at face value (1990:ix-x).

These observations describe power relations that were neither new nor unique to Malaysians as

Scott emphatically states,

I can claim absolutely no originality for these observations about power relations and discourse. They are part and parcel of the daily folk wisdom of millions who spend most of their waking hours in power-laden situations in which a misplaced gesture or a misspoken word can have terrible consequences. What I have tried to do here is to pursue this idea more systematically, not to say doggedly, to see what it can teach us about power, hegemony, resistance and subordination (1990:ix-x).

In other words, Scott's study aimed to help explain how power relations between dominant and subordinate groups that are otherwise taken for granted operate. He cites, for example, serfdom, slavery, the caste system, colonialism and economic class structures (Scott 1990:xi, 113). His study seeks to uncover how power relations within such systems inform social discourse.

He observed from African American slave narratives, the perceived public conformity of the slaves to their masters (Scott 1990:36-37). From this observation and citing various other examples, he noted that dominated groups 'ordinarily conform by speech and gesture to what is expected of [them] even though that conformity masks a quite different offstage opinion' (Scott 1990:36). Their outward conformity, he adds, is not designed merely to mask their true opinions of the dominant but also where necessary, it is a measure of self-preservation (Scott 1990:37). Scott (1990:70) illustrates this point by pointing us to how slaves in many instances were helpless in the face of abuse not only for fear of personal suffering, but also for the fear of the abuse of their loved ones.

This means, I suggest, that domination controls subordinate groups by forcing them to publicly express and enact what is expected of them; and suppress from the public realm their natural impulses to overtly express and enact resistance to domination. From such a background, Scott's study argues that discourses through which power relations between dominant and subordinate groups operate take place at a number of levels. These levels include the public realm, the hidden realm and the realm of 'infrapolitics'. Furthermore, within the hidden realm, dominated groups secure sequestered social spaces (safe sites) in which what Scott terms as 'hidden transcripts' can be practiced and enacted without the surveillance of the dominant (Scott 1990:xii, 4-5). In order to explore these levels more fully, let us first look at the public realm.

Scott describes the public realm as the realm in which ‘public transcripts’ are expressed and enacted (Scott 1990:198). Public transcripts are overt forms of discourse that are not low-profile and disguised, they are ‘open and declared’ (Scott 1990:198). For the dominant, the public realm is important because this is where they show their power by using ‘the threat of violence to enforce public conformity to rituals which celebrate their power, and to extract performances which appear to offer support for the status quo’ (cited in Robinson 2004). Thus, public transcripts for dominant groups include the execution of their plots and plans that are necessary to maintain their hegemony (Scott 1990:18). However, the public conformity of subordinates in such situations does not reflect their inner consent (cited in Robinson 2004). Therefore, according to Scott, for subordinate groups, ‘discourse that takes place in the public realm tends to praise the images of the dominant’ (Scott cited in Paulo 2010:76). In so doing, subordinate groups can publicly enact a false deference and public compliance to the hegemony of the dominant while appropriating subversive discourses in the hidden realm (Scott 1990:18-20). This is because their public deference is ‘usually motivated by fear of retaliation rather than internalised compliance’ (cited in Robinson 2004).

We can see therefore that there is,

a division between the public transcript, in which both elites and subordinates give required performances, and the hidden transcripts of each group, in which resentments, hostility and alternative conceptions of the world are aired (cited in Robinson 2004).

Konkol explains further that, ‘usually the public transcripts are those of the rich and powerful, and the hidden transcripts are rarely revealed because the weak and powerless are unwilling to take the risk’ (cited in Hayes 2011). Before I discuss the hidden transcripts of subordinate groups and the risk attached to them when expressed publicly, let us first look at the hidden transcripts of the dominant. Hidden transcripts for dominant groups refer to discourses that remain fully acknowledged only within the confines of dominant groups that safeguard and promote their hegemony and inform the plotting and planning of ideological, status and material hegemony necessary to maintain their status quo (Scott 1990:19-20). But for subordinate groups, their hidden transcripts are the day-to-day discourses of survival and resistance towards the dominant that remain fully acknowledged only within the confines of the safe sites that the dominated have secured (Scott 1990:19-20). Reasons why such discourses are hidden include

self-preservation where there may be a risk of retaliation from the powerful if exposed publicly (Scott 1990:x, 37). Discourses that must be hidden represent ‘a critique of power spoken behind the back of the dominant’ (Scott 1990:xii). Such critique includes discourse that in a given context enables the dominated to ‘discern and to read, the real intentions and mood of the potentially threatening power-holder’ (Scott 1990:2,19-20).

Discerning the intentions of potentially threatening power-holders is critical for the dominated because this knowledge informs their discourses of survival and where possible, their resistance strategies (Scott 1990:18-20). Regarding the resistance of subordinate groups, Robinson observes that according to Scott, ‘when revolts and revolutions occur, and when individuals defy the powerful due, the public defiance is usually a realisation of what has been rehearsed in the hidden transcript’ (cited in Robinson 2004).

In order that hidden transcripts of subordinate groups remain hidden, safe sites that are inaccessible to the powerful are necessary, safe sites that ‘include a set of social relations not governed by official rituals’ (cited in Robinson 2004). According to Scott, such sites are sequestered spaces in which subordinate groups are ‘insulated from control and surveillance from above’ (1990:118). Furthermore, safe sites provide freedom because ‘the hidden transcript *does* require a public - even if that public necessarily excludes the dominant’ (Scott 1990:118). Scott (1990) argues that there are several factors that must apply in order for a safe site to nurture a hidden transcript which will ultimately find expression either as disguised or fully publicly expressed agency of resistance.

The first factor is that the hidden transcript is an intentional social product, a result of power relations among subordinates (Scott 1990:119). How these power relations exist among the subordinates dictates the second factor, that ‘like folk culture, the hidden transcript has no reality as pure though it exists only to the extent it is practiced, articulated, enacted and disseminated within these offstage social sites (Scott 1990:119). This means that there is coordination among members of the safe sites as Scott argues that, ‘none of the practices and discourses of resistance can exist without tacit or acknowledged coordination and communication within the subordinate group’ (1990:118).

Scott's notion of safe sites therefore refers to spaces in which hidden transcripts can be expressed and enacted. It refers to sites from which hidden transcripts are disclosed publicly either through disguised forms (infrapolitics) or through the complete 'rupture of what is hidden into the public realm' (cited in Paulo 2010:76). Dominant groups also secure safe sites. The safe sites of the dominant shall be discussed in the next section where I will seek to demonstrate how Scott's theory has been applied by other scholars. Before I do so, let us first look at the realm of infrapolitics.

Subordinate groups may, where possible, reveal their hidden discourse in the public realm through forms that 'construct and defend [their safe] spaces' (cited in Robinson 2004). Due to the danger this may pose as earlier stated, they may do this through 'a wide variety of low-profile forms of resistance that dare not speak in their own name' (Scott 1990:19). These low-profile forms are forms of 'infrapolitics' which are, for subordinate groups, 'politics of disguise and anonymity that take place in public view but are designed to have a double meaning or to shield the identity of the actors' (Scott 1990:19). Scott further describes infrapolitics as 'the circumspect struggle waged daily by subordinate groups [that] is like infra-red rays, beyond the visible end of the spectrum (1990:183). Resistance in the realm of infrapolitics for the dominated is deliberately circumspect because it is 'a tactical choice born of prudent awareness of the balance of power' (Scott 1990:183). In this regard, the notion of infrapolitics is significant. It recognises that it is only in recent social history that subordinate groups have had opportunities to safely express hidden discourses in the public realm through for example, mass protests and boycotts (Scott 1990:199).

Infrapolitics affords the safety of disguise; 'there are no leaders to round up, no membership lists to investigate' (Scott 1990:200). Therefore, in the absence of overt defiance, the realm of infrapolitics, argues Scott, maintains the informal, day-to-day forms of disguised resistance (1990:200). According to Robinson (2004), examples of such everyday forms of disguised resistance to domination include petty theft, sabotage, gossip, rumour-mongering and desertion. He adds that, 'these resistances are used to enact an ethical system or 'moral economy' specific to subordinates, and can sometimes be very effective in impeding the effectiveness of the flow of power' (cited in Robinson 2004). In addition, Scott gives the day-to-day examples of, 'foot-dragging, gossip, folk religion, creation of autonomous spaces of the assertion of dignity and

writing between the lines' (Scott 1990:198). Taking the example of rumour-mongering to understand better how disguised forms operate as strategies, rumours, according to Scott may be an

equivalent of open gestures of contempt and desecration: aimed at resisting the denial of dignity to subordinate groups. The [rumour] cannot act directly and affirm its intention and is thus a symbolic strategy well suited to subjects with no political rights (Scott 1990: 199).

This study relies on the description of infrapolitics for subordinate groups as the realm of discourse in which they act in resistance to dominance while drawing as little (hostile) attention as possible from the dominant (Scott 1990:183).

For the dominant, the realm of infrapolitics is equally important. Through this realm, the dominant enact their attempts to thwart the efforts of the subordinate to maintain and defend their sites of struggle and resistance (cited in Robinson 2004). As infrapolitics describes everyday forms of disguised resistance to power, infrapolitics for the powerful includes their disguised forms of resistance to the 'power' of whatever might pose a threat to their hegemony. According to Scott,

The relationship between dominant elites and subordinates is, whatever else it might be, very much of a material struggle in which both sides are continually probing for weaknesses and exploiting small advantages. Each realm of open resistance to domination is shadowed by an infrapolitical twin sister who aims at the same strategic goals but whose low profile is better adapted to resisting an opponent who could probably win an open confrontation (1990:184).

An example of infrapolitics for the dominant, I suggest, is the skillful usage of jokes in communication. A joke can be used to either mask hidden messages from the subordinate; or veil the message so thinly that the subordinate actually grasp the real meaning but have no clear grounds to counter it openly. I experienced this in the mid-2000s when I lived for a short period as a boarder in a white area. As I was standing outside my home, a neighbour I had never met approached me. She explained with a laugh that it was funny that she had almost contacted the police that morning to come and arrest me because she thought that I am a homeless vagabond roaming the area. Obviously it was not funny to me and I did not appreciate the joke but I had no way to openly confront her stereotypical attitude towards me.

3.3 Scott's Theory in our Current Context

In terms of application, as was stated, for subordinate groups, hidden transcripts are the day-to-day discourses of survival and resistance towards the dominant that remain fully acknowledged away from the surveillance of the dominant (Scott 1990:19-20). Within safe sites in the hidden realm therefore, subordinate groups can use 'offstage speeches, gestures and practices [to] confirm, contradict, or inflect what appears in the public transcript' (Scott 1990:4). An example of how hidden transcripts can take place in daily life experiences is given by Brian Konkol.

A visiting American evangelist [was] preaching to the choir and got no response, so his interpreter changed the story in translation, and the evangelist got his hoped-for response and went away happy. His report on his visit to his sponsors back in the US would be [based on his experience of the] public transcript, but there is a hidden transcript that he was not aware of (cited in Hayes 2011).

For dominant groups, hidden transcripts that safeguard and promote their hegemony also remain fully acknowledged only within the confines of the sites they have secured (Scott 1990:19-20). Salvador Marti Puig (cited in Revista Envio 2011) in *The 'Hidden Transcript' of the Powerful in WikiLeaks* gives an example using the work of *WikiLeaks*. He begins by explaining that hidden transcripts are 'produced for a [particular] public - peers, people of a similar condition - in the full knowledge that nobody from outside has access to that information' (cited in Revista Envio 2011). He asserts that the powerful 'produce a hidden transcript in which they articulate practices and demands of power they cannot express openly, a behind-the-scenes discourse that consists of what can't be directly said by the powers to the subordinated' (cited in Revista Envio 2011). He illustrates this by pointing to the hidden transcripts of the dominant in the private communication *WikiLeaks* exposes to the general public on the World Wide Web.

Discussing Puig's work around the topic is important in order to appreciate the relevance of Scott's theory of power relations between dominant and subordinate groups in our current context. According to Puig,

WikiLeaks is an international nonprofit organization that uses its internet site to publish anonymous reports and leaked documents containing sensitive information on subjects of public interest, conserving its sources' anonymity. The site was born in December 2006 and started operating in July 2007; since then its data base has steadily grown to the point that it currently contains 1.2 million documents. The organization offers its services to reveal unethical behavior by governments - emphasizing countries it considers to have totalitarian regimes -

and by religions and businesses throughout the world (cited in Revista Envio 2011).

Regarding hidden transcripts and *WikiLeaks*, Puig reminds us first that 'James Scott's (1990) extensive work stresses the relationship between those who have power and those who do not, focusing on the strategies and tools the dominated have to avoid exploitation, oppression and attacks on their dignity' (cited in Envio 2011). He then argues that *WikiLeaks* has shown the gap between the public and the hidden discourse of the hegemonic elites in the global era (cited in Revista Envio 2011). This has been achieved, he argues, by the exposure information that shows how the hegemonic elites view and treat the less powerful out of the public eye; with 'insolence and partiality' privately; while they 'converse officially and courteously in public' (Puig cited in Revista Envio 2011).

3.4 Conclusion

Scott's theory of power relations between dominant and subordinate groups argues that humanity's social processes cannot be taken at face value (1990:2-5). He examines the discourse that reveals the power relations that exist between dominant and subordinate groups. This theory is employed as the lens through which to look at the discourse of *manyano* leaders in the two periods under study. But before we do that, in the next chapter I will present the research findings.

CHAPTER FOUR

MANYANO LEADERS' MEMORIES OF HIV AND AIDS FROM 1990-2010

4.1 Introduction

In the previous chapter, Scott's theory of power relations between dominant and subordinate groups was introduced. It described how humanity's social processes always consist of power relations between dominant and subordinate groups that can never be taken at face value but involve public and hidden transcripts. In this chapter I will present the fieldwork findings that document the *manyano* leaders' memories of HIV and AIDS from 1990-2010 with particular focus on their response to issues of the epidemic. I will present the findings by comparing interview outcomes from the 1990-2000 period with outcomes from the 2001-2010 period. This is in order to ascertain, based on Scott's theory, whether there were shifts in their ability to act in the public realm or not between the two time periods.

This chapter responds to the following three questions that were raised in the introduction: what the personal experiences of agency for the *manyano* leaders in addressing issues of HIV and AIDS as an epidemic in the period between 1990 to 2000 were; what the personal experiences of agency for the *manyano* leaders in addressing issues of HIV and AIDS as an epidemic in the period between 2001 and 2010 were; and whether the personal experiences of agency for the *manyano* leaders in addressing issues of HIV and AIDS as an epidemic are different between the two time periods. By responding to these questions, this chapter seeks to achieve the first three objectives of the study: to document the agency of the *manyano* leaders in addressing issues of HIV and AIDS as an epidemic in the period between 1990 to 2000; to document the agency of the *manyano* leaders in addressing issues of HIV and AIDS as an epidemic in the period between 2001 and 2010; and, as stated above, to determine the observable differences in the agency of the *manyano* leaders in addressing issues of HIV and AIDS as an epidemic between these two time periods.

4.2 Research Process

The *manyano* leaders that were interviewed all had to have been in leadership positions either in the 1990-2000 or 2001-2010 time periods. Additionally, they all had to have some experience in

addressing issues of HIV and AIDS in their local parishes and communities (see section 2.3). This study does not attempt to document the history of the *manyano* in the KwaZulu-Natal Midlands from 1990-2010. Rather, it is limited in its focus, seeking solely to investigate and document the social agency that may have been practiced and continues to be practiced by the *manyano* leaders within their context of church and societal hierarchy in support of those affected or infected by HIV and AIDS.

I was an outsider to the *manyano* leaders I interviewed. Firstly, I am not a South African. I have only lived in South Africa as a student for two years and prior to that, shared in only a few South African historical experiences and events as a resident of neighbouring Swaziland for four years. Secondly, I am not an Anglican and my exposure to the Anglican Church of Southern Africa (ACSA) and its Mothers' Union was limited prior to this study. It was, therefore, necessary that I received assistance from my supervisor in this study, Dr. Beverley Haddad.

Beverly Haddad is an ordained Anglican priest who has an established rapport with the Anglican Diocese of Natal MU chaplaincy owing to her roles as a member of the clergy and academic researcher whose work includes studies of the Anglican MU. She is also one of five principal investigators in the wider 'Oral History of AIDS in KwaZulu-Natal' research project under which this study is undertaken. We together introduced this study to the chaplain of the MU of the Diocese of Natal who then granted permission for the study to be conducted, made recommendations as to who could be interviewed, and discussed this with a few women leaders who later introduced me to other *manyano* women.

This study is qualitative and utilises a case study design (see section 1.5). As stated, coding with highlighters to identify themes for analysis was based on the 'theory-related material' technique (see section 1.5). The themes that emerged are discussed in section 4.4 of this chapter. The fieldwork took nearly four months, from October 2010 to January 2011. This was a result of transportation constraints, as the eight women are spread out across the KwaZulu-Natal Midlands. In some cases, the delay was due to busy schedules of the women. Five of the interviews were conducted at the Cathedral of the Holy Nativity, Pietermaritzburg. For these five, each of the interviewees either drove to or boarded public transport to meet me. In each case, it was the interviewee themselves that volunteered to meet me there. I travelled to one

interviewee's home for an interview (Elandskop) and for the remaining two, the interviews were conducted in eateries in the centre of Pietermaritzburg.

I observed that all the interviewees were themselves mothers (and for some, grandmothers) who are actively involved in their family and community lives. As the next section will show, the majority have professional career backgrounds in either the education or the health care sector and are highly knowledgeable about the impact of the epidemic in their communities. There were few disruptions to the interviews.

4.3 Profile of Study Participants

For the first period, 1990-2000, Philisiwe, Delsie, Veronica and Phushwana⁴ were interviewed. Philisiwe was a *manyano* leader from 1994-1997 at St. Mark's parish in Imbali, Pietermaritzburg. She is over the age of 65, married and currently serves as a lay minister at St. Mark's. Delsie has been a *manyano* leader on and off from 1988 to date at the Anglican parish in Mpophomeni, near Howick. She is also over the age of 65, widowed and is a retired registered nurse. She currently works with the KwaZulu-Natal department of Health on contract basis. Veronica was a *manyano* leader at St. Martin's parish in Edendale, Pietermaritzburg from 1995-1998. She is over the age of 65, married and is a retired nurse educator. She is now an ordained priest serving in a self-supporting role at St. Martin's parish in Edendale. Phushwana was a *manyano* leader at Spring Vale, Ixopo from 1990-1992 and on and off thereafter to the year 2000. She indicated that she is in the 55-65 age range, married and was formerly an educator. She is now an ordained priest and serves at Spring Vale, Ixopo.

For the second time period, 2001-2010, Ernestine, Sbongile, Anne and Nhlanhla were interviewed. Ernestine was a *manyano* leader at St. Raphael's parish in Sweetwaters, Vulindlela from 2007 and was still a leader at the time of the interview. She indicated that she is in the 55-65 age range, widowed and is an educator and lay minister at St. Raphael's in Sweetwaters. Sbongile was a *manyano* leader at St. Christopher's parish in Sobantu, Pietermaritzburg from 2008-2010. She is over 65, divorced, is a retired registered nurse and has remained active in her *manyano* group. Anne was a *manyano* leader at St. Peter's chapelry in Vulisaka, a chapelry of St. Martin's, Edendale, from 2004-2007. She is within the 55-65 age range, widowed and is a care

⁴ Pseudonyms have been used in place of the actual names of interviewees.

giver attached to Songozima Clinic at Taylor's Halt, Vulindlela. She has remained active in her *manyano* group. Nhlanhla was a *manyano* leader at St. Mark's in Imbali, Pietermaritzburg from 2001-2007. She is over 65, widowed, is a retired registered nurse and has remained active in her *manyano* group.

This indicates that out of the eight women; five are over 65 and three are within the 55-66 age range. All served as *manyano* leaders for a minimum of two years and all have remained active in their *manyano* groups or parish. The fact that the Anglican Church began to ordain women in 1992 seems to have had a positive impact upon this group of eight (see section 1.4). At the time of the interviews, two of the women were now ordained as priests and two as a lay ministers. This indicates that half the group now serve their parishes in ministerial positions. However, as stated in chapter one, this study primarily focuses on their experiences of *manyano* leadership.

4.4 Research Findings

The findings have been grouped according to the four major themes that emerged from the interviews through the 'theory related materials' colour coding technique (see section 4.2). The themes represent the time periods above in documenting the interviewees' addressing of issues of HIV and AIDS. They are: general involvement in addressing issues of HIV and AIDS; shifts in stigma from the 1990s period to the 2000s period; pastoral agency and subversive elements in the *manyano* leaders' response to the epidemic.

4.4.1 Theme 1: General Involvement in Addressing Issues of HIV and AIDS

Regarding general involvement in addressing issues of HIV and AIDS between 1990-2000 two out of four of the *manyano* leaders participated in advocating for HIV testing and for condom use as an HIV prevention method in their communities and *manyano* groups. None of the four women advocated for HIV management through the use of antiretroviral (ARV) therapy while two advocated for or had encountered HIV management through the use of traditional medicine (*muthi*). Between 2001-2010, there was a dramatic change. Four out of four women advocated for HIV testing and two out of four advocated for HIV prevention through condom use. Four out of four advocated for HIV management through the use of ARVs. Only one out of four observed dependence on traditional medicine as AIDS therapy.

The following are some examples that show how the topics of HIV and AIDS awareness, testing and management were perceived by communities and how the *manyano* leaders responded in the two time periods. Firstly, between 1990-2000, there was strong resistance to discussing HIV testing from some in the communities. This confirms literature stating that issues of the epidemic were not central to public discussion in that time period (see section 1.1). For example, Veronica recalled the response to HIV testing from the church community as follows:

One certain person said, “I know my congregation, we don’t have any of those people [who are infected with HIV]⁵.” When we asked them about the HIV and AIDS programmes they run they said they run these programmes for other people, not for themselves. When we asked them if they would be willing to have their churches used as venues for HIV [and] AIDS counselling or even testing; a majority of them said, ‘No.’

In spite of this resistance to HIV testing within church communities, *manyano* leaders tried to encourage the use of prevention through condoms as Phushwana stated,

We were just trying to introduce condoms just because there is no need to carry [a] disease which you can prevent because you’ve got kids [to care for]. By that time, this testing thing was just something very far from people. So *ja*, that’s why we just [tried] to tell them, ‘If maybe [your husband] comes back home because he wants to enjoy the married life, you can use the [condoms].’

In terms of HIV management, Nhlanhla made the following comment,

Well, I think at the time we were not well versed with ARVs. They had not been started. They were giving Vitamin B just to boost them up and then they were giving Bactrim...a strong antibiotic.

Traditional medicine also became a source of treatment for some opportunistic symptoms as Philisiwe commented,

And then there came the African thing. People would tell you, ‘Just go to so and so, he makes a bottle [of herbal medication] which will make your son eat.’

Secondly, the findings confirm that from 2001 to 2010, community understandings of HIV testing, prevention and management had begun to improve (see section 1.1). On HIV testing, Ernestine recounts:

⁵ Square brackets indicate where speaker acts out a word rather than verbalise it, part of a phrase or word not completed but added by the transcriber. Square brackets also indicate where a speaker was repetitive.

When people don't want to believe that their children are sick due to [AIDS] even if you can pick up a chance and start telling them that people must go for testing, don't say, 'because [your] child is [probably infected]', say, 'Just go and test'.

Anne added,

I can't say, 'You are wrong', because she believes or he believes he has been bewitched. But [I] tell that somebody, 'Yes, I hear you but you can go to the clinic and do all tests [including the] HIV test.

Phushwana narrated her experience of facing a dilemma in advocating for condom use as a prevention measure in addition to the abstinence message propagated by the church as follows:

You have to abstain up to the marriage stage. We must encourage that in the church really [but] you can't go and hide [details about prevention]. When I was talking about a condom, one of my children asked, 'Ma, how can you eat meat in a plastic? Is the plastic nice?' So it's just part of those [reactions]. So we must encourage.

Philisiwe recalls a similar dilemma and stated,

To be honest, I refused to distribute condoms in the church because I said, 'Now, what kind of generation are we creating? [Are we saying] go and have sex as much as you like as long as you don't [contract HIV]?'

In terms of ARV therapy, Ernestine narrated her own advocacy after the advent of free universal access to treatment in South Africa as follows:

We need to change. We need to talk to our children. If you go for testing early, they will give you treatment early, but if you come late you will continue to have so much death in the community because we don't want to come for testing in time. Just go for testing even if you don't have any symptoms or whatever.

The interviewees also disclosed their observations about health, death and the social impact of the epidemic on their local communities. Three out of four of the *manyano* leaders encountered health problems and deaths associated with HIV between 1990-2000. None of the four women encountered orphaned or vulnerable children (OVC) associated with the loss of their guardians' to AIDS-related illnesses. In the 2001-2010 period however, all four women encountered health problems and deaths that they associated with AIDS-related illnesses. Two out of four of the women encountered AIDS-related OVC. This seems to confirm what was argued in the first chapter that infection rates grew rapidly among black communities in the 1990s (see section 1.1). Consequently, due to limited access to treatment, many that were infected in that period

developed AIDS-related illnesses and succumbed to them in the late 1990s and early 2000s. This is because the majority of people infected with HIV, if not treated, are diagnosed with AIDS-related illnesses ten to fifteen years after infection (cited in UNAIDS 2008).

Philisiwe recalled the following perspective some had towards full-blown AIDS between 1990-2000:

People [began] to think of bewitching and so on. That was rife in those days. People thought their children were going to be *sangomas*⁶. They were sick often and they became thinner.

AIDS-related health problems, deaths and OVC increased in the 2000s. Delsie highlighted increasing public knowledge about the deaths of many that had succumbed to AIDS-related illnesses as a result of limited or lack of access to ARV treatment,

I think that was 2006-7 or so, there was a research again at Mphophomeni. The person who came at Mphophomeni for the research even took a photo of the...⁷what you call? ...the cemetery. You could even say, 'You see all this row...row? They were all HIV positive and they died of the condition'. It was many! Yes, and the rows were big, and they were so many.

Regarding social outcomes in the 2000s, Sbongile added,

I suppose the challenge...oh! There are children in the homes where the parents have passed away, yes. We...the community leaders are doing something but we are also providing some food and clothes for them. We give them support, we go to [pray for] them.

However, there were significant improvements, as Phushwana highlighted as follows,

The [death rate], it's a little bit going down. Little bit. From 2000-2008 I used to bury [the infected] now and then, now and then; visit now and then, now and then the sick. Now I've got [a] bit of pause time.

From the *manyano* leaders' responses, it is clear that the general impact of the epidemic in terms

⁶ *Sangoma* are traditional healers in the Nguni societies of Southern Africa who rely on ancestral spirit possession to dispense herbal medicine, to practice divination and to counsel in the healing process of their clients (Semenya cited in UNISA 2008). The calling of an individual into the practice by her or his ancestors is usually manifested by general illness known as *ukuthwasa*; this period of illness is known to worsen if the calling is not heeded (Robertson 2006:88).

⁷ Three full stops indicate a break off in speech.

of HIV testing, prevention and treatment changed positively in the 2000s. However, the health, mortality and social impact of the epidemic was more noticeable in the 2000s. Overall, the discussion of the epidemic and the involvement of the *manyano* leaders grew in the latter period.

4.4.2 Theme 2: HIV and AIDS related Stigma

Concerning HIV and AIDS related stigma, the findings raise four sub-themes: fear of disclosure, denial, religious or cultural moral attitudes that link HIV infection to sexual promiscuity (see section 1.1) and what the interviewees themselves directly labelled as stigma. Between 1990-2000, all four of the *manyano* leaders encountered the fear of disclosure in their *manyano* groups and communities. All four women encountered HIV and AIDS denial and two out of four encountered stigma based on cultural or religious moral attitudes towards sex and HIV. Finally, three out of four of the women encountered what they directly described as HIV and AIDS related stigma.

There was a significant drop in encounters of stigma between 2001-2010 although all of the interviewees in this period continued to encounter it. This confirms that destigmatisation had gained more prominence in South African public discourse (see section 1.1). Two out of four of the *manyano* leaders encountered the fear of disclosure. Two out of four encountered denial and two out of four encountered stigma based on religious or cultural moral attitudes towards sex and HIV indicating that based on the interviews, there was no change in this category. Finally, two out of four encountered what they directly described as HIV and AIDS stigma.

The following comments are some examples that indicate what the *manyano* leaders encountered in terms of stigma as they sought to address challenges of HIV and AIDS in their *manyano* groups and communities. Concerning the fear of disclosure and denial between 1990-2000, Veronica, commented,

They did not trust the priest that if you confide in the priest he'll go and talk about it, tell his wife and the wife will talk about it and so on. And you are now regarded as unclean, unclean and you become marginalised and in sadness for that reason.

Philisiwe concurred and added,

They never said, 'I'm suffering from this', because they were afraid. And there was this laughing at people. They said, '*Unamagama amathathu* (you have the three letters)!' [H-I-V]...and then the children...well, the youth, were afraid...

Delsie recalled similar views to denial in her community, she stated,

Most of the time they used to deny that there is such a thing. Eh, they would, you know, tell you so many stories saying, 'No, this is an old disease you know? We know about this disease.' And in Zulu they call[ed it] *ukubatshwa* (a sexually transmitted infection that causes sores on the genitals).

Commenting on stigma directly and on cultural and religious moral attitudes linking HIV infection to promiscuity, Phushwana said:

There was also some stigma, yes. If you've got AIDS, you're a prostitute.

Delsie added,

If Thandi's mother knows about my status, she's going to tell people about my status. What will others think about me? I think it was because it was attached to...intercourse. So now, once it's related to that...it means you are promiscuous.

Remarking on stigma between 2001-2010, Sbongile gave the following description,

No, [gossip] is not [so] much now because although some are still very secretive about it, [as] some still really end up dying without even telling the family, but you find that it's becoming more and more in the open. Like my church, in my church about five years back, people were actually coming [out in] the open. We had about five people who were members of the church who were open about it and we were able to help them with food and with whatever [help] because they were not working.

This change, although not as dramatic as the change in the general awareness of the epidemic as demonstrated in the previous section, seems to indicate that some elements of stigma have lessened in the local communities of the *manyano* leaders. The leaders indicated that they have played an active role in addressing stigma and its impact during both time periods. This is indicated, for example, in Anne's comments,

In [the] early '90s nobody was talking about HIV and AIDS so we started doing some sketches in the church. I see that thing...made a difference.

She added,

Even when we were doing gardening, we were not stating which children must go to [do] the watering there. *Nje* (just) say, ‘Children in the community.’...they liked that; and those ones who [were] affected with HIV didn’t feel that they were HIV positive.

Ernestine went as far as criticising the self-assuring moral stance of some church members,

They think, ‘We are here in church now, how can you say our children or we are doing wrong things?’ [But then] how can you say that we have no sins in church forgetting that the church service is about two hours? Life [happens] more after [the] church [service] than in the church situation. Honestly, I would say the church should continue to make them aware. Just to continue your awareness programmes in the communities where you are, in the church where we gather and in schools as well.

The findings, as shown in this section, indicate that the *manyano* leaders encountered a lesser degree of stigma from 2001-2010, as compared to 1990-2000. They show that leaders were opposed to the impact of stigma on the fear of disclosure and denial that led to the death of many of the infected (see section 4.4.2).

4.4.3 Theme 3: Pastoral Agency

Pastoral agency as a liberative and transformative Christian response to the needs of a context (see section 3.2) corresponds with two of the four official basic objectives of the Anglican *manyano*: the Action and Outreach objective and the Prayer and Spirituality objective (Mothers’ Union 2007: 31).⁸ The Action and Outreach objective is described as the implementation of *manyano* women’s social involvement in,

addressing, alleviating, eradicating social ills, illiteracy, unemployment, poverty and abuse. Empowering women and children through various programmes, projects and activities; and encouraging women to be involved in gender issues, health, education, law and policy, networking and research (Mothers’ Union 2007:32).

The findings under the theme of pastoral agency reveal that *manyano* leaders relied upon the themes of spiritual care, counselling and general care that have been developed historically in the Anglican *manyano* (see section 2.5). The spiritual care and general care sub-themes of pastoral agency were broad. Under spiritual care, the main areas of focus that emerged are: teaching safer

⁸ The other two objects are Finance and Central Services (administration management) and Marketing (organizational image management) (Mothers’ Union 2007:32-33)

HIV prevention practices in a pastoral context; praying for those infected or affected by HIV and AIDS in the *manyano* groups and local communities; and advocacy using faith-based tools, such as the Bible, in addressing issues of HIV and AIDS. Under general care, there were two main areas of focus that emerged: health care and material assistance to the needy.

Based on the descriptions above, between 1990-2000 four out of four of the *manyano* leaders were active in the spiritual care aspect of pastoral agency. Two out of four were active in the counselling aspect and four out of four were active in the care aspect. In the 2001-2010 period, the number of those involved in counselling remained the same; two out of four were active in counselling. This indicates that HIV and AIDS counselling did not grow in emphasis to reach that placed on spiritual and general care. The low involvement in HIV and AIDS counselling seems to correspond with literature that argued that there is a lack of life-affirming HIV and AIDS theologies that help guide pastoral discourse in such situations like pastoral counselling (see section 2.5).

Lastly, four out of four of the women were active in the spiritual care aspect of pastoral agency. Based on the sub-themes outlined above, in the area of spiritual care in the period between 1990-2000, some of the *manyano* leaders indicated the following in regards to teaching about HIV and AIDS in the pastoral context and praying for the sick. For example Delsie commented,

Our members of Mothers' Union, they don't want to reveal the condition of their children, they don't. And if you talk about it; if one wants to [comment], she will talk as if she's talking about somebody else. [There is] no one I could remember who would say, 'Please come and help me, I have this problem.' Not unless one would come to me and whisper, 'can you come at home and you know, talk about this HIV and AIDS to my girl and whomever'.

Veronica added,

I found her swimming in secretions and when I talked to her...you know, the kind of person whom you say to, 'Can we pray?' and she says, 'Do what you want.' And then you pray, pray...

Regarding counselling, Veronica highlighted her specialised HIV and AIDS counselling training,

As a hospice volunteer, I experienced problems with patients who required counselling. Even though I had majored in psychology in my nursing...I felt I didn't have pastoral counselling as a subject I had trained in psychology way back in the '70s. I had to revert to that training and we had resources [for that] here because that was the time when the Federal Theological Seminary was around here.

In the area of general care, Veronica added,

We were not just talking! And this is when we started our vegetable gardens, long before the 'One Church, One Garden' thing to say, 'these gardens that we are starting are not for Anglicans or Methodists, they are for the needy.' And when people are hungry, HIV [and] AIDS worsens and breaks their immunity even further. So we developed that and this is how. It was not difficult to start a hospice group that eventually turned into an HIV [and] AIDS group in the community because people knew what this was all about...I still have letters where the bishop wrote me and said, 'Thank you. You tackled this subject so well.' That it's not just...I mean theory is fine but then practical...come out practically to say, 'What is it that we can do?'

Between 2001-2010, participation in spiritual care was recounted in the following examples by Anne and Nhlanhla who highlight the role of prayer in the context of the epidemic, and Ernestine who highlights the role of *manyano* Thursday prayer meetings in addressing the epidemic at community level. Anne commented,

Somebody can't see, but as I can see, [prayer] it's like medicine. To me when I've got a hope, I can see that I can still progress. But when you are losing hope you get sick more and more and more. When you are HIV positive, you must get more and more [of] that hope.

Nhlanhla agreed in the following way,

No, you always hope even if you see that there is nothing to hope for. But you hope, keep on hoping, praying and have faith in what you are doing because at the end of the road somebody will listen and then maybe go and spread the language-the gospel that you are preaching. But you cannot give up.

Ernestine stated further,

So, we make a day, like Thursdays, we do these prayers, we go from house to house depending [on] those who are ill, those who have got problems.

However, according to Sbongile, there are still people living with HIV that do not openly discuss their status within their church communities,

Right now we don't know anybody who is HIV positive in the church but you just suspect...they don't come out [in the open]. We the community leaders are doing something...we give them support, we go to them for prayers.

In the area of counselling, Ernestine highlighted the impact of her knowledge on the epidemic from her nursing profession,

So our curriculum was based on different types of people that you will find in the community, it was a community programme in nursing science...so we were able to address the issues because the curriculum was focussed on all [stages]; challenges of a teenager, challenges that are faced by an elderly woman, a retired woman, a widow...all those in the community, a widower, a child without a parent.

Finally, regarding general care, Nhlanhla indicated the continued involvement of the *manyano* in addressing material needs between 2001-2010,

They will say, 'And then how can we have ARVs in an empty stomach?' There is no work, they are not working. That's another hindrance. They'll say when you have to [take ARVs] you must get nourishment and all that. And they cannot afford that. We do have vegetable gardens. It's not enough.

The comments above express how the *manyano* leaders' exercised their role as pastoral agents in the context of HIV and AIDS. As indicated in this section's introduction, the leaders did not have a Mothers' Union reference guide to base their pastoral agency upon in the context of HIV and AIDS. However, they each applied the themes of spiritual care, counselling and general care that have been developed historically in the Anglican *manyano*. This non-uniformity had its own challenges, as the next section will reveal, particularly in light of the power dynamics in the HIV and AIDS discourse as pointed out in section 3.3.

4.4.4 Theme 4: Subversive Elements in the *Manyano* Leaders' Response to the Epidemic

Regarding the *manyano* leaders' subversive agency in responding to the epidemic; two themes emerged. The first concerns the challenges faced by the *manyano* leaders in addressing issues of HIV and AIDS. The second theme is linked to the above and concerns their achievements in subversively addressing issues of HIV and AIDS in the face of challenges.

From the findings, the challenges that led to subversive agency among the *manyano* leaders in addressing issues of HIV and AIDS were the following: dominant church discourses, particularly retribution theology (see section 2.5); dominant cultural discourses and practices that fuel HIV

prevalence, stigma and denial (see section 1.3); and government policies that pushed issues of HIV and AIDS to the margins of public discourse (see section 1.1). Therefore, in the 1990-2000 period four out of four women addressed issues of HIV and AIDS subversively because of church discourse, two out of four of the leaders addressed issues of HIV and AIDS because of cultural beliefs and practices that fuelled HIV prevalence, stigma and denial. Four out of four addressed issues of the epidemic subversively because of challenges arising from government policies that pushed issues of HIV and AIDS to the margins of public health care. Three out of these four related that they continued with subversive agency in the 2001-2010 period in response to outcomes of ARV roll-outs that will be discussed below.

Subversive agency lessened in the 2001-2001 period, confirming the discussion in section 1.1 which asserted that it was from the 2000s that church, cultural and government policy discourse began to be more inclusive of people infected or affected by HIV and AIDS. The number of interviewees addressing issues of HIV and AIDS subversively because of their church context decreased from four out of four to two out of four. Similarly, those addressing issues of HIV and AIDS subversively because of cultural beliefs and practices that fuelled HIV prevalence, stigma and denial decreased from two out of four, to one out of four. One out of four *manyano* leaders addressed issues of the epidemic subversively because of government policies that pushed issues of HIV and AIDS to the periphery. Before I discuss the findings of the next theme regarding how the *manyano* leaders acted subversively, let us first look at some examples of challenges that led to their subversive agency. Regarding the challenge of retribution theology, Veronica, recounted the following responses from a survey⁹ she participated in,

We went on to the congregants themselves now, and said, 'How would you react if you found out that your priest is HIV positive?' They said, 'We would do everything for him, care for his children; do this and that but he must not touch the Eucharist. It should be somebody else. And there were those congregations who actually said, 'Our priest, so-many-months ago invited the HIV positive to come and give personal testimonies and we...drove them away. We said, 'Never again in this congregation should you bring those people here.'

She continued by stating,

⁹ Ryan G. (Ed) 2004. 'Gender, Poverty and HIV/AIDS'. Pietermaritzburg, Pietermaritzburg Agency for Christian Social Awareness.

Then we asked the sufferers and said, 'Do you still go to church?' Some said, 'No.' The majority said they no longer go to church because they used to be regular church goers and when they were diagnosed positive they decided to confide in their priest. They said, 'That was the time we felt we could trust the priest [but] the priest then would stand there and say, '*lomuntu!* (this person!)'. And they said, 'That's the last day when we went to church.'

Within *manyano* groups, Delsie recounted the following:

What I noticed, we as Mothers' Unions, not [only] Mothers' Union from [the] Anglican Church but all Mothers' Unions- once I (any *manyano* member) hear that a child of so and so is HIV positive, then I bad mouth that particular person. And say, 'Oh, the child [must] have started being promiscuous some time ago.' Once now it's my child, I say [she or he] is bewitched! Because it's mine, but for other people, it's because they are immoral! Yes, but once it's me who has been talking about it, [the child] is bewitched.

In terms of cultural beliefs and practices, Phushwana raised the issue of gendered multiple concurrency in the following way,

Makoti's (young married women) were afraid of the carelessness of their husbands because by that time when you were talking about condoms, they said, 'Who? What are they (husbands) going to say [about] where I am getting these teachings from because I don't use this thing (condoms)?' So they were afraid of their husbands being in the town while they were at home and [then] coming back carrying this thing from town.

Sbongile added,

There [were] at that time couples; the wife will die and the husband will follow. It was hush-hush. In the church you could just talk perhaps privately, saying that, 'The man! The man is responsible for that. He's come with that. Look at the poor wife who's been waiting for [him]...being faithful to the husband.' Of course we knew that these men were gallivanting and they were irresponsible, having extra-marital affairs and now when they got sick, the wife who has been faithful...and I remember one was a member of Mothers' Union, a good woman. She fell ill and she died even before the husband. We were all angry that she should die before the husband.

Regarding government policies Nhlanhla and Delsie relate from their nursing experiences examples of confusion and lack of clarity surrounding ARV roll-outs in the midst of growing AIDS deaths (see section 1.1). According to Nhlanhla,

At that time the people were not yet well-versed with ARVs. They had not been started so they were, I don't know how to put it but, people were expecting to get

ARVs. But when this message came around (that there will not be a roll-out), some of them felt rather disappointed. But anyway, we continued with our work.

Delsie added,

I remember when Manto Msimang said, 'No, I am not going to allow you to have ARVs until it is properly tested that it's safe to use [them].' And it was an issue. So being an issue then it gets into politics...it really became a big issue of which we down there were confused. We didn't really know what was happening. But...I think she was defeated, I'll put it this way, that now due to politics she said, 'Let me give [ARVs] to them.' (without finalising the test trials) And ih! There were some problems. And people were getting so dark until it was stopped and it was said, 'No, no. Let us stop, there is something wrong. But the world was saying, 'There you are Manto!' [Now, after the official roll-out] they are happy people and they look so beautiful some of them. And they go back to their normal state of health.

Similar challenges were faced in the 2001-2010 period although such occurrences were less as indicated above. However, it was in the area of government policy that there was a notable change. According to the findings, the universal roll-out brought about new challenges in terms of social and health risks that continue to make HIV positive people vulnerable. Philisiwe commented,

Now there is another problem with ARVs; somehow drug pushers and drug dealers have discovered that ARVs can be used as a drug. It affects the community because of crime. At first, the corruption was among some nurses;...and now, these people live together. And they know that so and so gets pills. And then they demand these pills from sick people. They harass them and these people do not get better because their pills are taken forcibly from them.

Delsie raised the issue of ARV side-effects as follows,

I have my neighbour who has been using that treatment [Niverapine]. She has that [disfigured stomach]. And you know my children say, 'Is Aunt Margaret pregnant?'...Now they are trying to...it has been changed now.

Highlighting briefly the changes in the challenges the leaders faced with regard to the church, culture and political discourse in the 2001-2010 period, the following is an example from Sbongile,

Every December...as *manyano*'s we try to have someone speak to the church. The present minister, he takes a very active part. For instance we have a doctor [from] the Department of Health. So he's been giving talks even when there are new

developments, he'd come back and address the church. Or anything that needs changes that need the support of the community.

Nhlanhla concurred and raised the following example,

There is a difference especially in the 2000s now, people are beginning to be open and they are beginning to accept. And they are prepared to go forward for help (treatment) because I think that's what is most important with these people. Because once...the community is accepting, well, it won't be everybody who will accept but most of [the] people who are knowledgeable accept them as they are. Because another thing; there was lot of stigma that was attached to it but now, really I can feel that there is a lot of improvement.

Regarding the *manyano* leaders' achievements in subversively addressing issues of HIV and AIDS between 1990-2000, three out of four leaders subversively advocated for HIV awareness that dispelled beliefs and practices described above. Two out of four subversively empowered women and children in these areas and one more leader from this period participated in the empowering of women and children later between 2001-2010.

Philisiwe shows how she acted against her local community's stigma by going public with her son's HIV status. Her subversive stance, she recalls, helped some who had been hostile to become more compassionate,

In fact there were those who even laughed at me but I did not care because I knew what I was doing. Some even said, because I did not hide that my son was infected with this. Some said, 'Oh! I wouldn't tell people that my child is suffering with AIDS!' I said, 'What is wrong with that?' And because I told people, people came up to help me. Sometimes they came up even with food.

Delsie described the opposition she faces in her efforts to empower sexually active teenagers with knowledge about the epidemic,

And now I was labelled, labelled as if I'm saying to their children that they are having HIV, which was something they didn't like. Some community members had come to me and said, 'Sister, we are having a problem with all these influential people of the community. People are complaining that you said that [their] children are [positive].' I said, 'No. I'm not saying that children are having HIV and AIDS but I'm making them aware that there is this disease and it's here to stay.'

Between 2001-2010, as HIV and AIDS discourse became more central to the South African church and society, two out of four leaders engaged in subversive advocacy. This indicates a

decrease from the three in the previous decade. Three out of four of the *manyano* leaders subversively empowered women and children; and two out of four had already been active in this area since the 1990-2000 period. This seems to indicate an awareness of the disproportionate higher prevalence of HIV among females. South African HIV and AIDS estimates indicate that women aged fifteen and up make up more than half of the total number of HIV positive people in the country (cited in UNAIDS 2009)¹⁰.

Delsie commented on how she used direct confrontation to get a bed-ridden teenage girl to hospital. The teenager's mother was afraid of damaging her own reputation as a prominent member of a congregation. She therefore hid her daughter indoors,

[I said], 'Where is your daughter?' She responded, '*Hawu* (surprise) Sister!' She kept on saying, 'Oh, Sister.' Then I said, 'Please let us see the child because you know, you can be arrested by not letting us see the child because the child is ill. And if she's ill you are killing her. Let us see her because we want to help.'

Nhlanhla narrated that she generally ignored all pressure aimed at persuading her to stop helping HIV positive people,

I think I didn't allow that. Even if there is something negative, it never interfere[s] with my work. At times I turn a deaf ear if I don't want to listen to something and I treat somebody who is behaving like that with just disregard. So that's what is happening in life, just disregard the person and continue with whatever you are doing. Because I don't care what you say as long as I am doing the right thing. I always tell them that, 'Even if you decide to hate me, if you hate me for the right thing, I don't mind...the most important thing I have achieved [is] that I have managed to help people who needed to be helped and I managed to keep confidentiality.'

This section has brought forward the option for those marginalised by HIV and AIDS through subversive action in the pastoral agency of the *manyano* leaders. Additionally, this section has brought forward the *manyano* leaders' option for just and liberative agency instead of the perpetuation of stigma, denial and beliefs and practices that fuelled HIV prevalence in the 1990-2010 period. Their response was in solidarity with those who were infected or affected by HIV and AIDS. Additionally, their response helped in the mobilisation for change against oppressive teachings, beliefs and policies from the church, local cultural structures and government policies.

¹⁰ 3,000,000 out of 5,600,000

4.5 Conclusion

This chapter outlined the response of eight *manyano* leaders that were interviewed for this study. The responses under each major theme that emerged from the interviews have been detailed. The study findings respond to the three questions that were raised in the introduction: what the personal experiences of agency for the *manyano* leaders in addressing issues of HIV and AIDS as an epidemic in the period between 1990 to 2000 were; what the personal experiences of agency for the *manyano* leaders in addressing issues of HIV and AIDS as an epidemic in the period between 2001 and 2010 were; and whether the personal experiences of agency for the *manyano* leaders in addressing issues of HIV and AIDS as an epidemic are different between the two time periods.

The interview responses affirm that the *manyano* leaders are important agents in addressing issues of HIV and AIDS (see section 2.5). Documenting their memories of HIV and AIDS between 1990-2010 confirmed a deep but undocumented history of agency for each one of them. This affirmed what was argued in section 1.2 that the dominant bias towards written sources sidelines the agency of groups at the margins of the HIV and AIDS discourse (see section 1.2). Regarding issues of the epidemic, the findings confirmed that there were shifts between the 1990-2000 period and the 2001-2010 period. As a result, there are observable differences in the agency of the *manyano* leaders in addressing issues of HIV and AIDS as an epidemic between these two time periods. Their exercise of subversive agency in the public realm towards church, cultural and political oppressive structures was relatively higher between 1990-2000 than it was between 2001-2010. Furthermore, their public agency in advocating for the destigmatisation of HIV and challenging beliefs and practices that fuelled HIV prevalence was higher between 2001-2010 than it was between 1990-2000. In the next chapter I will seek to further analyse the findings of this chapter.

CHAPTER FIVE

AGENCY OF *MANYANO* LEADERS

5.1. Introduction

In chapter four the research findings were presented. The trend that emerged in the previous chapter confirmed Scott's hypothesis introduced in chapter one and expounded in chapter three that discourses are more public when the context poses lesser risk. The women interviewed in the 1990-2000 period expressed that there existed higher levels of stigma and the epidemic was marginalised by the public health sector and the wider society. These factors, they pointed out, coupled with their local community's limited bio-medical knowledge and the socio-cultural factors that impact upon the epidemic, posed a threat to their ability to openly address issues of HIV and AIDS. The 2001-2010 period saw their more public HIV and AIDS discourse due to greater public awareness. An analysis of the findings will be made by using Scott's theory of power relations between dominant and subordinate groups.

5.2 The Hidden Discourse of the Anglican *Manyano* in the Context of HIV and AIDS

As was highlighted in chapter three, Scott's (1990) understanding of how power relations work between dominant and subordinate groups is that their discourse operates on a number of different levels. In order to analyse this study's findings, it is important to first discuss how Scott's theory applies to *manyano* leaders and their response to the HIV and AIDS epidemic in the KwaZulu-Natal Midlands. For this task, I find useful the work of Haddad (2006) who in her article *Living it Out: faith resources and sites as critical to participatory learning with rural South African women* discusses Scott's notion of safe sites as it applies to *manyano* women. She states that dominant ideologies such as patriarchy in the church and community place surveillance and control over the women's discourses of survival in response to their daily struggles (Haddad 2006:136). Therefore, highlighting poverty, patriarchy and HIV and AIDS stigma as some of the factors hindering the *manyano* women's overt forms of resistance, Haddad argues that,

safe, sequestered sites need to be created and utilised in order to enable these women to actively participate in discussions around taboo subjects such as sexuality, HIV/AIDS, and gender violence' (2006:136,144).

Mboya's (2005) study among *manyano* women in Sweetwaters¹¹ reveals that *manyano* women's meetings are sites where 'reflection' on the epidemic occurs. According to Mboya (2005:10), such reflection is crucial as it helps the women to discuss, understand and define ways in which they can respond to the epidemic. Examples of what this reflection may include are concerns about access to health care for the infected, women's vulnerability to the epidemic and the care needs of those who are infected and affected by the epidemic (Haddad 2008:51).

How the reflection that takes place in these safe sites is publicly expressed or enacted may depend on risk factors. An example of how *manyano* women push their reflection into the public realm can be drawn from Ngewu who states that 'women who have no voice find an opportunity to express their theology in music' (2004: 239). He goes on to give an example of a chorus which at face value simply expresses a longing for God's call into Christian service, 'send me, Oh Lord, I consent' (Ngewu 2004:40). He proceeds to state that 'embedded in this chorus is a subtle 'protest' against a prevalent view that only men can hear and respond to God's call' (2004:240). This example helps us understand how *manyano* women may use disguise and covert forms of expression in the public realm .

Similarly, in their response to the epidemic, *manyano* leaders find modes of expression in the public realm that considers risk and challenges that dominant groups may pose. An example of challenges is the resistance to HIV prevention in some communities. For instance, findings from a 1990 HIV and AIDS survey conducted in KwaZulu-Natal indicated that a high percentage of respondents said they would never use a condom, that a proper man needs to have more than one sexual partner and that AIDS warnings were white propaganda aimed at limiting black population growth (Joshua 2006: 47). Let us now look at the findings to see how the *manyano* leaders' response to the epidemic was expressed and enacted in the hidden and public realms between the two time periods.

¹¹ Sweetwaters is located in the semi-rural Vulindlela area of the KwaZulu-Natal Midlands.

5.3 Agency of *Manyano* Leaders: 1990-2000

Given the nature of the epidemic and what my findings in the previous chapter have shown, I suspect that, in light of Scott (1990) the agency of the *manyano* leaders was not as public in the first period in which religious, social and political stigma was pervasive. My findings have revealed that this is true. Using Scott's (1990) categories of discourse in relations of power between dominant and subordinate groups, I will seek to show that the *manyano* leaders' discourse and agency primarily took place in the hidden realm in the first period under study.

The respondents expressed that there was a greater need for confidentiality during this period. In their role as *manyano* leaders, they helped to create safe sites in various ways such as in their Thursday meetings, when conducting pastoral counselling sessions and when visiting the homes of the sick. In these safe sites, those who were infected or affected by HIV and AIDS could seek help away from the public realm. Within the safe site of a Thursday meeting for example, mothers could seek help for their infected children without disclosing their HIV status as Delsie stated,

Our members of Mothers' Union, they don't want to reveal the condition of their children, they don't. And if you talk about it and if one wants to comment, she will talk as if she's talking about somebody else. There is no one I could remember who would say, 'Please come and help me, I have this problem'.

Two out of four *manyano* leaders in this period indicated that they used their role as a *manyano* leader to facilitate disclosure in their Thursday meetings. According to Delsie, disclosure of HIV status in the Thursday meetings was on a one-to-one basis,

There is no one I could remember who would say, 'Please come and help me, I have this problem.' Not unless one would come to me and whisper, 'can you come at home and, you know, talk about this HIV and AIDS to my girl and...whomever.'

Furthermore, safe sites were important in regards to HIV and AIDS counselling. Based on the findings, the practice was not evident formally within church structures. Two out of four *manyano* leaders indicated that they were active in HIV and AIDS counselling at the time. They had created spaces for counselling offstage, within their homes, when training new *manyano* members and when visiting the sick. They drew on their experiences in their professional nursing or volunteer health care worker fields. I observe that approaches to counselling were mixed in

the 1990s with a majority of the leaders basing their counselling messages on dominant abstinence and fidelity messages of HIV prevention within the Christian faith community. Trinitapoli (2009:200-2008) notes that messages of abstinence and fidelity have remained commonplace in the religious response to the epidemic in Sub-Saharan Africa although they play a negligible part in the mitigation of the epidemic. Therefore, for those who held on to such a response like Philisiwe, for example, their counselling was based on the following attitudes,

You know, issues of sex and marriage, it is best for anyone to keep themselves for marriage, for their partner - the partner which God will give you. Because if people are going to experience sex with this one and this one and this one, by the time you come, I think, to your rightful partner, you can't control yourself.

A few of the *manyano* leaders, however, appropriated safe sites to covertly articulate, through counselling, that abstinence before marriage and marital faithfulness were not enough in reducing vulnerability to HIV infection. Phushwana gives us examples of discourse that would arise where people had opportunities to safely discuss sexuality:

I think it was 1993 or 1994 when we talked about condoms and all those things, the people were afraid of condoms bursting...[it was] very hard at that time just to teach people to be brave and use condoms and by that time the youngsters, especially we in the rural areas, they were out of order [regarding] abstinence. In the church, as mothers, we had to talk about the abstinence of youngsters and all that. Young mothers, if you talk to them about HIV and the possibility of carrying it, they were just afraid of the husband working in towns. And some of them (men), even if they had condoms, [sometimes] they would run out of stock [or] the condoms at some stage would burst.

We have seen that in the 1990-2000 period, disclosure, advocacy for condoms as a prevention measure and inclusive counselling (particularly in regards to pre-marital and extra-marital sex) posed challenges in the public realm. Safe sites were created that sought to address these issues.

There was, therefore, much that took place in the hidden realm with regard to the epidemic during this period, as this study is suggesting. Factors such as HIV and AIDS denial that influenced by religious beliefs posed challenges to the respondents in promoting HIV testing and safer sex among those they knew were at risk of infection. From the findings, the challenges were primarily an outcome of retribution theology (see section 2.5). Thus, regarding HIV testing, Veronica recalled the following response from a priest when she raised the issue of testing, 'I know my congregation, we don't have any of those people who are infected with HIV.' Here the

priest seems to suggest that he knew his members well enough to know that none of them were infected by the 'disease for sinners' (Sawo cited in Hennessy 2010). This attitude could also be noted among some congregations in the findings. For example, Veronica commented as follows in regards to how one of the congregations described what they would do if they found out that their priest is HIV positive, 'we would do everything for him, care for his children, do this and that. But he must not touch the Eucharist. It should be somebody else.' The same congregation went on to add,

Our priest, so-many-months ago invited the HIV positive people to come and give testimonies and we drove them away. We said, 'Never again in this congregation should you bring those people there'.

As a result of such dominant hostile attitudes, the respondents seem to have been divided with regard to advocating for safer sex. Two out of four women covertly promoted safer sex citing contextual reasons for condom use such as the patriarchal tolerance of multiple concurrency. Phushwana indicated for example,

We were just trying to introduce condoms, just because there is no need to carry a disease which you can prevent. If maybe your husband comes home because he wants to enjoy the married life, you can use condoms.

Sbongile explained further,

You could talk privately and say, 'The man! The man is responsible for that. He's come with that. Look at the poor wife who's been waiting...being faithful to the husband and the husband...' Of course we knew that these men were gallivanting and they were irresponsible, having extra-marital affairs. The church was not saying anything and nobody was saying anything...even us, we couldn't talk about it openly but we could gossip about it as women on the side.

Furthermore, overt response to AIDS-related health problems, deaths and child vulnerability was lower in the 1990s. Respondents in this time period indicated less activity. Three out of four addressed AIDS-related health problems and death and none addressed issues of orphaned and vulnerable children. Orphaned and vulnerable children may not have been highlighted in the period because most AIDS-related deaths occurred in the late 1990s and early 2000s (see section 1.1). The women's lower activity in their response to AIDS-related illnesses seems to be an outcome of what has been shown above, that more people in this period shunned the public

disclosure of their status. Thus, many suffered in silence. Veronica gives an example of the hidden suffering some endured as a result of stigma.

There was a patient who had driven away everybody, every member of the family away. The next door neighbour would send a ten year old daughter to come and switch the lights on, lock and then in the morning unlock. I found her swimming in secretions. So, with the matron being on our side, we were able to get nurses to run night duty there.

Finally, the findings indicate that in the 1990s, spiritual care from ordained clergy towards those infected was limited. In some cases, members of ordained clergy were publicly hostile towards those that were HIV positive as Veronica stated, for example,

The majority said they no longer go to church because they used to be regular church goers and when they were diagnosed positive, they decided to confide in their priest. They said, 'That was the time we felt we could trust the priest but the priest then would stand there (at the pulpit) and say *'lomuntu!* (This person!)'. And they said, 'That's the last day when we went to church.'

By contrast, four out of four of the *manyano* leaders indicated that they offered spiritual support to those infected and affected by HIV and AIDS. Anne described her spiritual support at the time.

Not even as a leader, just as a *manyano* somebody you can go and pray there and say, talk to them, seeing that you are not somebody different from them. You are only a mother staying with them, giving them love.

Where possible, *manyano* leaders brought into the public realm their response to the HIV and AIDS epidemic through disguised forms. An example was provided by Anne, 'Nobody was talking about HIV and AIDS so we started doing some sketches (dramas) in the church, telling them [about it].' Thus, according to Anne, dramas were one of the ways of engaging church members in HIV and AIDS discourse without openly confronting the hostile denial and silence at the time. Furthermore, gossip was a useful form of infrapolitics of resistance because it provided a space for anonymity (see section 3.2). Gossip as a form of resistance against gender-based abuses that fuel the epidemic can be noted in Sbongile's statement, 'We couldn't talk about it openly but we could gossip about it as women on the side'.

Gossiping seems to have been important because through it, women could critique gender abuses without exposing their identity as Nhlanhla seems to indicate.

The thing is, some of these women are dependent on these men. It is difficult because in places there are no jobs and some of the men don't want their women to work. So you cannot go in between. That is a very sensitive issue because at times you can end up breaking the relationship between the two. Not unless you are used to them and she says, 'Please talk to him.'

Regarding health and material needs, as stated in the previous chapter, all the respondents in both time periods indicated that they participated in this area. However, in the 1990s, the leaders' responses seem to have tended to take the form of infrapolitics. Some of the respondents indicated that they opted to disguise publicly some of the interventions they carried out among those who were infected or affected by HIV and AIDS. For example, Anne explained that her *manyano* group started a community garden project to help the children of those living with HIV. But because of stigma, the project operated as a community project for all that were needy. Anne stated,

When we were gardening, you were not stating which children must go to do the watering there. You just say *nje* (just), 'Children in the community! Please just go and help there at the garden and do this and that.' And then they liked that. And those ones affected with HIV can't see that 'We are [the ones that] HIV positive'.

In this way the *manyano* group could support children that were infected or affected by HIV in the public realm without openly declaring their objective. Additionally, in this way the *manyano* group prevented the children from facing possible stigma as they engaged in the project.

From the responses, we see that most of the *manyano* leaders' public agency in this period was subversive and met with resistance. As a result, all the respondents (four out of four) in this period indicated that they established HIV and AIDS initiatives or initiated community engagement to counter the resistance they faced. Examples are HIV and AIDS education initiatives among the youth, awareness campaigns and home based care programmes. Philisiwe described her community's response when she began to raise awareness following the discovery of her son's status, 'They were those who laughed at me but I did not care because I knew what I was doing.'

Delsie also faced opposition from her community as she tried to educate the youth in her community.

It went to the parents of these people and I was labelled as if I'm saying to their children that they have AIDS. Which was something they didn't like and it really became an issue, you know, because some of the community members, they had to come to me and say, 'Sister, we are having a problem. Influential people in the community are complaining that you said their children are positive'.

As HIV and AIDS discourse shifted into the public realm in the 2000s (see section 1.1), there was a reduced need for the leaders to engage in subversive agency in the public realm.

5.4 Agency of *Manyano* Leaders: 2001-2010

As HIV and AIDS discourse shifted more into the public realm in the 2001-2010 period, so the *manyano* leaders' discourse also seemed to shift into this realm. My findings reveal that while their discourse and agency continues to take place in safe social sites that are hidden from public view, this is not always the case anymore. This seems to be as a result of the fact that this period saw more HIV and AIDS public discourse within South African communities (see 1.1). Furthermore, access to universal treatment finally became an official government policy in the 2000s and was accompanied by widespread public campaigns (see section 1.1). From the findings, this seems to have influenced the fact that four out of four respondents participated in HIV and AIDS advocacy in the public realm. Anne commented, for example,

When people don't want to believe that their children are sick due to AIDS even if you can pick up a chance and start telling them that people must go for testing, don't say, 'because your child is probably infected'. Say, 'Just go and test.'

She notably indicates a subtle tone, however, the fact that she can express her opinion in regards to HIV testing at all indicates more openness, a fact confirmed by Nhlanhla who stated that 'in the 2000s now, people are beginning to be open and they are beginning to accept'.

There was also a public increase in addressing HIV and AIDS-related health problems, deaths and child vulnerability in this period (see 1.1). This changing public context, I observe, is what paved the way for *manyano* leaders to play a more public role in addressing these issues. Veronica commented for example,

And when that [home-based care] car goes up there, the whole village knows. And they would come running [shouting], 'Where have you been? *Siyafa! Inculazi!* (We are dying of AIDS). And one woman there actually built a *flatta* - a one-roomed flat [so that] when we [go], we can see our person in privacy. And they all come.

Veronica further describes how community openness grew in this period as follows,

When the client sees you, she comes running. You know, in the past, it was the opposite. You would come, they would say, 'Don't stop here with your car, wait for me at the corner.'

Another factor that seems to have contributed in to the public agency of the *manyano* leaders is the agency of supportive ordained clergy. Anne commented for example,

[Our priest] can't manage to come to us to supervise what we are doing [on a daily basis]. But when you tell *umfundisi* (a priest) that there is something I can't [handle]; he or she comes here and sees what is going on. Whatever she or he [has], maybe food, he or she gives to that family, and even by prayers and coming to pray for that certain house which is affected by HIV.

Furthermore, as indicated in the previous chapter, some of the leaders belong to the nursing profession. This affords them the opportunity to publicly engage their communities basing on medical facts rather than cultural and religious biases. This is important as it helped them in their agency as Delsie commented,

There was a home-based carer who came to me and said to me, 'Eh, Sister Zuma I have got a problem. There is a child who is HIV positive', she continued, 'The mother doesn't want the child to be seen and doesn't want the child to go to hospital to be helped. And if I [go] there, when [won't] let me go to see her. Then I said to her, do you have any chance to talk to that particular sick child and make a day that I will come in?' Then I made that day, we went there.

The findings also show that growing public awareness of bio-medical facts about the epidemic in this period helped the *manyano* leaders' communities to embrace change. For example, where cultural practices posed a challenge towards ART adherence, *manyano* leaders, particularly those in the nursing profession, openly critique norms that might have been unquestioned in the past. Delsie cited the custom of *ukuthwasa* for example,

Like last week, I had four of them who had defaulted (from AIDS-related TB treatment) for some months. But why? Their response was, 'I was going to the [traditional healer], I asked them, 'But why? Because now you know what is going wrong with you?' They would say that, 'Now, I was told that I have to be a *sangoma*, I was told that I need to do rituals (for several months)'. I would then ask, 'But do you see your life now?'

Furthermore, the *manyano* showed less fear of criticising the social status quo that tolerated sexual practices that were harmful to females. Delsie, once again, used her role as a registered

nurse to challenge males who resist the practice of safer sex. Describing her approach, she stated,

I wear a T-shirt that says, 'A man knows what they have to do.' At times they stop me and say, '*Ja* (yes), what are you saying about this?' I say, 'Oh, you want to know? If I may ask you, do you use a condom?' Some will say, 'yes' and some 'no, but...' [If I ask] why not? Before, they used to say, 'I cannot eat a sweet with its paper.' But now they don't say that, they keep saying, '*Eish!*' They don't come out with a straight answer.'

Within the church, attitudes towards people living with HIV improved as Sbongile indicated, for example.

Five years back, we had about five people. They were identified in the church to go attend an [HIV and AIDS] course and it so happened that they were the people who actually had the problem. When they came back they came out in the open. I didn't notice anything (negative reaction) from the church and I suppose they pick on the people they are going to talk negatively about it [with]. They know that so-and-so, no you can't just say anything to her.

The respondents referred to the yearly 'AIDS Awareness Day' in December as public church activity that deepens the compassion of congregants and community members alike towards those infected or affected by HIV and AIDS. Veronica describes AIDS awareness day in the following way,

[People] come with everything: heaps of food, clothing. The home fires are still burning. The achievements have been wonderful and for people to come out (when they need help). Every year on the first of December, it's AIDS day but we usually celebrate it on the first Sunday of December because we do it in church.

Further indications that dominant church discourses posed lesser risk to the *manyano*'s efforts in this period can be noted in the following comment from Sbongile,

Every December...as *manyanos* we try to have someone speak to the church. The present minister, he takes an active part. For instance we have a doctor from the Department of Health, he's been giving talks.

Regarding HIV and AIDS counselling, low involvement seems to correspond with literature that argued that there is a lack of life-affirming HIV and AIDS theologies that can help guide pastoral counselling (see section 2.5). This was evidenced in the interviews, I suggest, by the fact that it was the *manyano* leaders in the nursing field and those that had received HIV and AIDS-specific training that were involved in counselling HIV positive *manyano* and community members. It

was this group of women that possessed the skill to answer questions, explain scientific facts and offer lifestyle guidance that corresponds with that given by the Department of Health in South Africa. Thus, Phushwana commented on the importance of HIV and AIDS counselling training for *manyano* leaders by stating,

I have completed the course in what they used to call ‘voluntary counselling and training’ and also, ‘You know what I did? Just as a leader by that time, I did understand that I can’t lead people without knowledge. So I just did the training. I had to go the basic and then full counselling course. It was down in Port Shepstone.

Regarding the realm of infrapolitics, the findings reveal that forms of resistance through disguise and anonymity were fewer and remained primarily in the area of HIV prevention messages. *Manyano* leaders who could not openly advocate for safer sex between unmarried couples did so under the guise of HIV testing advocacy which had become more public in South African communities (see 1.1). Philisiwe, for example, used her catechism class to advocate for safer sex without explicitly calling for condom use, ‘I say, for instance, if you enjoy sex before marriage you enjoy sex with a person whom you do not know. You have not tested.’

The findings also revealed that safe sites in the hidden realm were fewer, remaining primarily in the areas of disclosure of HIV status and gender-based violence. Thus, three out of eight respondents indicated that spaces where confidentiality could be maintained remained relevant during this period. For example, Philisiwe cited the growing use of *whoonga*¹² as one of the reasons for this.

These people (drug dealers and those who are on ART) live together in the community. And they know that so and so gets pills. And then they demand these pills from sick people.

She, therefore, advises that ‘the issue of disclosure should come back again’. This implies that in this period, disclosure of HIV status must continue to be done in contexts that provide safety.

¹² *Whoonga* is a drug that is a concoction of Stocrin (an ARV drug), dagga, sore throat medication (Strepsils) and rat poison. HIV Support 2011. ‘*Whoonga*’ is New Threat to HIV Patients. Available online: <http://www.hivsupport.co.za> (Accessed on 21 February 2011).

Safe sites are also important in the area of orphaned and vulnerable children (OVC). Delsie, one of the three out of four *manyano* leaders in this period who provide support to vulnerable women and children, gave the following examples from her the nursing field:

I have noticed that there is a lot of child abuse in our area. Those who revealed, you find that the uncle was the one who was sexually abusing them. I had to talk to them, individually anyway, because they didn't come at the same time. I remember some of them were brought by their mothers. The mothers who are working...they go early to work, they come home late and when they are coming to the clinic, they come because the child is sick. [When you] call the mother, she comes. You say to her, 'You, mama, your child...this is what we found. What do you want us to do?' They respond [by saying], 'Ih, Sister! Ih! I don't know. Because if we say he must be arrested, I don't think I will be accepted at home [by my in-laws]. And many of them are in that situation.

Thus, the example above shows that Delsie had to maintain a safe social site for both the abused children and their mothers or aunts due to the fears the women experienced.

5.5 Conclusion

Understanding power relations between dominant and subordinate groups as theorised by Scott enables this study to recognise that *manyano* leaders' responses to the epidemic consist of power relations that need to be analysed (Scott 1990:2-5). This chapter provided an extensive analysis of the findings. The chapter analysed the findings according to Scott's notion of safe sites and the public, hidden and infrapolitical realms. The analysis confirmed this study's hypothesis that discourses are more public when the context poses lesser risk. In the case of the *manyano*, their agency and discourse in response to the epidemic became more public in the 2001-2010 period, the period in which HIV and AIDS became more central to public discourse in South Africa.

CHAPTER SIX

CONCLUSION

6.1 Summary of the Study

Chapter one introduced the South African HIV and AIDS context between 1990-2010. This was outlined first with a focus on the Kwa-Zulu Natal Midlands showing the major shifts that mark the first half of the period, 1990-2000 and the second, 2001-2010. A description of the Sinomlando research project followed under which this study is undertaken. In addition, the chapter provided a background to the *manyano* movement showing why documenting their oral history of the epidemic in Kwa-Zulu Natal is significant. Finally, the study's theoretical considerations drawn from James Scott's theory of power relations between dominant and subordinate groups within society, the research design and the structure of the dissertation were presented.

Chapter two discussed the *manyano* movement in South Africa, detailing its history and progression to the present. It was noted that the *manyano* movement is located on the margins of church and social hierarchy due to the challenges of patriarchy, poverty and racial segregation the majority of its members have faced and continue to face. This led to a focussed discussion of the Anglican *manyano* (Mothers' Union), its structure and the roles of its leadership. From this background, the chapter examined the social and pastoral agency of Anglican *manyano* leaders in the HIV and AIDS context of the Kwa-Zulu Natal Midlands in the 1990-2010 period. It was argued that a history of solidarity with those at the margins of society, survival and struggle amidst social and economic challenges have helped shape the movement. This in turn has influenced how *manyano* leaders in the KwaZulu-Natal Midlands have responded spiritually and practically to the challenges of HIV and AIDS in their communities between 1990 and 2010.

Chapter three discussed James Scott's theory of power relations between dominant and subordinate groups. The chapter also demonstrated how the theory guides the study in analysing the agency of *manyano* leaders as a subordinate group.

Chapter four outlined the fieldwork and the responses of the eight *manyano* leaders interviewed. The findings affirmed what was argued in the preceding chapters, that *manyano* leaders play a significant role in addressing the challenges of the epidemic within their communities. Their responses were grouped into four themes: general involvement in addressing issues of HIV and AIDS, HIV and AIDS related stigma, pastoral agency, and subversive elements in the *manyano* leaders' response to the epidemic. The findings were also grouped according to whether the respondents served as *manyano* leaders within the 1990-2000 period or the 2001-2010 period. The findings revealed that the *manyano* leaders' agency became more public and less subversive in the 2001-2010 period as moral, cultural and social attitudes that fuel HIV and AIDS-related stigma began to decline.

Chapter five began by restating Scott's hypothesis that the discourses of subordinate groups become more public when the context poses lesser risk. The chapter therefore analysed the agency of the *manyano* leaders by utilising Scott's notion of safe sites and categories of the public, hidden and infrapolitical realms of discourse. These were applied to the responses under the four themes outlined in chapter four and compared across the two time periods. The analysis revealed that the agency of *manyano* leaders was influenced directly by power relations between themselves and the dominant influencers of HIV and AIDS-related stigma in church, cultural and social hierarchies. Thus, confirming Scott's hypothesis, their response to the epidemic became less subversive and more public in the second period in which HIV and AIDS had become more central to public discourse in South Africa and the dominance of stigma had begun to decline.

In this last chapter, I shall conclude by summarising the key findings of the study and how they address the research problem of: *what the historical and current realities of HIV and AIDS as experienced by the manyano leaders of the Anglican Church in the KwaZulu-Natal Midlands during the period 1990-2010 are*. Recommendations for further study will follow at the close of the chapter.

6.2 Key Findings of the Study

Firstly, the study findings revealed that an oral history of the *manyano* leaders' experiences of HIV and AIDS from 1990-2010 confirms their significant role in addressing issues of the epidemic. Their roles, according to the findings, include providing counselling, material and

spiritual care to those that are infected or affected by HIV. In addition, the women advocate for prevention, safer sex practices, access to treatment and de-stigmatisation. The findings revealed that there are observable differences in the agency of the *manyano* leaders in addressing issues of HIV and AIDS as an epidemic between these two time periods. There was a higher occurrence of subversive agency in the public realm by the *manyano* leaders towards oppressive church, cultural and political structures in the 1990-2000 period. This was attributed to the resistance the *manyano* leaders faced as a result of the HIV and AIDS-related stigma associated to these structures that was more pronounced in that period.

By contrast, in the second period, the findings revealed a relatively lower occurrence of subversive agency in the public realm. This was a result of the fact that HIV and AIDS discourse had become more public and attitudes of stigma within their communities had begun to decline due to the availability of more knowledge about the epidemic and the introduction of universal access to treatment. For example, some respondents recounted that whereas in the first period members of the clergy were quick to label those that were infected by HIV as sinners, they had become more welcoming during the second period of new knowledge about the epidemic. Examples of this change that were recounted included the celebration of AIDS Day in congregations, the sending of church members for training and the invitation of HIV and AIDS experts to address congregations on current information about the epidemic. Similarly, secrecy within communities had begun to dissipate in the second period as the government and civil society raised public awareness about prevention and treatment. Consequently, for the respondents, there was a higher occurrence of public agency not only in providing spiritual and physical care but also in advocating for the de-stigmatisation of HIV and challenging the beliefs and practices fuelling HIV prevalence.

Analysing the study findings utilising Scott's theory of power relations between dominant and subordinate groups confirmed the theory's hypothesis that the agency of subordinate groups becomes more public when the context poses lesser risk. A comparison of the analysis outcomes between the two periods revealed that there was risk posed to *manyano* leaders in contexts where marginalisation through HIV and AIDS-related stigma was more prevalent. For example, where HIV was associated with punishment from God as a consequence of sexual immorality, the *manyano* leaders' efforts in providing care and spiritual support were met with resistance as their

work was seen as coming in the way of God's punishment. Furthermore, dominant cultural beliefs were quick to explain symptoms of AIDS through witchcraft or *sangoma* initiation. The *manyano* leaders, therefore, were met with resistance in their efforts to help those that were convinced that they themselves or their loved ones had been bewitched or were in the process of becoming a *sangoma* to go for an HIV test and begin to receive treatment.

The analysis, therefore, concluded that there were several factors that directly challenged counter responses in the agency of the *manyano* leaders. The factors are: government intervention in prevention and treatment, theologies of retribution in church attitudes toward the epidemic and cultural beliefs that explained the epidemic through supernatural causes and fuelled its prevalence through oppressive systems of patriarchy. It was noted that the change in government policy whereby HIV and AIDS denial was officially replaced by the roll-out of universal access to treatment in South Africa impacted these factors significantly. The findings indicate that the change in government policy began to challenge social attitudes that had come to view the epidemic as a moral issue. Thus, debate regarding the epidemic was public making it possible for differing views to be discussed more openly than had been the case in the first period. Consequently, the public debate challenged the dominance of stigma and in turn enabled more agency by the women in the public realm as one of the respondents, Veronica, recounted, 'when the client sees you, she comes running. You know, in the past, it was the opposite. You would come, they would say, 'Don't stop here with your car, wait for me at the corner.'

It is important to conclude by assessing the findings above in order to offer recommendations for future research. The findings of the study are informative and cover a critical period of the history of the epidemic in South Africa and the Kwa-Zulu Natal Midland in particular. However, I should restate that this study does not claim to be exhaustive. Rather, it is a small ethnographic (case) study with a limited sample size. Additionally, it is important to note some differences between myself and the interviewees that might have limited the outcomes of this research. Firstly, my knowledge of South Africa, the Anglican Church and the *manyano* movement were quite limited prior to this study. In addition, unlike all the interviewees, I am unmarried, not a mother and was below the age of thirty at the time of the interviews. Furthermore, due to my limited knowledge of the Zulu language the interviews were conducted in English.

All these factors undoubtedly constituted a limitation on the outcomes of the interview. Thus, the study does not claim to have addressed all areas pertaining to how *manyano* leaders have addressed issues of HIV and AIDS in the KwaZulu-Natal Midlands from 1990-2010. I recognise that there remains a great deal of information that could have been included here but due to the academic and financial limits of a Master's dissertation, this was not possible. For this reason further research is required to fill the gaps.

6.3 Recommendations for Further Research

Further research could focus on a wide array of areas including the three noted below. Firstly, I suggest that further research should focus on uncovering how, if at all, Anglican *manyano* leaders in the KwaZulu-Natal Midlands are seeking to coordinate their response to the HIV and AIDS epidemic. My findings in chapter four and five have highlighted that the agency of the respondents in the 1990-2010 period has been based on individual skill, experience and ability. I observe that among the respondents, those that have ministerial training seem to emphasise counselling and spiritual support. Nurses, on the other hand, seem to emphasise HIV prevention and health care. Educators tend to focus on HIV awareness and community interventions that offer material support to those infected or affected by the epidemic. It would, therefore, be important to assess, through research, how, if at all, Anglican *manyano* leaders are seeking to coordinate their diverse expertise in responding to the epidemic.

Secondly, the present study has focused on the agency of *manyano* leaders. I suggest that further research should focus on ordinary members of the *manyano* movement, particularly where leaders have responded to the epidemic through subversive agency. This would help perhaps show how, if at all, the agency of ordinary *manyano* members is impacted by their leaders.

Lastly, further research should focus on investigating the pastoral agency of HIV positive *manyano* leaders. Sinomlando's oral historical research of HIV and AIDS in the province of KwaZulu-Natal is silent on the HIV status of pastoral agents and other marginalised social agents whose experiences it seeks to document. Therefore, further research focusing on HIV positive *manyano* leaders would be important in order to better understand the epidemic as experienced through their pastoral agency.

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Zastrow, C. 2010. *Introduction to Social Work and Social Welfare: Empowering People*, Belmont, California: Brooks/Cole, 17.

Interviews (Pseudonyms)

Manyano Leaders

Anne, Interview (Pietermaritzburg: MU October 2010)

Delsie, Interview (Pietermaritzburg: MU October 2010)

Ernestine, Interview (Pietermaritzburg: MU October 2010)

Nhlanhla, Interview (Pietermaritzburg: MU October 2010)

Philisiwe, Interview (Pietermaritzburg: MU November 2010)

Phushwana, Interview (Pietermaritzburg: MU January 2011)

Sbongile, Interview (Pietermaritzburg: MU October 2010)

Veronica, Interview (Pietermaritzburg: MU October 2010)

APPENDIX A

SINOMLANDO INTERVIEW RELEASE AGREEMENT FORM



Interview Release Form

CAT NO:

This agreement ensures that your interview is added to the archived collections of the Sinomlando Centre for Oral History and Memory Work in Africa in accordance with your wishes.

I, _____ (interviewee), hereby authorize
_____ (interviewer) to record my name, likeness,
image, and voice on tape, film, or otherwise to be used in the archived collections of the Sinomlando
Centre.

In consideration of my participation in said recording, I agree that:

- The 'original' recording(s) will be conserved at the University of KwaZulu-Natal. Copies will be held and made available as a public reference resource for possible use in research, teaching, publication, electronic media (such as the Internet or the World Wide Web) and broadcasting (such as radio or television). Copies may be made available, in whole or in part, in any and all media, in perpetuity, throughout the world, subject to limitations stated below.
- All public use is made in strict accordance with the uses and restrictions indicated below.
- All public use is made in strict accordance with South African copyright law and 'fair use' provisions.
- The Sinomlando Centre, and thereby the University of KwaZulu-Natal, shall hold the copyright to this recording and I hereby cede any copyright that I may have in my contribution to it.
- Any and all revenue that might result from this recording will be used to subsidise future research and archival projects of the Sinomlando Centre.

- This agreement represents the entire understanding of the parties and may not be amended unless agreed to by both parties in writing.

The use of the recording is subject to the following conditions (indicate preference):

1. Accessible without restrictions
2. Accessible with pseudonyms
3. Any other restrictions: _____

<p>Interviewee signature: _____</p> <p>Signed at: _____</p> <p>Date: _____</p> <p>In the presence of (interviewer): _____</p>

Administrative Use Only

Interviewee details

Full names: _____

Home address: _____

Home telephone: _____ **Work** _____ **Mobile** _____

Work address: _____

Fax number _____ **E-mail address:** _____

Interviewer and project details

Full Names _____

Research Project title _____

Location of interview (s): _____

Number of tapes: _____ **Total length of interview (s):** _____

Transcribed by: _____

Additional

Comments: _____

Sinomlando Centre for Oral History and Memory Work in Africa
School of Religion and Theology, University of KwaZulu-Natal
Private Bag X01, Scottsville 3209.
Phone: (27) 33 260 55 11. Fax: (27) 33 260 58 58. E-mail: sinomlando@ukzn.ac.za

APPENDIX B

INTERVIEW SCHEDULE

Name:.....

Age: 25-35 35-45 55-65 65+

Marital Status: Separated Divorced Married Widowed

General HIV Questions

1. What has your involvement been in addressing issues of HIV and AIDS in your community?
2. When exactly did you become involved in addressing issues of HIV and AIDS in your community?
3. What motivated you to become involved in issues of HIV and AIDS in your community?
4. In your view, what impact did the epidemic have on your community in the period 1990-2000 (2001-2010)?
5. There were high levels of HIV and AIDS stigma in the 1990s. Do you think that the situation has changed in the past ten years? If so, how? Why do you think these changes have occurred?

***Manyano* Movement**

6. How long have you been involved in the *manyano* movement?
7. What years were you a leader of the *manyano* at your church?
8. When (if at all) did your *manyano* get involved in HIV?
9. In what ways did you try and address HIV and AIDS in your *manyano* when you were the leader?
10. What challenges did you face as a leader of the *manyano* in addressing issues of HIV and AIDS?
11. What do you think you achieved in addressing HIV and AIDS while you were the leader of the *manyano*?
12. What further comments do you wish to add?

APPENDIX C

INFORMED CONSENT FORM

Study Topic: Untold Memories of HIV and AIDS among pastoral agents: The Case of the Anglican *manyano* Leaders in the KwaZulu-Natal Midlands 1990 - 2010.

Investigator: Thandi Soko, BA, BTh (Hons), (MTh Current Student)

Institution: University of KwaZulu Natal, Pietermaritzburg, South Africa (School of Religion and Theology)

Purpose:

I appreciate your willingness to participate in this research study designed to explore and analyse the stories of *manyano* leaders in the context of HIV and AIDS from 1990-2000 and 2001-2010 in peri-urban KwaZulu-Natal Midlands.

Before giving your consent, I outline below the procedures, risks and benefits that will help you to make a decision as to whether or not you wish to go ahead and be part of this research study.

Description of Procedures

If you decide to participate in the study, you will be required to give your story about memories you have in your role as a *manyano* leader in the history of the epidemic in your community, and the successes and challenges you have experienced. I will record your story onto an audio tape and write notes as well. I will ask you questions during the interview for clarification before I go and type the notes. You may opt to indicate on the interview release agreement if you would like a false name to be used for you. I will arrange with you the suitable time and place for the interviews, which may take about an hour.

Risks and benefits

The study involves giving information about yourself and your community, and you may feel uncomfortable to share your private life. You will be free to give whatever information you wish. You may also withdraw your participation at any time for any reason. Should that happen you will have to inform me in good time so that I will look for a replacement. I realise that the study will take some valuable time. I will therefore make sure I adhere to the agreed time. If, for any reason, we fail to meet, I will try to reschedule for another meeting.

Your participation in this study will also be a learning process for you. You will be sensitised to how issues of HIV and AIDS impacted and continue to impact upon your community. You will receive feedback on research findings. Your contributions will assist the Sinomlando Centre of Oral History and Memory Work in Africa at the School of Religion and Theology, University of KwaZulu-Natal, in recording the stories of pastoral agents involved in addressing issues of HIV and AIDS in KwaZulu-Natal.

Confidentiality

As mentioned above, the study involves giving information about yourself; I will discuss with you the Sinomlando Interview Release Form. This form outlines the secure measures under which your interview will be stored. Prior to Sinomlando's handling of the interview I, as one of the sub-researchers on the project, will make every effort to keep your story confidential while I conduct research on it. I will keep all the notes and tapes in locked facilities. You will also be expected to keep strict confidentiality about any information you share with me or come across during the interview.

Voluntary Participation

Please note that your participation in this study is completely voluntary. You are therefore free to decline to participate, or to withdraw your participation at any time for any reason.

Questions

For any queries, please contact:

Investigator

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University of KwaZulu Natal
Private Bag X01
Scottsville
Pietermaritzburg 3201
Cell: 0791514768
Email: 209536585@ukzn.ac.za
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Supervisor

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Pietermaritzburg 3201
Tel: 033-260-6172
Email: haddad@ukzn.ac.za

Agreement to participate

I _____ hereby confirm that I have read and understand the contents of this document and the nature of the research study, and I agree to participate in this study.

SIGNATURE: _____ DATE: _____