

**PASTORAL CARE FOR BEREAVED ELDERLY WOMEN IN THE
CONTEXT OF HIV AND AIDS: A CASE STUDY OF DZENZA
CONGREGATION WOMEN'S GUILD MEMBERS OF THE CHURCH
OF CENTRAL AFRICA PRESBYTERIAN (CCAP) LILONGWE –
MALAWI**

BY

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ABSTRACT

The HIV and AIDS epidemic in Africa, specifically in Malawi, has presented itself as a threat to the care of bereaved elderly women who have lost adult children to AIDS related illnesses. While battling grief, these elderly women find themselves inevitably obliged to take care of the grandchildren left behind by their children who in most cases had been breadwinners. The main objective of this study is to assess the appropriateness and effectiveness of the pastoral care for bereaved elderly women provided by the Women's Guild of Dzenza congregation of the Church of Central Africa Presbyterian. The study poses the question that: if bereaved elderly women are principal caregivers in the context of HIV and AIDS, then who is caring for them? The study draws its insights from a qualitative study based on interviews with ten bereaved elderly women and, in addition, nine Women's Guild members, the church Minister at the time of the interviews, and five church elders. There were four men and one woman. All together they were 25 participants. The methods used for the collection of data were in-depth individual, open ended interviews and focus group meeting. The collected data was analysed by typing and coding the material according to key themes that emerged in the interviews. 'Shepherding a Woman's Heart' and 'Feminist Pastoral Care' are the two theories that were used to analyse the existing pastoral care and the findings of the study. The findings revealed that most elderly women encounter different challenges while taking care of their ill adult children until the time of their death. The elderly women also face the challenge of bringing up their grandchildren before and after the death of the parents. Some of these challenges concern health issues and the psychological, financial, spiritual and social impacts of the loss of their children and the responsibility for their grandchildren. In order to develop an appropriate and effective approach to pastoral care, the Women's Guild needs to take these impacts into account. On the basis of the findings of the present study, there is a need to develop a manual on pastoral care giving for the Women's Guild, focusing on issues of health, psychological, financial, spiritual and social aspects that play a role in the context of HIV and AIDS.

Keywords: HIV and AIDS, ill adults, AIDS orphans, bereaved elderly women, care giving, grandmother-caregivers, pastoral care, Women's Guild.

DECLARATION

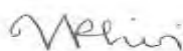
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As the candidate's supervisors we hereby approve this thesis for submission

Professor Isabel Apawo Phiri



Date: 11th January 2016

Professor Edwina Ward



Date: 11th January 2016

DEDICATION

I dedicate this work to my late parents, Mr. Edward Goodwell and Mrs. Maria Lisa Duduzile KambaPhiri who supported the education of a girl child. I wish they were alive to witness what they believed in. I also dedicate this work to all the bereaved elderly women of Dzenza congregation of the CCAP who lost adult children due to AIDS related illnesses and who care for grandchildren orphaned by AIDS. May they find caring support in the church and the communities they live in, as they struggle to make ends meet.

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The writing of this thesis would have not reached its completion without the support and encouragement of several people. Therefore, I would like to express my sincere appreciation to the following persons.

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I record my heartfelt appreciation of my husband Songelwayo Chibambo and our three daughters, Mandhlase, Nomusa and Sibusiswe, for being there for me, when I went through life's ups and downs. I am thankful to them for inspiring me to fulfil my goal and complete my studies.

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ABBREVIATIONS

AIDS	-	Acquired Immune-Deficiency Syndrome
AGM	-	African Grandmothers Movement
ARVs	-	Anti-Retroviral
BEW	-	Bereaved Elderly Women
CCAP	-	Church of Central Africa Presbyterian
CAP	-	Comprehensive Analytical Profile
CDC	-	Centre for Disease Control
CHGA	-	Commission on HIV and AIDS and Governance in Africa
FANR	-	Food Agriculture and Natural Resources
HIV	-	Human Immunodeficiency Virus
IPS	-	Inter Press Service
PLWH	-	People Living With HIV
MOH	-	Ministry of Health
NGO	-	Non- Governmental Organisation
PEPFAR	-	President's Emergency Plan for Aid Relief
SADC	-	Southern Africa Development Community
SARPN	-	Southern African Regional Poverty Network
UNAIDS	-	United Nations Programme on HIV and AIDS
UNDP	-	United Nations Development Programme
UNICEF	-	United Nations Children's Fund
WCC	-	World Council of Churches
WPR	-	World Population Review

POLITICAL MAP OF MALAWI



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CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1 Introduction

This thesis is a pastoral care study focusing on the Dzenza congregation of the Church of Central Africa Presbyterian (CCAP) and specifically, on its Women's Guild's capacity to provide appropriate and effective pastoral care to bereaved elderly women (BEW). For the sake of this study, BEW refers to grandmothers who were 60 years older and above when they were interviewed. They are women who have experienced the loss of adult children due to AIDS related illnesses. As a result of that, they have become caregivers to grandchildren orphaned by AIDS. At the time of the interviews, none of these women was employed and about three of them had not received formal western education. This became clear when they requested assistance from the other grandmothers to sign a consent form. The BEW used to depend on their adult children for their daily needs. They also grew produce for food security and income generation. The death of their adult children has affected various aspects of their life. In their old age, BEW are faced with the challenge of giving health care, emotional and spiritual support, and of providing social and economic security to the grandchildren in their care. They had supposed that their adult children would carry all these responsibilities and look after them as well. In most African cultures, children are expected to care for their aging parents by providing for their needs. The loss of their adult children means that the BEW have lost present and future support. This puts them in need of pastoral care from the Women's Guild of Dzenza congregation of the CCAP, as they are the custodians of pastoral care.

This chapter also provides basic outline of the study such as: the background, limitations, motivations both on personal and academic ,research problems, questions and objectives, literature review, principles underlining the present study, research methodology and methods; data collection tools and, the structure of the study.

1.2 Background

Three decades ago the HIV and AIDS epidemic emerged, presenting itself as a challenge. In view of this, questions to be asked are the following: How appropriate and effective is the pastoral care programme of the Women's Guild of Dzenza congregation of the CCAP? Does the Women's Guild have the capacity to provide appropriate and effective pastoral care to BEW in the context of HIV and AIDS? Does the Women's Guild have the skills needed to respond to the epidemic with a holistic programme of pastoral care? HIV and AIDS affect all aspects of life. It is important that the Women's Guild members, when responding to the epidemic, should respond holistically. It means that Women's Guild members have to respond to the physical, psychological, spiritual, financial and social aspects as features of holistic approach.

Malawi is a landlocked country in the South East of Africa. It shares borders with Zambia in the South East and Tanzania in the North East while Mozambique surrounds it on the East, South and West (Mizere 2010). The World Population Review (WPR) estimates the population of Malawi in 2014 to be circa 17.2 million. One million are living with HIV (PLWH) infection and the prevalence HIV infection stands at 12% (UNAIDS 2013). This has caused the life expectancy of Malawian people to drop from 65 years in 1987 to 54.8 years in 2013 (Comprehensive Analytical Profile (CAP): Malawi 2010, UNDP 2013). Women account for more than half the percentage of the estimated number of HIV infected adults in Malawi (UNAIDS 2012). According to UNAIDS (2012), 560,000 women in Malawi from the age of 15 years upwards were estimated to be living with HIV. The number of deaths caused by AIDS related illness was, in 2005, 86,592. In 2013 this figure was an estimated 48,000 (UNAIDS 2013). The statistics between 2005 and 2013 show a decrease in the number of adult deaths of almost half of the 2005 figure. However, many children are still left without one or both of their parents and the number of orphans whose parents have died from AIDS related illnesses remains high. Out of the one million orphans in Malawi, 650,000 are children orphaned by AIDS (UNAIDS 2012). This has forced the older generation – the generation of bereaved elderly women - to become mothers again, this time to their grandchildren orphaned by AIDS (UNICEF 2003 and 2004). In 2003 Maloya, the then minister of land affairs in Malawi, urged Malawians to acknowledge that most of them die from AIDS related illness. He emphasized that at the moment there is no cure for the disease and the drugs that are available do not cure people but prolong their lives. However, not every person living with HIV infection in Malawi has access to anti-retroviral drugs (ARVs). The government was hoping to provide ARVs to more than 500,000

people by the end of 2010 (Kaiser 2010). However, the reality at the moment is that 470,000 people are on ARVs in Malawi (UNAIDS Gap Report 2014). According to UNAIDS, 2013 estimates there were about 1,000,000 people in Malawi who were living with HIV infection (2013). In the meantime, those who do not yet receive ARVs are at risk of losing their lives. This means that the death of adult persons due to AIDS related illnesses will result in an increased percentage of children orphaned by AIDS.

1.3 Limitations

I am aware that there are also bereaved elderly men who have lost adult children, due to AIDS related illness. Aho et al. (2006:647) points out that “the death of a child brings both negative and positive changes in the life of a father”. There are elderly men who are looking after grandchildren orphaned by AIDS. A 65 year old Zimbabwean grandfather, for example, said: “Looking after orphans is like starting life all over again, because I have to work on the farm, clean the house, feed the children and buy school uniforms. I thought I would no longer do these things” (Agyarko 2000, de Clerk 2009, Nhongo 2002:51). But, even though there are elderly men involved in caregiving, there are many more elderly women who face having to bring up orphaned grandchildren (IFAD 2001, PEPFAR 2007, UNAIDS 2008). In addition to taking care of their adult children and of the grandchildren while the parents are sick and after their death, the BEW have to, in some cases, also nurse their husbands (Mudavanhu 2008:72, Schatz 2007:151). The question arises as to who takes care of these elderly women when they are in need of support? The present study considers this question as well as its implications for the church. The study is limited to the Dzenza congregation of the CCAP and to those women who have lost adult children through AIDS related illness and who are left with the responsibility for their orphaned grandchildren.

1.4 Motivation for Undertaking the Study

There are two reasons why I have chosen to carry out this study, which are stated as follows:

1.4.1 Personal Motivation for Undertaking the Study

My motivation for the present study was due to my personal experience with BEW in Malawi. At the age of sixty and above most families lost adult children to an AIDS related illness and became caregivers for grandchildren orphaned by AIDS. It was not an easy experience for me to go through, seeing my neighbours and relatives losing adult children to AIDS related illness. Some of the

deceased adult children were my friends and cousins who were also bread winners. I could not bear the pain of seeing their mothers encountering different challenges, due to lack of support that is caused by death related to AIDS illnesses. As pointed out by Hindmarch (2009:3) who states that those who have lost a parent, a spouse and a child invariably describe the death of the child as the most painful experience, enduring and difficult to survive. This is further confirmed by Mabe and Dave who write: “The death of a child is one of the most stressful events that a parent can experience in the course of a lifetime” (1991:334). Although BEW were members of different churches in Lilongwe - Malawi, they did not receive pastoral care while they experienced the impact of HIV and AIDS in their direct surroundings and suffered the pain of losing an adult child to the epidemic. Therefore, I was motivated to examine appropriateness and effectiveness of the pastoral care provided to BEW by Women’s Guild of Dzenza congregation of the CCAP. Considering that the Women’s Guild of Dzenza congregation of the CCAP are the custodians of pastoral care.

1.4.2 Academic Motivation for Undertaking the Study

The second motivation for the present study is academic in nature and results from my Master’s research in 2008. The research focused on cultural practices that may lead to the spread of HIV among the Sena people in the Nsanje district in Malawi. The study found that some cultural practices were indeed harmful, for example the fact that traditionally Sena people would have unprotected sex as part of cultural ritual. According to the Sena culture, these sex rituals had to be performed without protection for them to be effective. As a result, very many people were infected with HIV, leading to the death of a generation of young men and women who left behind small children in need of care. Thus, my Master’s research motivated my choice of topic for the current study, namely to look at the pastoral support given to BEW by the Women’s Guild of the Dzenza congregation of the CCAP and to find ways to optimize the guild’s capacity for the provision of care that is both appropriate and effective. The study will build on the work of scholars¹ who have contributed to the existing body of knowledge on the impact of HIV and AIDS on BEW. Much is written concerning women and HIV and AIDS but relatively little research has been done on the specific impact of the epidemic on BEW. The present study is significant because it seeks to bridge this gap that is partly due to the church’s silence as regards pastoral care for BEW in the context of HIV and AIDS. By considering

¹Jonas 2007,Knodel 2002, Mall 2005,Mangalparsard 2007, Moore 2007, Mudavanhu2008, Nhongo 2004, Schatz 2007, Sengonzi 2007, to name just a few.

this pastoral care, the study makes a useful contribution to existing academic resources on the subject. In addition, the research has the potential to equip churches' women's organisations with guidelines for the establishment of quality care for BEW – a topic that is close to my heart.

1.5 The Research Problem

Naturally in some parts of Africa, adult children have the responsibility to care for their elderly parents. Even if their elderly parents are caring for grandchildren, adult children are supposed to provide financial support, for both their offspring and their elderly parents. Due to the deaths of adult children related to AIDS illnesses, most of the BEW do not have financial support to care for themselves and the grandchildren orphaned by AIDS. This is why in the context of HIV and AIDS, the BEW are the main caregivers to their orphaned grandchildren (Nhongo 2004:51). This does not mean that they should be taken for granted and assume that, because they are old, they do not have personal needs that must be taken care of.

A broader issue that has to be investigated concerns human dignity; after all, human dignity is not a privilege of the elite only (Friedman 2008:1). Human dignity is rooted in the notion of *Imago Dei*, Image of God. Each and every human being is created in the Image of God (Bongmba 2007:49). They have inherent dignity which is a gift from God. De Marinis (1993:17) argues persuasively from a feminist perspective that women (and other groups) are not always treated humanely and have often been deprived of the respect and the dignity to which human beings are entitled. As much as women are created in the image of God, some have lost their dignity and their identity and they know no peace in their lives. In the case of BEW, this is due to experiencing the impact of HIV and AIDS in their families. In most parts of Africa, people who are infected with, or otherwise affected by HIV are marginalized and discriminated against because of the stigma attached to the epidemic. The fact that most of the BEW of Dzenza congregation of the CCAP are poor and uneducated does not mean that they do not deserve care and dignity. From the perspective of the present study, the primary theological challenge facing the Women's Guild is the challenge to provide appropriate and effective pastoral care to BEW who are deprived of their dignity and who are not given the support they need. Therefore my research question is: *How appropriate and effective is the current pastoral care programme of the Dzenza congregation of the CCAP Women's Guild for bereaved elderly women experiencing the loss of one or more of their adult children due to AIDS related illnesses and who are providing care to their orphaned grandchildren?*

In attempting to answer the above key question, the sub-questions are as following:

- What can this study learn from various pastoral care models of the past?
- How has the impact of HIV and AIDS epidemic affected the lives of BEW in the Dzenza congregation of the CCAP?
- How particular is pastoral care that Dzenza congregation of the CCAP Women's Guild members offer to BEW in response to challenges encountered by older women?
- What is the perception of BEW towards the pastoral care received from Dzenza congregation of the CCAP Women's Guild members

The objectives of the study are the following:

- To demonstrate how pastoral care has changed overtime accordance with different contexts.
- To examine the reality of HIV and AIDS on bereaved BEW in the Dzenza congregation of the CCAP who function as caregivers for their ill adult children and for their orphaned grandchildren.
- To investigate the type of pastoral care provided by the Dzenza congregation of the CCAP Women's Guild members to bereaved elderly women who experience the loss of adult children and who become caregivers for their orphaned grandchildren.
- To analyse older women's perceptions of the pastoral care they receive from members of the Dzenza congregation of the CCAP Women's Guild.

1.6 Literature Review

The literature review is concerned with finding tentative answers to the research problem, based on data gathered from a wide range of sources including books, journals, unpublished material, religious publications, websites etc. (Bondixen 2002:24). I acknowledge contributions made by various scholars (Onyango 2009, Haddad 2000 and 2006, Phiri 1997, 2003, 2006 and 2007, Knodel et al 2002, Ward 2000), to discussions on pastoral care and the activities of women's organisations in the church or who have in their writings considered the impact of the epidemic of HIV and AIDS on the lives of elderly women who have lost one or more adult children due to AIDS related illnesses.

1.6.1 The Impact of HIV and AIDS on Bereaved Elderly Women

HIV and AIDS do not only threaten the health of people who are infected but it affects the well-being of all who are close to them and it distorts a harmonious family life (Agyarko et al 2002). As pointed out in passing by Sanderson in her article, “*AIDS – A Challenge to the Church*” (1994), the comfort of the older generation has been affected by the need to take care of orphaned grandchildren. Even though Sanderson and others have remarked on the hardship experienced by the elderly, especially BEW, as a result of the HIV and AIDS epidemic, it seems that not much has been done to lighten their burden. For example, in 2008 the Michigan Center on the Demography of Aging held a conference on “The impact of HIV and AIDS on older persons in Africa and Asia”. Several scholars (Ice et al 2008, Maharaj 2008, Adhvaryu et al 2008, Schatz et al 2008, Langat et al 2008, Seely 2008, Ardington et al 2008, Anglewicz et al 2008, Ice et al 2008, Le Coeur et al 2008), presented papers focusing on emotional, physical and economic aspects of the hardship suffered by grandparents in the context of losing an adult child. A paper was presented on the impact of HIV and AIDS on the elderly in Malawi, but it focused mainly on residential arrangements between adult HIV infected children and their aged parents. Jonas (2007), who writes from the perspective of health in Malawi, discussed how providing grandmothers with a good basic knowledge of health issues could help them to take care of their sick children and grandchildren. Little is said about providing care for grandmothers (Chimwanza 2004:795). The main concern is to teach her how to correctly nurse her family but she herself as an individual does not come into the picture. There is nothing wrong with concentrating on those who are in need of care, but caregivers should not be neglected, especially if they are elderly and struggling to come to terms with bereavement. Since 2008, the government of Malawi has been talking about alleviating the burden of BEW by giving them social security (Mizere 2008).

However, the BEW that were involved in this study indicated in 2012 that they had as yet not received any financial assistance from the state. The present study raises significant questions regarding the Dzenza congregation of the CCAP. What has the church done so far in response to the increasing challenges encountered by BEW? Are cultural aspects of caregiving taken into consideration, when the Church responds to the problems faced by BEW? How helpful are the Dzenza congregation of the CCAP programmes in responding to the impact of HIV and AIDS on BEW? The impact of the epidemic on the lives of BEW will be discussed in some detail in chapter five. Therefore, chapter five will be developed based on the studies carried by those listed here, just to cite a few: Brabant (1994), Joslin and Brouard (1995), Agyarko(2000), Knodel (2001-2003), Dayton and Ainsworth (2002), Nhongo, (2004), Mall (2005), Mwinituo (2006), Mehta and Gupta

(2006), Ssengonzi (2007), Schatz (2007), Moore (2007-2008), Anglewicz (2008), Achyuta and Beegle (2008), Gillian, Juma and Yogo (2008), Mudavanhu (2008), de Klerk (2009), Phakathi (2010), Sefasi (2010), on the impact of HIV and AIDS on BEW.

1.6.2 Church Women's Organisations as Pastoral Care Providers

Church women organisations are formed by women in the church for female members of the congregation. They are an essential part of the church in Africa and around the world (Bam 2005 and Chilenje 2007:221). In spite of their central position in the church, they have struggled for their voices to be heard because of the patriarchal leadership of the church (Mombo 2002). As pointed out by Mombo, the stories about the contributions made by church women's organisations to the flourishing of the church are not told. The lack of acknowledgement of women's activities leads to a skewed perception of women's organisations (Mombo 2002:59). Brief discussion on church women's organisations will be dealt with in chapter six, using literature from scholars such as: Phiri (1997), Haddad (2000), Akintunde (2002), Mombo (2002), Bam (2005), Oduyoye (2006) and Phiri (2007). Also a detailed discussion of the Dzenza congregation of the CCAP Women's Guild as an example of women's organisations will follow in the same chapter six. The content and quality of the existing pastoral care offered by Women's Guild of the Dzenza congregation of the CCAP are assessed on the basis of fieldwork and discussed in chapter six which will also shed more light on the Dzenza congregation of the CCAP Women's Guild current programme. Different women's organisations associated with different churches in Africa² have various approaches to care work but the present study focuses exclusively on the Dzenza congregation of the CCAP Women's Guild. This brings us to the theories underpinning the study.

²East Africa: yearly meetings in the Quakers Church in Kenya were organized in 1951 by women from the Quakers Church Missionary Women; the Good Women Association in the Christ Association Church in Nigeria was founded in 1943 by Dorcas Talabi Ajayi and Bolajoko; Manyano in the Anglican Church of South Africa was formed in the nineteenth century by missionary women from England; Chigwirizano in the Presbyterian Church in Malawi was formed in 1940 by Missionary women and, more generally, by Malawian women.

1.7 Principal Theories Underpinning the Present Study

This study is located in the discipline of Ministerial Studies. The two theories used to frame the study are ‘Shepherding a woman’s heart’ and ‘Feminist pastoral care’. The features for ‘Shepherding a woman’s heart’ are; awareness, understanding, but for the sake of this study the word empathy will be used instead of ‘understanding’, compassion and skills. While the features for ‘Feminist pastoral care’ is the naming of Women’s experience, safe space, critical caring and use of church and community resources. Both theories will be extensively discussed in chapter three. In the present introductory chapter, some brief indications are given of what makes them relevant to the topic of this study.

1.7.1 Shepherding a Woman’s Heart

In the first theory, Hislop (2003) presents a new model of effective pastoral care for women in pain. Hislop argues that an active pastoral care has to be able to focus on emotional pain and take care of matters that are a source of pain (Hislop 2003:22). According to Hislop, one has to be aware of the experiences of a woman in pain. Pastoral care has to be given in a way that expresses empathy and that is inspired by heartfelt compassion. Compassion that comes from the heart motivates one to act and a woman in pain needs a skilful person to shepherd her through whatever challenges her. The given points will help in evaluating the pastoral care in the church. In dialogue with the given four points by Hislop, the work of scholars like Nouwen (1979), Gorman (1993), Bohler (1996), Snorton (1996), Heidish (1997), Kornfeld (1998), Wicks and Rodgerson (1998), Hedahl (2001), Lartey (2003), Weingarten (2003), Ackerman (2006), Doehring (2006) and Grobbelaar (2006) were also consulted.

In short, Hislop is saying that a caregiver has to be aware of what is going on in the life of a woman in pain. This awareness will lead to empathy of the woman’s situation and become a motivation for action. However, the caregiver needs the appropriate skills for responding to a woman, or to women, in pain. These points will be further discussed in chapter three. Hislop’s theory will provide a helpful framework for an examination of the Dzenza congregation of the CCAP Women’s Guild pastoral care programme. The second theory applied in the present study is the theory of ‘Feminist pastoral care’.

1.7.2 Feminist Pastoral Care

The second theory applied in this study is DeMarinis' 1993 theory of critical caring that is framed in a feminist model for pastoral psychology. DeMarinis understands pastoral psychology "as an umbrella field for the subfields of pastoral care, pastoral counselling and pastoral psychotherapy at the academic, theoretical and clinical levels of engagement" (1993:6). In the present study the focus will be on feminist pastoral care as a subfield. This section in chapter three includes some of the studies that have been undertaken by scholars such as Young (1990), Graham (1990), DeMarinis (1993), Graham (1993), Moessner (1996), Snorton (1996), Schüssler Fiorenza (2001), (2002), Ackermann (2006) and Moore (2007) in feminist pastoral care. DeMarinis states that feminist pastoral care plays an important role in dealing with issues in the real world in which a lack of caring has become a "norm" (1993:147). She argues that each human being has a right to care (1993:17) and that it is important to explore those thought systems that perceive caring as life giving and healing (1993:11). Such an exploration can only take place through a critical approach (1993:11).

Although the word "critical" could have negative implications, DeMarinis uses it to refer to careful judgement and crucial intervention (1993:18). Her critical approach has resulted in DeMarinis raising some important points concerning the concept of feminist pastoral care (1993:18). Lartey refers to the points raised by DeMarinis as "functions and pillars of pastoral care" (Lartey 2003:60). Three of these points will be used in the context of the present study. The first point is that feminist thinking explores underlying factors that determine meaning-making in the lives of care seekers (beliefs, symbols, assumptions, categories). In other words, DeMarinis asks the caregiver to investigate what care seekers believe in that gives meaning to their lives and inspires them to hold on to it. Feminist thinking recognizes the need for nurture, sustenance, growth and development of the whole person in the context of community. A second point relevant to the present study is that feminist thinking acknowledges the importance of belief systems and their effects on questions of health and healing, and why it is necessary to include them in pastoral care.

Thirdly, feminist theology incorporates *praxis* methodology, or the ongoing process that requires action and reflection working together. These particular aspects of feminist pastoral care theory as developed by DeMarinis will be used to analyse the Women's Guild critical approach to the provision of pastoral care to BEW.

1.8 Research Methodology and Methods

The present study is of a qualitative, empirical nature that also involves the use of literature sources. Qualitative research methods were used in collecting and analysing data. Data was collected using in-depth individual interviews, focus group and review of documents. Primary and content analysis of this study will be discussed in chapter two. The collected data was kept in a drawer, where I was the only person had access to that particular drawer. The length of the interviews was about 45-60 minutes and Chichewa was the language use in collecting data. Ethical consideration was observed because participants were informed of the study before the interviews. They were given freedom to withdraw if they felt to do so and they were assured that their name will remain anonymous throughout the study. Full discussion of the research design will be done in chapter two including methods that were used to choose participants and what determined the choice of location of the study. How the researcher entered the world of the participants will be described as well as the gatekeepers in the location of the study. The validity and credibility of the collected data are assessed. Throughout the study ethical considerations have been a central concern so that the data collection would not cause harm of any kind – psychological, spiritual or physical – to participants.

1.9 Structure of the Study

There are eight chapters of which the first is an introduction. It deals with the background of and motivation for the study both on a personal and academic level, the research problems and literature review, the theories that frame the study, research methodology and structure of the thesis. A brief description of each chapter is given below.

Chapter two presents the research design and the methodology applied to the study. A step by step explanation is provided of the sampling of research participants, the choice of location of the study, the obtaining of permission for data collection, the method of data collection and analysis, and the validity and credibility of the collected data. It is important that the interviews should not cause harm of any kind – psychological, spiritual or physical - to participants.

The third chapter discusses the two theories that form the study's framework, namely 'Shepherding a woman's heart' and 'Feminist pastoral care'. These theories were used to analyse the pastoral care provided by the Women's Guild of the Dzenza congregation of the CCAP of the CCAP Guild and to

assess its effectiveness in relation to the experiences of BEW who have lost adult children to AIDS related illness and who care for orphaned grandchildren.

In chapter four I focus on different trends in pastoral care. It is of importance to consider the various approaches to pastoral care as these represent the different perceptions of caregiving, as well as to trace changes that have occurred over the years in order to understand how pastoral care has been functioning in different trends. It is also important to understand how pastoral care has changed over the years. This will help to understand the pastoral care of the Women's Guild in the context of HIV and AIDS. The question that is asked is how efficient is the pastoral care of the Women's Guild of the Dzenza congregation of the CCAP in the context of HIV and AIDS?

In chapter five I present the impact of the HIV and AIDS epidemic on BEW. However, the main discussion in chapter five is concerned with the impact of HIV and AIDS on BEW as individuals, focusing on the impact of their physical, psychological, financial, spiritual and social wellbeing. The chapter concentrates on the changed circumstances of BEW of the Dzenza congregation of the CCAP in particular, assessing to what degree and in what ways their health, physical or otherwise, has been affected by the epidemic raging in their surroundings. The first objective was addressed: to examine the impact of HIV and AIDS on bereaved elderly women (BEW) in the Dzenza congregation of the CCAP who function as caregivers for their ill adult children and for their orphaned grandchildren.

In chapter six, Phiri's work on the origins of the Nkhoma CCAP Women's Guild is brought into a dialogue with the present researcher's fieldwork on the existing Dzenza congregation of the CCAP Women's Guild. This allows for an analysis to take place of the manner in which pastoral care was done at the time when Women's Guild organisations first came into being and on their activities in the context of HIV and AIDS today. The second objective is: to investigate the type of pastoral care the Dzenza congregation of the CCAP Women's Guild members provide to bereaved elderly women who experience the loss of adult children and who become caregivers for their orphaned grandchildren. The analyses in chapter six are based on the 'Shepherding the woman's heart' and 'Feminist pastoral care' theories. The perceptions of Church Elders, Women's Guild members and BEW of the pastoral care currently offered by the Dzenza congregation of the CCAP Women's Guild are also scrutinized.

Chapter seven discusses the experiences of BEW and is based on the fieldwork interviews. The information provides insight into the plight of BEW as main caregivers for orphans in the context of HIV and AIDS and the chapter makes clear why BEW are in need of pastoral care. The third objective is: to analyse older women's perceptions of the pastoral care they receive from members of the Dzenza congregation of the CCAP Women's Guild.

Chapter eight summarizes the research and lists conclusions. The chapter is based on an accumulation of the evidence that has been presented in the earlier chapters. It demonstrates that the research question and the research objectives have been dealt with using the collected and analysed data. Concepts and views developed from the study are put together to form a conclusion and challenging suggestions are made to fill gaps in research done so far that were identified in the course of the study.

Having given the introduction of this study, I will now move to the following chapter of research methodology and methods. The discussion in the following chapter will be on how data was collected and analysed.

CHAPTER TWO

RESEARCH METHODOLOGY AND METHODS

2.1 Introduction

In the previous chapter I gave a summary of the undertaken study, by providing its background, motivation, the research problems and objectives, a literature review, the theories that underpin the study, the research methodology and the methods applied to organize and analyse data as well as the structure of the thesis. I demonstrated my motivation for undertaking the study. This was shown through my personal experience and through studies of the impact of HIV and AIDS on BEW. My argument is that the lack of an appropriate and effective pastoral care programme of the Dzenza congregation of the CCAP Women's Guild is likely to affect the wellbeing of BEW. Therefore, the focus of this chapter is on the research design used to establish answers to the study question: *How appropriate and effective is the pastoral care of the Woman's Guild of the Dzenza congregation of the CCAP for BEW, who after experiencing adult child loss from AIDS related illness, take care of their orphaned grandchildren?* The purpose of this study is to determine the capacity of the Dzenza congregation of the CCAP Women's Guild to provide BEW with appropriate and effective pastoral care. The discussion in the following section is going to be on the location of the study, research participants, permission for data collection, data collection, analysis of primary data and content analysis, followed by validity and credibility of the study. The chapter concludes with an overview of ethical considerations and ways in which these were observed to safeguard the rights of the participants. The following discussion is on the location of the study.

2.2 Location

The location of the present study is Dzenza congregation of the CCAP in Lilongwe, Malawi. The Dzenza area is semi-rural, about 15 kilometres away from the Lilongwe city centre. Lilongwe is the capital city of Malawi with a total population of 978,000 people (World Population Review 2014). The reason I chose Dzenza congregation of the CCAP as the location of my study is its accessibility. It can be reached by using either public or private transport. However, there are parts of Dzenza that are accessible only on foot. Another reason for choose this area is that I am familiar with it.

From 1988 until 1991 I was a member of Dzenza congregation of the CCAP. However, I did not know the participants in the study personally; we were strangers to each other, which had an advantage as well as a disadvantage. The advantage was that I felt at ease because I know the place. The disadvantage was that in spite of the fact that I used to belong to their congregation, I was still a stranger to the participants and therefore it was a challenge for me to gain their trust. Would I be able to convince them to share their experiences with me? I had no information concerning their particular experiences and no idea about what to expect. However, that was at the same time an advantage because it prevented me from forming preconceived ideas so that I went to meet them with an open mind. As pointed out by Tesch (1992:92), the researcher needs to enter the world of the participants with a clear mind or a “clean slate”. The researcher should be free from preconceived ideas concerning the world of the participants. Holloway and Wheeler (1996:207) speak about “bracketing” which means entering the world of participants without preconceptions. Such preconceptions have to be suspended rather than concealed. Tesch (1992:92) adds that “bracketing” means “suspending as much as possible the researcher’s meanings and interpretations and entering into the world of the individual who was interviewed”. Streubert and Carpenter (1996:190) understand “bracketing” as the need for the researcher to remain at all times neutral concerning the information given by participants. In short, the researcher should not interfere with any information provided by participants. As Streubert and Carpenter point out concerning the issue of not interfering with participant’s information, I used a tape recorder to make sure that I did not interfere with participant’s sharing their information. This enabled me to transcribe the exact words of the participants. Despite using the tape recorder, entering the world of participants with a clear mind made me listen with undivided mind that made me to ask relevant questions.

There are advantages and disadvantages of using a tape recorder when collecting research data. Some of the advantages are; the tape recorded interview gives a precise summary of the collected data; the answers and comments of the interviewer and participants are both recorded. The recorded interview can be transcribed to respond to the study questions.³ Data is preserved in the natural language. The disadvantages of tape recorder interviews are; if the interviewer has totally depended on the tape recorder to collect data, if there is a problem with the tape recorder, the interviewer will lose all collected data. The interviewer must always use a tape together with another method of collecting data. There is also a possibility of some of the participants refusing to be recorded.

³Kalpesh, J. Advantages and disadvantages of audio recording interviews
<http://www.dissertationindia.com/blog/advantages-and-disadvantages-of-audio-recording-interviews-2>

In some interviews, body language information might be as important as the spoken words, unfortunately it cannot be recorded.⁴ It is time consuming when it comes to transcribing, due to too much data that is collected. Some of the data collected is irrelevant for the study. In the next section I discuss the three categories of participants in the present study.

2.2.1 Research Participants and Sampling

In responding to the research question, the present study used purposive sampling as a method to select participants from Dzenza congregation of the CCAP. As pointed by Terre Blanche and Durrheim, sampling refers to the choice of participants, settings or events to study (2006:49). Bearing this in mind, the criterion for the selection of participants in this study was that they should be able to contribute to an understanding of the pastoral care given by the Dzenza congregation of the CCAP Women's Guild to BEW – those who have lost adult children to AIDS related illnesses and take care of grandchildren who, as a result, have become orphans. As indicated by Sarantakos (2005:164), the researcher selects participants according to the researcher's judgement that the participants "can offer adequate and useful information that will give a picture" of the study undertaken. Consistent with this, when choosing participants for this study, the selection was based on participants who were members of Dzenza congregation of CCAP, church elders, Women's Guild members, grandmothers who are caring for orphans and participants who were familiar with the pastoral care, in the Dzenza congregation, provided to BEW by the Women's Guild.

A proposal was sent to Rev Dr Chifungo, the General Secretary of the Nkhoma Synod in Lilongwe before fieldwork was undertaken. The proposal was sent to the General Secretary so that he should have the full picture of the study undertaken. In the proposal I described the purpose of the study, the intended participants, the methods of data collection and I emphasized the importance of participants consenting to be interviewed.

The introduction of the study was made to the General Secretary in 2010 because I was supposed to collect data in 2011. Due to certain circumstances this did not materialise. In 2012 I sent another email to the General Secretary, explaining my intention to collect data at Dzenza congregation of the CCAP. In the email I sent to the General Secretary I also indicated that when next I would be in

⁴Kalpesh, J. Advantages and disadvantages of audio recording interviews
<http://www.dissertationindia.com/blog/advantages-and-disadvantages-of-audio-recording-interviews-2>

Malawi, I would inform him, which I did once I arrived. The email was followed up by a telephone call in order to update the General Secretary of my schedule. It was important to update the General Secretary concerning my fieldwork schedule because he also needed to update the residing Minister at Dzenza congregation of the CCAP. It was also a way of strengthening the relationship of trust between the General Secretary and me as the researcher, since he was the person who had the final authority about my collecting data from the Dzenza congregation of the CCAP.

It was also important to introduce myself to the church Minister of the Dzenza congregation of the CCAP - Rev Majoni at the time - before collecting data. It is a form of respect to the person who is in charge of a place, even though the General Secretary had already informed the church Minister of my assignment to Dzenza congregation of the CCAP. Still I needed to meet Rev Majoni personally and share with him my intention of being at Dzenza congregation of the CCAP. It was also important for Rev Majoni to have a picture of my study and ask questions beforehand and raise any concerns he may have had concerning the study. When all the protocol was followed, I started collecting data from June through to August 2012. In keeping with the key research question, the participants of the study were divided into three categories: the bereaved elderly women, the Women's Guild and the Church Elders. This brings me to a more detailed discussion of the research participants.

2.3 Description of the Research Participants

2.3.1 Bereaved Elderly Women

The BEW were selected as a purposive sample from the Dzenza congregation of the CCAP. They were chosen for their considerable experience of pastoral care as provided by the women's Guild, enabling them to judge its appropriateness and effectiveness. In conversations with the BEW, I asked about the following experiences: 1) taking care of an adult child who is terminally ill, 2) having lost an adult child, 3) dealing with the fact that the death had been due to an AIDS related illness, 4) the responsibility for orphaned grandchildren, 5) the quality of pastoral care they receive from the Women's Guild and 6) their thoughts on the quality of pastoral care that they ought to receive.

At the time of the fieldwork, the BEW were all members of the Dzenza congregation of the CCAP, except one woman who used to be a member of Dzenza congregation of the CCAP and left for personal reasons to join the Church of Christ. The church Session Clerk and Elders were not aware

that she had left. I allowed her to be a participant because she had knowledge relevant to the study. As it is already pointed by Sarantakos (2005) in the section of research participants and sampling, the researcher selects participants who have the ability to contribute relevant knowledge to the study being undertaken. The BEW came from different social, economic, and cultural backgrounds. It was important to approach them as individuals according to their personal experience rather than concentrating on that which they had in common, namely the loss of adult children to AIDS related illness leaving them with the responsibility for orphaned grandchildren. For the sake of confidentiality and anonymity of identity, participants chose their own pseudonyms.

Of the ten selected BEW, four were caring for maternal grandchildren. Three took care of paternal grandchildren and two were responsible for both paternal and maternal grandchildren. One was not taking care of any grandchild but arrived because she had heard that grandmothers had been summoned for a meeting at church. In the proposal I indicated that I was going to interview four BEW who have lost a daughter due to an AIDS related illness and have taken over the custody of their grandchildren. I also indicated that I was going to interview four BEW who have lost a son due to an AIDS related illness and have taken over the custody of their grandchildren. Although the study is located in matrilineal cultural context, not everyone in this area comes from the matrilineal cultural context since Dzenza is near the industrial area and near the capital city of Malawi. So people who are living in Dzenza come from different districts in Malawi, because of the nature of their employment. The study is significant because it is not confined to one cultural context.

One of my criteria for participants was that they had to be BEW who were “taking care of grandchildren”. I thus avoided the mention of children lost to AIDS related illness. It was a way to protect the BEW from the stigma attached to HIV and AIDS and the resulting discrimination. At the time of the interviews, in 2012, the BEW were 60 years and above. Six were widows, four were married and none of them was employed. All participants were *Chichewa* speakers which is a local language in Lilongwe. Seven of the BEW had primary level (eight years) basic education. Three had no basic education and could not read or write. At the time of the interviews all were struggling financially, except one who was supported by her two remaining adult children. She had had seven children of whom four died due to AIDS related illnesses and one died of cancer. Most of the interviewed BEW depended on subsistence agriculture for food security and income generation. As indicated, most of them struggled to feed themselves and the grandchildren they were taking care of. The level of poverty is very high, as indicated by Southern African Regional Poverty Network (SARPN) which states that: “52 percent of the population in Malawi is poor; more to this 22 percent

of the population is ultra-poor. That is about one in every five people lives in dire poverty such that they cannot afford to meet the minimum standard for daily-recommended food required.”⁵ I now turn to a description of members of the Women’s Guild who participated in this study.

2.3.2 The Women’s Guild Members

There were nine research participants in the category of the Women’s Guild⁶ of Dzenza congregation of the CCAP. Women’s Guild was chosen as participants because they are the custodians of pastoral care in the Dzenza congregation. “Women’s Guild is an organisation of Christian women who are united in their service for the Lord. Unity is emphasised as expressed in a proverb which says ‘it is easy to break one stick but not a bundle of sticks’ (Phiri 1997:80; 1992:141). Once again, in this group there were both patrilineal and matrilineal cultural contexts of Malawi. They too constituted a purposively chosen sample, representing specifically the Women’s Guild. At the time of the interviews they were all living in the Dzenza area. Some of them were working as teachers, nurses and some were running personal businesses, unlike the BEW who depended totally on agriculture for their livelihood. As concerns their level of education, six of the Women’s Guild participants had received secondary⁷ school education and three had only primary school. *Chichewa* was their local language although some were fluent in English. The aim of individual interviews and focus group discussions in this category was to get participants to describe, a) the type of care that they provide to anyone who has lost a child through death, b) the care they give to elderly women who have lost an adult child, c) any special care that might be extended to women who have lost an adult child due to an AIDS related illness, d) the pastoral care given specifically to caregivers of orphans, e) the type of training they receive to provide effective pastoral care, f) their dreams of the ideal pastoral care they would ideally like to provide to BEW. Now I turn to the description of the third group of the participants, which is the church Elders.

⁵SARPN. http://www.sarpn.org/documents/d0002046/Malawi_Household_survey_Oct2005_13.pdf. Accessed: 28-12-2014.

⁷ In the Malawian educational system, one has to do eight years of primary school. At the end of those eight years pupils write a government examination. One has to pass this examination well in order to be selected to study at secondary school, for four years.

2.3.3 The Church Elders

The third category of participants was represented by a purposively chosen sample made up of six church Elders namely the church Minister who is the first elder among equals and moderator according to Presbyterian polity and five ruling Elders. The church elders are part of the members of the Church Session. This is a group that has the final say in any decision made by the Women's Guild concerning matters that concern women in the Church. The focus of the interviews will be on the perceptions of the church leaders, on the pastoral care offered by Women's Guild members to BEW in the Dzenza congregation of the CCAP. The role of Church Elder in the Women's Guild also involves sitting in during Women's Guild meetings as a representative of the Church and the Women's Guild. The Church Elder who sits in during Women's Guild meetings is called *Mkhalapakati*, meaning 'go between' (Phiri 1997:80). "According to the setting of Nkhoma Synod, we have teaching Elders and ruling Elders. Church Elders and the Minister are all called church Elders. The church Elder is a ruling Elder and the Minister is the teaching Elder, teaching the word of God" (Chapatali, fieldwork interview 12 July 2012). The six Elders chosen for the interviews were all members of the Dzenza congregation of the CCAP. Three of the churches Elders were fluent in both English and *Chichewa*; the other three expressed themselves best in Chichewa. At the time of the fieldwork, two of the churches Elders were secondary school teachers. The interviews focused on their perceptions of the pastoral care provided by the Women's Guild to BEW. In the following section, the discussion is on the permission given before data collection.

2.4 Permission for Data Collection

Before conducting the interviews I asked permission from the General Secretary of the Nkhoma Synod, Rev Dr D. Chifungo and from Rev M. Majoni who was the church Minister of Dzenza congregation of the CCAP at the time of the interviews. An email was sent to the General Secretary together with the proposal of the study, asking for permission to conduct interviews at Dzenza congregation of the CCAP (see Appendix 9). The proposal was approved and the General Secretary, Rev Dr Chifungo gave his consent for the research to be held at Dzenza congregation of the CCAP (see Appendix 10). Before conducting the interviews I had the opportunity to meet with Rev Majoni and his wife who is a Women's Guild leader and who, as the church Minister's wife, is looked up to as "the 'mother' of the Church and the guild". I explained to them the nature of my research and they gave me permission to interview the BEW, members of the Women's Guild, and the church Elders.

Thus, the General Secretary, Rev Dr Chifungo, and the Rev and Mrs Majoni functioned as gatekeepers of Dzenza congregation of the CCAP. The concept of gatekeepers (or “representatives”) in this context refers to Kelly and Van de Riet (2001) who use the term to signify persons who permit researchers to enter a community. It was a great relief for me to have as gatekeepers, persons who understood the nature of my study and who supported me during the interviews, making sure that all was well.

The research could not have been conducted without ethical clearance which was granted by the University of KwaZulu-Natal. An ethical clearance letter was signed based on the condition that the interviews would not cause any physical, psychological or spiritual harm to the participants. An ethical clearance certificate was granted by UKZN (**Protocol Reference Number HSS/0923/011D** see Appendix 8). As I am trained in pastoral care and counselling, I was deeply aware of the sensitive nature of my study and of the experiences that participants might reveal to me. I showed them respect by asking them what they wanted to eat during the time of interviews. I did not assume that they will accept any kind of food given to them because they are poor. Also, when we were offered food, I requested that the participants be the first ones to be given food, as a form of respect. I addressed women as *Mayi*, meaning mother, and men as *Bambo*, meaning father, as it is done in Malawian cultures. I gained the trust of the participants due to the respect I gave them. As a result it was much easier for me to collect data from the participants. This leads to the next section of data collection.

2.4.1 Data Collection

Data collection involves a precise system of gathering information relevant to the research sub problems, using methods such as interviews, observation of participants, focus group discussions and case histories (Burns and Grove 2003:373). Concurring with Burns and Grove, De Vos (1998:358) explains data collection to be the process of planning in order to collect useful data from different sources into one point. Thereafter, the data is viewed, organised, analysed and evaluated to make sense out of the information and to apply it to answering research questions. This is achieved by using methods and tools relevant to the undertaken study. Additionally, Rapmund interprets data collection as using both “... interactive and non-interactive” methods and it is “... usually visual or verbal rather than statistics” (1996:104). Morrow and Smith (2000:201) perceive data collection as the entering of the researcher into the world of the participants to get first-hand information on how

participants understand their experiences. This entering into the participants' world requires the permission of one or more gatekeepers as well as the consent of the participants.

In line with the above description of data collection, before I entered the world of the participants I chose the methods I used in collecting data. After getting the gatekeepers' permission, I entered the world of the participants and found them on the first day exactly on time, gathered outside the church premises. I greeted them and I invited them into the private venue for interviews. Once inside, I greeted them again as it is the custom of the Chewa people to greet visitors twice, outside and inside the house. Although I conducted individual interviews, I had asked the participants to get together, aiming to use that moment to break the ice and to start building trust and confidence. As we were strangers to each other, and in view of my expectation that they would share their life experiences with me, I needed them to trust me. As indicated by Krueger (1994:54-55) and by Lincoln and Guba (1985:270), it is important to give participants time to relax. Relaxation can be achieved by asking general questions which allow participants to familiarize themselves with the exchange of questions-and-answers as part of practice for interviews. Concurring with Krueger as well as Lincoln and Guba, Rooth (1995:11) describes ice-breaking as vital because it creates an environment in which participants find it easy to relax. With that in mind I started by introducing myself: who I am, where I come from, why I was at Dzenza congregation of the CCAP and what I was looking for. Thereafter I started a general conversation with the participants. I asked for opinions about the new church building that was in the process of being built and I commented on how the place had changed since I last attended church service at Dzenza congregation of the CCAP in 1991.

After some general conversation I asked the participants to sing a Christian song followed by prayer. This is how the participants usually start their meetings as Christian women, so it was not new to them. After praying I asked the participants to introduce themselves and I informed them that the interviews would be conducted one on one. One participant stayed behind and the others went outside to socialise at some distance from the room where the interviews were taking place. Each time a new participant entered, he or she was fully informed about the research and about his or her right to withdraw at any time if he or she felt uncomfortable with the proceedings. Participants were also told that their identity would not be revealed in the final report or anywhere else. Consent forms were handed out for the participants to sign (see Appendixes 1, 2 and 3). The interviews took about 45-60 minutes per participant.

On the 7th and 14th August 2012, interviews were held with the church Elders. However, the process of relaxation with Christian songs and prayer was not followed in the case of the church Elders, because the first three church Elders were not together as it was the case with the Women's Guild and the BEW. On the 14th August, the last three church elders were also not together. Some of them arrived late for the interviews as they had to be present at another meeting. We could not wait for them and thus the church Elders did not start their session as a group. To help the church Elders to relax I simply introduced myself and told them from where I come, the purpose of my presence at Dzenza and the aim of my study. The information that the General Secretary and the church Minister were aware of my presence and approved of it contributed to the relaxed atmosphere. There were no surprises also because the church Elders had already been informed by the church Session Clerk that they had been selected to be interviewed for the purpose of my study.

In order to preserve reliability I collected the data by asking inquisitive questions. As indicated by Pindani that she was the only person who carried the task of asking questions (2008:46), in this study, I was the sole researcher though once for a few minutes I had to leave and used Mrs Joyce Kamwana to keep the conversation going. She was the only research assistant in this study. Her role was to organise tea and lunch and to provide transport money for those participants who were done with interviews and ready to go home. Having research assistance was of great help because it allowed me to continue with the interviews while she took care of the participants' needs. My choice of Mrs. Kamwana as a research assistant was based on the fact that she is familiar with research on both local and international levels.

As an HIV and AIDS activist she is well informed about related issues. She is familiar with counselling and knew who to turn to in case any of the participants would be in need of counselling.⁸ I used different ways to collect data, because in qualitative research there are different ways of collecting data that collectively are called triangulation. According to Yeasmin and Rahman (2012:156), triangulation is a process of verification whereby different methods are used to assess the validity of a study. Concurring with Yeasmin and Rahman, Terre Blanche and Durrheim (2006) understand triangulation as a means of a validity assessment as data is collected from different

⁸I was born in Pretoria, South Africa and I went to Malawi when I was 9 years old. I grew up among the Sena people of Southern Region of Malawi; the spoken language is Sena, which is different from Chichewa in the Central Region of Malawi. So I had to learn Chichewa during my primary and secondary school period. Although I lived in Lilongwe for 4 years from 1987-1991, still during the interviews I had some language barriers with a few Chichewa words. This is why I had Mrs Kamwana as a research assistant, because she has lived in Lilongwe longer than I have and she knows some of the more uncommon Chichewa words. She helped to translate those words that were unknown to me.

sources and not only from different people. The triangulation process is used because it casts light on the topic under study from different angles (Burns and Grove 2005). In the case of this study's triangulation, there was the combination of interviews, focus group discussions, internet search and a review of published and unpublished documents. The following section is devoted to a discussion of the interviews.

2.4.2 Interviews

This study uses interviewing as one technique for collecting data from BEW, Women's Guild and the church Elders of the Dzenza congregation of the CCAP. According to Berry, "interviews have been used extensively for data collection across disciplines of social science and educational research" (1999:1). Interviewing the participants was for me the opportunity of a lifetime to interact with people who were not scholars but who had the knowledge I needed for the present study. As stated by Terre Blanche and Kelly (1999), interviewing gives the researcher the "opportunity" to engage with the participants so that the researcher can obtain a better understanding of the participants' thinking and feelings. While Terre Blanche and Kelly perceive interviews as an "opportunity", Bless and Higson-Smith (2000:104) describe them as "personal contact" with participants who respond to questions concerning the research problem. Bearing in mind the descriptions by Terre Blanche and Kelly, Bless and Higson-Smith concerning interviews, for me it was an "opportunity" and a privilege to have "personal contact" with the participants who made themselves vulnerable by sharing their lived experiences for the sake of contributing to the study. Cunningham (1993) points out that interviewing differs from other methods of data collecting, because the researcher gets to hear the experiences of the participant's first-hand. For me as a researcher, it was fascinating to hear the stories of participants first-hand. At the same time, it was overwhelming to know that I did not have the answers to some of their challenges. As stated by Esterberg (2002:87, Parker 1995 and Schurink 1998), the goal of the researcher is to explore the topic openly and to allow participants to express themselves in their own words. Although interviewing can be seen as a method for data collection and as a way to establish personal contact with participants, Leedy and Ormrod (1995:200) argue that interviewing goes beyond just asking questions. Researchers need to plan in advance what questions to ask during interviews. These should be the kind of questions that invite reactions that contribute to finding answers to the research questions. Taking into consideration, Leedy and Ormrod's point, before my fieldwork I had the research question ready in hand, both in English and Chichewa languages. Terre Blanche and Kelly

call this planning in advance, the “research design”. The research design entails the development of “a plan that specifies how the research is going to be executed in such a way that it answers the research question” (1999:34). Having Terre Blanche and Kelly’s statement in mind, I developed a research design for the current study well before I embarked on fieldwork. However, the research design continued somehow to evolve as I kept restructuring questions to obtain answers to the research question. This is in line with Bless and Higson-Smith’s (2000:85) emphasis that quality data collection does not hinge only on having a research design plan, but it also depends on the skill of the researcher to collect the required data. As regards Bless and Higson-Smith’s point that it all depends on researcher’s skill in collecting required data, I was advantaged in this due my being involved with different scholars as a research assistant (Ms Viviane Barbosa 2009, Professor Jone Solomonsen 2008-2010 and Professor Isabel Phiri (2005-2006).Of the different interviewing methods - structured, semi-structured and unstructured - the present study employed the in-depth, individual, open-ended interview which I discuss below.

2.4.3 In-depth Individual Interviews

I used in-depth individual interviews with all the participants in this study. An in-depth individual interview involves a conversation between an interviewer and an interviewee whereby the first tries to obtain from the last the maximum amount of information related to the research question (Burgess 1994, Lofland and Lofland 1985). Pole and Lampard call the in-depth individual interview “a verbal exchange of information between two or more people for the principal purpose of one gathering information from the other” (2002:126). Buber (1972) calls this an “I–THOU relationship”, meaning that two people are having a dialogue at the same level without one looking down upon the other. Polite and Beck (2004) define in-depth individual interviews as a conversation that allows participants and the interviewer to be full co-participants. Participants have lived experiences that can be accessed by the interviewer through in-depth individual interviews. I am in agreement with Burgess, Lofland and Lofland and Polite and Beck concerning their view of in-depth individual interviews. During the in-depth individual interviews, I had a verbal exchange of information and there was conversation between the participants and me, which made our relationship to be I-THOU.

However, Rapmund (1996) has a different opinion and argues that there is no equality between the researcher and the participants because the researcher is the one who asks the questions which puts him or her in a position that is superior to that of the participants. This is the relationship that Buber (1972) calls “I-IT”, meaning that there is no mutuality in the dialogue between researcher and

participant. I have a different view concerning Rapmund's perception of participants and researcher. I had dialogue on the same level with participants; I made sure that I should avoid the power notion of being a PhD student and a researcher. This is why, where the participants felt that they were not able to answer the question, they indicated this to me. I was conscious of the fact that the participants are as important as the researcher and that without their consent there would be no research. Therefore, I made sure to maintain at all times an "I-THOU" relationship with the participants.

In order to help me understand the world of the BEW, the members of the Women's Guild and the church Elders, I used structured open-ended questions for the in-depth individual interviews (see Appendices 4, 5 and 6). The questions were structured so as to deal with the specific concerns of this study. I did not strictly stick to the questions but used them as guidelines in order to allow for certain flexibility while obtaining the required information. The participants were free to respond to questions as they preferred but I did make sure that those areas I needed to cover were indeed covered. By repeating the questions for those who were going off the line with their answers, I brought them back to the topic, but this was done in a way that the participants would not feel that her contribution was useless. I used open-ended questions because it allows the researcher to be inquisitive and to retrieve more information from participants (Turner 2010). Also, it is a flexible technique of data collection and the researcher can ask follow up questions based on the responses of participants, as confirmed by Bryman (2001). Another advantage of open-ended questions is that the answer is not a matter of yes, no, tick or circle. Participants are given time and space to express themselves (Polit and Hungler 2004:349). Thus, open-ended questions allow participants to contribute as much detailed information as they want.

Several questions of a demographic nature were asked by the researcher. For example: where were you born? How old are you? How many children do you have? Other questions concerned happy and sad events. BEW were asked what led them at their advanced age to take on the role of caregivers. These questions were followed by questions about the challenges they face and how they cope with these. BEW were also asked how the HIV and AIDS epidemic is perceived in their community. Even though the BEW were not asked a direct question on how they were affected by HIV and AIDS at a personal level, their responses to some questions answered this question (see Appendix 4).

The 25 participants were interviewed separately, whereby I made sure that I was listening more than talking to them. Only when clarity was needed did I raise a follow up question to make sure that I understood the participant's point of view. Being trained in pastoral care and counselling was an

advantage because I have developed skills such as listening and observing a person's body language as he or she responds to my questions. I found it important to listen to participants while noticing their body language: sometimes the mouth says things that the body language contradicts. This happened more often with the BEW, especially when I asked the questions concerning their relation with the Women's Guild and the support they receive. The mouth would say something and the body would be saying something else.

Phaswana (2008:178) is of the opinion that interviews should be conducted at the homes of individual participants as that is the environment they are familiar with. Prior to the interviews, a health condition made it impossible for me to visit each and every participant at his or her home. I discussed my condition with the church Minister's wife to find out how far the homes of the participants were and whether I could visit them using private transport. She told me that some of the places cannot be reached by car because the roads are not in a good condition; but my foot problem made long walks impossible. The easiest way to meet all the participants was to ask them to come to a central place, which was the church. The Session Clerk was the one who made the selection of all the participants. Hence, the interviews took place in a private space provided by the church Session Clerk. Although it was not their own home, it was a space that participants were familiar with. Phaswana points out that while it is important to interview people at their own homes, it is not without some disadvantages such as a family members, neighbours or visitors arriving in the middle of the conversation. The barking of dogs, the sounds made by chickens or a child crying all have distracting effects. During my interviews in the church however, there were hardly any disturbances and even though the BEW brought orphaned grandchildren along, they went out to play at some distance from the interview venue. The only disturbance was when one of the grandchildren refused to play with the others and began, in the middle of an interview, to pour salt on the floor. I interrupted the conversation and asked him gently not to do so. His grandmother explained that since his mother had passed away, he does not want to leave his grandmother out of his sight. In other words, he feels insecure, so I allowed him to stay in the room during the interview. The child was only four years old at the time of interviews.

The interviews were conducted in Chichewa which is the local language of the participants. However, three participants used both Chichewa and English in responding to research questions. The interviews lasted for 45 – 60 minutes. A tape recorder was used to record the conversations and this too was done with the consent of the individual participants. Participants were asked to indicate if they did not want their information to be tape-recorded. As stressed by Phaswana (2008), that it

must be explained to participants that the tape recorder is a machine recording live discussions, I explained to the participants why I prefer to use the tape recorder rather than writing out every discussion by hand. Anyway, “note taking can be difficult at the speed of normal discourse and can also impede the interviewer’s concentration on the flow of respondents’ responses” (Powney and Watts 1987:29). Taking into consideration Powney and Watts’ point, I used the tape recorder.

In addition to recording the interview sessions, field notes were also taken to give an account of body language: tears, smiles, nodding and shaking of the head – all those aspects that cannot be tape-recorded (Maykut and Morse 1994:135, Phaswana 2008:178). However, I took the notes in such a way that I did not disturb the flow of the interview by making sure that I showed the participant that I was listening to her story. Phaswana (2008:178) warns researchers that taking notes while a discussion is underway should be done in such a way that it doesn’t interfere with the flow of the information. In the next section I will discuss the focus group.

2.4.4 Focus Group

One of the instruments I used to collect data was a focus group. A focus group is formed when a researcher gets people together who have experiences that are relevant to his or her research topic for the purpose of holding discussions (Dawson and Manderson 1993, Wilkinson 2004:177). Dawson and Manderson point out that focus groups may also be focused in the sense of being concentrated – focused - on participants who share certain characteristics such as age, sex, educational background, religion or anything else that is relevant to the research. The use of focus groups differs from other types of interviews as it involves such tools as organised discussion, collective activity, social events and interaction (Gibbs 1977:1). As alluded by Gibbs (1997), the main purpose of a focus group discussion is to draw out the respondents’ attitudes, feelings, beliefs, experiences and reactions in a way that would not be possible by using other methods such as observation, one on one interview or questionnaire surveys. The characteristics that the participants of the Dzenza congregation of the CCAP focus group had in common been that all of them were women, belonged to the same church and to Women’s Guild. The current study used only one focus group, consisting of eight Women’s Guild members. The Women’s Guild was chosen because it is the custodian of pastoral care and it was an already existing group in the Dzenza congregation of the CCAP. As pointed out by Kitzinger, an already existing group can “provide one of the social contexts within which ideas are formed and

discussions are made” (1999:194-195). According to Stewart and Shamdasani (1990:11-12), eight to twelve participants in a focus group is a good number. In their view, too few participants in a focus group may limit the discussions while too many can be problematic as well due to time limitations preventing participants from contributing their experiences in full to the research. Nevertheless, I did not experience the challenges pointed by Stewart and Shamdasani concerning focus groups. Callahan (1983), Malhotra (1984) and Mies (1983) strongly support the focus group method as an in-depth way of data collection. I found the focus group method of collecting data not as effective as the in-depth individual interviews, due to the sensitivity of the study. Some participants were not as open as they were during the in-depth individual interviews. As pointed out by Kitzinger (1999:195), focus group discussions as a method of data collection have some drawbacks as well. Montell (1987:62) confirms that participants may find it difficult to reveal their life’s experiences in front of people they know. In addition, the tendency of some participants to dominate may make others less willing to take part in discussions (Cameron 2005:16, Sarantakos 2005:162). Participants who are talkative may intimidate others and, as pointed out by Cameron, “very talkative participants can be a problem” (2005:168). In such cases a researcher has to find a way to respectfully silence the talkers without embarrassing them. Though the participants of focus group of this study did not participate as I expected, I did not experience the domination of others during the discussions. Additionally, Kitzinger (1999:194) strongly stressed that it can be problematic when participants clash because of their backgrounds and neglect to concentrate on the topic under discussion. Despite participants in this study coming from different backgrounds, I did not experience the problem of clash of backgrounds during their discussion. Besides, participants are given space and time to interact with each other and share experiences (Cameron 2005:162, Krueger and Casey 2000). Finch and Lewis (2003:171) state that focus groups are ideal because participants do not only give their own opinions but they also listen to others elaborating on issues. As a result, focus group discussions allow the researcher to collect richer data, including the different views of participants, but also their reactions to each other’s’ viewpoints (Morgan 1988:2).

However, focus group discussions may pose problems of confidentiality as the researcher cannot guarantee that participants will respect the confidential nature of what is said during the sessions (Wassenaar 2006:76). Participants do tend to have a sense of belonging to a group and being part and parcel of it (Krueger 2000).

2.4.5 Review of Documents

As the present study uses a qualitative approach, one of the methods of data collection is the analysis of primary and secondary documents. Bernard (1988:294) mentions that there are persons⁹ who think that qualitative researchers do not believe in secondary information. As a result, qualitative researchers would not be interested in gathering information from documents and archives. In this study however documents were reviewed both for primary and secondary data, using reports on church meetings of the Dzenza congregation of the CCAP, libraries, books, articles, web sources, theses and dissertations in order to collect information relevant to the research topic. The main purpose of reviewing documents was to find out how various scholars have investigated topics similar to the one that I am interested in. I found that review of documents as method of collecting data helpful to this study in a way that I was also able to see the gaps that were left by other scholars.

2.5 Data Analysis

The data collected during the individual interviews and in the focus group discussion were typed and coded according to groups. The notes were further coded according to key themes that emerged from the discussions with the BEW, Women's Guild and the residing church Minister at the time of interviews, and church Elders of Dzenza congregation of the CCAP. Data analysis helped to obtain a clear picture of the experiences of BEW in the context of the HIV and AIDS epidemic. The analysis will allow the Dzenza congregation of the CCAP to develop a theology of care for BEW in relation to HIV and AIDS. As pointed out by Burns and Grove (2003:479), data analysis is the reducing and organising of the mass of collected data in order to answer the study objectives, questions or hypotheses. Bogdan and Biklen (1992:152) explain data analysis as the procedure of methodically scrutinizing and arranging the interview transcripts and other accumulated materials in order to maximize the researcher's understanding of the collected data. In my understanding, the process of data analysis can be compared to the work of the farmer who has harvested and starts to sort the produce according to similarities of quality, colour and size. In the same way a researcher organizes data according to themes and categories so as to reveal meaning and find the answer to the research problem. When the data have been collected, they need to be organized for data analysis to begin (Mkhonto 2005:59, Van Niekerk 1991:137). According to Marshall and Rossman (1995:111), data analysis is a "... messy, ambiguous, time consuming, creative and fascinating process".

⁹Bernard does not provide the names of those who think that qualitative researchers do not believe in second-hand information.

That is why Terre Blanche (1999:52) warns researchers never to undertake a study unless they know how they will analyse the collected data. Data analysis goes beyond description, because the analysis involves a process that transforms and extends the data and its meanings (Burns and Grove 2003:382). In Patton's view (1990:380), formal data analysis begins when the researcher is satisfied with the collected data, has confirmed its quality and made sure that the gaps are filled. Patton states that data analysis is the final process after all required data is collected. However, Rubin and Rubin (1995:226) are of the opinion that data analysis starts with the collecting of data. While the researcher is collecting information, he or she should already be analysing it. This will help him or her to restructure questions as new information is coming in and to keep them focused on central themes. Thus, the processes of collecting and analysing data follow each other closely (Terre Blanche and Kelly 1999).

In this study the available secondary data was analysed using a textual content analysis. Some of the features of content analysis are; deciding, focus, coding, and categorising. In content analysis, it is important to decide and focus on the data that will answer the research question.¹⁰ In doing so, the coding feature is used "to reduce or simplify the data while emphasising their specific features in order to connect them to broader concepts" (Dörnyei 2007). This will lead to categorising, which is the arranging of the collected data into categories, which can be words, phrases or sentences (Cohen et al, 2007). Having in mind what Dörnyei and Cohen et al have just stated. The focus was on the secondary literature that addresses the issues of the impact of HIV and AIDS on BEW, church women's organisations, pastoral care for women in pain and feminist pastoral care. In order to shed light on the situation of BEW who have lost an adult child and who are in need of pastoral care from a theological perspective in the HIV and AIDS context.

I agree with Terre Blanche and Kelly (1999) as well as Rubin and Rubin (1995:226) that analysis of data should start with the collecting of data. For example, there is some data I did not analyse at the time of collecting. When I was analysing it later while in South Africa, I had to send emails to Mrs Joyce Kamwana to help clarify the data I did not analyse during the interviews.

¹⁰Content analysis, <http://www.audiencedialogue.net/kya16a.html>. Accessed on 19-11-2015

During the data collection and the analysis, about eight themes, relevant to the present research, came to the fore, namely 1) death accepted as God's will by bereaved women, 2) spirituality and faith used as coping mechanisms, 3) challenges encountered by bereaved elderly women, 4) lack of support for bereaved elderly women, 5) pain and grief of bereaved elderly women, 6) BEW as elderly caregivers to orphans, 7) overcoming challenges and 8) mutual care. The given themes will be discussed in detail in chapter seven of this study.

2.5.1 Transcribing Interviews

Transcribing the tape recorded interviews was the first step in analysing the data. They were translated from Chichewa to English. As indicated by Duranti (2007) and Bailey (2008), transcribing is the transformation of sound from recordings to the written form. In this study transcribing took many weeks to complete because I had to transcribe all of the collected data word for word. As indicated by Burns and Grove (2003:363) and Tuckman (1994:366), transcribing has to be word for word including pauses, exclamations, and laughter or crying. During transcribing the tape recorded interviews were put into alphabetical categories according to the groups as a number of which participants had been interviewed. For example A stood for the church Elders that were interviewed. B to C indicated the Women's Guild members, D to F the BEW and G the focus group. This is the order in which transcription was done. Before switching on the tape recorder for an interview, I would write down the pseudonym used by the interviewee. The listening process was repeated several times until I had absolute clarity regarding the information given. Sometimes I had to listen more than three times to the same sentence, attempting to figure out what the participant was trying to say. I did the transcribing of the recordings myself as I was able to understand the context in which the various participants aired certain viewpoints. In most cases I could put a face to the voice on the taped interviews. It was important for me as a researcher to listen carefully and repeatedly to the recordings, getting fully acquainted with them before attempting to transcribe them. I wanted to make sure that I would not leave out any important information. This was in line with Streubert and Carpenter's (1996:60) urging that researchers need to immerse themselves into the participants' information, drawing closer and closer to it until it is clear in all its aspects (Creswell 1994:155, Marshall and Rossman 1995:113). However, the issue is not just for the researcher to immerse himself or herself into participants' information. As Burns and Grove and Tuckman stipulate, all information has to be included no matter how unimportant or useless it appears.

Every participant's experiences has to be taken seriously and transcribed accordingly. Burns and Grove's statements in regard to the importance of the experiences of participants are connected with the feminist pastoral care. Their main argument is that women's experiences must be given first priority and taken seriously.

Transcribing is a continuing process because now and again I keep going back to check the written information against its transcription. Here I followed the recommendation of Streubert-Speziale and Carpenter who have argued that it is vital for a researcher to listen again and again to tapes and to compare transcribed data with recorded data to make sure that the transcription is correct (Streubert-Speziale, Carpenter 2003:168). Repeated reading of the transcribed data resulted in my spotting common themes. I narrowed the themes down into categories by grouping the related ones together. Kelly (1999c:409) calls this process "unpacking". As advised by Burns and Grove (2003:382), and Smith (1995:20-21), researchers are required to reread transcripts many times in order to discover the meanings of participants' experiences.

After the data was grouped according to themes, the coding process took place. Terre Blanche and Kelly (1999:143) understand coding as "breaking up the data in analytically relevant ways". Therefore, I highlighted the key theme and the transcribed information by using pens and highlighters in different colours. The identification and coding of themes are ongoing processes and the two go hand in hand. As the themes change during the coding process, the researcher's understanding of themes and their connection to other themes deepens. Interpretation and checking followed. Interpretation and checking refer to the production of a written report of the phenomenon being investigated. It means that a complete interpretation of the analysed information is put together. This report presents the analysed themes and sub-themes. According to Marrow and Smith (2000:200), "[t]he qualitative presentation lies in the words of participants and analysis by researcher". In support of Marrow and Smith, Terre Blanche and Kelly (1999:126) state that the researcher is the key tool in the collection and analysis of data. The three themes that came out from the three interviewed groups in this study are: the church Elders in one accord acknowledged that the Women's Guild is the pillar of the church. The Women's Guild members expressed the lack of training in pastoral care and the BEW expressed the lack of pastoral care from Women's Guild and the community at large.

2.6 Validity and Credibility

In the present study, validity and credibility were achieved through the triangulation method which I have explained above that involves the collection of data from multiple sources (Greene *et al* 1989:256). These sources were in-depth individual interviews that were tape recorded, focus group discussion and the review of documents. Additional resources included the internet, current publications and updated data such as global reports on the AIDS epidemic by UNAIDS, UNICEF, WHO, and field notes.

As stated by Streubert Speziale and Carpenter (2003:364), trustworthiness refers to credibility and validity of qualitative research. What matters in a qualitative study is not generalisation of the results but representation of the participants' experiences and perceptions, accurately and truthfully. Reinforcing Burns and Grove's viewpoint, Joppe posits that validity "determines whether the research truly measures that which it was intended to measure or how truthful the research results are" (2000:1). The results of research have to be credible. It is not the quantity of the results that is important, but the quality that counts (Baker and Edward 2005:5). As much as it is vital to ensure validity and credibility of the results, it is also important not to cause any harm to participants in the study. This leads to the next point to be discussed: ethical issues.

2.7 Ethical Considerations

In order to prevent participants in the present study from suffering any harm or damage as a consequence of their participation, the following ethical considerations were observed. Permission to conduct interviews was requested and obtained from the gatekeepers of Dzenza congregation of the CCAP and from the University of KwaZulu-Natal. The consent of the individual participants was obtained to ascertain that their involvement in the study was by their own choice. I made sure that the participants' identities and information remained confidential and anonymous. Participants had the right to withdraw from the study at any time and at any stage of the interviews if they felt they didn't want to continue with their participation. Ethical considerations in research generally imply that the researcher has the mandate to protect the participants from harm in any form including "unnecessary invasion of their privacy". The mandate also includes "the promotion of [participants'] well-being" (Ethical Issues in Conducting Research 2007:55-56). Any kind of research will be confronted with ethical issues. Wassenaar (2006:76) is of the opinion that ethical issues in qualitative

research are as important as they are in quantitative research. Whenever research involves the participation of human beings, it is the duty of the researcher to protect them from harm (Polit and Beck 2004:141). , “Qualitative interviewing requires researchers to deal with professional ethical codes” and principles (Warren in Gubrium & Holstein 2001:88). The ethical codes and principles pointed out by Warren were taken into account. This is why I had to ask for ethical clearance before the interviews were conducted.

2.8 Informed Consent

The persons invited to participate in the present study were fully informed concerning the study, its purpose and confidentiality issues. They were given consent forms. All 25 of them agreed to participate in the study and signed the consent form. Those who could not read and write asked other participants to sign for them. The central concern was that participation should be on a voluntary basis. Informed consent is an ongoing process that begins before the participants sign a consent form (The Protecting Human Subject Guide 2014). “The consent form formalises the agreement to participate and should be designed to document the process. Obtaining informed consent is not just giving the prospective subject a consent form and getting it signed” (The Protecting Human Guide Subject Guide, 2014).” The informed consent and the consent form are two different things. Informed consent is the process of meeting with persons invited to participate in research and informing them on the research and of possible risks and benefits of participation. It is important that the persons show that they understand the whole process including risks and benefits, before they agree to participate (The Protecting Human Guide Subject Guide, 2014). Wassenaar (2006:67) emphasizes that it is a duty of the researcher to respect the autonomy of all persons participating in the research work. Issues such as voluntary participation and informed consent among others need to be discussed, as do the important aspects of confidentiality, privacy and anonymity. In concurring with the points raised in “The Protecting Human Guide Subject Guide” (2014) and Wassenaar (2006:67), in this study the consent form was translated into Chichewa to make sure that the participants understood what they were committing themselves to.

2.9 Confidentiality, Privacy, Anonymity

In the current study participants shared their personal stories including their experiences of losing one or more adult children to AIDS related illness. Hence there was a risk of social stigmatisation in case such information was leaked by me as the researcher. To avoid social stigmatisation or secondary victimisation of participants, the data collected from them is kept in a safe place and can be accessed only by me. There was no deception because during sessions with participants I recorded the information needed to achieve the purpose of the study. During the interviews the participants' real names were not used. They chose their own pseudonyms. These were known only to me as the researcher and the participant concerned. Also in the completed study the participants remain anonymous. I made sure that the research was not more intrusive than it needed to be. For this reason interviews were conducted in a private venue to which people who were not part of the study had no access. No data was linked to any particular participant, ensuring confidentiality, privacy and anonymity. The right to confidentiality, privacy and anonymity is important in today's society. Personal information and identity cannot be disclosed without prior permission. Jones (1996:33) states that confidentiality in research is all about not causing harm to participants. It is part of the principle of non-maleficence that "requires the researcher to ensure that no harm befalls on research participants as a direct or indirect consequence of the research" (Terre Blanch et al 2006:67). Any information obtained from participants should be used by nobody else but the researcher (Behi and Nolan 1995:713). This implies that participants' identities and records remain confidential. In the following section the right to withdraw from the study is discussed. The pseudonyms of all the participants are presented together with the dates and place they were interviewed, in Appendix 7.

2.10 The Right to Withdraw From the Study

Prior to the interviews, participants were also informed of their right to withdraw at any time they felt uncomfortable about their participation (Holloway 2005:292, Morse and Field 1998:121). During the fieldwork I kept on reminding the participants of their right to withdraw at any time if they felt that they could not continue anymore. This was pointed out by Holloway and Wheeler (1996:43) who emphasise that participants need to be reminded throughout the study of the voluntary nature of their participation and of the possibility to withdraw at any stage of the research. All the participants in the present study remained until the end of interviews. I provided them with meals and tea in between sessions so that there was no rushing away to get something to eat. In the case of children

accompanying their grandmothers, these also received meals so that the BEW did not have to hurry home to cook for grandchildren. I reasoned with them concerning the appropriate starting and ending time. Also concerning food, I asked for their option of what they wanted to eat. I did not impose decisions on them. I respected their decisions and contribution on issues that were not “interviews” as such.

2.11 Conclusion

Strategically, this research aimed at exploring the quality of pastoral care provided to BEW by the Women’s Guild of Dzenza congregation of the CCAP. Qualitative research was done to answer the research question: *How appropriate and effective is the pastoral care of the Woman’s Guild of the Dzenza congregation of the CCAP for BEW, who are experiencing adult child loss from AIDS related illness, and take care of their orphaned grandchildren?* However, in this chapter the focus was on the research methodology and on methods used to collect and analyse data. I specifically discussed the location of the study and indicated the place where the interviews took place as well as reasons why it was chosen. I also indicated the purposive sampling of participants, who the participants of this study were and why they were chosen. To avoid gender imbalances, the sample was a mixture of male and female. I have discussed, how permission was granted, in order to enter the world of the participants to collect the data. Additionally, in this chapter I have demonstrated methods of data collection, such as in-depth individual interviews, focus group discussion and the review of relevant documents. The open-ended questions allowed the participants to express their experiences freely, without being limited to a tick of a box or a one word answer. I have attempted to validate why such an approach was used. As the researcher, I was obliged to give significant attention to ethical considerations, such as informed consent, not forcing the participants to be part of the study or answer questions they do not feel like answering. Furthermore, as part of the ethical consideration, the anonymity, confidentiality, and privacy of the participants was maintained. In the following chapter, the discussion will be on the two theories of this study, which are “Shepherding a Woman’s Heart” and “Feminist Pastoral Care”.

CHAPTER THREE

PRINCIPAL THEORIES EMPLOYED IN THE PRESENT STUDY

3.1 Introduction

The focus in the previous chapter was on the methodology and methods of collecting and analysing data. The emphasis in that chapter was on the importance of choosing the right sample, using the right tools in data collection, analysis of the data, and the importance of ethical considerations in data collection. The present study is constructed on the basis of two theories, namely Hislop's theory of "shepherding a woman's heart" and "Feminist pastoral care", from different scholars (Ackermann 2006, Bons-Storm 1996, De Marinis 1993, Schüssler Fiorenza 2001, Graham 1990, Moessner 1996). The documentary information and data collected from fieldwork are analysed using these theories as tools to deal with the research problem. The purpose of chapter three is to position the study within the framework offered by these theories of pastoral care for women as considered from a theological perspective.

Therefore, in chapter three the discussion is on two theories that constitute the framework of the present study; "Shepherding a woman's heart" which is a model for effective ministry to women, and Feminist pastoral care. The chapter indicates the important role of pastoral caregivers in shepherding a woman's heart. The need for them to be aware, to understand, to have compassion, and to have the necessary skills for giving appropriate and effective pastoral care to women in pain. The chapter stresses Feminist pastoral care as a form of caregiving that considers a genuine interest in women's individual experiences as a central and crucial requirement for adequate care. In addition, the importance of naming women's experiences as well as providing safe space as a concept in feminist pastoral care is emphasised. A significant critical approach in pastoral care is discussed; caregivers should make informed judgements and offer carefully considered intervention in dealing with women's experiences. In seeking informed judgement and careful intervention, DeMarinis encourages pastoral caregivers to be fully aware of all aspects of the care receivers' lives. Feminist pastoral care uses Christian and community resources in response to the needs of women as well as men because the bottom line is that all are entitled to receive pastoral care that is informed by respect and dignity. Furthermore, this chapter will be in dialogue with chapter four, which focuses

on different understanding of pastoral care in seeking to respond to the needs of particular periods and circumstances?

3.2 “Shepherding a Woman’s Heart”

Hislop (2003:22) describes “shepherding a woman’s heart” as “a new model for effective ministry to women”. It is active in focusing on matters that are a source of pain to women. “Women in pain who are in each and every congregation” and these women feel they are not understood and are marginalised (2003:15). In this study the women who are in pain and feel marginalised are BEW. Hislop’s observations concerning women in pain feeling marginalised confirm the findings of this study. As shared by Sofiya, “my desire is for the Women’s Guild members not to discriminate me, as if I do not exist in the church. I really want them not to forget me, eeh.” In other words, Sofiya is saying that she has observed how well other BEW are treated in the church compared to her. This is why she is saying she is in the church; she should not be treated as if she does not exist. She is longing to be treated well like other BEW. If she is in pain like other BEW, why should she be treated differently from those who are like her?

At the beginning of the first paragraph, Hislop describes pastoral care as “shepherding a woman’s heart” and as “a new model for effective ministry to women” Hislop (2003:22). If pastoral is supposed to shepherd a woman’s heart who is in pain, why should BEW (women in pain) in the church be treated differently when they all need effective pastoral care? Another question to be asked is how effective is the pastoral care provided to BEW by the Women’s Guild of Dzenza congregation of the CCAP, if people like Sofiya feel discriminated against? Hislop (2003:15) further explains that it is important for caregivers to focus on the main cause of pain in the lives of women in pain. According to Sofiya’s feelings, it seems like the Women’s Guild have overlooked the root cause of her pain. Instead, the Women’s Guild is causing more psychological pain to people like Sofiya than bringing healing to them. According to Hislop, women in pain are women who have gone through different types of pain in their lives, such as miscarriage, depression, infertility, physical disabilities, chronic pain, addictions, abortions, homelessness, terminal illness of relatives, loss of a loved one through death or divorce just to name a few (2010). In her book titled *Shepherding a Woman’s Heart: A New Model for Effective Ministry to Women*, Hislop (2003:19-169) makes various suggestions for ways in which to “shepherd a woman’s heart” as part of providing pastoral care that is appropriate to, and effective for, women in pain.

Due to limitations of space I will in the present study deal with only four of the requirements listed by Hislop for establishing such care. These are awareness, empathy, compassion and skills. These points will be discussed below and be applied to an examination of the appropriateness and effectiveness of pastoral care provided to BEW by the Dzenza congregation CCAP Women's Guild.

3.2.1 The Role of Awareness in Pastoral Care

According to Hislop (2003:20-21), awareness is a dynamic tool for pastoral caregivers that allows them to respond effectively to women's painful experiences. Agreeing with Hislop, Weingarten (2003:164) points out that caregivers can only provide effective pastoral care if they are aware of the pain of the other, which Griffin referred to as "informed neighbour" (1995:27). An "informed neighbour" is a person who is aware of the suffering going on in his or her environment. Weingarten (2003:164) explains that there is a need for balanced awareness without which a caregiver may not be able to provide appropriate and effective pastoral care. A question to be asked from the Women's Guild in this regard is whether the pastoral care offered by the Guild is indeed characterized by a balanced awareness of the pain suffered by the BEW. The Guild obviously knows that BEW have lost adult children to AIDS related illness and that they look after their orphaned grandchildren, but does the Women's Guild have any additional information concerning the BEW? Do the caregivers have a mental picture of the BEW's experiences? As pointed out by Grobbelaar (2006:253), awareness is not a biological notion but can be cultivated only through a process of learning and practice. This point by Grobbelaar is in line with what was stated by one of the participants during the fieldwork interviews. This is what Nana had to say:

We have so much, so many problems at times that we tend to choose the biggest problem because everyone is talking about it. The one that is not talked about is left out. Eye surgery is needed or buying eye glasses, if you are short or long sighted you are to correct it. I think it is the right thing to do (Nana, fieldwork Interview, 14 August 2012).

In other words, Nana is agreeing with Grobbelaar that awareness is not biological but something that can be learnt. Something has to be done to improve awareness for people who are involved in pastoral care giving. This is why Nana used the metaphor of eye surgery or to wear eye glasses in order for the caregivers to see clearly or be aware of the unspoken painful experiences of the BEW. It is important for the Women's Guild of Dzenza congregation of the CCAP to consciously work on

increasing their level of such awareness if they have not yet done so, in order to provide appropriate and effective pastoral care to BEW. The next paragraph is devoted to empathy as a requirement for pastoral care.

3.2.2 Empathy as Pastoral Care

Hislop has used the word understanding as one of the points she has raised for pastoral care. For the sake of this study the word empathy will be used instead of understanding. The reason being that in pastoral care it is believed that no one can understand what is going on in another person's life. The second point raised by Hislop as a *sine qua non* for the provision of adequate pastoral care is the need to have empathy. Hislop (2003:38-93) emphasizes that a pastoral caregiver should be able to have empathy of a woman's spiritual, physical or psychological pain in order to provide her with appropriate and effective pastoral care. In addition, in the context of HIV and AIDS, pastoral caregivers need also to have empathy in financial, social and political aspects of women in pain. As pointed out by Louw that "the important point for ministry to the person with AIDS is to know that though the basis of their illness is physical, the sickness penetrates to the spirit and affects the patient's whole being" (1990:38). Although Louw is writing about someone who is HIV infection, his point is relevant to pastoral caregivers concerning the life of a pastoral care seeker. Louw's point confirms the outcome of this study. During the fieldwork interviews, the BEW kept on pointing out their experiences they are going through due to the impact of HIV and AIDS. For example, some stated that they need help, physically, financially, spiritually and socially, because the loss of their adult children affected their whole being. Though the basis of the impact on BEW is the loss of adult children, there is more that is affected in the lives of the BEW as pointed out by Louw.

On the same point of empathy, Hislop (2003:27-28) argues that pastoral care should be provided by a woman rather than a man since a woman caregiver will, on the basis of her own experiences, be better able to comprehend what another woman goes through more so than a man (2003:27). Gorman (1993:306), in agreement with Hislop, emphasizes that models of male adult development should not be applied to women in the process of shepherding women in pain because men and women are different. Therefore, pastoral caregivers to women in pain should use models that are meant for women. In this context the following questions have to be asked of the Women's Guild: How well does the Women's Guild identify with internal and external aspects of the pain suffered by BEW and

have the Guild members explored pastoral care models that are appropriate and effective for BEW in the context of HIV and AIDS?

In agreement with Hislop, Snorton (1996:50) stresses that pastoral caregivers need to take time to accurately empathise a woman who is seeking pastoral care. Accurate understanding means, empathy of the woman that goes back as far as her youth as Snorton sees it. What was she taught about her culture and its beliefs, and what is the religion that has influenced her coping mechanism as it functions today? I agree with Snorton in saying that the pastoral caregiver should also go back to the past experiences of women in pain, in order to provide appropriate and effective pastoral care. During the fieldwork, each time I asked for information about the death of an adult child, some of the BEW started telling me stories about how some of their children died when they were babies. This confirms Snorton's point about the need to also know the past in order to deal with the current issue. Furthermore, Snorton points out that while empathy is crucial for pastoral caregiver in order to simultaneously criticize that which is not life giving. This criticism is also part of appropriate and effective pastoral care. Having empathy for a woman in pain, in all aspects of her life, leads to compassion which is the next point to be discussed.

3.2.3 Compassion

Hislop describes compassion as “a heartfelt feeling that motivates one to action” (2003:92). It is accepted that no one quite identify with the pain of a person like someone who suffers similar pain (Hislop 2003:91). Writing about compassion, Hislop (2003:92-99) uses the biblical story of the Good Samaritan.¹¹ In the story of the Good Samaritan, Hislop uncovers several qualities of compassion. Firstly, “compassion stops to meet needs”. The Good Samaritan, on seeing a traveller who has been robbed and beaten, is filled with compassion (2003:93). He stops to help the traveller. Hislop calls the compassion of the Good Samaritan a “deep feeling of empathy” (2003:92). The Good Samaritan's action, inspired by compassion, involves a conscious choice to love a person who is in need of help (Hislop 2003:93). So, how compassionate is the Women's Guild of Dzenza congregation of the CCAP towards the BEW? What motivates them to provide pastoral care to BEW? A second aspect of the story of the Good Samaritan mentioned by Hislop is that “compassion costs - but it reflects God's heart”.

¹¹Luke 10:28-37.

According to Hislop (2003:94), compassion costs because a caregiver has to give of his or her time, energy and resources to a person who is in need of these things. Thus, the Samaritan has to spend time, energy and money to help the robbed traveller.

As a result the Samaritan, who is on a journey, is delayed. However, in taking time to meet the immediate needs of the traveller, he reflects God's heart. The relevance of the Good Samaritan's actions to the Women's Guild of Dzenza congregation of the CCAP is clear: the Guild needs to be aware that at times caregiving may necessitate making sacrifices. The provision of appropriate and effective care to BEW by the Women's Guild may ask for the sacrifice of time, energy, money or other resources. If in some cases these are not forthcoming, it may affect the quality of the pastoral care provided. Lack of finances was confirmed by one of the participants at the time of fieldwork interviews. This is what Chikondi had to say:

The greatest problem for grandmothers is financial help, to give to the grandmothers to take care of the orphans. As you know that a grandmother is a grandmother. It is possible that the person who died was one of the members of Women's Guild and the grandmother has no strength to care for orphaned grandchildren (Chikondi fieldwork interview, 11 August 2012).

In other words, Chikondi is saying that the greatest problem that the Women's Guild encounters is lack of finances in order to provide appropriate and effective pastoral care to BEW. As indicated by Hislop, there are times when pastoral caregivers have to spend money and use other resources to help the woman in pain. Clearly Chikondi has stated that BEW do not have finances to take care of orphans. This is why she said "as you know that a grandmother is a grandmother". Speaking from her context, Chikondi means that a grandmother is someone who has no strength to acquire the necessary finances needed to care for her grandchildren. The discussion of compassion is still continuing.

A third point made by Hislop is that "compassion is not limited by its object but by its subject". The subject is the Samaritan and the object is the traveller (2003:95). Therefore, "the quality and extent of compassion lies in the control of its subject," (2003:95). Hislop is saying that the Samaritan has a choice: he can help or not help the robbed traveller. The Samaritan chooses to help out of compassion and love. He values the life of the other. His choice is not based on whether he can benefit from the traveller. As Hislop states, "the extent of our compassion will greatly increase as we see the absolute value of others" (2003:95). It is important that BEW are given pastoral care because

they are valued and not because it could benefit the caregiver. Hislop (2003:95) speaks out against caregivers who help others because they might benefit, in financial or other terms. In Hislop's words, such caregivers "miss many opportunities to touch the heart of another, to extend Christ's hands and feet to the needy world" (2003:95). In short, care must be given without expecting favours in return.

A fourth implication of the Good Samaritan's story is that "compassionate community provides recovery" (Hislop 2003:95). Hislop explains that a woman in pain needs a safe place for full recovery, such as that which the Good Samaritan provided when he looked for a safe place for the robbed traveller to have time to recover. Additionally, as Hislop sees it (2003:95), when the Samaritan realises that there is an overwhelming need to take care of the traveller, he decides to involve other people and their resources so that together they can provide appropriate and effective care. For example, the Samaritan uses the resources of the inn keeper to provide accommodation, meals and medical care to the traveller. Even though the Samaritan can pay the bill at the inn, he still needs a team to help him to provide the necessary care for ministry provided by a team is more effective (Hislop 2003:96). Hislop calls the team of helpers a compassionate community while Kornfeld calls it a compassionate community of cluster (1998:20), meaning the use of the talents of both the clergy and laity for the sake of caring for a person in need. "One person rarely has sufficient resources but even so, the body was designed to work in tandem. As an orchestra plays in harmony to produce a pleasing sound, so many parts of the body work together 'for the common good'" (Hislop 2003:96). Hislop writes about a "community of different talents" working together for the benefit of the care receiver (2003:96). Cluster care is one of the lessons that Dzenza congregation of the CCAP Women's Guild could use for the improvement of its pastoral care to BEW. Communities are based on cluster care and its members do not stand alone (Kornfeld 1998:39). This is why Weingarten (2003:169) states that to practice compassion a person has to be aware of his or her strengths and weaknesses. It is important for the Women's Guild of Dzenza congregation of the CCAP to know their strength and to network with others in order for the Women's Guild to provide appropriate and effective pastoral care to BEW.

A fifth aspect of compassion concerns the fact that "compassion looks beyond differences". The care giver and care receiver need to do the same. Cultural religious issues separate Samaritans and Jews. Hislop (2003:97) gives the example of Jesus who meets a Samaritan woman at the well and asks for water. The woman tells him that Samaritans and Jews do not mix. In the past the Jews used to look down on Samaritans and treat them as unholy people (Hislop 2003:96).

Whatever separated Samaritans and Jews, the Good Samaritan looked beyond it (Hislop 2003:97). In the same way the pastoral caregiver has to look beyond the differences that are there between caregiver and the care receiver.

Otherwise there can be no question of providing appropriate and effective pastoral care. This brings me again to the story of Sofiya, in the section on awareness in this chapter. Sofiya's wish was that the Women's Guild should not discriminate against her; they should not treat her as if she does not exist in the church. The Women's Guild members need to look beyond the differences that are there between Sofiya and them so that the Women's Guild can provide appropriate and effective pastoral care for people like Sofiya.

A final aspect of compassion is that "compassion results from understanding pain that one is familiar with" (Hislop 2003:97). According to Hislop (2003:97) no one quite understands pain like a person who has experienced similar pain. Having suffered similar pain brings a greater depth of understanding (Nouwen 1972 and Roberts-Yates 2004). The differences between the Samaritan and the traveller are dwarfed in significance by the fact that they have something in common: both are in pain. Both live knowing the pain of injustice (Hislop 2003:98). This is why the Samaritan is moved by compassion and cares for the traveller. Hislop argues that pastoral care is much more effective if the caregiver has walked along the same path as the receiver of care. Caring that comes from pain that one has felt oneself goes deeper (Nouwen 1979:88). Therefore, the Dzenza congregation of the CCAP Women's Guild should consider training some of the BEW to become pastoral caregivers so that, moved by their own experience, they can offer meaningful pastoral care to fellow BEW and help them to deal with challenges in the context of HIV and AIDS. During the fieldwork interviews, none of the Women's Guild indicated that they had lost an adult child. Most of them talked about their role as Women's Guild in caring for BEW and children orphaned by AIDS. No doubt compassion as discussed above is of great importance for the provision of pastoral care to BEW by the Women's Guild. Another essential requirement for offering appropriate and effective care is the availability of relevant skills.

3.2.4 Skills of Shepherding Women

Special skills are needed for the provision of appropriate and effective pastoral care to women in pain. In her discussion Hislop has pointed four skills of shepherding women, which are active listening, empathise, reflect and respect (Hislop 2003:116, Lartey 2003:26). I am not going to go into details with all the skill. The four skills were during data collection, but the focus is on active listening, because it was one that was used in data collection, through listening to the experiences of the participants.

3.2.5 Listening Skill

According to Bons-Storm, pastoral care is not just about offering physical and spiritual help but it also involves listening to the person in pain (1996:31). As Hislop (2003:69) points out, women in pain want to talk and be listened to. At the time of the fieldwork interviews, one of the participants, Msekaimfa, noticed that I was listening actively, as she was responding to the questions I asked her. She started to tell me about her experience, of how her husband's family wanted her husband to divorce her, because every time she gave birth the child would die. To me it was a sign that she had found a safe space and someone to listen to her experience. That is why she was free to share her painful experience without me asking for it. This is confirmed by Hislop who writes that "listening to a woman's pain is one of the most effective ways of breaking through feelings of isolation and misunderstanding" (2003:147). There are however different ways of listening, some of which are more effective than others.

According to Lartey (2003:90) and Wicks and Rodgeron (1998:17), listening requires complete silence on the part of the listener whereby the mouth doesn't speak, the inner person is at rest and there is no body language. Only then does the story teller feel that he or she has the full attention of the listener. This type of listening described by Lartey, is referred to as "holy listening" by Kornfeld (1998:61) and it can even be an act of prayer. In addition, Lartey (2003:89) remarks that most Christian ministers have the tendency to talk to those in need of care, and overlook their need to be listened to. I had an advantage to practice my skills of listening as a pastoral caregiver. I made sure that I listened by giving all my attention to the participant telling his or her story. I avoided what has been raised by Kornfeld, that sometimes the area of listening is overlooked when it comes to pastoral care of listening. However, Heidish's view (1997:68) differs from those of Lartey and Wicks and Rodgeron. He states that "listening does not mean simply just being silent. It means eye contact,

those small noises we make to say: I'm with you, I'm hearing you". Bohler emphasizes that listening to a person and hearing what he or she is saying "takes a sincere effort" (1996:28). A woman telling her story is able to read the body language of the listener. She sees whether the listener is really hearing her or not. Furthermore, Bohler states that in some cases the problem begins with the listener thinking that he or she already knows what the care receiver is going to say. "We assume too soon that we have heard and understood what has been said to us," (1996). We do so even if we do not know the first thing about a speaker, Bohler writes (1996). This is why Hislop argues that "valuing a woman's story is valuing the woman" (2003:116). She compares it to looking for diamonds in the rough. What is required from the listener is not just listening, but "active" listening (Hislop 2003:148).

3.2.6 Active Listening Skill of Shepherding Women

Active listening "is not focused on how the listener will respond or even on policing the speakers thought process. Rather the focus is to *truly understand* what the speaker is feeling and thinking"(Hislop 2003: 147). (2003:149-151).according to Hislop (2003:149-151), active listening happens, when both the ears and the heart listen. This allows the listener to pick up the facts that will make him or her aware of the real problems of the story teller. The active listener listens with his or her eyes and these will allow him or her to "hear" words that are left unspoken. Unspoken words are expressed in body language that pastoral caregivers need to decipher. This confirms what I picked up during the interviews. When I asked Firida, if she has a good relationship with the Women's Guild, she said yes but her body language was contrary to what she was saying. The active listener listens with empathy as well. Listening with empathy means that the active listener finds himself or herself for a while in the shoes of the story teller (Lartey 2003:92). Egan explains that empathy is "the ability to enter into and understand the world of another person and to communicate this understanding to him or her" (1986:95). Doehring (2006:25) points out that if the listener listens carefully and with empathy to the story teller, he or she might discover similarities in his or her own experience and those of the story teller. I concur with Doehring. As I listened to BEW telling their stories about losing an adult child, I found out that some of what I was hearing was similar to the experience of my mother, who also lost an adult child to AIDS related illness and was caring for her orphaned grandchild. The next discussion is on listening as an art.

3.2.7 Listening as an Art

Griffin (1995:44) writes that a good deal of pastoral care consists of listening to people telling their stories. However “although we speak and hear others all the time, few of us truly listen” (Hedahl 2001:2). Hence, listening is an art that is acquired through practice and patience (Weingarten 2003:197). Not knowing the art of listening may affect the appropriateness and effectiveness of pastoral care provided to a woman in pain. Therefore the present study has to consider the listening skills of the Women’s Guild of Dzenza congregation of the CCAP in order to be able to judge the quality of its caregiving. In the next paragraph, listening from a feminist perspective is discussed.

3.2.8 Listening from a Feminist Perspective

Speaking from a feminist perspective, Ackermann argues that “feminist theological praxis suggests that telling and listening to the stories of those who are suffering, discriminated against, or oppressed is an essential starting point for counteracting silence, denial and stigma” (2006:231-232). Ackerman stresses that a feminist theology of praxis encourages the kind of listening that speaks of care and solidarity in situations of suffering. This kind of listening respects confidentiality, anonymity and cultural differences. When given permission to bring a story into the open, the listener presents it in such a way as to counter stigma and discrimination. As pointed out by Doehring (2006:103), any negative notions of the caregiver concerning the care receiver may increase his or her suffering. This is why it is vital for caregivers – including the Women’s Guild of Dzenza congregation of the CCAP - to listen, actively and patiently to the stories of BEW in order to be able to offer them pastoral care that is effective. Ackermann has raised an important point concerning listening with solidarity in situations of suffering, which respects the confidentiality of the story teller. This is in line with what I experienced during the interviews. The interviewees were willing to share their experiences freely with me the moment I informed them that their real name would not be revealed in my study.

The discussion in this section is based on the importance of listening to care receivers as they tell their stories. The listener is the pastoral caregiver and he or she listens with the purpose of understanding what is going on in the lives of care receivers. This will help him or her to respond effectively to care receivers. I am aware of other useful qualities and skills such as interpathy,

respect, non-possessive warmth, genuineness, concreteness, confrontation, and immediacy, all of which have been raised by Lartey (2003:89-102).

However, for the purpose of the present study that employs the theory of “shepherding a woman’s heart” as part of its methodology, not all the skills that play a role in pastoral care are extensively discussed - only those raised by the author of the theory. Hislop emphasizes the skill of listening as a tool for dealing with a woman in pain. The many other skills listed by Lartey do not figure explicitly in the theory of “shepherding a woman’s heart”. However, on reading closely one finds traces of these skills in Hislop’s discussion as well. For example, Hislop accentuates that a woman in pain needs to be understood in the context of her life in all its aspects, thus implying the need to respect the individual experiences of the woman in question.

3.3 Feminist Pastoral Care and Women’s Experience

Feminist pastoral care is the second part of the theoretical framework of this study. From the early days, when feminist theory began to play a role in theology it has treated women’s experiences as a central category, worthy of serious consideration (Moore 2002:16). After all, women’s experience represents a significant part of general human experience including how women undergo social and historical aspects of their being and of course, the physical functions unique to them such as pregnancy and birth giving (Graham 1990:2). Authors (Ackermann 2006, Bons-Storm 1996, De Marinis 1993, Fiorenza 2001, Graham 1990, Moessner 1996 and Moore 2007) have varied in their understanding of feminist pastoral care. Bons-Storm states: “Pastoral care from a feminist perspective is care in the context of justice” (1996:202). She mentions that people suffer due to the lack of holistic pastoral care of which justice is an important aspect. Feminist pastoral care starts with women’s experiences in order to achieve justice. As Schüssler Fiorenza (2001:169) states, that which is life-giving should be treasured but what oppresses women must be transformed or destroyed (Kanyoro 2001:162). In the context of the present study, it is necessary to determine what is life-giving and what is oppressive for BEW who have lost adult children to AIDS related illnesses and who act as mothers for their orphaned grandchildren. How can the pastoral care provided by the Dzenza congregation of the CCAP Women’s Guild increase its positive impact on the lives of the BEW and how can oppressive elements be transformed or destroyed?

3.3.1 The Naming of Women's Experiences in Feminist Pastoral Care

There are commonalities in women's lives, but Young (1990:51) strongly argues for women's experience not to be treated as a homogenous body because women differ in accordance with culture, ethnicity, race, religion, society, status, etc. Women's experiences therefore need to be named and defined in order to get a picture of what is going on in their lives "in the context of injustice, indignity and suffering" (Njoroge 2006:59). Phiri and Nadar (2006:9) also stress the importance of being specific about women's experiences to avoid generalization. Phiri and Nadar make the point that, if it is difficult to universalize women's experiences in Africa, how much more so on a global scale (2006:9). The "rendition of women's experiences places them into their social and political context" (Graham 1993:211). This raises another question to be addressed with the Dzenza congregation of the CCAP Women's Guild: do they allow BEW the space and time to name their experiences? The BEW may have in common the loss of adult children and the responsibility for grandchildren but that does not mean that pastoral care provided to them by the Women's Guild should be of the one-size-fits-all kind. Each BEW needs to be seen as an individual, approached with respect and offered a safe space for the naming of her personal experiences. This is in agreement with the authors in this section of naming women's experiences as feminist pastoral care. The BEW that were interviewed had the courage of naming their experiences, and how they affected them as individuals. For example, some of the BEW pointed out the grandchildren's lack of bath soap and body lotion. Some stated that their grandchildren ate food without tomatoes, just to name a few. At first I felt like 'are they serious? What is more important - bath soap, lotion, tomatoes, or food in general, with or without tomatoes'? Later I realized why the given authors emphasized the importance of BEW naming their experiences as individuals within a particular context of what is considered standard lifestyle.

3.3.2 Safe Space as a Concept in Feminist Pastoral Care

The concept of safe space refers to a space where women can trust that pastoral caregivers listen to their stories within a feminist framework, treat these stories with respect and keep them in confidence. It is important that a woman in pain feels safe from being judged, stigmatized or marginalized when she is sharing her experience (Snorton 1996:60). Providing a safe space for BEW to express their experiences is one way of caring for them. During the fieldwork at the Dzenza

congregation of the CCAP, I observed that most of the bereaved elderly women were longing for a safe space to share their experiences. The moment I said to the BEW, ‘Feel free to share your story. It is you and I and the information you are going to share with me, no one will know that it was shared by you, because I am not going to use your real name’, I could see through the body language that the BEW was relieved and she was able to share her experience freely with me. Being the first time to meet with each other, they trusted me with their life experiences; to me this was a sign of longing for a safe space to share their experiences.

Theory of feminist pastoral care is very conscious of the need for safe space (DeMarinis 1993:147). Since every human has a right to care (DeMarinis 1993:17) and “Caring is as basic to life itself, life is absolutely dependent on human caring,” DeMarinis wonders why - if care is essential for life – it is so difficult to care for others (1993:11). In response, Bohler (1996:27) states that in order to be “female-friendly” in one’s caring; one needs a deep awareness of what it is like to be a woman.

What is it to be a BEW in the context of HIV and AIDS? What is it to be a woman who has lost children to an illness that she cannot say explicitly is the cause of the death of her children? The need to have an awareness of a woman’s experience has also been raised by Hislop as one of the aspects of pastoral care. Hislop accentuates that pastoral caregivers have to be aware of the life of a care receiver in a holistic way, for their care to be appropriate and effective. Pastoral caregivers need therefore to create a safe space for women to tell their stories. Bohler (1996:27) stresses that “female-friendly” pastoral care does not hurt women but is life giving and healing. It is important to explore systems of feminist pastoral care that are life giving while simultaneously realizing that for pastoral care to be truly appropriate and effective, it has to be based on a critical approach. The importance of critical caring is discussed in the following section.

3.3.3 Critical Caring as a Part of Feminist Pastoral Care

DeMarinis (1993:18) acknowledges that the word “critical” has negative implications but she uses it in her work to express the need for great caution in making judgements and in decisions on intervention. To ensure careful judging and intervention, the caregiver has to explore the beliefs, symbols, assumptions and categories of meaning that are dominant in the world of the care receiver (DeMarinis 1993:18). In other words, pastoral caregivers have to find out what keeps care receivers going and gives meaning to their lives. In relation to the Women’s Guild, this means that knowledge

of the cultural background of BEW would add to an understanding of the feelings and motives that move them to keep on caring for ill children and orphaned grandchildren in spite of their very limited resources. What keeps them going while the going is undoubtedly tough? The Dzenza congregation Women's Guild could look for resources relevant for the acquisition of specific cultural knowledge in order to maximize the quality of the pastoral care offered to BEW. However, what came out of the BEW during the interviews as their coping mechanism was their faith in God. As pointed out by DeMarinis, the caregiver should be aware of the dominant categories in the world of the care receiver.

3.3.4 Use of Church and Community Resources in Feminist Pastoral Care

Some of the church's resources such as liturgy, spiritual direction and preaching can be used to create more awareness of women's experiences in the church at large (Graham 1993:171). According to Graham (1993:193), using the available church resources to spread awareness of the experiences of women can influence processes of healing, reconciliation and empowerment. In addition, the application of church resources to the transformation of women's experiences will contribute to the community's awareness of their problems. In a similar vein, Joseph and Lewis (1981) stress the importance of community and how the concept of community is treasured by women. The coming together of individuals is what constitutes community, and the "cultural norm" and "self" exist only in the context of community. The importance of community as a resource for pastoral care is also noted by Kanyoro:

The community is the space in which religion and culture find their life and expression. Religion and culture determine people's relations and attitudes. One must always live in fellowship with family and community. The understanding of life as a gift to the community means that each member of the community is responsible for every other and is obligated to provide for the welfare of the other. It is this sense of community and belonging together that made it possible for members of traditional societies to care for the needy and the vulnerable, including widows, orphans, children and the elderly (2002:66).

In view of the perceptions of community as vital to human existence, it is crucial for this research to establish the extent to which community is a valuable resource for the Women's Guild. The Guild

should utilize the Dzenza congregation of the CCAP and the surrounding community as resources to bring about awareness of the experiences of BEW. In addition, the Women's Guild could employ church resources to maximize the quality of their pastoral care for BEW. The feminist pastoral care model recognizes the dignity of all human beings whereby male and female are considered as equal. Each person is entitled to respect and dignity (DeMarinis 1993:17). The naming of women's experiences in a safe space, critical caring and the use of Christian and community resources are aspects of a striving to provide appropriate and effective pastoral care to women in pain such as BEW. The present study has identified the BEW as people who, in the context of HIV and AIDS, have lost their dignity and are in need of critical pastoral care. The BEW understand the notion of dignity and during the fieldwork for this study, most of them expressed the wish to be part of the Women's Guild organisation so that upon their death they will be buried in a dignified way. In view of the BEW's need for restored dignity, it is one of the concerns of this study to determine the level of critical awareness that is apparent in pastoral care provided to these women by the Dzenza congregation of the CCAP Women's Guild.

3.4 Conclusion

Since this study is located in the pastoral care and counselling discipline, it was significant to use the two pastoral care framework theories, namely "Shepherding a woman's heart" and "Feminist pastoral care" to undergird this study. In this chapter I have shown the importance of providing appropriate and effective pastoral care to women in pain like BEW, especially BEW who are in pain due to the loss of adult children to AIDS related illness in the context of HIV and AIDS. Through the "Shepherding a woman's heart" theory, I have demonstrated how significant it is for pastoral caregivers to be aware and understand the world of a woman in pain, not focusing only on physical and spiritual aspects, since the pain of BEW goes beyond physical and spiritual aspects. Therefore, pastoral care provided by the Women's Guild of Dzenza congregation of the CCAP should go beyond physical and spiritual aspects of a woman in pain. I have shown that the given theory encourages pastoral caregivers to have compassion that stops to meet the needs of the care seeker. Also pastoral caregivers should have compassion that reflects God's heart, not limited by its object but by its subject, provides recovery, looks beyond differences. Also, compassion results from understanding pain that one is familiar with. In addition to awareness, understanding and compassion, I have demonstrated the importance of having skills in order to provide appropriate and effective pastoral care to BEW.

Therefore, I then turned to the second theory “feminist pastoral care”. In this theory I have shown how women’s experiences are given first priority, because care from a feminist perspective is care in the context of justice. Additionally, in this chapter I have shown how feminist scholars stress the importance of women in pain naming their particular experiences, rather than their being treated as homogenous, since women in pain come from different backgrounds. Despite naming their experiences, I have shown that women in pain need safe spaces to name their experiences, where they feel listened to, not judged, stigmatised or marginalised. Furthermore, feminist pastoral care is concerned with critical caring - care that explores the beliefs, symbols, assumptions and categories of meaning that are dominant in the world of the care seeker. This exploration should be in line with the use of the church and community resources of pastoral care, resources that are not harmful to the life of woman in pain. I have also demonstrated that it is important for the Women’s Guild of Dzenza congregation of the CCAP to take into account the points raised by both Hislop and the scholars of feminist pastoral care so that the Women’s Guild may provide appropriate and effective pastoral care to BEW.

In the following chapter the discussion will be on trends of pastoral care throughout different contexts and the need to pay attention to changes that have occurred.

CHAPTER FOUR

DIFFERENT TRENDS IN PASTORAL CARE

4.1 Introduction

In the previous chapter the theories of pastoral care that underpin the present study were discussed. The importance of pastoral caregivers becoming well informed about what is going on in the lives of pastoral care receivers was stressed. The first section of chapter four presents brief descriptions of eight historical trends in pastoral care. Thereafter I will comment on the context of pastoral care by an in-depth examination of four functions of pastoral care, which are healing, sustaining, guiding and reconciling. I am aware that there are other functions such as nurturing, liberation and empowering. However, the present study focuses on the four above mentioned roles of pastoral care which figure predominantly in the historical trends of pastoral caregiving as opposed to the functions of nurturing, liberation and empowering. The in-depth examination of the four selected functions of pastoral care is aimed at demonstrating the different ways in which they have been applied throughout the history of Christianity. In the second section of the chapter, I will also consider fields in pastoral care whose orientation is feminist, or African, or linked to HIV and AIDS. This will illustrate how pastoral care changes over time and in accordance with different contexts. In the third section of chapter four I will look at interpretations of pastoral care as presented by different authors in relation to different contexts. Furthermore I will focus on the shepherd metaphor which was used mainly to clarify the role of the pastor as a pastoral caregiver. Thus chapter four makes clear that pastoral care is dynamic in nature. Caregiving has developed from one generation to the next in response to the needs of particular periods and circumstances. Therefore, there is a need for the Women's Guild to adapt its pastoral care in order to meet the present reality of the HIV and AIDS epidemic.

4.2 A Brief Description of Historical Trends in Christian Pastoral Care

4.2.1 Primitive Christianity (c33-325)

During earliest Christianity until circa 180AD the main concern of pastoral care was cure of the soul. The priests concentrated on sustaining the Christian faith, encouraging Christians to be holy in preparation for the heavenly destination because church leaders believed that the world was about to

come to an end (Clebsch and Jaekle 1983:13-14, Browning 1976:60). The function of sustaining the Christian faith was part of the findings of the study. As explained by Chapatali, the Dzenza congregation of the CCAP use the function of sustaining to support the faith of the elderly people who are housebound, to hold onto their faith in Christ (fieldwork interviews, 07 July 2012). The following discussion is on the persecution of Christians in Rome.

4.2.2 Persecution of Christians in Rome (A.D. 54-68)

In the early days of the reign of Nero (AD 54-68), there was open hostility between state and church. The Roman Empire forced Christians to profess loyalty to the state by performing its rituals and told them to denounce their Christian faith. Out of fear some Christians did so. Those who refused were persecuted (Clebsch and Jaekle 1983:17). Therefore, pastoral care at the time focused on reconciliation, a function that was aimed at bringing together parties that are alienated from each other or from God. This reconciliation may involve individuals, small groups or whole nations (Browning 1976:58, Wimberly 1981:22, Lartey 2003:65). The Dzenza congregation of the CCAP Women's Guild could use the function of reconciliation to reconcile with people like Mopheje. Mopheje is one of the BEW who left the church because of the lack of pastoral care from the Women's Guild. This is what she had to say: "I stopped coming to this Church because of my sore legs. It is far for me to come here every Sunday. I will tell you the truth. There is no relationship between the Women's Guild and I. I did not want to stay at home; this is why I joined this Church Mpingo wa Khristu"(Mopheje fieldwork interviews, 13, July 2012). A question that should be asked is, how many BEW have left the Dzenza congregation of the CCAP due to lack of pastoral care and need to be reconciled with the Women's Guild as custodians of pastoral care? This leads into the following section on Christian culture.

4.2.3 Christian Culture (305-476)

In the period of an increasing number of conversions in Rome, the church had attained freedom of worship. It had also obtained power to handle a good deal of Roman government matters including finances. This power was given to the church by Constantine, the first converted Roman emperor (Clebsch and Jaekle 1983:19, Howe 2009). This trend was guided by the function of guiding, which was used to guide the Christians not to revolt against their Christian faith, (Clesbsch and Jaekle 1983:17). However, the function of guiding differs from one culture to another and pastoral caregivers should be aware of this (Lartey 2003:65). It calls for members of the community to interact with, and guide, each other in times of need, for humankind is not meant to live in seclusion (Clebsch and Jaekle 1983:58, Lartey 2003:64). In the context of the present study we will have to consider in what way the Women's Guild of Dzenza congregation of the CCAP uses the function of guiding as part of the pastoral care they give to BEW in the context of HIV and AIDS. The focus in the following section is on Christendom in the Early Middle Ages.

4.2.4 Christendom in the Early Middle Ages (circa 500-1000AD)

In the Early Middle Ages the Catholic Church accepted "the common life of the European society" (Clebsch and Jaekle 1983:23). As a sign of tolerance, the church had become less selective as regards to who was accepted to attend the Church service. The early Middle Ages thus were a period in which the church focused on being more inclusive of people from different walks of life, and healing was used as a function of pastoral care for curing souls. Once again in the context of HIV and AIDS, how could the Women's Guild use the healing function of pastoral care to cure the souls of BEW? We especially consider people like Sofiya who feel discriminated by Women's Guild, as indicated in chapter three under the sub heading shepherding a woman's heart. The post Christendom era is the next discussion.

4.2.5 The Post Christendom Era 1000-1500

In this era the Church and religion became a matter of individual choice, new movements emerged based on new political, social and intellectual concepts, leading to the rise of modern nationalism, bourgeois morality and technology (Clebsch and Jaekle 1983:30). Due to the new movements, the identity of the church, of uniformity and unity of Christians, was affected. The image of the church had changed and its power in matters of state had been eroded. In this period the church used in its pastoral care the function of guidance, guiding Christians to live a life of community and unity. In the context of the present study and in view of the fact that the reality of HIV and AIDS has drawn a sharp dividing line between those infected and those not infected, the question is what does the Women's Guild do to guide the divided community and restore its unity? What does it do to restore its unity with people such as Firida, one of the BEW, who stated that some of the community members call mothers who have lost adult children due to AIDS related illness, fools - meaning, why did they allow their children to be married when there is AIDS [sic]? (Firida fieldwork interview, 13 July 2012). The function of guidance is needed for BEW like Firida, for her to be united with the rest of the community because such negative comments as above cause some BEW to live in isolation for the fear of stigma and discrimination. The following discussion is on the Renewal and Reform of Christianity.

4.2.6 Renewal and Reform (1415-1642)

The Renaissance and Reformation were characterized by a paradigm shift in Christianity (Clebsch and Jaekle 1983:26). In the sixteenth century Christianity became less of a determinant factor of community life and turned gradually into more of an individual experience. During the Renaissance and at the time of the Reformation, its responses to challenges in the community became less communal and more individually focused. In this period pastoral care used the function of reconciliation in order to keep Christians from becoming alienated from each other. In the section of "persecution of Christians in Rome" in this chapter, the function of reconciliation was used to reconcile Christians who were alienated from fellow Christians and God. Similarly, it was stated above that the Women's Guild needs to reconcile BEW like Mopheje who was alienated from the Dzenza congregation of the CCAP because she felt that she did not have good relationship with the Women's Guild. Considering that some of the BEW are stigmatised and discriminated against in the

context of HIV and AIDS. In the following section the focus is on the Slavery Period in America (1600 to 1865).

4.2.7 Slavery Period in America (1600 to 1865)

Speaking from an African American perspective, Wimberly (1981:21) discusses how during slavery¹² in America the Black church used the four functions of pastoral care. Wimberly stresses that as regards “sustaining in the black Church, it was not just the Pastor who looked after the spiritual and emotional needs of the Church members; the whole caring community provided the sustenance for persons and families in crisis situation” (1981:23). The function of sustaining gave them hope, knowing that before God and their fellow brothers and sisters they were “somebody” (Wimberly 1981:20). In other words, the function of sustaining allowed them to rebuild their dignity. The function of sustaining is crucial for the Dzenza congregation of the CCAP Women’s Guild in order to assist them in regaining the dignity of BEW lost due to the loss of adult children to AIDS related illness. The period of slavery in America overlaps with the period of enlightenment as shown in the next section.

4.2.8 Enlightenment (1610-1800)

The function of sustaining was used in a different way and for another purpose than during the primitive Christianity era and slavery in America. During the primitive Christianity era the function of sustaining was used to sustain Christians, getting them ready for their heavenly destination, while in the slavery era in America Christians were sustained to have hope and rebuild their human dignity. In the Enlightenment there was an increased tendency among Western Europeans to turn away from religion. They felt they were free to experience life without having a relationship with God or without being attached to a particular religious group. A pastoral care of sustaining was used in the church in an attempt to strengthen faith and to protect Christians from the pervasive influence of secularism (Clebsch and Jaekle 1983:29). Thus, The Women’s Guild of Dzenza congregation could also use the function of sustaining, to sustain BEW like Matayala’s mother who wanted to seek help from traditional healer in order to find who had killed her adult children, even though it was against her Christian faith. As indicated by her daughter,

¹²Black people from Africa became slaves in America from around 1600 onwards.
<http://library.thinkquest.org/J0112391/slavery.htm>. Accessed: 23-03-2012.

At one point my mother wanted to visit a spiritual healer in order to find out who killed her four adult children. I told my mother that you are a Christian and you cannot do this (Matayala interview, 09 August 2012).

This is also an indication that Matayala's mother is not coping with the pain she is going through. As a result this is affecting her spiritual life.

4.3 Paradigm Shift of the Function of Sustaining between 1910 and 1950

Slavery was abolished in 1865.¹³ After this period African Americans in the rural areas had freedom of movement from one area to another. According to Wimberly (1981:29), between 1910 and 1950 there was a paradigm shift in the function of sustaining in the African American church. Around 1915 most African American people moved from the Southern rural areas to settle in the Northern urban areas of America in search of employment. As a result, the church adapted its function of sustaining to help congregants adjust to their new environment and to cope with the racism that threatened their self-esteem (Wimberly 1981:30-31). It is important for the Women's Guild to adapt the function of sustaining in order to help the BEW to cope with the new role of caring for grandchildren, and cope with stigma in the context of HIV and AIDS. As already indicated by Firida in this chapter in the section of "the post Christendom era 1000-1500", some community members' call BEW fools because they have lost adult children to AIDS related illness.

4.4 Second Paradigm Shift of the Function of Sustaining around 1960

In 1960, there was another paradigm shift in the use of the function of sustaining in pastoral care in the church in America. Wimberly (1981:33) states that things were changing for the better for African American people. The government of the United States of America now allowed them "full participation in the American society". Pastoral caregivers began to use the function of sustaining to remind African Americans of their identity as children of God. As the perception was that in their new urban environment, they were living in a world of sin, they needed to be reminded of their identity in order to be protected from getting involved in sin. In this period and circumstances the function of sustaining had the same aim as during the enlightenment, namely to shield Christians

¹³<http://library.thinkquest.org/J0112391/slavery.htm>. Accessed: 23-03-2012.

from the dangers of immorality (Clebsch and Jaekle 1983:29). In the Dzenza congregation of the CCAP, the function of sustaining involves contact with housebound elderly Christian women by holding prayers and serving Holy Communion in their homes in order to encourage them in their faith, to reassure them that they are not alone and that they should not lose hope (Chapatali fieldwork interview, 07 July 2012). Enforcing his point, this is what Chapatali had to say:

The big role the Women's Guild group plays is to strengthen the Spiritual life of grandmothers. When the Guild meet they make programmes indicating when, where and [at] whose grandmother's house will the next prayer meeting be. These prayer meetings take place in the homes of the grandmothers, due to the fact that some of the grandmothers are unable to walk long distances to attend church service. The Women's Guild put together such programmes and mostly these meetings take place on Sunday afternoon around 2pm. Apart from the prayer meetings there is also a programme for the church Minister to do door to door visitation. We make sure that we should not leave the grandmothers out. If they are Christians from our church and they cannot walk to church, we make sure we visit them and minister Holy Communion to them. We minister Holy Communion where they are so that they should not be left behind in their spiritual life (Chapatali, interview, 07 July 2012).

Chapatali makes clear that the Dzenza congregation of the CCAP practices pastoral care by using the function of sustaining for the benefit of the spirituality of the homebound elderly women, through prayers and ministering Holy Communion to them.

4.5 Healing

Different individuals and communities have a different understanding of healing depending on their culture and religion. However, the concept of healing has been in existence since the beginnings of humankind. According to Lartey (2003:62), the function of healing as a tool of pastoral care implies the restoring of harmony and wholeness when these have been disturbed by internal or external forces. These forces could involve “life threatening evil spirits, demons and bewitchment” (Wulfhorst 2006:38). In this study, the impact of HIV and AIDS has posed itself as a distorting force to the harmony and wholeness of the BEW, due to the loss of adult children to AIDS related illness and

their caring for orphaned grandchildren. This is why the Women's Guild has the obligation to restore the distorted harmony and wholeness of the BEW. The Women's Guild could restore harmony and wholeness of BEW by providing them with appropriate and effective pastoral care. The following section will look at creating space as a mode of healing.

4.5.1 Creating Space as a Mode of Healing

Space is essential for all creation; without space nothing exists. In the African context, the creation of space as a mode of healing is an old concept, which is very important to African people. The created healing space is communal because Africans are community oriented people. However, Nünberger has a different view concerning the African concept of created space. He pointed out that the African concept of created space has been affected by industrialisation. People have moved from natural land into the cities where they are living in a "human-made world". As a result of moving to urban areas the intimate relationship that characterized family, clan and tribe was affected (1984:33)

Although created space is a mode of healing, Nouwen understands healing as the creation of a "friendly and empty space" for someone to tell a story about his or her experience of life (1976:68). In his understanding, Nouwen uses two key words which are "friendly and empty". In other words, the created space for healing must be user friendly with nothing in it to distract the storyteller. However, in that created friendly and empty space it is also important to have a listener who is friendly disposed to the storyteller so that the storyteller will not feel judged by the listener.

The "Creating Space as a Mode of Healing" and "friendly and empty" as pointed by Nouwen (1976:90) is in line with the subheading of "Safe Space as a Concept in Feminist Pastoral Care", in chapter three, as argued by Snorton. Her concern is that women in pain need to feel safe in the given space to share their story or experience (1996:60). As I have already pointed out, I observed that BEW are longing for a safe, friendly, empty place and friendly listener, to listen to their experiences. Therefore, it is important for the Women's Guild of Dzenza congregation of the CCAP to create a healing, safe, friendly and empty place for BEW as a form of providing appropriate and effective pastoral care to BEW. I will now turn to a discussion of communal healing.

4.5.2 Communal Healing

Communal healing in the African context is healing that is ministered to a family or community, not to a particular individual. In most African cultures, when one person is sick it is perceived as the whole family or community being sick. This was observed by Ward who stated that:

For African people life is a continuum of social, cosmic, personal and communal events. When one breaks the moral codes of society then the ties between oneself and community are also fragmented. Thus in the case of illness it is not the individual who is seen as needing healing but the broken relationships which needs to be healed (2003:55).

In agreement with Ward, Phaswana (2008:159) pointed out that “healing in Africa is not scientific but it is cultural and it is not done in a cultural vacuum.” Meaning that, healing takes place not in isolation but in a community. As argued by Hadebe, “a process of communal healing often follows the same pattern as individual healing. The main difference is that in the former healing the entire community is involved in every aspect of the process,” (2007:119). Hadebe’s point concerning the issue of communal healing was noted by Louw (1995:41) in the article “*Pastoral Care for Persons with AIDS in an African Context*”. As the Malawi say, *zidze pano ndi za tonse*, meaning that what affects one it affects all. As confirmed by Mbiti, “whatever happens to the whole group happens to the individuals” (1969:108). So healing too is for all in all aspects of life. Unlike the Western culture where healing is focused on individuals (Boonzaier and Sharp, 1988), in African cultures healing is communal. These features pointed by Ward, Phaswana, Hadebe and Louw in this section on communal healing have not been practiced by the Women’s Guild. This was confirmed by Chikondi who had this to say:

[...] we have an organisation that cares for orphans, not for the people who care for orphans (Chikondi fieldwork interview, 14 July 2012).

It is important for the Women’s Guild to practice communal healing as part of the African way of bringing healing to the family and community that is in pain. Limiting healing to orphans, without including the BEW, is also limiting the dynamics of providing appropriate and effective pastoral care. For as much as the orphans need communal healing, so do the BEW because they are going through painful experiences. If communal healing is not provided to BEW, how are they are going to care for orphaned grandchildren? This is why they are overwhelmed with the role of caring of

grandchildren. As a result, they end up crying in the night alone because they are not included in the communal healing. For example, this is what was stated by one of the BEW during the fieldwork interviews. “In the night I do not have deep sleep. I just sleep for a while and wake up and start crying,”(Kando, interview, 13 July 2012). This is a sign of a lack of appropriate and effective communal healing that is needed to guide the BEW in a process of healing.

4.5.3 Holistic Healing

According to Birinyuu (1988:31), healing in Africa has been acknowledged as being holistic. Holistic healing goes beyond mind and body (Egnew 2005:257, Manala 2006:230, Wulfhorst 2006:43). Nothing is excluded when it comes to holistic healing in African culture. Some of the aspects of life that are included are the created space, the environment and the community, body, mind, and spirit (Lartey 2003:55). Ramose observes that:

The concept of harmony in African thought is compressive in the sense that it conceives balance in terms of the totality of relations that can be maintained between and among human beings, as well as between human beings and physical nature (2009:309).

This is why the healing modes in Africa are not limited to a single mode of healing (ma Mpolo 1991:68). Modes of healing are rituals, consulting the ancestors, consulting the elders in the community or the medicine person. Traditional African modes of healing deal with evil forces, witchcraft, sickness or broken relationships (Magesa 1998:59, Mbiti 1969:169). Gathigira emphasises that in African culture “there was recognition of the role of the medicine man (sic) as one gifted with special powers by God for the service of his (sic) people” (1932:57). Unfortunately, the missionaries did not perceive the medicine persons through the same lens as African people. The missionaries regarded them as “witchdoctors” (Magesa 1998:165). As a result, they discouraged Africans from using their traditional ways of healing because they perceived these as evil, pagan or demonic (Kibicho 2006:47-53, Magesa 1998:169, Wulfhorst 2006:40). Phaswana (2008:3) advocates the need for African people to rediscover their African way of healing. Phaswana’s indications concerning the need for African people to rediscover their African way of healing is in line with Snorton in chapter three of this thesis on the section “Empathy as Pastoral Care”. Snorton (1996:50) stresses the significance of the pastoral care giver understanding the background of woman in pain.

This includes her culture, beliefs and religion to list just a few. The background of BEW could be incorporated into the pastoral care given by the Women's Guild to provide holistic healing that is appropriate and effective to BEW.

4.6 Trend of Feminist Pastoral Care in 1950s

Feminist pastoral care is a theoretical trend that originated in the 1950s. According to Kassin (1992:27), the Christian feminist movement emerged in the 1960s to be active alongside their secular feminist sisters. Both groups analysed the roles of men and women in church and society as seen from the vantage point of feminism. As feminists stand for the equality of men and women, they questioned why certain roles were reserved for men and others for women. They argued that what men can do, women can also do. Women had not only become frustrated with male-centred pastoral care, they were also fed up with being marginalised by the church. Kassin (1992:25) notes that in 1952 the World Council of Churches gave Bliss a mandate for a survey on "The Service and Status of Women in the Church". The outcome of the survey shocked Bliss. She found that there were certain roles that only men were allowed to perform. For example, teaching, preaching, administration and evangelism were out of bounds for women, never mind the personal talents they might have. Supporting Bliss, Douglas (1961) points out that the church tended to allocate minor duties to women. These duties were perceived as too unimportant to be done by men. Women who demonstrated pastoral leadership vision, or who had teaching or administrative skills, or who had the gift of evangelism or prophecy, were excluded from serving the church in their preferred capacities. Douglas (1961:14) describes women's desire to participate in religious life at a more meaningful level. Instead they were limited to sewing, conducting bazaars, organising supper and fund-raising events. What Douglas has pointed out to be the limited roles of women in the church is similar to what Women's Guild members of Dzenza congregation do. When I asked about the role of the Women's Guild in the church, the common answer was:

The role of Women's Guild in the church is very important, because there are a number of things the Women's Guild members do. For example, when there is a meeting they help in the kitchen with cooking. They sweep the church; they help the lost, caring for the elderly, helping those who are weak spiritually. They also generate funds through the maize mill. Part of the money from the maize mill is used in the building of the new church. When there is fund raising, the Women's

Guild members are the ones who are involved in organising events for fund raising
(Chikondi, interview, 14 July 2012).

The above given roles are just some of the roles of the Women's Guild members of Dzenza congregation undertake. Listening to each and every member of the Women's Guild who was interviewed, I noticed that the Women's Guild have accepted that they are supposed to undertake the given roles in the church, even though some of the roles can be undertaken by both men and women, for example, sweeping or fund raising. This leads to the discussion concerning the frustration of women from the Women and Faith Movement.

Speaking from an American perspective, Bons-Storm reports that a group of women from the Women and Faith Movement found each other in 1982 and shared their frustration with the pastoral care they were given by local male pastors (Bons-Storm 1992:15). According to Bons-Storm (1996:18-19), they decided to take care of each other's pastoral needs by organising training programmes in the area of pastoral care and counselling. Most women welcomed the programme. This is when Bons-Storm realised that women needed pastoral care from a feminist perspective as women's experiences are better understood by a woman than by a man (Bons-Storm 1992). This is in line with what was pointed out by Hislop in her book entitled *Shepherding A Woman's Heart*. Hislop's emphasis is on woman in pain, and needs appropriate and effective pastoral care from a fellow woman - as Hislop calls it, "compassion results from understanding like pain" (2003:97). There is nothing wrong with having a male pastor as a pastoral caregiver, but some male pastors have not been trained as pastoral caregivers for women and cannot look at things through a female lens. This was also noticed by Stevenson-Moessner and Glaz who state that "most male pastors have not been helpful to understand women's experiences" (1991:1). As a result there were misunderstandings between male caregivers and female care receivers. Though, Stevenson-Moessner and Glaz are speaking from an American perspective, this can be connected to some African countries since in most churches in Africa women are the custodians of pastoral care. In the following section I will deal with another trend in pastoral care, namely African pastoral care.

4.7 African Pastoral Care

African pastoral care is an old concept that was known to African people before Western Christianity was introduced (Berinyuu 1988:4). Despite its long history, little has been written concerning pastoral care in the Black church (Wimberly 1981:9, Msomi 2008:10). ma Mpolo and Nwachuku (1991:27) have seen the need to incorporate African beliefs and practices into African pastoral care which is at the heart of African dialogue. Concurring with ma Mpolo and Nwachuku, Mucherera states that pastoral care can only be effective if pastoral caregivers are familiar with the culture of the people they are serving (2005:167). Mucherera is strongly of the opinion that “direct transference of Western theories to non-Western people, without considering the culture and religion of the non-Western people is inappropriate and harmful” (2005:17). The question that has to be asked is how skilled is the Women’s Guild incorporating African beliefs and practices in pastoral care?

Through reading and listening to the Women’s Guild concerning the pastoral care they provide, I noticed that the Women’s Guild is providing pastoral care the way they were trained by missionary wives. There is nothing wrong with the missionary wives’ pastoral care; the only thing is that it lacks engagement with African beliefs and practices. This is a pastoral care that has excluded the African beliefs and practices because the missionaries perceived them as evil. In the context of HIV and AIDS, it is important that the Women’s Guild incorporate some of the African beliefs and practices in their pastoral care programme that are life giving, in order to provide appropriate and effective pastoral care. It is also important to take into account that pastoral care is not static; it changes according to the needs of the context. I finally turn to pastoral care in the context of HIV and AIDS.

4.8 Pastoral Care in the Era of HIV and AIDS

It is over three decades since the advent of the HIV and AIDS epidemic in the 1980s. The church took time to respond with pastoral care for infected and affected people. This was due to the mode of transmission of the virus which was said to result from sexual behaviour and drug abuse; in other words, “behaviour that the Church traditionally condemned” (Mwaura 2005:95). The sexual mode of transmission of HIV was emphasised above others. As a result, the church in general concluded that people were HIV positive because God punished them for sinning. Haddad noticed this position of the church in 2003 during her research in Vulindlela in KwaZulu-Natal where the church leaders believed that the death of those who suffered from AIDS related illness was due to their promiscuous

behaviour. Bongmba (2007:22) reports that Reverend Jerry Falwell said explicitly that the HIV and AIDS epidemic was a punishment from God. As a result, as late as in 1995 the Church was still keeping its distance when it was supposed to respond to the epidemic (Byamugisha 2002:50-51). This is why the executive committee of World Council of Churches (WCC) in 1986 claimed that Christians were quick to judge and slow to respond with pastoral care for people who were infected and affected by the epidemic (in the *AIDS and Healing: Joint Consultation Report*). Individual Christians and churches who did not respond with pastoral care for people who were infected and affected as a result of the epidemic were not worthy to be called people of God (Nicolson 1996:86). Similarly, Bongmba (2007:52) states: How can one claim to serve God if one does not serve one's fellow human beings? This is opposite to the teachings of the church concerning the need to care for each other with compassion (Richardson 2003:42). In fact the epidemic has given the church a chance to showcase its pastoral care ministry. Proper pastoral care should provide healing space for people to tell their story to someone who is willing to listen (Chimfwembe 2006:123).

Once again the notion of providing healing space as pastoral care has been raised by Chimfwembe. Chimfwembe's point is in line with what was stated in chapter three by Nouwen (1976), Clebsch and Jaekle (1983) and Snorton (1996). The main emphasis of these authors is on the importance of providing space for someone in pain to tell his or her story, especially women in pain like BEW. Even though the issue of space has been raised in this section, the focus is pastoral care in the context of HIV and AIDS.

Despite that it is over three decades since the discovery of the HIV and AIDS epidemic, some churches have not yet developed pastoral care programmes for people infected and affected by HIV and AIDS.

This was pointed out by one of the church Elders:

We do not have the HIV and AIDS programme. We used to have it, but it was only for orphans. Due to division of the congregation, the programme is no longer functioning, because the church members who used to run it moved to other branches of Dzenza congregation of the CCAP (Alinafe, fieldwork interviews, 12 July, 2012).

This is an indication that the Women's Guild of Dzenza congregation of the CCAP are in need of the HIV and AIDS programme. The members of this programme should be aware and understanding of the world of women in pain. Also, the members of the programme should have compassion, skills, and a safe and friendly space in order to provide appropriate and effective pastoral care. Now I move to the next discussion, which is a different understanding of pastoral care.

4.9 Different Understandings of Pastoral Care from 1949 to the Present

According to Foskett and Lyall (1988), pastoral care has been at the heart of the church since its inception. The history of caregiving goes back to 2800 BC (Lartey 2003:15, Magezi 2005). In view of this long history, Buffel argues that an understanding of pastoral care is essential before going into discussion about it (2004:34). In addition, Buffel notes that some authors do not find it worthwhile to explain the meaning of pastoral care to their readers. This was also remarked on by Pattison (1988) who asserts that some authors take it for granted that readers know what pastoral care is. For this reason it is of importance to consider the diverse views of different theorists on pastoral care (Buffel 2004:38). These diverse views may seem confusing to some while others will appreciate learning more about pastoral care and its roots.

Pastoral care embraces the extensive practice of pastoral theology (Heyn and Pieterse 1990:12, Couture 1998:12). Pastoral care can also be described as an “umbrella that encompasses all the actions that the Church is called to undertake in relation to the physical, spiritual, economic, social and political needs of those who are affected by the virus”, as Maldonado writes in relation to the HIV and AIDS epidemic (1990:17). In other words, pastoral care is not limited to one aspect of life or one context, despite its location being in practical theology. As has been argued by Dickson (1983:4) and Pattison (1988:83), pastoral care should not attempt to separate itself from the context in which it is functioning. If it cuts itself off from its context, it will be neither appropriate nor effective for the needs in its surroundings. It has been explained by Foskett and Lyall (1988), Lartey (2003:15) and Magezi (2005) in this section that pastoral care has been present since the existence of the church. So, one can say that Africans have been caring for each other since the existence of human beings. It means they had and still have systems of caring for each other. This is why it is important for the Women's Guild to integrate the African beliefs and practices into pastoral care, in order to appropriately and effectively provide pastoral care as argued by ma Mpolo and Nwachuku (1991: 29)

and Mucherera (2005:17) in this chapter and in the section of African pastoral care. In the following paragraphs I present the diverse ways in which different theorists have interpreted pastoral care.

4.9.1 Pastoral Care as Religious Ministry for the Individual

As much as pastoral care was, or still is, practiced in daily life, Dicks (1949:vii) and Johnson (1953:24) understand it as “a religious ministry of individual persons”. Dicks and Johnson argue that during the fifties, pastoral care was understood as operating at a personal more than a communal level. As Cozard (2004:83) points out, historically it was normal for pastoral care to be focused on individuals, especially in the Western world where society is characterized by individualism. As stated by Buffel (2007:202), whereas people in the West are individually oriented, Africans are community oriented. From the African perspective, a person is understood through his or her connections with his or her community (Msomi 2008:58). Therefore, it is important that the community aspects of African people be taken into account when providing pastoral care in Africa. Pastoral caregivers in an African setting have to be aware that they deal with a community rather than individuals and that this impacts on the kind of pastoral care required from them (Pattison 2000:82).¹⁴ According to Pattison, individualistic pastoral care is “narrow-minded, limited, partial and does not deal with the whole picture” (2000:82). This is why Buffel (2007:199) recommends Gerkin’s hermeneutical model of pastoral care. This model takes into consideration the importance of caring for the whole family instead of its individual members. Gerkin’s model of pastoral care would be appropriate for the Women’s Guild of Dzenza congregation because it would focus both on the orphans and BEW since orphans and BEW need appropriate and effective pastoral care.

Buffel (2007:195) and Louw (1995:29) recommended a shift from a Western to an African worldview in pastoral care, focusing on community or family rather than individuals. These areas are concerned with community, not with individuals. However, Evans (2000) points out that, historically, pastoral care was communal but that it has gradually changed as a result of various influences. I will not discuss this section further because it was also dealt with in section on “communal healing” in this chapter, which discusses almost the same issue of incorporating African beliefs and practices in pastoral care. I now turn to the following discussion - pastoral care as an act of an ordained person.

¹⁴Also see Couture 1998, Hunter 1995 and Louw 1997 on the same issue - that pastoral caregivers need to be aware that in the African context, pastoral care has to be communal rather than individual.

4.9.2 Pastoral Care as an Act of an Ordained Person

Whereas the generation of Dicks and Johnson understood pastoral care as ministry offered to individuals, Clebsch and Jaekle (1964:4) in the following decade saw pastoral care as an act that could only be performed by a representative Christian person on the basis of the four functions of pastoral care, namely, healing, sustaining, guiding and reconciling. These functions will be discussed in detail later in this chapter. “Representative Christian person” may refer to a male clergy, because in some churches; women were and are still not allowed to be ordained. If this view of pastoral care can be connected to that of Dicks and Johnson, it means that pastoral care was seen as a role for only male clergy and should be provided to individuals. The issue of pastoral care as a role for only male clergy was noticed by Douglas in 1961, who explained that during his time women in the church were given minor duties that were perceived as not valuable to men. It implies that there was at the time an underlying gender issue. Graham (1990) points out that, women did contribute to the field of pastoral care but were not acknowledged. Males were in the limelight - for example, Hiltner (1952), Jung (1953), Boisen (1971) and Freud (1973) - while women remained in the shadow (Moore 2002:7). Msomi (2008:31) and Stevenson-Moessner (2005:20) are strongly in favour of pastoral care being practised by both clergy and laity as there is no need for an exclusively pastor-centred pastoral care. It is felt that congregants have to own their pastoral care programme (Buffel 2007:203). This is also noted by Oden (1983:50) and Johnson (1964). Johnson asks:

How can one person do all this single handed? The pastor that is expected to be all things to all people will be torn asunder by the many demands. Even if a pastor may do all things perfectly, the purpose of the church will be defeated by asking one to do all the work of all (Johnson 1964:171).

If the pastor has to perform most of the pastoral duties alone, he or she may end up experiencing burnout which would defeat the notion of the Body of Christ. The Christian community being part of the Body of Christ implies that members of the community work together and help to carry each other's burdens as opposed to the pastor on his or her own carrying the burdens of the whole community. As the Malawian proverb goes, *mutu umodzi susenza denga*, or “one head cannot carry the roof of the house alone”. Re-enforcing the point of carrying each other's burdens, Patton (1993:3) states that the church is not a community gathered around the minister. Instead it is a community consisting of many ministers. Besides, the church has to be a place where Christians care for each other, although the pastor is the one who nurtures them all (Gerkin 1997:115).

What comes out strongly in responses to the view of pastoral care expressed by Dicks (1949), Johnson (1953) and Clebsch and Jaekle (1964) is that a pastoral care based on individualism is not suitable for a community of believers. Pastoral care has to be inclusive of men and women, clergies and laities. For example, the pastoral care of Dzenza congregation of the CCAP revolves around one group, the Women's Guild. As a result, the challenges they face in the context of HIV and AIDS are overwhelming. There is a need for pastoral care that is inclusive of men and women, clergies and laities so that the pastoral care provided to BEW by the Women's Guild is appropriate and effective in the context of HIV and AIDS. This section leads to pastoral care as the art of communicating the gospel.

4.9.3 Pastoral Care as the Art of Communicating the Gospel

Two years after Clebsch and Jaekle published their views on pastoral care as a ministry performed by clergy only, Wise (1966) took a different direction. He understood pastoral care as "an art of communicating a gospel of the person" whereby the culture of the person cared for was taken into account. In other words, in order for pastoral care to be an effective ministry of communicating the gospel, pastoral caregivers should be aware of the culture of the care receivers. Treating every care receiver with respect entails consideration of his or her culture. In this context Bate notes that "Africa is culturally diverse. Its people come from a variety of traditional, religious and ethnic backgrounds. In order for people to understand one another, live and work together in harmony, it is important to respect one another's backgrounds, values and traditions" (2002:ix). This is an important lesson for the Dzenza congregation of the CCAP Women's Guild to keep in mind for their provision of pastoral care to BEW. During the interviews I found out that the participants came from different cultural backgrounds; this is why BEW's cultural differences have to be considered. Speaking from an African perspective and agreeing with Wise, ma Mpolo (1991:68) emphasizes that when giving pastoral care in an African context, cultural dimensions need to be taken seriously. He also points out that this is the reason why African independent churches have a huge following: they take the cultural aspect of their congregants seriously. It is also important when providing pastoral care to use resources that are available in the community.

4.9.4 Pastoral Care through Community Resources

Browning makes the case for seeing pastoral care as a subsystem of the church that can be informed by the goals of, and methods applied by, secular systems of care (1976:19). Browning states that pastoral caregivers need to take into account what kind of resources of care are available in the communities they live in. They have to find out how pastoral caregivers can utilize these systems for the benefit of those in need of care in the community at large. However, Browning cautions pastoral caregivers to only use those systems of care that promote life and to avoid the ones that are harmful. Reinforcing this point Doehring (2006:103) writes that it is a duty of the pastoral caregiver to assess systems of care in the community on their capacity to be life giving or harmful. Such an assessment of community systems of care will allow both the caregiver and the care receiver to decide if it is safe to use them. Being in the capital city of Malawi, the Women's Guild of Dzenza congregation of the CCAP has an advantage of using community resources in order to provide pastoral care to BEW. However, the Women's Guild members need to assess the community resources beforehand to determine whether they are life giving or harmful to care receiver. The following discussion deals with pastoral care through church resources.

4.9.5 Pastoral Care through Church Resources

Browning and Doehring highlight the importance of community systems of care that can be used in pastoral care. Oats (1987:1) and Wimberly (1979:18) on the other hand understand pastoral care as a bringing together of various church resources in order to meet the needs of care receivers. According to Wimberly, resources such as worship, church administration, preaching and teaching are not considered to be of great value for pastoral care. However, these resources are seen as an important help when there is a crisis in a family. Wimberly's point is line with the findings of this study concerning BEW. Most of them used the church resources as coping mechanism for the loss of their adult children and caring for their grandchildren. This will be discussed in detail in chapter seven. Oats and Wimberly use church resources in different ways when responding to the needs of care receivers. For example, Wimberly uses the resources to help individuals and their families in crises, while Oats uses church resources to bring relief in situations of grief and separation. In other words, the same resources can be used in different ways in response to the particular needs of care receivers. Apart from using church resources as a form of pastoral care, pastoral care is also perceived as a ministry of mutual healing.

4.9.6 Pastoral Care as a Ministry of Mutual Healing

Pastoral care is “a broad, inclusive ministry of mutual healing and growth within a congregation and its community through the life cycle” (Clinebell 1984:24). In other words, mutual pastoral care is a ministry where both the caregiver and the care receiver benefit from each other. Although the care receiver is mostly perceived as the beneficiary of pastoral care, Nairne has a different view. According to Nairne (1998:28), pastoral care is not a matter of doing something for someone but it is a mutual caring for each other in the community and it is a way of being (Couture 1998:27 and 2000:50). Welter (1990:32) emphasises that pastoral care should be viewed as a give and take concept because the caregiver can also benefit from the care receiver. Welter’s understanding of pastoral care is well captured by the saying of the Sena people from the Southern region of Malawi, *kandilo ndoko kandilo bwera*, meaning ‘when a plate has gone to someone with something in it, it is expected to come back to its owner with something in it’. This refers to a concept of mutual care that exists among the Sena people. It does not matter how much is given or received in return, as long as there is reciprocity.

Similarly, although the BEW are caregivers for orphaned grandchildren, in practice there can be mutual care. Care receivers are perceived as people in need of help with little to give in return, and the concept of mutual care is often overlooked by authors. As it will be demonstrated by the fieldwork of this research, some of the BEW who care for their orphaned grandchildren receive care in return from their grandchildren - for example by doing chores, such as cleaning the house, doing the laundry, fetching water and firewood, cooking and sometimes caring for siblings. During fieldwork for the present study this was confirmed by one of the BEW who said:

The grandchildren do help me with house chores, sweeping the house, washing dishes, some of them they go with me to work in the garden. Cooking? They do cook, when they come from school, especially during holiday time, I do not cook for them, because they do it for themselves. Especially the girls are the ones who do the cooking. But during school time I do the cooking so that when they come from school they should find food. (Kando, fieldwork interview, 13 July 2012).

By watching her body language I could tell that the help of her grandchildren with most of the house chores was a relief for Kando. Therefore she did not mind to do the cooking for them when they were at school.

Regarding the involvement of Women's Guild members with BEW and possible occurrences of mutual care, this was not mentioned. The point that came out from the fieldwork was mostly on how Women's Guild members cared for the BEW. There was no acknowledgement that the Women's Guild might in turn benefit from the BEW. It seemed as if the BEW were not contributing to the lives of members of the Women's Guild who perceived BEW as people who were most of the time in need of pastoral care. The following section is on pastoral care as spiritual care.

4.9.7 Pastoral Care as Spiritual Care

While in the previous section I discussed mutual care between caregiver and care receiver as an aspect of pastoral care, in the present section I consider pastoral care in relation to spirituality. Campbell (1987:188), Komonchak et al. (1987:657), and Larson, Anderson and Self (1990:11) consider pastoral care as spiritual care for individuals and community. Once again, reasoning from an African perspective, ma Mpolo (1991:28) stresses that pastoral care should strive for spiritual liberation, as, in the African context, there exists little that is not connected to the spiritual realm, either the spiritual realm of God in heaven or the spiritual realm of the ancestors. In African culture it is believed that whatever happens to a human being has a cause (Mbiti 1969 and Bate 2002:147). Similarly, illness and death must have a cause and are by most Africans attributed to the spiritual realm of God or to the ancestral spiritual realm. For example, one of the participants in the present study did not fully believe that her four adult children died of an AIDS related illness. Her two surviving adult children are working in the health sector but their explanations did not convince her that her children's death did not have a spiritual cause. As pointed out already in this chapter under the subheading of "Enlightenment 1610-1800", her daughter said that her mother wanted to visit a traditional healer in order to find out who killed her children (Matayala fieldwork interview, 10 July 2012).

Although Matayala's mother is a Christian, she still looked for answers from a traditional spiritual healer. Although it went against her Christian faith, she believed that there had to be a power stronger than her which caused the deaths of her children. Going to a traditional spiritual healer was for Matayala's mother a way of trying to find some closure. This is in accordance with what ma Mpolo says, namely that pastoral caregivers should take into consideration the spiritual liberation of care receivers, especially in the African context where it is believed that nothing happens without the spiritual realm being involved (ma Mpolo 1991:28).

For some people spiritual care means praying, singing Christian songs, reading the Bible and attending church, and for others it refers to communicating with the ancestors, performing rituals to appease them and asking for protection from their displeasure. The importance of the spiritual realm in the African context, whether in the Christian or the traditional sense, is clear. We will now turn to a discussion of one of the popular metaphors of pastoral care, the metaphor of the shepherd.

4.9.8 The Shepherd's Role as Metaphor for Pastoral Care

A metaphor involves a comparison of two unlike things that are however similar in one respect (Damrosch 1985:990). Hurding explains that metaphors are part of language and used in accordance with context (1998:179). The purpose of a metaphor is to help people understand a given concept in a particular context (Pederson 1994:129). Some authors¹⁵ are fond of metaphors because they attract the attention of their readers (English Basics1999). There are different metaphors¹⁶ that are commonly used in the ministry of pastoral care. In this chapter the focus will be on the shepherd metaphor. In Latin 'pastor' means 'shepherd' and 'care' is 'concern' (Hunter 1990:1, DeMarinis 1993:37). So, based on the Latin origins of the words, 'pastoral care' refers to the shepherd who is concerned about his or her flock. Hunter (1990:65) writes that the shepherd image has dominated the understanding of Christianity since the time of the early church. Hjelm (2005:65) points out that historically the roots of pastoral care can be traced back to the ancient metaphor of shepherding that has always been part of the heritage of the Christian church. This was also noticed by Clutton-Brock (1989:1-3) and Hunter (1990:1164) who describe the shepherd metaphor as ancient, going back to the farming lifestyle described in the Old Testament (Jeremiah 3:15), where God talks about giving the children of Israel a shepherd after his own heart.

However, Wise finds it problematic that "the shepherd possesses all wisdom, knowledge and skills while the flock is seen as naive at best and stupid at worst" (1980: 223-224). Speaking from a feminist viewpoint, De Marinis argues that if the shepherd or pastor is viewed as placed above the sheep or the congregation, it conveys a negative patriarchal and hierarchical concept. "People are not and certainly should not be treated as though they are sheep to be led" (1993:37). In most parts of the world, a shepherd is associated with a male figure.

¹⁵ Just to name a few. A. T. Boisen(1936); A. V. Campbel (1981); B. J. Miller-McLemore (1996);Henri J. M. Nouwen(1979).

¹⁶Some of the metaphors are; Boisen(1936)The Living Document;Campbell (1981)The Courageous Shepherd; Miller-McLemore (1996) The Living Web; Nouwen(1979)The Wounded Healer.

The image highlights inequality between men and women as in most cultures the male is perceived as more powerful than the female. Campbell explains that “some traditional aspects of the pastoral image are not accepted today, especially those of the priestly function, ministerial authority and helplessness of the Christian flock, because they encourage the above and below relationship” (1986:1). Such an ‘above and below’ relationship can also create a distance between the pastoral caregiver and the care receiver. Instead of being an I-THOU relationship it becomes an I-IT relationship whereby the one is superior to the other (Buber 1972). According to Hunter (1990:1164), some pastoral care interpreters have called for a paradigm shift and for the abandonment of a shepherd metaphor that perceives care receivers as dependent on the caregiver or shepherd (Wise 1980:223-224, Moore 2002:9).

DeMarinis, writing from a feminist viewpoint, reasons that the shepherding metaphor can be used in the present context, but that “what needs to be left behind is the dimension of the pastor that fosters absolute dependency on being the caregiver or the care-receiver” (1993:37). She adds that human beings should not be treated literally like sheep that need to be guided. Thus, DeMarinis (1993:37) states that basing oneself on this metaphor detracts from the critical pastoral care that in her view, constitutes appropriate and effective care. A critical pastoral care takes into account the entitlement of both the caregiver and the care receiver to participate in mutual pastoral care.

Borowski (2003:48) has a different view of the shepherding metaphor. He argues that although the shepherd metaphor is connected to a male figure, a Bedouin girl of about nine years old gets trained to herd the flock and, besides, Rebecca, Rachel, Leah, and Jethro’s daughter from the Bible were all shepherdesses. Thus, Borowski’s view of the shepherding metaphor upholds the biblical image of shepherding and challenges DeMarinis by showing that a shepherd is not always male but context also gives room to female shepherds. What is still outstanding though and needs to be addressed is the argument raised by DeMarinis concerning the power play between the shepherd and the sheep.

Although some authors such as Campbell (1986), Hunter (1990) and Wise (1990) have highlighted negative aspects of the shepherd metaphor, the Women’s Guild and the BEW in Dzenza congregation of the CCAP do not have a problem with the shepherd metaphor at all, as in their local language of *Chichewa* a church minister is called *Abusa* which literally means “shepherd”. In the Blantyre synod and Livingstonia synod of the CCAP where women are ordained as ministers, the same word, *Abusa* is applied to the female church ministers. Thus, Pederson’s (1994) advise to use metaphors in the right contexts makes sense for the CCAP. Perceptions of what is the right context may vary from one

person to another depending on their cultural backgrounds. Again, this emphasizes how important it is for caregivers to be familiar with the cultural identities of care receivers as pointed out by White (1966), ma Mpolo (1991) and Snorton (1996). In the following paragraph is the conclusion of this chapter.

4.9 Conclusion

Pastoral care has been part and parcel of the church since its earliest days and continues to be so today. Since this study is located in the discipline of practical theology, it was appropriate to trace the trends in pastoral care in order to trace how pastoral care and its four pastoral care functions have been used according to different concerns in different contexts. The discussion in this chapter makes it clear that pastoral care covers all aspects of life, even though its practice varies according to the challenges posed by particular periods and circumstances.

Furthermore, in this chapter I have shown the concerns of feminist pastoral care, African pastoral care, and pastoral care in the context of HIV and AIDS. The discussion was also on different understandings of pastoral care according to the different authors. Further, it is important to use the life giving resources of care that are available in the church and the community. Despite using the church and community resources, pastoral care is perceived as a ministry of mutual healing, which also was part of the findings of this study. It was noted that there was mutual caring between the BEW and their grandchildren. Pastoral care as spiritual was also discussed, which raised issues of understanding the spiritual world of African people in providing pastoral care. I have demonstrated how the shepherd metaphor has been used as an illustration of the pastor's role. Some authors are in favour and others are against the use of this metaphor. Most authors express concerns that pastoral care has to be inclusive which is valid particularly in the African context as Africans are mostly community orientated.

Hence, for pastoral care to be appropriate and effective for its receivers, it has to take into account all these aspects of human identity. In the following chapter, the discussion will be on the impact of HIV and AIDS on women in general, especially elderly women. These elderly women are caregivers for both their ill adult children and their grandchildren in the context of HIV and AIDS. The discussion will draw on secondary literature from different authors.

CHAPTER FIVE

THE IMPACT OF THE HIV AND AIDS EPIDEMIC ON BEREAVED ELDERLY WOMEN

5.1 Introduction

The information presented in chapter four has shown how broad pastoral care is and how over the centuries it has been used in different ways according to the needs of Christians in different contexts. Authors were discussed in respect of their understanding of pastoral care, and some reasons for changes in the function of pastoral care in different historical periods were presented. Chapter five focuses on the impact of HIV and AIDS on grandmothers who are caregivers for both their ill adult children and their grandchildren. I will use secondary literature produced by scholars who have shown that as a result of the HIV and AIDS epidemic, elderly women are burdened with roles such as nursing ill adult children and bringing up orphaned grandchildren. In these circumstances it is important that BEW receive appropriate and effective pastoral care. Therefore chapter five will discuss the need to consider the physical, psychological, financial, spiritual and social effects of the epidemic on the lives of BEW in order to facilitate the structuring of a pastoral care that suits their specific situation. In order to respond to the question: How has the impact of HIV and AIDS epidemic affected the lives of BEW in the Dzenza congregation of the CCAP? I will begin by discussing the elderly women as caregivers in the context of the HIV and AIDS, caring for ill adult children in the context of HIV and AIDS, caring for orphaned grandchildren in the context of HIV and AIDS, physical, psychological, financial, spiritual and social impacts, the death of an adult child, loss of motherhood identity and elderly orphans. This section leads to elderly women as caregivers in the context of HIV and AIDS.

5.2 Elderly Women as Caregivers in the Context of HIV and AIDS

Different roles¹⁷ are undertaken by elderly women before and after the death of adult children. These roles have a great impact on physical, psychological, financial, spiritual and social aspects of their lives. Yet there is little acknowledgement of the burdens placed on the shoulders of elderly women in the context of the HIV and AIDS epidemic (Ssengonzi 2007:339). The issues raised by Ssengonzi concerning the acknowledgement of elderly women as caregivers in the context of HIV and AIDS are in line with what Sofiya stated concerning the maternal relatives of her grandchildren. This is what she had to say:

The challenge I face with these children is that, the relatives from their mother's side talk negatively about me. So I tell them that my intention is I do not want these children to suffer. I said to them let the children come I will care for them. Even though you are talking negatively about me, there is nothing you are doing indeed (Sofiya, fieldwork interview, 13 August 2012).

The lack of acknowledgement experienced by Sofiya from maternal relatives of her grandchildren is due to lack of understanding of what it takes to care for orphans in the context of HIV and AIDS. Sofiya stated that they talk negatively and yet they do nothing to support the grandchildren. As Louw (1990:38) pointed out in chapter three under the subheading of “Empathy as Pastoral Care”, the HIV infection affects the whole being of the infected person. It could be said that the impact of HIV and AIDS affects all aspects of lives of BEW, people like Sofiya, who care for orphans. This is why, under the same subheading in chapter three, Hislop (2003:38-93) emphasises the importance of pastoral caregivers understanding all aspects of the life of women in pain. I believe that it is significant for the community at large to understand the challenges encountered by caregivers of orphaned children, so that they would be able to acknowledge the role played by BEW in the context of HIV and AIDS.

In agreement with the above statement, in 2003 Ferreira noticed that not only the infected persons themselves but also their family members are affected by the epidemic. D’Cruz (2004), Mall (2003),

¹⁷Some of the duties that elderly women undertake in caring for an adult child suffering from AIDS related illnesses are cooking, feeding and bathing the patient if he or she cannot do so by themselves, fetching water, fetching firewood, doing the patient’s laundry, including soiled linen. In some cases the elderly women have to help their children to go to the toilet. In addition these women also care for their grandchildren and will continue to do so after the death of their parents. Some of these roles will be discussed in detail later in this chapter.

Nhongo (2004) and Pindani (2008) however found that little attention had been given to the impact of HIV and AIDS on elderly people, especially elderly women (Ogden 2004:6). Lack of attention on elderly women as indicated by D’Cruz (2004), Mall (2003), Nhongo (2004) and Pindani (2008) was also observed by one of the participants during the fieldwork. Nana pointed out, the problems that are not talked about, like the challenges encountered by BEW, are likely to be left out as not important. The observations by the above authors and Nana in this paragraph connect with the discussion in chapter three of this study under the subheading “The Role of Awareness in Pastoral Care”. Hislop (2003:20-21), Weingarten (2003:164) and Griffin (1995:27) stressed the importance of awareness in the lives of women in pain. As argued by Hislop, this is a dynamic tool that allows caregivers to respond effectively to women in pain. In other words, it can be said that awareness is a tool that allows caregivers or the community at large to pay attention to the impact of HIV and AIDS on BEW.

Caregivers and the community at large can also be aware of the experiences of women in pain by allowing BEW to name their experiences. This was pointed out by Phiri and Nadar (2006:9) who stressed the importance of women naming their experiences. This was examined under the sub heading of “The Naming of Women’s Experiences in Feminist Pastoral Care” in chapter three of this study. The naming of experiences of women in pain can be effective only if they are given a safe space. Snorton (1996:60) explained that women in pain need a safe space where there is no judgement and marginalisation. This is also in chapter three of this study, under the subheading of “Safe Space as Concept in Feminist Pastoral care”. I ensured such an environment was created with the participants during the fieldwork, in the safe space that was provided by the church. Participants, especially BEW, were able to share their experiences with me because I did not judge or marginalise them; I listened actively as they shared their stories so that I could be aware of what was going on in their lives. As indicated in chapter two under the subheading “In-depth Individual Interview”, I indicated that a private or safe space was provided by the church Clerk, for participants to tell their stories.

Lindsey (2003) points out that the plight of elderly women is only recognized in so far as they care for their ill adult children and, after their death, for the orphans they leave behind. But caring for grandchildren burdens BEW not only with worries of a practical nature but also with much anxiety concerning the future of their grandchildren. The point raised by Lindsey (2003) regarding the anxiety of BEW concerning the future of their grandchildren came up during the fieldwork interviews from one of the BEW. This is what Msekaimfa stated:

I do teach children good behaviour. Children should be taught to love each other not to be rough with each other. Look at me where is my mother? It means that me too I will die one day. So you need to love each other. This I tell the children openly (Msekaimfa, fieldwork interviews 13 July 2012).

In other words, Msekaimfa is worried about what will happen to her grandchildren when she dies. So the best way for her is to teach them good behaviour and to love each other. For Msekaimfa, teaching her grandchildren to love each other is one way of preparing them for the future when she dies. She is hoping that when she is dead the grandchildren will be able to take care of each other. This is why she reminds them of her experience of herself being an orphan, to prepare them for the future. In the following section in which I discuss the practice of nursing ill adult children, I will use the expression ‘elderly women’ rather than BEW as, at this stage, the children are still alive.

5.2.1 Caring for Ill Adult Children in the Context of HIV and AIDS

The majority of adults who suffer from AIDS related illnesses go to their parents’ homes¹⁸ to be nursed (Mudavanhu 2008:19) or do so at the moment they realise they can’t look after themselves anymore (Brabant 1994, Nhongo 2004:53, Knode 2001:1319, Ellis and MuschKin 1996:1109). Statistics provided by various sources indicate that globally, 90 percent of ill adults are cared for at home.¹⁹ Sofiya cared for her daughter-in-law and her eldest son, before they died. This is what she pointed out:

*I do feel bad because one of my daughter in-law complained of pain on her legs.
We took her to the hospital and the following day she passed away. But my eldest*

¹⁸In the Malawian context, a person stating “I am going home” refers to the village of his or her parents, or grandparents, or tribal people. Home is the place where there is land for the family, and where the family’s domestic animals are. Home is a place of the living and the dead. This is why an ill adult child goes back home to be cared for by parents or relatives. As they say: “home is where you belong”. Nowadays, however, it is not common for relatives to care for an ill adult family member, due to the impact of the HIV and AIDS epidemic. If an adult dies while he or she is still in an urban area, his or her body is usually brought back home for burial. It does not matter how far home is, the body has to be taken back there because it is where he or she belongs. This is a tradition that most employers in Malawi are familiar with. They know that, if one of their employees dies and his or her relatives want the burial to take place “at home”, the company has to provide transport for the body. To be buried in a place that is not home is like being in a foreign country where one does not know anyone and can’t understand the language spoken. This is confirmed by an incident in the former President Nelson Mandela’s family. The bodies of his children had to be exhumed to be buried at home where they belong.

¹⁹This section draws heavily on UNAIDS/WHO. “AIDS Epidemic Update.” December 2003 plus UNAIDS/WHO estimates for 2004.

child was really ill. I was in and out of the hospital with him and he also died
(Sofiya, fieldwork interviews, 13 July 2012).

This is in line with what has been stressed by the given authors in this section concerning ill adult children, who return to their parent's home to be cared for when they are ill and feel that they cannot take care of themselves. For example, in Thailand, 70 percent of AIDS patients were nursed by their parents (Mall 2005).²⁰ In Tanzania, 37 percent of deceased adults had been cared for by their parents (Dayton and Ainsworth 2002). Taylor *et al* state that according to statistics in Kenya in 1996, 86 out of 100 patients were looked after at their parents' homes.

In Malawi, as Pindani (2008:10) writes, between 70 and 90 percent of AIDS patients are nursed at home. She explains that ill adults prefer to go to their parents' homes rather than to a hospital because homecare improves their quality of life (Agyarko *et al* 2002, Pindani 2008:10). In support of Agyarko and Pindani, Kachiza adds that it has been difficult for hospitals in Malawi to provide quality care to patients due to "lack of staff, funding, inadequate equipment, inadequate infrastructure and the impact of HIV and AIDS" (2005:15). This was confirmed by van Dyk who emphasises that the HIV and AIDS epidemic has put excessive stress on the health sector. Hospitals are unable to cope with the influx of AIDS patients and many families cannot afford hospital fees (2001:326,334). This was experienced by one of the participants who pointed out that:

The other day I went with him to get medicine from the hospital and came back home, eeh. The other trip I went with him to get medicine from the hospital. As we were going, I saw that he could not walk. I could not find a car to take him to the hospital. I helped him to walk until we found a public transport to take us to the hospital. The same day we came from the hospital he passed away (Mopheje, fieldwork interviews, 13 July 2012)

Mopheje decided to take her son to and from the hospital instead of being admitted at the hospital because she could not afford to pay the hospital bills. Travelling by public transport was much cheaper for Mopheje than having her son in the hospital. This is an indication that BEW are not coping financially; in her case, the only way was to help her son walk until they found public transport to take him to the hospital. This is also an indication that the notion of "it takes the whole village to raise a child" has been affected by the impact of HIV and AIDS.

²⁰Fouad, D. Role of Elderly People in the Era of HIV and AIDS in Africa
<http://www.globalaging.org/armedconflict/countryreports/general/old%20hiv.pdf> . Accessed 30-03-2015

When there was such an ill person, the village came together and made sure that they carried the ill person to the clinic or hospital, not leaving an elderly woman to help her son going to the hospital all by herself. It is not guaranteed that homecare always improves the quality of life of the patient as stated by Pindani. The reason is that, according to statistics, in most homes the nursing of ill adults is done by elderly women, just like Mopheje and many others. Some of these women do not have the physical strength and the resources needed to care for patients. In such cases, how could the quality of the patient's life be improved, seeing he or she is in need of food, money for medication and transport to health facilities? On the other hand, the ill adult may at least have peace of mind in the knowledge that he or she is "at home" and looked after by people who care for his or her wellbeing. At the same time, the patient's going home poses challenges to caregivers as pointed out by Clark *et al* (2007:36). Taking into account the complications of HIV and AIDS, the epidemic affects both the patient and the caregiver (Ogumenfen 2008:193). The return to the parents' home of an adult child with an AIDS related disease is likely to pose problems because in most cases, it is a permanent and not a temporary return as it might have been in the past when an ill adult could be nursed by his or her parents to eventually go back to his or her own home. Unfortunately for Sofiya and Mopheje and many more BEW that were interviewed, most of their children did not make it back to their homes, because they lost their lives.

Due to the rapid increase of AIDS morbidity and mortality, there is also an increasing burden of caregiving on elderly women (Ganyaza-Twalo and Seager 2005:1, Schatz 2007:147). Even if both parents are alive, the burden of looking after a sick adult child at home rests mostly on elderly women. At the time of fieldwork, out of ten BEW, four of them were still married. None of the four BEW indicated receiving any kind of support from their husbands in caring for ill adult children and grandchildren. For example, Mopheje stated that she struggled in supporting her son while going to the hospital because he was unable to walk on his own. Her husband was around but did not help Mopheje to take her son to the hospital. In such conditions sometimes things happen in this way because of the culture one is living in, and the notion of perceiving women as the custodians of care. In agreement with Ganyaza-Twalo and Seager (2005:1) and Schatz (2007:147), due to the increase of sickness and deaths, the burden of caregiving lies on the shoulders of elderly women, even if their husbands are alive.

Physical care is only one of the components of caregiving to an AIDS patient (Mehta and Gupta 2006, Ogunmefen 2008:151) and the return home of the patient marks only the beginning of the parents' growing worries. If the patient is bedridden, he or she may need 24 hour-a-day care. As indicated by Sofiya in this chapter, she was in and out of the hospital with her son.

In addition, the elderly women may have other chores to do such as fetching water and collecting firewood (de Klerk 2009 and Ogden 2004:5) for which, in most cases, they have to walk long distances in spite of their advanced age. Firewood is used for cooking and to boil water to bath the patient (Mall 2005, Ogden 2004:6, Ogunmefun 2008:151). If the patient is bedridden, the caregiver may have to feed, bath and dress him or her. The caregiver needs to lift the patient, turn him or her to avoid bedsores, clean the bedroom and do his or her laundry which is sometimes soiled because the patient is too sick to walk to the toilet (HAI 2003, Knodel et al 2002:20, Ogden 2004:6 and Schatz 2007:151). Knodel et al. (2002:20) observe that elderly women are under pressure of having to provide nutritious food in order to boost the patient's immune system and perhaps prolong his or her life (Mehta and Gupta 2006). According to Knodel the women are aware of the importance of nutritious food for the patient, however, due to financial constraints, some are unable to provide it. This adds to their stress as a mother and caregiver. The explanations by authors in this paragraph confirm what BEW are going through in caring for ill adult children. During the interviews, I did not focus too much on the care of ill adult children because my main focus is on the care given to BEW by the Women's Guild. I have pointed out what Sofiya and Mopheje went through in caring for ill adult children as an indication that BEW are involved in different roles in caring for ill adult children. In the next section I turn to elderly women caring for grandchildren.

5.2.2 Caring for Orphaned Grandchildren in the Context of HIV and AIDS

In this section I will use the word "grandmother" more often than "BEW" because the focus is on grandmothers caring for orphaned grandchildren. There is no doubt that Africa as a continent is experiencing the serious impact of the HIV and AIDS epidemic (Ganyaza-Twalo 2005:7). Adult morbidity and mortality have led to a large number of orphans (Ongunmenfun 2008:173). What Ongunmenfun has indicated concerning the large number of orphans as a result of adult morbidity and mortality confirms what came out during the fieldwork. There were nine grandmothers who cared for orphaned grandchildren as indicated in chapter two of this study under the heading of "Description of the Research Participants". The total number of orphans that were cared for by the nine grandmothers was 54. This tells a story of how BEW are burdened in caring for orphans. Some of their experiences will be discussed in detail further in this study.

The responsibilities of elderly women involving the need to take care of others have multiplied whereas they should, in view of their advanced age, be diminishing.²¹ All of this is the result of the global HIV and AIDS epidemic²² that has orphaned more than 17 million children (Avert AIDS Orphans 2013). In the context of HIV and AIDS, most grandmothers have no choice; caring for grandchildren orphaned by AIDS is a must for them. This was noticed by Fouad who stressed that consequently, grandparents have been forced to become caregivers to their orphaned grandchildren.²³ Confirming Fouad's observations are the experiences of two grandmothers interviewed. This is what they had to say:

I am caring for these grandchildren because I felt sorry for them, mmm. Their mother died and left them with me. So to whom shall I give them? (Mopheje, fieldwork interviews, 13 July 2012).

I am satisfied with the role I am playing of caring for these children, because these children are in my hands. Where am I going to take them to? (Feliya, fieldwork interviews, 13 July 2012).

Both Mopheje and Feliya confirm what Fouad has pointed out concerning grandmothers caring for grandchildren that grandmothers are forced to care for orphaned grandchildren. They stated: "whom shall I give them to?" (Mopheje) and "where am I going to take them to?" (Feliya). In other words, the two grandmothers are saying if they had a choice they would have given the grandchildren to someone else to care for them. However, they do not have any choice but to take the role of caring for them. This is why Fouad uses the word "forced", because the grandmothers have no alternative than to take the responsibility for caring for their grandchildren. This is an indication that the role of caregiving to grandchildren is a burden to most grandmothers. Also, the grandmothers are bound by culture, because culturally if they give the children to someone else to care for them it will be perceived as rejecting them since the deceased mothers left the children in the hands of the grandmothers. This could have a psychological effect on the grandchildren when they find out that their grandmother rejected them. This is why both grandmothers stressed that the children were left in their hands by their deceased mothers, so where are they going to take them to?

²¹ K. Brodrick and N. Drenth, <http://hospicepalliativecaresa.co.za/pdf/legalbook/Chapter9.pdf>. Accessed: 11-09-2011.

http://www.crin.org/docs/forgotten_families/pdf. Accessed: 29-07-2011.

²³ D. Fouad, Role of Elderly People in the Era of HIV and AIDS in Africa. <http://www.globalaging.org>, 16. Accessed: 22-10-2012

Fouad argues that grandparents are not supported and are not recognised as the main providers of care to orphans.²⁴ This point is discussed in detail in this chapter under the subheading of Elderly Women as Caregivers in the Context of HIV and AIDS. Sofiya as a BEW was given as an example of one of the elderly women who are not acknowledged for the role they play as caregivers. There are shocking numbers of grandmothers who look after AIDS orphans.²⁵ A study that was undertaken by SADC/FANR in Malawi, Zambia and Zimbabwe indicates that “on average 20 percent of households are caring for one or more orphans. More often it is female-headed households rather than male-headed households that care for orphans. In Malawi almost 40 percent of female-headed households care for orphans” (2003). This is why the focus of this study is on BEW and the care they receive as the main caregivers in the context of HIV and AIDS. Some of the BEW did address their grandchildren as my children instead of grandchildren. For example, Aluni stated that “spirituality helps me to realise my short comings also not to stop going to church. Going to church increases my strength and it has encouraged me even to take my children to church,” (fieldwork interviews, 13 July 2012). What Aluni stated is in line with Mudavanhu (2008:11) and Nhongo (2004:9) who refer to these grandmothers as ‘Africa’s Newest Mothers’. Nhongo (2004:51) states that the question “who cares for orphans is not well answered.” This question is not well answered because there is little recognition of the elderly women as main caregivers in the context of HIV and AIDS. This issue has been discussed in this chapter, under the subheading of “Elderly Women as Caregivers in the Context of HIV and AIDS”. Historically, there was the family to make sure that the needs of individuals were met within its structures.

The extended family contributed if there were orphans to take care of.²⁶ This is why Sofiya complained that the maternal relatives were not supporting her in caring for the grandchildren since she is aware of how the family structure is supposed to function. It was unheard of for someone to go to bed without food if other family members had enough. This is why the words “orphan” and “street child” did not exist in the African context: all children were taken care of if there were no parents to do it (Foster 2000:56, Nhongo 2004:52). Nhongo mentions that the role of taking care of each other was passed on from one generation to the next, leading to a system of mutual care giving between parents and children (2004:5-6). Nhongo (2004:52) calls this passing on of caregiving from one generation to another “a relay race” where the baton is handed by one team member to the next. Once again it is challenging to pass on the baton of caregiving, from one generation to another,

²⁴Fouad, 13.

²⁵http://www.crin.org/docs/forgotten_families/pdf. Accessed: 29-07-2011.

²⁶http://www.unicef.org/sowc07/docs/sowc07_panel_2_2.pdf. Accessed: 27-08-2011.

because the generation that is supposed to receive the baton has been affected by AIDS related illness. Even though there is improvement and a decrease of the death rate due ARVs, some are still dying because there is no cure yet.

Before the era of HIV and AIDS, grandmothers were considered as people who gave counsel concerning cultural issues. Even if they were caring for grandchildren, they had the freedom to live their lives as they wanted and to simply enjoy the presence of their grandchildren (Mboya 1965 and Nyambedha *et al* 2003a). In most African countries, grandmothers have always played an important role, looking after grandchildren²⁷ while the parents were working (Mudavanhu 2008:16). However, this was a temporary role (Mudavanhu 2008:4) and there would be communication and mutual care between the grandparents and their adult children (Mudavanhu 2008:16, Ntozi 1997). At the time of the interviews for this study, grandmothers indicated that in one way or another they received support from their adult children before they died. This is why Kando, one of the BEW, stressed that “when my first child died I was sad because she was my helper, helping me and the children” (fieldwork interviews, 13 July 2012). Kando is expressing the mutual care she had with her daughter as indicated by Mudavanhu and Ntozi in this paragraph. She cared for her daughter’s children and the daughter provided for both Kando and the children. On the other hand it is also true that before the era of HIV and AIDS, not every grandmother received help from her adult children. Some adult children would leave their children with the grandmother and never be seen again, but at least there was usually a family structure of care. For example, Feliya’s daughter left the children with her and disappeared. She stated that:

Their mother is not around. I do not know where she is; she just left the children with me and disappeared (fieldwork interviews, 13 July 2012).

Due to Feliya’s experience, I noticed that the definition of orphan goes beyond losing one or both parents through death. In this case Feliya was caring for two grandchildren whom their mother left with their grandmother and disappeared. No one knows where she is, so culturally she is as good as a dead person. Therefore, the two grandchildren are treated as orphans. If the family structure was still in place as it used to be, Feliya was not going to struggle caring for her grandchildren. This was noticed by Kayongo-Male and Ouyang who state that:

²⁷Help Age International (HAI) HIV and AIDS Alliance. *Forgotten Families Older People as Carers of Orphans and Vulnerable Children*. www.aidsalliance.org. Accessed: 29-07-2011. de Klerk, *Changing Position of Older People Due to HIV and AIDS* 2009, <http://.worldcongress.org>. Accessed: 16-10-2012.

In times of death the children of the deceased were looked after by the extended family, often the uncles or the aunts. The children brought into the household of relatives were treated equally with those of that household. This means that the children were given equal chance to grow and develop and look after others in adulthood (1991:63).

However, due to HIV and AIDS the structures of extended families have been destroyed (Nhongo 2004:51). As a result the burden of caring for orphans rests mainly on the grandmothers (HAI 2001, Phiri 2003:15, Maqoko 2006:12).²⁸ Due to a lack of basic necessities, many grandmothers feel that they are not meeting the needs of their grandchildren (Nhongo 2004:56).

This was experienced by Kando and she said the following:

Even if I find money, it is not enough because I have to divide it for school fees and other things (fieldwork interviews, 13 July 2012).

Not being able to provide the basic needs for her grandchildren makes Kando to feel that she is not performing her caregiving role in a way she is supposed to, an observation indicated by Nhongo (2004) in this paragraph. To cope with the financial strain some grandmothers sell their assets in order to provide food and whatever else is needed for their grandchildren.²⁹ In this study none of the grandmothers sold assets in order to care of grandchildren because they did not have any assets to sell. They were hoping that one day someone would notice their plight and come to their rescue.

While providing for grandchildren, the grandmothers themselves are struggling to survive and to ward off starvation. This was confirmed by a grandchild in Zambia in a study that was undertaken by Nhongo. The child said that “grandmother gives all of us food; she ties her stomach with a *chitenge* and goes to sleep” (2004:56). *Chitenge* is a wrapper which most African women use as a traditional wear. Such a situation may lead grandmothers to suffer malnutrition which in turn can jeopardise their role as carers of grandchildren. This was made clear in the following story:

I complain of lack of food. When there is no food I ask myself, what am I going to do with this problem? Sometimes we have food if one of the sympathisers gave us food (Msekaimga, fieldwork interviews, 13 July 2012).

²⁸Grandmothers and HIV/AIDS, http://www.unicef.org/sowc07/docs/sowc07_panel_2_2.pdf
Accessed: 27-08-2011.

²⁹HAI.Forgotten Families <http://www.crin>

In such a situation, grandmothers like Msekaimfa sacrifice their share of food for the sake of the grandchildren to have something to eat, as indicated by Nhongo (2004:56). In addition to feeding and providing other necessities to grandchildren while coping with their own grief over the death of their adult children, grandmothers have important roles to play as comforters of grandchildren who are going through emotional trauma as a result of the loss of their parent(s).³⁰ This is what Sofiya had to say concerning the trauma of her grandson:

Since the passing away of his mother, he does not want to leave my sight. Also he does not want to play with other children (fieldwork interviews, 13 July 2012).

In chapter two of this study under the subheading “In-depth Individual Interviews”, I indicated that I allowed one of the grandchildren in the interview room. He refused to go and play with other children. Sofiya explained that since the death of his mother, the child does not want to leave his grandmother’s sight. This is one of the examples of traumatised children. In his mind he thinks that if he goes out of his grandmother’s sight, he will find her gone like what happened to his mother. This is why Hislop and others in chapter three stress the importance of awareness and understanding of women in pain. It can be said that the community at large needs also to be aware and understand the trauma the child is going through due to the loss of a parent or parents.

As Gibson *et al* (2002:68) point out; trauma affects both the bereaved and those close to him or her. Despite going through trauma, orphans are stigmatised and discriminated against in their communities because the loss of their parent(s) was a result of an AIDS related illness. “The distress and social isolation experienced by these children, both before and after the death of their parent(s), is strongly exacerbated by the shame, fear, and rejection that often surround people affected by HIV and AIDS.”³¹ This is why Maqoko (2006:70) calls on the Church as a community of healing to become involved in criticizing this stigmatisation. He suggests that the Church should be a voice speaking for the voiceless. This is supported by the WCC document “Facing AIDS: The Challenge, the Churches’ Response”. It emphasizes the need for the Church not to identify itself with those who stigmatise people because of their behaviour but that it should present itself as a community where God’s love is manifested (WCC documents 1997:77). Once again, I did not concentrate on the trauma of children because it is not the main focus of this study. The focus of this study is on how appropriate and effective pastoral care is for BEW. Grandmothers also face difficulties when they

³⁰HAI. Forgotten Families <http://www.crin>.

³¹<http://www.Avert.org/aids-orphans.htm>. Accessed: 25-08-2011.

offer parental guidance; when they try to discipline their grandchildren some of them turn against them. They think that their grandmother has no right to discipline them because she is not their biological mother (Mangalparsad 2007:49). During the interviews, none of the grandmothers indicated that they had problems in disciplining their grandchildren. Their main concern was to find the means of taking care of them.

5.3 Impact of HIV and AIDS on Life Aspects of Bereaved Elderly Women

5.3.1 Physical Impact

The HIV and AIDS epidemic is a burden to elderly people, especially women. At a time when they should themselves be taken care of, they are the ones who give care to family members who are infected and affected by HIV and AIDS. According to Anglewicz *et al*, “The responsibility of caregiving to sick children or orphaned grandchildren can affect the health of the elderly in at least two ways: such care can be physically taxing on the elderly, and the death of a child can cause emotional distress” (2009:2). Fouad mentions that it is important for elderly people to enjoy good health, for the sake of their families and themselves.³² Mamad (2009:38) states: “Enjoyment of the right to health is a fundamental right to all. Despite [this] elderly people’s health is not only endangered by chronic illness, such as arthritis, high blood pressure, cardiovascular and respiratory conditions”, but also by neglect if these illnesses are not taken care of (Hughes & Waite 2002, Minkler & Fuller-Thomson 1999). These illnesses may cause poor health (Jaslin and Harrison 1998), but at the same time poor health cannot always be avoided in old age (Gerdes 1988). As concerns the present study, it is clear that older people’s health can be jeopardised as a result of sacrifices they make while caring for others.³³ According to Joslin and Harrison (1998) and van Dyk (2001), elderly caregivers of AIDS orphans may experience physical and emotional health-related illnesses that impact on their psychological wellbeing. The physical health issue that has been raised by authors in this section of “Physical Impact” was made clear in the following stories:

Caring for my grandchildren at my age, I really feel so painful because now my blood is drying up. Especially, to start cooking for grandchildren I find it difficult
(Firida interview, 13 July 2012).

³²Fouad. <http://www.globalaging.org>. Accessed: 22-10-2012

³³www.aidsalliance.org. Accessed: 27-07-2011.

The concern of Anglewicz et al (2009:2) in regarding the physical health of elderly women is line with the findings of the study. Both Firida and Mopheje explained explicitly that the task of caring for orphaned grandchildren is beyond their physical strength. However, they have no choice but to fulfil their role as a caregiver at the expense of their physical health. This is why Mamad (2009:38) in this section argues that enjoyment of health is significant to all human beings. Nevertheless, in the context of HIV and AIDS, BEW are not experiencing the enjoyment of health.

5.3.2 Psychological Impact

The HIV and AIDS are accompanied by stigmatisation and discrimination is a global problem,³⁴ due to the notion that “HIV and AIDS is a punishment for wrong doing, and associated with promiscuity” (Winton 2006, Dane and Levine 1994).³⁵ Observations pointed out by Winton 2006, Dane and Levine 1994 are one of the findings of this study. This is what one of the church Elders had to say:

This illness was already in the Bible that there will be illness that has no medicine for a cure. So this illness is in agreement with the word of God, which says that thou shall not commit adultery. There are some people who say that it is better to wear a condom. No that is playing with fire (Chizindikiro, fieldwork Interviews, 14 July 2012).

The argument made by Chizindikiro concerning HIV and AIDS as punishment from God demonstrates the lack of knowledge and understanding of the transmission of the HI virus. For not everybody who is HIV positive was infected through promiscuity. This is why Winton (2006) and other authors in this section of “Psychological Impact” are concerned that HIV and AIDS is perceived as punishment from God for wrong doing. According to Chizindikiro who stressed that “God said that you shall not commit adultery”, people who are HIV positive are reaping what they sowed. Such comments cause psychological harm to people who are infected and affected by HIV and AIDS, which leads to isolation for the fear of stigma and discrimination. Already they are discriminated against by being labelled as people who committed adultery, and their caregivers are also labelled as people who are caring for people who have committed adultery.

³⁴<http://www.avert.org/hiv-aids-stigma.htm>. Accessed: 28-11-2012.

³⁵www.aidalliance.org. Accessed: 29-07-2011.

This is not a time to judge but to extend a helping hand to people who are infected and affected by HIV and AIDS. Being a church Elder, he needs to lead by example; as the scripture says, people should not judge others because judgment comes from God.

The intensity of the stigma attached to HIV and AIDS sufferers depends on how kin, friends and the community perceive the epidemic (Ogden and Nyblade 2005). Inevitably the stigma reflects on caregivers of infected adult children as well, and has a psychological impact on them. The effect of the stigma of HIV and AIDS goes beyond infected people and affects their caregivers because they are associated with people living with HIV (Ogden and Nyblade 2005 and Maqoko 2006:35). It has been alluded to by Avert³⁶ that those who nurse ill adult children at home are more stressed than persons working in the medical sector. Workers in the health sector are not stigmatised and discriminated against, even though they look after patients infected with HIV. Nauru (1992) argues that “the problem faced by senior citizens in South Africa, also occurs in neighbouring countries, grandparents continue to be discriminated against” (1992). In agreement with Nauru, Uneca states that in Zimbabwe, like in many local communities elsewhere, families affected by HIV and AIDS experience stigmatisation and discrimination.³⁷ Pambazuka Newspaper for example wrote that Eluby Jere from Malawi, “like many other caregivers in Africa experiences stigma and discrimination” (Hambuba 2008). In the case of elderly women affected by HIV and AIDS, the stigma may result in being shunned³⁸ by peers, family and the community at large. In chapter four of this study under the subheading “The Post Christendom Era 1000-1500”, I indicated that there is a need to restore unity between the BEW and community members since some community members call BEW fools because they allowed their children to get married where there is AIDS [sic] (Firida, fieldwork interviews, 13 July 2012). Such comments lead to stigma and discrimination of BEW as pointed out by Hambuba (2008) in this section. *Some people feel sorry for us that these people do not have children, we should not traumatise them. It is not their fault not to have children, because everything is possible with God. Some say that ah this one, we cannot do anything for her as if she has children* (Edinesi, fieldwork interviews, 13 July 2012). Edinesi’s statement confirms the following concerning lack of support for BEW. Elderly women are often given little support or no support at all, because of their connection with HIV positive children.³⁹ The stigma that affects elderly women is called “secondary stigma”. According to Patel and Carter (2004) and Knodel and Saengtienchai (2002),

³⁶Africa. <http://www.avert.org/hiv-aids-stigma.htm>. Accessed: 28-11-2012.

³⁷Uneca. <http://www.uneca.org/CHGA>. Accessed: 29-07-2011.

³⁸<http://www.avert.org/hiv-aids-stigma.htm>. Accessed: 28-11-2012.

³⁹www.pambazuka.org. Accessed: 04-09-2011.

secondary stigma is the stigma that targets the caregivers of people infected with HIV. This can involve “name calling and rejection at the hands of community members” (WHO 2002a) - such as stressed by Firida that some BEW are called fools for losing adult children due to AIDS related illness.

If there is a stigma attached to caregivers of ill adult children resulting in discrimination, the same is true for children whose parents are living with HIV or who have died from AIDS illnesses. Meursing (1997) points out that some community members may for example prevent their children from playing with children who are affected by the epidemic. In such a situation some caregivers and orphans find it difficult to grieve over the death of their loved ones for fear of being stigmatised (Hindmarch 1993). As a result, elderly women resort to withdrawal from the community and from social activities and they avoid asking for help from family and friends, leading to their growing isolation (Joslin and Brouard 1995). Such isolation puts the caregiver at risk as well as patients and orphans that she takes care of because, without extra helping hands, the caregiver is likely to become overworked. According to Chikondi “some grandmothers have not come out openly to say that they are caring for orphans. Some of them say, why should I tell the public to care for them? It is better for me to take care for them on my own (fieldwork interviews, 14 July 2012). Some of the BEW react in this manner for the fear of answering the question as to what caused the death of the BEW adult children as it may lead to stigma and discrimination

Ogden (2004:3) states that there is concern over the stigmatisation of caregivers of persons living with HIV. In the case of elderly women, the combined psychological impact of stigma and discrimination, the grief of having lost adult children, the responsibility for orphaned grandchildren and their isolation from the community can be serious. This is why Kando stated that: *I do not have an elder sister or younger sister; I am just myself, when I think of these things I just cry* (fieldwork interview, 13 July 2012). This is an indication that she is lonely, because if she had relatives, even if the community isolates her, she was going to socialise with relatives.

According to UNICEF “grief is a normal reaction to loss. It is experienced as feelings and emotions, while it pre-occupies the mind in the form of thought and worries” (2002). As pointed out by Arnold and Gemma (1994:1), grief is a healing process that cannot be forced and in which there are no short cuts. It must be allowed to take its course. After the death of a child, parents find it difficult to cope with the pain and even if the pain may lessen, it won’t go away (Klass 1999:46). What Klass has pointed out is in line with the findings of this study. Most of the BEW showed signs of not coping

with the loss of their adult children. Throughout this study, I have given examples of BEW being overwhelmed with the role they are playing as caregivers, due to the loss of adult children. “The pain and grief usually tend to persist” and it is possible that they get worse as time goes by (McGold and Walsh 1991:37, Klass 1999:95). According to Corr *et al* (1997) and UNICEF (2002), grief can be manifested in feelings of sadness, anger, guilt, shock, numbness, loss of memory, crying and social withdrawal to name just a few possibilities. Stroebe and Schut (1998:10) observe that the manifestation of grief differs from culture to culture. “There is no standard grief” (Rollins 1989:1). As McNally (2007) states, there are no two people that grieve in the same way, even if their experiences are similar. Alhassan (2010) argues that there is no “right” way of grieving, because pain can’t be measured (Hindmarch 1993). Alhassan (2010) and Hindmarch’s (1993) arguments have been confirmed by the findings of this study. For example, Matayala’s mum grieves by isolating herself from the community and her two adult children, saying that she is taking care of the graves of her two remaining children, while Msekaimfa grieves in her bedroom in the night where children could not hear or see her. Although people grieve differently, there is an assumption that those who are grieving the death of a child should “learn to live with the grief” because “life must go on as usual”.⁴⁰ Such comments were refuted by an anonymous parent who argued that “to bury one of our children is a tragedy few of us can envision, no matter how well schooled in the grief process we may be”.⁴¹ In other words, however well one is prepared for dealing with grief, when reality hits, the preparation is not as effective as it was supposed to be. There is also a perception that the older a person, the less he or she grieves because of previous experiences of deaths. In most cases this is not true because one does not get used to death. Each time a loved one dies it brings new pain. As Malawians say, *maliro sazoloweleka*, meaning one cannot get used to death no matter how many times it happens in the family.

Mudavanhu suggests that “very little is known about these women who grieve their several losses as they assume the ‘off-time’ role of parenting to a generation of children without parents” (2008:12). Also see Cook and Oltjenbruns 1989 on the same issue of grieving women. Mudavanhu’s explanation will not be discussed again because it has already been dealt with in this chapter under the subheading, “Elderly Women as Caregivers in the context of the HIV and AIDS”. Ackermann (2001:27) explains that a grieving person who knows that he or she is supported by the community of faith feels that his or her pain is validated. Thus, Ackermann stresses the importance of the

⁴⁰<http://www.tommyjones.org/grief.html>. Accessed: 03-01-2013. Alhassan 2010: A Mothers Sorrow. <http://weeklydailytrust.com>. Accessed: 08-07- 2011

⁴¹J. W. Blank. The Death of an Adult Child. http://havenofnova.org/articles/parent_in_grief/adult_child.pdf. Accessed: 12-02-2015

community in supporting grieving persons. Again this goes back to the point Hislop stressed in chapter three concerning awareness and understanding of women in pain and the coming together of the community in helping the grieving person. The question to be asked is, how well is the community informed in regard to women in pain? Do community members have skills to support women in pain? Similarly, the BEW who are the subject of this study need the support of the Dzenza congregation of the CCAP.

According to Dyregrov, Nordanger and Dyregrov (2003), some parents get confused and frightened after the loss of an adult child. The grief of elderly people is ignored and as a result they grieve in isolation (Cook and Oltjenbruns 1989). These observations by Dyregrov, Nordanger and Dyregrov (2003) and Cook and Oltjenbruns (1989) confirm the discussion in this chapter and section in regard to BEW. As Kando cries in the night in her bedroom so that her grandchildren should not see or hear her crying, this is an indication of the psychological impact on the BEW.

5.3.3 Financial Impact

When elderly women take on the responsibility of caring for an ill adult child and for grandchildren, this may include being financially responsible for them (Ogunmefun 2008:151). Most elderly women in Africa who are in such a situation are faced with financial challenges, especially if the ill, or deceased, adult child was the family's breadwinner (Knodel 2003:18-19, Fouad).⁴² The loss of the breadwinner implies the loss of present and future support for elderly women and long term loss of income (Knodel 2002:21, Booysen and Arntz 2002, Fouad 39-40, Knodel 2003:18-19). The long term loss of income, due to the impact of the epidemic means that in a country like Malawi where there is no social pension, the financial challenges of senior citizens are considerably increased (Sefasi 2010:102). The financial concern that is raised by the above authors in this section on elderly women was confirmed by the following story:

The challenges that I come across are to find food and clothes for the children. These are the things that bother me, because if I did not harvest maize it means that I have to buy maize, so that I can feed the children (Edinesi, fieldwork interviews, 13 July 2012).

⁴²Sehmi <http://www.pambazuka.org/category/features/57227>. Accessed:30-12-2012; www.aidsalliance.org. Accessed: 29-07-2011.

The majority of the interviewed BEW expressed the financial challenge as pointed by Edinesi. This was observed by Knodel (2002:21), Booysen and Arntz (2002), and Knodel (2003:18-19) in this section, who stated that the death of a breadwinner in the family means a long term loss of income for BEW. This was also confirmed by Nhongo (2004:56) in the study undertaken in Tanzania. He explained that elderly women indicated that they find it difficult to provide basic necessities for grandchildren due to financial constraints. Financial limitations are faced by most grandmothers in most parts of sub-Saharan Africa. As observed by Ferreira, grandmothers experience difficulties in providing food and other basic necessities to grandchildren (2002). For example, like Edinesi and other BEW who were interviewed during the fieldwork, they could not provide basic necessities for their grandchildren. Among these basic necessities are school fees, clothes, school uniforms, and stationery. “These older people have taken on new roles by providing care and financial support to orphaned children” (Sefasi 2010:101). It is a story that is not often fully told: The story how Africa’s grandmothers has become “Africa’s Newest Mothers” in the era of HIV and AIDS.⁴³ Life goes on as if nothing has happened or changed.

5.3.4 Spiritual Impact

The death of a child of any age has a spiritual impact on the parents because life’s structure has been distorted. It is generally seen as not normal for a child to die before his or her parents. In most cultures parents have a duty to care for and nurture their children and to protect them from all harm. So when the death of a child occurs, some parents blame themselves or question their parental skills and their faith in God.⁴⁴ Having attended the funerals of several children, I found that the common cry from the bereaved parents is: Why me? Why my child? Why did God allow my child to die? This is what Mabe and Dawe have to say concerning spirituality and faith in the lives of bereaved parents:

The role of spirituality and faith in parents’ attempts to make meaning of their child’s death can be either helpful or unhelpful. It may in many instances be helpful for some parents to hold on to their Christian beliefs in an afterlife as part of a death-defying theology (1991:338).

⁴³Grandmothers and HIV/AIDS.http://www.unicef.org/sowc07/docs/sowc07_panel_2_2.pdf. Accessed: 27-08-2011.

⁴⁴ A. Alhassan (2010). A Mother’s Sorrow.<http://weekly.dailytrust.com>. Accessed: 08-07-2011.

As opposed to those parents who question their parental skills and their faith in God, others find hope in the message of the afterlife. They believe that one day they will see their beloved child again. Koskela (n.d.) raises seven points concerning the spiritual impact on parents of losing children. He states first that when a child dies, some parents experience negative emotions towards God who, they feel, has caused the death of their child. Such negative feelings are mostly followed by anger, mistrust and bitterness towards God. How could God who is all powerful, all good, all knowing, all loving, allow the death of a child?⁴⁵ The bereaved parents feel that God has let them down by not being there to prevent the death of the child. This is unlike the BEW who were interviewed during the fieldwork; none of them showed any feeling of anger, mistrust and bitterness towards God. Since God to them is God of order, God knows what God is doing and God does it at the right time.

Second, due to the loss of their child, parents may find a reason for hope in the Christian doctrine of resurrection (Koskela n.d.). They believe that their child has gone home to be with God and, one day they will once again be together with their deceased children in heaven. This confirms the point raised by Mabe and Dawe on the belief in the afterlife. It is a common notion used by Christians to comfort fellow Christians who have lost a loved one. This is what the Msekaimfa had to say concerning the death of her adult children: *I am always free saying that where my children went, I will also go there. I do not get angry with anyone* (Msekaimfa, fieldwork interviews, 13 July, 2012). Msekaimfa's hope of seeing her children in heaven is due to the fact that she is a Christian. The doctrine of her church views death as returning back where the person came from. As Christians, they believe that people came from God, so when they die as church members they are going back to God who brought them to the earth. Death may be painful, but there is hope that one day those who have their loved ones will be united with them in heaven. It is a matter of waiting for God's right time; it is like a light at the end of a tunnel. This is why Msekaimfa said that there is no need to get angry with anyone concerning the death of her children because one day she will be with them where they are.

A third point raised by Koskela is that some parents interpret the death of their child as a punishment from God. In such cases parents take the death of their child personally. They blame themselves thinking that they must have sinned against God and God is punishing them (Cook 1983:227-228). Somehow some of the BEW wanted to view the death of their children as punishment from God, but they could not say it explicitly. The indications were: *I asked what is going on with me and what I*

⁴⁵<http://www.leaderu.com/common/terror/Lynch.html>. Accessed: 04-09-2011.

am going to do. What has the devil done to me? Is this the way I am going to live? It is okay because everything is in God's hands (Sofiya, fieldwork interviews, 13 July 2012). The questions she asks concerning the death of her children implicitly say 'what have I done to deserve this?' The feelings Sofiya has stressed are in agreement with Cook and Welsh (1983:227-228) who stated that some parents think they must have committed sin. This is why God is punishing them. She does not want to say that the death of her children is God's punishment. God cannot be blamed for anything that goes wrong, because God knows what God is doing. Despite the teachings of her church of how much more powerful God is than the devil, still in such a situation she blames the devil and ends her complaint by saying "it is okay because everything is in God's hands".

Parents who are familiar with the Bible connect their loss to David losing a child because he had sinned against God. This goes back to retribution theology that says: "You reap what you sow." Such theology came from one of the church Elders Chizindikiro who strongly stated that God said that people should not commit adultery. Chizindikiro's comment is found under the subheading of "Psychological Impact" in this chapter of my study. Such theology in the context of HIV and AIDS is misleading and makes people think that those who are HIV positive are adulterous people. Maybe their parents did not give them proper moral guidance. Such a view can destroy the hope of parents that after their death they will meet the child in heaven.

Another aspect of the death of a child is that the parents' spiritual lives become either "more active or more passive" (Cook and Wemberly 1983:225, Koskela n.d.). Koskela explains that the parent who has lost a child may turn to a "prayer life, engaging to church life and reading the Bible." However, other parents may be disappointed with God and "feel that God has deserted them" (Alexander 1993:7). The parents once again claim that if God was with them, the child would not have died because the almighty God would have prevented it. However, in spite of this disappointment, some parents found that the death of their child led them to intensifying their spiritual life. They were able to go back to church and read the Bible which they had never done before their loss. This is what one of the BEW had to say:

Before my children died I was lost. When I say lost I mean that my heart was not at peace at all and my mind was scattered all over. I am glad that I am in the church. For me to be in the church I get encouraged and church calms my heart (Aluni, fieldwork interviews, 13 July 2012).

According to Aluni, she became active spiritually after the death of her child. She recognised that by being in the church, somehow her life was changing for the better, despite the challenges she encounters as a caregiver for her grandchildren. Being active spiritually improved her attitude. This confirms the point raised by Cook and Wemberly (1983:225) and Koskela (n.d.) that some parents became more active in their spiritual life after a death of a child or children.

Koskela emphasises the different reactions of parents in the same situation: the one turns to an active spirituality and the other's approach to spirituality becomes more passive. A fifth point accentuated by Koskela is the different ways bereaved parents have of coping with their loss. Among the coping mechanisms are singing of or listening to songs, going to church, reading the Bible and other spiritual literature (Koskela). Mudavanhu (2008:80) mentions in this context that during the illness of a child, some parents pray, pleading with God to heal their child. When healing does occur, the parents continue to pray. They also attend church in order for God to give them strength to cope with the death of their child. Those who are caregivers ask for the strength to cope with both the death of a child and the responsibility for orphaned grandchildren. Like Koskela, Mudavanhu mentions that parents may use songs, prayer and attending church as part of a coping mechanism. For example one of the BEW said that *"I am mostly encouraged by prayer. Sometimes when I am hurt, I just read the Bible and then sing"* (Kando, fieldwork interviews, 13 July 2014). The coping mechanism is a form of accepting what has happened by finding ways of coping with the situation. As it has been pointed in the section of "Psychological Impact", people grieve differently.

Another possible reaction of bereaved parents is that they feel "God had treated them unjustly" (Koskela). The concept of injustice surfaces when parents ask questions such as: "Why me?" "Why my child?" "Why at this time?" For it is unnatural for a child to die before a parent. In chapter two I indicated that all the BEW were members of the Dzenza congregation of the CCAP. For them they felt that God could not be blamed for the deaths of their children because God is all powerful and all knowing; God knows what God is doing. God does not kill but gives and takes, because one day the BEW will be able to meet their children in heaven. This was confirmed by Msekaimfa, who stated that *"in my life, God gives and God takes away. Everybody has his own time; I am also waiting for my time"* (fieldwork interviews, 13 July 2012). According to Msekaimfa, when God takes what he has given there is no need to complain, because people are given by God and each human being will go when it is his or her time. However, there are also parents who acknowledge "care, refuge, help

and comfort from God and they felt the presence of God” (Koskela). The widely differing reactions of parents to the death of a child indicate a variety of positions in regard to God as a result of; on the one hand, the specific situation parents find themselves in and, on the other hand, of their perception of God. It is important for caregivers to have empathy for BEW in their various reactions to the death of children and to attempt to understand what is happening in the minds of people who, after a great loss, try to determine their position for or against God. Having empathy on parents who have lost children will allow pastoral caregivers to provide appropriate and effective pastoral care to the bereaved.

A last point raised by Koskela is that sometimes the death of a child makes parents lose faith in God (Cook 1983:227-228). A lack of justice is perceived, especially by parents who have lost more than one child. In their eyes God has been unjust. They ask how an all loving God can allow this to happen again and again. However, others continue to see God as righteous to them, except in the case of the death of their children. Different authors thus show that spirituality is used positively as well as negatively by parents who have lost one or more children. This is why Koskela recommends the use of spirituality in certain professional sectors. His argument is that professionals who are dealing with bereavement should take spiritual aspects of the lives of bereaved persons into consideration. Some parents are helped in their healing process by both spirituality and by visiting professionals who deal with bereavement. The BEW I was dealing with have never visited a professional person. I asked if they did visit a professional or if someone gave them counselling after the deaths of their children and the answer was no. This is why some asked for extra prayer in their homes apart from the usual prayers at church, because they felt that spirituality is the most powerful tool they have to move on beyond the pain they experience. As indicated by Kando, *“I would love the Women’s Guild to visit me at home and preach the word of God to me”* (fieldwork interviews, 13 July 2012).

5.3.5 Social Impact: Death of an Adult Child, Loss of Motherhood Identity and Elderly Orphans

The present section focuses on two types of social impact of the HIV and AIDS epidemic on elderly people, especially elderly women. These types of social impact are related to one's loss of identity as a mother through the death of an adult child and to elderly people becoming what might be described as "elderly orphans". First I will deal with the loss of identity as a mother through the death of an adult child. Among most African peoples there are strong cultural and religious aspects to having children and parenthood is seen as part of a human socialisation process. Thus, the death of a child affects the social life of parents, especially of women whose identity and role in social life is based on being a mother. When an adult child dies, elderly women grapple with issues such as the proper acknowledgement of the fact that she is the deceased's mother (Rando 200:1). According to McMahon, motherhood allows women to feel that they have achieved "a feminine identity as a loving, caring, responsible person" (1995). This is why some of the BEW kept on saying that "*my children are dead but God has given me grandchildren to care for them as my children. Their children are like my children*" (Kando, fieldwork interviews, 13 July 2012). There is that yearning for the motherhood identity in the context of HIV and AIDS.

When death occurs in a family, it affects all family members because after the loss of one of them life will never be the same for the others.⁴⁶ This is confirmed by Ian and Vivienne von Memerty.⁴⁷ The death of a child is an event that no parent should have to go through (Cook and Oltjenbruns 1989 and Stevenso-Moessner 2005). Similarly Alhassan states that losing a child is "a worst kind of pain," a difficult experience, devastating, as if "a part of the mother is naturally cut off". Smith calls the loss of an adult child the "upside down world" (2005:123).

Most elderly women "may feel that their core identities have been ripped [out]" (Arnold and Gemma 1994:40). As a result they isolate themselves from the rest of the community, feeling that they are different from other women who have not experienced the loss of an adult child. Jones⁴⁸ makes clear

⁴⁶Michaewa. The Death of a Child - the Grief of the Person. A Lifetime Journey <http://www.athealth.com> 01-01-2013.

⁴⁷ On the programme Against All Odds, channel 403 on eTV (31-08-2012), Ian and Vivienne von Memerty were asked about the experience of losing their daughter. Ian said, "when you lose a child it changes your life because it is not normal." This is despite the fact that they have two other children. The death of a child will always remind the parents that a part of them is missing.

⁴⁸ T. Jones <http://tommyjones.org/grief.html>. Accessed: 03-01-2013.

that there are no words to define the emptiness, the heartache and the deafening sadness that make an agony of everyday life. It has been observed that “a wife who loses a husband is called a widow. A husband who loses a wife is called a widower. A child who loses his or her parents is called an orphan. But... there is no word for a parent who loses a child, that’s how awful the loss is,” (Neugeboren 1976:154, Niemeyer 1976). An anonymous parent, cited in Harvey, said: “When you bury your parents, you bury your past. And when you bury your spouse you bury your present. But when bury your child, you bury your future” (2002:31). This is why the BEW are holding to the grandchildren - so that they can revive their future which was lost due to the deaths of their adult children. McGoldrick and Walsh call the death of a child “a shattered dream for the future” of parents (1991:38). The person who was supposed to fulfil the dream is no longer there (Alexander 1993:95). N’Guessan believes that “even though death is always painful, a woman who loses a child is more affected, especially when she has only one child. It may seem like she had never conceived” (2010:10). N’Guessan’s point concerning the woman who has lost an only child is debatable. Losing one child out of many is not necessarily less painful than losing one’s only child.⁴⁹ This is made clear by Matayala’s mum who lost five children out of seven. For her the pain is not less because she told her daughter that she has no children. It means she has put herself on the level of women who have lost the only child. For Matayala’s mum, losing five children is as if she is childless, even though she has the other two children. This shows how much children mean to her. Her reaction is also influenced by her culture, which encourages women to have as many children as they can.

Hunt (2007:5) mentions that death can have natural or unnatural causes. Some causes of death are more acceptable to society than others. The death of a cancer patient is accepted by society whereas dying from an AIDS related illness is seen in an entirely different light. Hindmarch states that an AIDS related death is a “death that carries an element of social stigma” (1993). Nieuwmeyer (2002:52) points out that in Xhosa culture in South Africa, a death that is related to AIDS is difficult to acknowledge. This is confirmed by Haddad who states that in such cases “families never confirm directly the cause of the death of their son or daughter” (2006:83-84). Often families avoid

⁴⁹ In 2008, I attended Clinical Pastoral Education (CPE) class at Grey’s hospital in Pietermaritzburg. We did our practices in different wards, visiting patients before the actual visiting hour. We were told to be observant and sensitive to the patients. The first week of my practical I was sent to the maternity ward. Before I went in, one of the nurses gave me brief information concerning one of the mothers who had lost a baby. I went near her bed; I greeted her and asked how she was feeling. She answered that she was fine. I said to her: “I am sorry for the loss of your baby”. She said that she wasn’t worried because she had other children at home. She just wanted to go home and be with the remaining children. The following day she was discharged and went home. To my surprise within the same week she was back in the ward. When we talked together she said that her blood pressure was very high because at home she could not stop thinking of her dead baby. I realised that she was either in shock or in the denial stage of her loss. This is one of many stories that show that however many children one has, when one of them dies the harmony of life is gone because no living children can fill the gap left by the dead child.

confirming the cause of death of a family member for fear of stigma and discrimination. If they have been caregivers in the context of HIV and AIDS, being excluded from society might weaken the traditional support they could otherwise expect to receive (Winston 2006). Loneliness is one of the impacts of the HIV and AIDS epidemic also because elderly women spend most of their time caring for their ill adult child and for their grandchildren (Mwinituo and Mill 2006:369) so that they do not have the time to socialise with their peers.⁵⁰ However, Mwinituo and Mill mention that in addition, this “loneliness is [...] due to the fear of stigma that is related to HIV and AIDS, which causes them not to ask for help from friends or relatives” (2006:369). Mwinituo and Mill’s point regarding isolation of BEW for fear of the stigma attached to HIV and AIDS was one of the findings of this study. One of the BEW said the following: *I do not tell people what caused the death of my children. I did not even tell the grandchildren what was the cause of the death of their parents* (Edinesi, fieldwork interviews, 2013).

According to Hunt (2007:9), the cause of death of an adult child does not matter because the death itself is an agonizing experience. Hunt implies that the focus should be on the loss of the adult child rather than on the cause of that loss. There is a perception that the death of an adult child is less painful than that of an infant. Rollins⁵¹ sees this differently and argues that the death of a child at any age is painful. He is joined by Cook and Oltjenbruns (1989) who write that death is traumatic regardless of age.⁵² Rando (1991:1) says that the death of an adult child tends to be overlooked and the fact that the deceased, whatever his or her age, was somebody’s child is forgotten. It has also been argued that the death of an adult child “is the most difficult of all griefs” (Stevens-Long and Commons 1992). I understood from the BEW during the interviews that the death of a child at any age it is painful. Each time I asked a question about the death of adult child, some of the BEW also talked about the painful experience regarding the children who died while they were babies, or toddlers. Msekaimfa explained that:

Death does not give happiness to anyone like me. I gave birth to fifteen children, I was pregnant thirteen times and I had a set of twins that died. Those children they kept on dying, my husband was told to marry another wife because he was told that I cause the death of our children. I did not know what to do. I was just crying. My

⁵⁰When my mother was caring for my sister who was living with HIV and for my sister’s child, my mother was frequently the only person visiting my sister in hospital. Mostly she was alone without support from her peers and relatives. As a result my mother felt lonely. She also had no time to socialise because she was the only breadwinner and the caregiver. For a discussion of isolation and stigma also see D. Mudavanh 2008:41 and Mulenga 2007:110.

⁵¹J. Rollins. When Parents Grieve, <http://www.scribd.com>. Accessed: 19-07-2011.

⁵²<http://havenofnova.org/articles/parents-in-grief/adult-child.pdf>. Accessed: 01-01-2013.

adult son died in 2008 and my adult daughter died in 2009 (fieldwork interviews, 13 July 2012).

Msekaimfa's story is one of the examples that clearly show that a death of a child at any age is painful. Msekaimfa explained how painful it was for her to lose some children at their early stages of life and some when they were already adults. This is why it is important for Women's Guild to have skills to provide appropriate and effective pastoral care for such people as Msekaimfa and other BEW. As stressed by Hislop in chapter three of this study under the subheading of "Skills for Pastoral Care", it is important for pastoral care givers to have skills for pastoral care to women in pain.

A second social impact of the HIV and AIDS epidemic is the increase of the group of what one might call "elderly orphans". Research by Hsiao, published in 2007, was entitled *The HIV and AIDS Pandemic and Africa's Orphaned Elderly*. Hsiao points out that "much attention has been given to the issue of children orphaned by HIV and AIDS" (2007) but in his view, children and elderly people are both orphaned as a result of AIDS related deaths. However, much attention is given to and more research is done on children orphaned by AIDS as compared to elderly people orphaned by the pandemic. Therefore Hsiao decided to study the effects of the HIV and AIDS epidemic on the elderly section of the population. His findings are in line with the findings of this study as demonstrated by one of the BEW who pointed out that:

I am very sad that my father left me alone. I do not have any relatives, for that matter I feel very sad. I wish I had a brother because by now I would have been "someone" (Firida, fieldwork interviews, 13 July 2012).

Firida's explanation is a confirmation of elderly orphans in the context of HIV and AIDS. She stressed that her father left her when she was still young, meaning that he died when she was still young. Besides not having a father, she does not have a brother or anyone to lean on. Therefore this qualifies her as an orphan. In concluding, I can say that in the context of HIV and AIDS, elderly orphans are caring for fellow young orphans (grandchildren). However the elderly orphans are overlooked compared to the younger orphans.

Usually in African cultures, when parents are aging, structures are put in place for them to live with a son or daughter (Hsiao 2007). In the context of HIV and AIDS this has changed (Richter 2010) as a result of the deaths of adult children. In sub-Saharan Africa there were in 2010 about a million

elderly people living alone, without sons or daughters to look after them. The epidemic poses not only a serious threat to the economy and to social stability but it also endangers the traditional family care for the elderly. This has resulted in elderly people becoming like orphans because there is no one to care for them. This also means that the elderly have fewer social contacts and suffer from loneliness. However, there is hope that in the near future the number of orphaned elderly people may decrease because ARVs given to people living with HIV help them to live longer. The longer life span of infected adult children means that they may be available as caregivers for their elderly parents as well as of their own children. On the other hand, it is not impossible that the number of elderly people living as elderly orphans will decrease as not every person who is HIV positive is on ARVs. As long as there is no cure, there will be people dying from opportunistic illnesses, and there will be elderly people living like orphans as is the case of Msekaimfa in the example given above.

Richter raises the following point: “We all know we have this problem with orphaned children. I wondered do we have a similar problem with orphaned elderly? I searched a variety of publications and didn’t find a clear answer” (2010). Richter’s observation is important for the present study that is concerned with pastoral care given to BEW in the context of HIV and AIDS. Is the Women’s Guild as passionate about the plight of BEW as it is about children orphaned by AIDS? Are they aware that there are elderly orphaned people in the Dzenza congregation of the CCAP? Once again this goes back to chapter three where Hislop (2003) stresses that it is important for a pastoral care giver to be aware of the world of woman in pain.

The issue of elderly orphans has led Sidloyi to believe that “in Africa, aging is a crisis that is just beginning to reveal its ugly face” (2010:1). The elderly are a cause for serious concern when resources get scarce. As noticed by Sidloyi (2010:1-2), in the context of the pandemic it is mainly the younger generation that is dying from AIDS related illness and lifestyle diseases. Therefore much attention is given to problems touching young people with the result that the older generation, who are also in need of attention, are forgotten. This is why the grandmothers marched in Swaziland Manzini, demanding care from the government and community at large. This point will be discussed in detail in chapter seven in this study under the subheading “Overcoming challenges Through Mutual Care”. Members of the older generation who get no proper care and have no sons or daughters to live with qualify to be considered as elderly orphans. The situation described by Sidloyi was also noted by Kautzin in Tanzania in 2010. He relates that during one of the summers he spent in rural Tanzania educating people on the subject of AIDS, he lived with a family that had taken in an unrelated, elderly villager who had no one else to look after him. “I saw both the devastation caused

by AIDS and the importance of family in caring for the elderly.” Kautz *et al* (2010) found, in addition, that as the number of AIDS related deaths was increasing, the number of elderly orphans also increased, most of them living alone.

Clearly the deaths of adult children from AIDS related illnesses have a serious impact on elderly people, especially women who are the main caregivers and have fewer resources. The information provided in this chapter also shows that next to the increase of children orphaned by AIDS, there is also a growing number of elderly orphans. Research in the area of elderly orphans has thus far been limited, as stated by Hsiao. I believe that there is a need for a thorough study of the situation of elderly orphans in the context of HIV and AIDS. As no cure has yet been found, the problem of elderly orphans will persist. It is, in my view, the duty of the community at large to be aware of and to adequately respond to the fact that elderly orphans are in various ways profoundly affected by the HIV and AIDS epidemic.

5.4 Conclusion

The focus in chapter five was to examine the impact of HIV and AIDS on elderly people, especially elderly women. The impact of the epidemic on elderly women is the result of, *inter alia*, the care they give to ill adult children and to grandchildren who have lost their parents to AIDS related illnesses. Hence, in this study I have shown that HIV and AIDS have affected the lives of BEW physically, psychologically, financially, spiritually and socially. This was done by using the information collected by various scholars on the impact of HIV and AIDS on BEW. It is generally known that BEW are the main caregivers in sub-Saharan Africa, caring for ill adult children and for grandchildren before and after their parents die. It is clear that these caregivers are at an age when they themselves need to be cared for. I have demonstrated that their activities as caretakers are physically taxing: they do an extra amount of cooking, cleaning, and fetching water and firewood for which they often have to walk long distances, in addition to bathing, feeding and nursing their ill adult child. At the same time they are not entirely fit themselves, due to their advanced age and lack of strength. I have also shown that they are affected psychologically because of the stigma attached to the epidemic and the resulting discrimination. As a result of stigma and discrimination, the BEW find it difficult even to grieve openly for fear of being stigmatised. Despite this, they play an important role as caregivers in the context of HIV and AIDS.

Additionally, I have shown that when the BEW take the responsibility for caring for ill adult children and grandchildren, they also take the financial responsibility to meet their needs. In order to provide what is needed, BEW may have to sell assets leaving them poorer yet. In spite of their efforts to nurse their children back to health, they may fail to do so. This means the financial condition of BEW becomes worse because if the person who passed away was the breadwinner for the BEW and the extended family. Further, I have demonstrated that when their children die, parents may question their spiritual status and their faith in God. Parents who struggle with their faith may see the death of their child as a punishment from God for a sin committed by the parent. There are also parents whose spiritual lives deepen after the loss of adult children. They are able to trust in God and hope that when they die, they will meet their children in heaven. In this chapter I have shown that people who are in the same situation and who have suffered similar losses use spirituality in different ways, positively or negatively.

Furthermore, I have shown that during the sickness of an adult child most elderly women who nurse them have little time left for socialising with their peers' since they spend most of the time caring for ill adult children or grandchildren. In addition, many of them avoid others for fear of the stigma attached to HIV and AIDS. They isolate themselves from friends and sometimes even from family members, with the result that they do not ask for help from relatives and community. This may leave the elderly parent alone. In most African cultures children are supposed to care for aging parents and, on their death, to bury them. However, in the context of HIV and AIDS there is a paradigm shift with parents caring for adult children and burying them. The African structure of care has been affected by HIV and AIDS. As a result there are an increased number of elderly orphans, living alone without the support they need.

I have used secondary literature to show what has already been found by other studies concerning the impact of HIV and AIDS on BEW. This information is important because it confirms the findings of this study that were identified by participants themselves, such as physical, psychological, financial and social impacts. The links between what I have found in other studies and my own study is that HIV and AIDS has heavily impacted BEW. Therefore, the Women's Guild needs to provide appropriate and effective pastoral care to respond to the challenges encountered by BEW in the context of HIV and AIDS. The discussion in chapter six and seven in this study will be on the current pastoral care programme, to examine its appropriateness and effectiveness to caring for BEW.

In this chapter I dealt with impact of HIV and AIDS on elderly women using mainly secondary literature from different authors. I now move to the following chapter where the discussions will examine the current Women's Guild pastoral care programme, its appropriateness and effectiveness.

CHAPTER SIX

PRESENT PASTORAL CARE PROGRAMME OF THE WOMEN'S GUILD OF DZENZA CONGREGATION OF THE CCAP

6.1 Introduction

The previous chapter discussed the impact of HIV and AIDS on elderly women and was based mainly on secondary data. Different scholars have demonstrated how elderly women are affected, physically, psychologically, financially, spiritually, and socially, due to the loss of adult children to AIDS related illness. Chapter six will concentrate on the existing pastoral care programme of the Dzenza congregation of the CCAP Women's Guild. This chapter is an important chapter to this study because it provides some insights into how appropriate and effective the current pastoral care programme of Dzenza congregation of the CCAP Women's Guild is for bereaved elderly women, who have experienced the loss of one or more of their adult children due to AIDS related illnesses and are providing care to their orphaned grandchildren.

The literature in this chapter deals with the existing Women's Guild current pastoral care programme in the Dzenza congregation of the CCAP. The history of the Women's Guild organisation has been well researched by Phiri in her unpublished work titled *African Women in Religion and Culture - Chewa Women in Nkhoma Synod of the Church of Central Africa Presbyterian: A Critical Study from Women Perspective* (1992), and her published books *Women, Presbyterianism and Patriarchy. Religious Experience of Chewa Women in Malawi* (1997 first edition) and (2007 second edition). Therefore, the present study will not repeat what Phiri has already said. In a few sections a brief comparison will be made on the basis of my field research between Phiri's study and the existing Women's Guild pastoral care programme. The core question I seek to answer is How particular is pastoral care that Dzenza congregation of the CCAP Women's Guild members offer to BEW in response to challenges encountered by BEW? Is the pastoral care offered to BEW by the Women's Guild tailored to help the BEW cope with the challenges they encounter, including physical, psychological, financial, spiritual and social challenges identified in chapter five.

This is in accordance with the second objective of this study which is to investigate the type of pastoral care that the Women's Guild of the Dzenza congregation of the CCAP provides to BEW

who have experienced the loss of adult children, leaving them with the responsibility for their orphaned grandchildren. The objective will be met by concentrating on the existing Women's Guild pastoral care programme and its effects. As part of the field research, the existing pastoral care programme is discussed from the perspective of church Elders, Women's Guild members and BEW. The discussion involves perceptions of the roles of the Women's Guild and of their training in pastoral care in the context of HIV and AIDS. The challenges they face as pastoral caregivers are presented. Finally, the "shepherding a woman's heart" and feminist pastoral theories will be used to analyse the fieldwork results. How the field study was conducted has already been well discussed in chapter two of this study.

6.2 Brief Background of Church Women's Organisations

This section provides a brief background of church Women's organisation and is a continuation of the discussion in chapter one, under the heading of "Church Women Organisations as Pastoral Care Providers". According to Chapatali, there is no actual record when the Women's Guild was established in the Dzenza congregation of the CCAP. The Women's Guild in Nkhoma synod as a whole started in 1940, so that means in Dzenza it is the same date, 1940. Since 1921, Dzenza has mothered 17 congregations where on average there are more than 1000 women in the Women's Guild per congregation, so the Women's Guild in Dzenza is growing each and every year. They have newcomers at every meeting every month at an average of 20 women (Chapatali, email interview, 06 February 2015).

Most churches in Africa have powerful church women's organizations, founded by women for different activities that strengthen the ministry of women in the Church (Bam 2005:9, 13 and Chilenje 2007:221). Historically, these organisations have contributed to the growth of the Church through their evangelistic campaigns (Bam 2005:9). According to Bam (2005:13), a Women's Guild is a group of women organized around prayer and pastoral care activities. In agreement with Bam, Phiri states that the policy of CCAP in Malawi is for the Women's Guild to promote "the spread of the gospel, hospitality, visiting the sick, the bereaved, the elderly, backsliders and the weak Christians" (2007:81). Additionally, according to studies undertaken by Phiri (1997), Haddad (2000), Akintunde (2002) and Mombo (2002), Church women's activities include spreading the gospel, visitation of the sick, bereaved and elderly, prisoners, backsliders and weak Christians, and in addition caring for orphans and widows.

The information provided by Phiri (1997), Haddad (2000), Akintunde (2002), Mombo (2002) and Bam (2009), in this section with regards to women's organisations in the church, was illustrated in the present study by the following statement:

In Nkhoma synod we say that the church is in the hands of women. Even though the Women's Guild has the most members in the church, the Women's Guild members know that they are a branch of the church. They are not a church on their own, but they are a branch of the church. For they listen to what the church says, meaning that there is a good relationship between the church and the Women's Guild members. For example, the church cannot do things on its own without the Women's Guild organisation. This is an organisation that represents the church and the whole group of Women's Guild members (Chapatali, fieldwork interview, 07 July 2012).

The interviewees Chikondi, Lemwa and Chapatali as church Elders, concurred with the view that the Women's Guild is a branch of the church and not a church within the church. Despite its strong leadership structure and its majority in membership, the Women's Guild members are expected to do things according to the rules of the church. Chapatali highlighted that the Women's Guild listens to the church and that this is a sign of a good relationship between the church and the Women's Guild. To an outsider this may sound as if the church is in control of the functions of the Women's Guild. However, he elaborated on his statement by acknowledging that the church cannot function without the Women's Guild. This is why the interviewed Elders stated that the church and the Women's Guild are one in doing God's work. They complement each other in the roles they play.

Phiri (1997:81), Akintunde (2002:91-95) and Mombo (2002:66) emphasise that although these women are free to organise their meetings, they cannot make decisions and implement these without consent of the male leadership in the church. This observation by Phiri (1997:81), Akintunde (2002:91-95) and Mombo (2002:66) is in accordance with Chapatali's above statement in this section. This is what he had to say: "*the Women's Guild members know that they are a branch of the church. They are not a church on their own, but they are a branch of the church. For they listen to what the church says*". In other words, Chapatali as a church Elder is saying that women cannot make decision and implement them without consent of the male leadership in the church. The key words in Chapatali's statement are "*They are not a church on their own, but they are a branch of the church. For they listen to what the church says*". His statement agrees with the given authors in the

second paragraph of this section, in saying that the church is in the hands of the Women's Guild, but whatever they do they have to listen to the church. The founding of these organizations was a great accomplishment of women and provided them with a space of their own in the church (Phiri 1997:100, Mombo 2002:73). It is within this space that women could realise a new status (Akintunde 2002:88). It also gave them a sense of belonging and the authority to spread the gospel in the men's space (Phiri 1997:99-100). Space is a significant tool for women to share their life experiences. As indicated by Phiri (1997:100), Mombo (2002:73) and Akintunde (2002:88) the Women's Guild gave women a space and sense of belonging. This is in line with Snorton's (1996:60) point in chapter three of this study under the heading of "Safe Space as a Concept in Feminist Pastoral Care". Snorton's concern is for women to have a safe space where they will not be judged when sharing their experiences. The kind of space advocated by Snorton is in contrast to the space which the Women's Guild of Dzenza has, because their space is not free as such. When meeting in their space they have a male representative called *Mkhalapakati*, meaning go-between, of the church and Women's Guild (Phiri 1997:80) as indicated in chapter two under the subheading "Church Elders" footnote. This was confirmed by Lemwa, one of the church Elders, when I asked him a question, concerning challenges faced by Women's Guild. He responded by stating that "this question can only be answered by people who are involved in the Women's Guild, like this fellow *Mkhalapakati*," (fieldwork interviews, 11 July 2012).

Mombo (2002:59) argues that regardless of their struggles to get a voice in the church and of their contributions, the stories of church women's organisations are ignored. Mombo points out that a lack of interest in women's stories leads to a wrong impression of women's organisations. This is why the Nkhoma synod ended up having *Mkhalapakati* in the Women's Guild meeting - for fear that the Women's Guild will become a church within a church (Phiri 1992:141). As Oduyoye (2006:36) states, the African Church has to work towards the redemption of Christianity by turning around the present attitude of the church that supports the domination of women and leaves them voiceless - a religious practice Phiri called "the silent theology of the church towards women" (1997:102). Therefore, my study will continue to highlight the good work of church women's organisations by focusing on Women's Guild of Dzenza congregation of the CCAP congregation and specifically on their pastoral care ministry.

6.2.1 Church Elders' Understanding of the Women's Guild

In this section I present the views on the Women's Guild of the interviewed church Elders. The Women's Guild is one among the several branches of the church (Chikondi 14 July 2012, Lemwa 07 July 2012). As such, it is an aspect of the church's ministries, based on the understanding that there are no spiritual differences between men and women. Roles in the church are divided between men and women in an attempt by the church to ensure that women are not left behind (Lemwa). Lemwa, as one of the church Elders, supported his comment with a Bible verse,⁵³ to justify the egalitarianism they have in the church. This leads to the church roles that are undertaken by the Women's Guild in the church.

6.2.2 The Church Elders on Roles Played by Women's Guild Members

As a branch of, and working hand in hand with the church and its Elders, the members of the Women's Guild have their own specific roles as pastoral caregivers. This is what Nana had to say regarding these roles.

First of all let me say that the role of the Women's Guild is very important in the church. Literally speaking, they are doing the most important job. If we had to compare genders, we would find that women do more work than men. If we are to be realistic, when you look even at the work here in the village for example; I am a church Elder. When they say, let us go for prayers, you will find out that most of the people who are there are women. Women's Guild mmm... they are the ones at our church, that go to the hospital and they meet more often. The presence of women even if we do not have a measuring stick for their spirituality, but their availability shows that at least they are touched and they are doing something. When it comes to funerals, you find out that those who are running around are women even those who are in the house are women, men are like distant followers. Mmm... coming to your question, women are found where there is a problem or a need. In most cases the Christian work is done by women. Aah mmm... in my words

⁵³ "There is neither Jew nor Gentile, neither slave nor free, nor is there male and female, for you are all one in Christ Jesus," Galatians 3:28. New International Version (NIV).

as I have said in the beginning they are the people who are doing most of the things, more than us the church elders. Most of us are Christians or Sunday Christians. We are more of that, while the Women's Guild in most cases, if there is some work to be done at church, they are the ones to do it. Also they go to the villages visiting the sick, the bereaved. Even though in the past it was said that women should not be in leadership, but now we have started fair and good.⁵⁴ I think we cannot run away from the fact that the Women's Guild plays their role in the church (Nana, fieldwork Interview, 14 August 2012).

Commenting further on the role of the Women's Guild were Chizindikiro, Chikondi, Chapatali Lemwa and Tsogolo. Clearly, all six interviewed church Elders acknowledged the different roles that the Women's Guild undertakes in the church. The five Elders were in agreement with Nana's statement concerning the roles that are played by the Women's Guild in the church. Due to the limited space, I will not write down each and every statement said by each and every church Elder. The opinions stated by Nana encompass the other church Elders' views. It is deliberate that in this section the sex of the church Elders are not mentioned, for the sake of confidentiality, even though I used pseudonyms. The leadership appreciates the importance of the tasks undertaken by the Women's Guild in the church. The elders mention the Guild's involvement in prayer meetings, hospital and village visitation of sick people, visiting the bereaved, caring for orphans and the elderly, cleaning the church, cooking when there are church meetings, teaching Sunday school, preaching and helping when there is a funeral.

Earlier in this chapter under the subheading of "Church Elders' Understanding of the Women's Guild", Lemwa stated that there is no difference between men and women. He backed up his statement by quoting Galatians 3:28. If indeed there is no difference between men and women, one wonders why women should be the ones doing most of the work? Women are not the only ones capable of going to prayer meetings, visiting the sick and bereaved, taking care of orphans and the elderly, cleaning the church or cooking, and so on. Chapatali, Chizindikiro, Nana, Chikondi and even Lemwa admitted that the Women's Guild members do more work in the church than the men. They state explicitly that men and women are working together as equals. However, the roles in the church are not equally divided and most of them are fulfilled by women. The roles that are fulfilled by

⁵⁴Unfortunate, developments that at the Nkhoma synod general assembly of 2014 a decision was made to rescind the ordination of women as deacons and elders. This was confirmed by Nana as one of the church Elders (email interview, 09 August 2014).

women are the roles that are perceived to be unimportant roles for men. This was noted by Douglas (1961) in chapter of this study three under the subheading “Feminist Pastoral Care”, who stated that the church has a habit of allocating minor duties to women, such as sewing, conducting bazaars, organising supper and fund raising events, but not allocating leadership roles to women. This is why in the same chapter three and on the same subheading “Feminist Pastoral Care”, Kanyoro (2001:169) stated that what oppresses women must be transformed or destroyed. Therefore, it is important for the leadership of the Nkhoma synod to transform their leadership structure if they believe that men and women are equal before God as stated by Lemwa earlier on.

On looking more closely at the situation, most of the roles played by Women’s Guild members are the same as the roles they play at home. The distribution of responsibilities according to gender in the church is an exact copy of the role division in the community. The cultural status quo in the community is maintained in the church. Nana was wondering why women are not part of the leadership of the church in view of the fact that they are the ones running it by undertaking most of the tasks, including those that could be done by men. Nana’s indication that the Women’s Guild runs the church was confirmed by Chapatali who pointed out that “*In Nkhoma Synod we say that the church is in the hands of women*”. Chapatali’s statement is from this chapter under the heading of “Brief Background of Church Women’s Organisation”. This is why Nana is asking, if the church is in the hands of Women’s Guild, why are they not part of the leadership of the church? This is a question yet to be answered.

So the text from scripture used by Lemwa, pronouncing on the equality of men and women, does not apply to all positions and roles in the church leadership. Oduyoye posits that even though the church “accepts the material service of women, it still does not listen to their voices, seek their leadership, or welcome their initiatives” (1995:172-173). Concurring with Oduyoye, Phiri, in her book *Women, Presbyterianism and Patriarchy* (1997), also raises the issue of women and church leadership. Phiri indicates that during her field research on the participation of women in church leadership positions, some interviewees mentioned “reasons based on tradition and conservative theology for not wanting women in church leadership” (1992:1997). In conclusion it can be said that the Women’s Guild is acknowledged as a very important organisation, and the members fulfil crucial tasks in the church but, even so, they are kept out of the mainstream leadership of the church.

6.2.3 HIV and AIDS Training Programme

Traditionally, in the missions in Malawi the wives of the missionaries focused on what were the burning issues at the time, such as teaching women on aspects of home economy, Christian life, how to raise children, and how to read and write (Phiri 1992:143, 1997:81). In recent years the HIV and AIDS epidemic in Africa has become the central burning issue. Thus it is important that Women's Guild members be well educated in areas associated with the epidemic. Knowledge related to the HIV and AIDS epidemic can be additional to the kinds of training women undertake as established in the time of the missionaries. During my fieldwork interviews, the church Elders were asked what kinds of training Women's Guild members receive to enable them to provide appropriate and effective pastoral care to people who are infected or affected by the epidemic. Chikondi responded as follows.

Mmm... not that I know. The only training is the one to know the whole Bible from beginning to end and how to preach. Training in connection to HIV and AIDS I do not know (Chikondi, fieldwork Interview, 14 August 2012).

Chikondi had no idea whether an HIV and AIDS training programme exists at Dzenza congregation of the CCAP. The only HIV and AIDS programme that Chikondi was aware of is a programme to take care of the orphans. At the time of the interviews in 2012, even the orphans' programme was no longer functioning. The group that used to run it had moved to a new prayer house near their area. There were discussions about a revival of the orphans' programme. If the remaining church members at Dzenza congregation of the CCAP had pastoral care skills, the pastoral care programme would have continued to function. The problem is, the church members relied on the few who had pastoral skills; once they left the programme could not go on. This is why Hislop (2003:117-157) insists that all those tasked with pastoral caregiving should have pastoral care skills. Even though the emphasis in the study is on "listening" skills, Hislop indicates the significance of having different skills in order to provide appropriate and effective pastoral care.

6.3 Church Elders on Challenges Faced by the Women's Guild

The Women's Guild is committed to providing pastoral care to church members and the wider community, but as some in the church leadership admitted, they face several challenges; for example, a lack of sufficient funding and the bad behaviour of some orphans.

6.3.1 Financial Challenges

Chikondi and Nana both stressed that the Women's Guild is struggling with a lack of funding. Nana, for instance, observed:

My answer might not be as precise, but I guess funds will be of the essence in their work. For now the Women's Guild members do put their contributions together. Due to the needs as you have mentioned about the new illness AIDS, I feel that there is a huge need to help the bereaved elderly women. They need help for sure. Maybe resources are not enough for all the bereaved elderly women. So the Women's Guild members just choose where the tyre squeaks most. I feel money would be of great help for the Women's Guild to provide effective pastoral care to bereaved elderly women (Nana, fieldwork interview, 14 August 2012).

Chikondi and Nana raised the issue of finances because, in the case of some BEW, the most urgent problems could be solved by financial assistance. They need, for instance, to buy school uniforms and stationery, to pay for school fees and to stock up on groceries for the orphans in their care. Without money these needs can't be met. The financial constraints raised by Nana and Chikondi concerning BEW were also raised by Sefasi (2010:102) and Radhika (2003:10-11) in chapter five under the subheading "Financial Impact". The concern of both authors is lack of finances for BEW to play their role effectively as caregivers of their grandchildren. Additionally, Sefasi pointed out that it becomes difficult for BEW to meet the needs of grandchildren in a country like Malawi because the government does not provide children's grants or pensions for elderly people. Lack of finances also leads to a lack of education for orphans, as stated by Mopheje who is one of the BEW participating in the present study (interview 13 July 2012). She stated that she does not have the money to pay school fees for her orphaned grandchildren. One of the teachers volunteered to pay school fees for one grandchild which means that the others are at home. This turns into a vicious cycle of no schooling for orphans who are looked after by BEW, who themselves are without

education. This explains why there is a strong longing among these elderly women to see their grandchildren educated so that they can break the cycle of poverty.

6.3.2 Misbehaviour of Some Orphans

Chikondi raised the issue of misbehaviour by orphans. Chikondi had this to say:

Some of the orphans, when they are not with their grandmothers, forget that they are orphans. They do things that bring problems to their grandmothers. In such cases the Women's Guild members have to be involved in counselling such children. Sometimes the Women's Guild members get tired of dealing with such children. These are some of the challenges that the Women's Guild members encounter in providing pastoral care to BEW (Chikondi, fieldwork interview, 14 August 2012).

Chikondi complained that the misbehaviour of some orphans when their grandmothers are not around exasperated Women's Guild members who, at times, feel that they have done enough to help and they cannot do more. Chikondi used the phrase: "They forget that they are orphans..." This phrase seems to imply a tendency to stigmatise orphans: they are expected to behave differently from other children whose parents are alive. It sounds as if orphans ought to show an "orphan's behaviour" or a behaviour that is consistent with being an orphan. However, in reality, orphans behave most of the time the same as their peers. The issue of misbehaviour pointed out by Chikondi in regards to orphaned children was also noted by Mangalparsad (2007:49) in chapter five of this study under the subheading "Caring for Orphaned Grandchildren in the Context of HIV and AIDS". The author pointed out that some grandmothers find it difficult to discipline grandchildren because they turn against them, telling the grandmothers that they do not have the right to discipline them because they are not their biological parents. However, in this study the BEW did not indicate having problems in disciplining their grandchildren. Their main concern was to find ways to provide basic necessities for their grandchildren. In such a situation one can say that it is important to use church and community resources as part of pastoral care as suggested by feminist pastoral care authors in chapter three. As mentioned earlier in chapter three, Graham (1993:193) argues that it is important to use the available resources to spread the awareness of experiences of women, instead of giving up on orphaned children. As indicated by Chikondi in her above statement(Chikondi, fieldwork interview,

14 August 2012), giving up on orphans means giving up on BEW, because they do not have the strength to run around checking on the grandchildren who are not behaving.

6.3.3 Women's Guild: Overcoming Challenges

It is important for BEW to acquire skills that generate income and find ways to provide for their daily needs. However, as obtaining income generating skills does not necessarily guarantee that they will find work and get an income right away, some BEW prefer handouts over acquiring skills. Similarly, as Chikondi explained, some BEW are not in favour of being given fertilizer to help them to increase their harvest. This is a process that takes months and to succeed requires good rainfall and generally suitable weather for the crops. Thus, again, getting fertilizer does not guarantee a solution to the problem of food security. One could get the impression that BEW do not want to do things for themselves but the reality is that they, and their grandchildren, need to be fed. How can BEW go to train for skills on an empty stomach? How can they dig fertilizer into the ground when they are hungry and already struggling with old age?

According to Chapatali, a church Elder, the Women's Guild identifies specific BEW who need help with cleaning their homes. During the "Youth Week"⁵⁵ youths were invited to repair, as far as they could, those houses that were in a particularly bad condition. According to Chapatali, in 2012, Youth Week was still taking place once a year. Nana raised the important issue of creating awareness in the community of the challenges faced by the Women's Guild as pastoral care providers in the Dzenza congregation of the CCAP. This is what Nana had to say:

Sometimes when you are so much used to someone's problem you tend to be at rest or you tend to develop hard heat burns in your hands and you do not feel the heat in your hands anymore. Your emotions are blanketed; you cannot feel the heat outside. I think maybe there can be probably some sort of education... mmm... for

⁵⁵Youth Week in Malawi is a week which happens every year when youth and others in their communities get together to help elderly people and, more generally, the needy. Activities during this period include repairing the houses of elderly people, helping with work in gardens and fields, and fetching water for domestic use. They also repair roads and paths used by their communities. Usually the projects to be undertaken are identified before Youth Week. Youth Week is an idea introduced by the late President Dr Kamuzu Banda. His main aim was to educate the Malawian youth to be involved in the community by helping those in need. At the same time he was educating Malawian young to do things for themselves and to reduce their dependence on the government. As the South Africans say, *vukauzenzele*: stand up and do it yourself.

people to realise the challenges faced by bereaved elderly women. Much as we claim that money will be of the essence, will be needed, much needed, but I think there is a need of eye surgery for people to see this as a problem (Nana, fieldwork interview 14 August 2012).

Nana shared Chikondi's views regarding the need for BEW to acquire income generating skills but she also pointed out that greater awareness should be raised of the challenges experienced by BEW. Nana felt that in the context of HIV and AIDS there are many different challenges, some of which are prioritised, whereas others cannot be given immediate attention because they seem to carry less weight. As far as Nana is concerned, the community should pay attention to the challenges of BEW and he used the metaphors of eye surgery or the wearing of eye glasses to enable the community to see clearly the often overlooked burning issues of the day.

Nana implicitly used the See Judge Action method, saying that there is a need for people to observe what has happened in the lives of BEW before judging the conditions under which they live. He suggested the need to understand the causes of various challenges faced by BEW as a basis for making deductions. This may lead to responsible decisions on what action can be taken to respond to the challenges. Nana pointed out that the challenges encountered by BEW may not be limited to a lack of finances and may require more than money to be solved. Like Chikondi, Nana raised the issue of skills. In his view, some of the problems experienced by BEW could be solved if more people were available with the necessary skills to help them.

The issues of awareness and skills are in line with Hislop's views. Hislop (2003:20-21) writes that pastoral caregivers have to be aware of the challenges faced by care receivers. The caregiver should know and understand what is going on in the life of the care receiver. As regards deciding what action should be taken to meet the care receiver's particular problems, Hislop stresses that the caregiver needs to have the skills appropriate to dealing with these problems (2003:135-156). In the current study the care receivers are the BEW and the caregivers are the Women's Guild members. Hence, Women's Guild members have to be aware of BEW's specific challenges and, provided they have the necessary skills, they will be able to provide appropriate and effective pastoral care.

6.4 The Women's Guild as Seen by its Members

In the previous section I discussed how church Elders of the Dzenza congregation of the CCAP understood the Women's Guild's role in the church. I now turn to how members of the Women's Guild perceive themselves and their tasks. In chapter two I have indicated that a total of nine members of the Women's Guild were interviewed. A majority of these consider the Women's Guild as a branch of the church that fulfils certain roles in the church as well as in the wider community. When mentioning the wider community, they refer to the fact that they provide care, not only to church members, but also to people who do not belong to the Dzenza congregation of the CCAP. Members of the Women's Guild see themselves as servants of God called into His service through tasks they undertake in the church and beyond.

6.4.1 Role of the Women's Guild in the Church

According to Women's Guild members that were interviewed, they play various roles in the Dzenza congregation of the CCAP. Among these are visiting the sick, the bereaved and the lonely, taking care of the poor, the orphans and the elderly, and preaching the Word of God. Additionally, Women's Guild members teach at Sunday school, encourage women to grow spiritually and to develop behaviour appropriate to prevailing circumstances. These roles are in accordance with those described by Phiri (1992:143, 1997:81). These roles were also indicated by Bam (2005:13), Phiri(2007:81), Phiri(1997), Haddad (2000), Akintunde (2002) and Mombo (2002) in this chapter under the subheading "Brief Background of church Women's Organisations". The main concern of the given authors was that, despite the roles they play as custodians of pastoral care, the Women's Guild cannot make decisions and implement them with the consent of male leadership.

Furthermore, the Women's Guild attends to the church Minister and his family and attracts new members to both the Guild and the church. They are thus seen as custodians of pastoral care and as pillars of the Dzenza congregation of the CCAP since most pastoral care is provided by them. Their commitment to the provision of pastoral care to church members and others in the community has led to growing membership, both of the Women's Guild and the church.

6.4.2 Increase of Women's Guild Membership

Every church wishes to grow its membership. Hence, the Women's Guild of Dzenza congregation of the CCAP puts much effort into recruiting new members. As the Guild membership increases, so the church grows in numbers because one cannot join the Guild without being a member of the church. Growing the organisation is a way of sharing their role as pastoral caregivers with more women so that they can deal with more pastoral care receivers. According to the Women's Guild members that were interviewed, there are different ways of attracting other women into their organisation.

As individuals we have to be examples to others through our behaviour. So that other women, when they see our behaviour, they should be attracted – wanting to join the group. We also say that we should start in our families doing good things; so that when others see us they should be attracted, saying that the Women's Guild is good (Kankhani, fieldwork interview, 12 July 2012).

Kankhani based her response on 2 Corinthians 3:2.⁵⁶ As a member of the Women's Guild she needed to set an example, not only for Christians but also for those who are not Christians. Being an example should start in her own family. The motivation is that Christians will be encouraged by the good behaviour of Women's Guild members and grow spiritually, while non-Christians would be attracted by it and would want to be part of the church and the Women's Guild.

In other words, Kankhani said that “actions speak louder than words”. If whatever the members of the Women's Guild preach is not in line with the Word of God, all their preaching will be in vain. The increase of membership of the Women's Guild means an increase of human resources. It takes a considerable number of women to fulfil all the different roles played by the Guild, including the demanding task of providing appropriate and effective pastoral care in the church and in the community. While Kankhani raised the issue of good behaviour, Chisomo talked about “Mlozo” in connection to the increasing membership of the Women's Guild. She pointed out that:

As Women's Guild members, we have a booklet called Mlozo meaning guide. We use our Mlozo on Fridays that is when we do our Bible studies. When we are in our areas, we meet as Women's Guild members including those who are not part of the Women's Guilds. When we meet like that, what do we do? We teach each other the

⁵⁶ “You yourselves are our letter, written on our hearts, known and read by everyone” (2 Corinthians 3:2 NIV).

Word of God. Those who are not members in our group say: I think there are good things in the Women's Guild. They also say that if they are discussing these things it means, when they meet with the whole group, there are more good things to be learnt. The other thing is being a member of Women's Guild; it means she has to be a person of good example to her friends. If someone has hurt you, you need to calm down. Not saying that, no! I just wear my membership like clothes, therefore I can put my Women's Guild membership on and off when I want to. Like that it will not work for you, because you need to attract others. It means you are not fit to be a member of the Women's Guild. Your good behaviour is what attracts someone; it means in this organisation there are good things (Chisomo, fieldwork interview, 16 August 2012).

Chisomo ascribed the increase of the Women's Guild membership to the teachings from their booklet called *Mlozo*, which gives spiritual guidance. This booklet has been used since the early days of the Women's Guild in 1940 (Phiri 1992:145). Non-members become attracted to the Guild when they attend Bible studies using the *Mlozo* booklet. In addition, the behaviour of the Women's Guild members appeals to non-members. One may conclude that in order to inspire other women to join the Women's Guild, its members have to live according to the teachings of *Mlozo*. This is why the importance of good behaviour was raised both by Kankhani and Chisomo.

Tiyamike mentioned informing other women about the Women's Guild as a way of increasing membership. She said:

It is possible that other women do not know what we do in our Women's Guild meetings. I tell them what we do to attract them. I tell them about the testimonies that the women give about what happened in their lives. Through this, a person listening gets attracted. One of my friends joined the Women's Guild through sharing with her the testimony of our Minister's wife and her friend (Tiyamike, fieldwork interview, 16 August 2012).

Tiyamike believed that women who do not have knowledge of what goes on in the Women's Guild need to be informed. They know little more than that the Women's Guild exists, so volunteering information about the organisation may inspire some women to join. However, providing information has to go hand in hand with a show of good behaviour of members of the Women's Guild.

Tiyamike's response confirms what Hislop notes with regard to understanding the life of a woman in pain in all its dimensions (Hislop 2003:37-85). Tiyamike realized that women need information about the Women's Guild and to see that the Guild can help them to meet their spiritual needs. However, in the context of the present study, we have to consider the question whether and to what degree the Women's Guild understands the internal and external needs of BEW. Chanazi also raised the issue of compassion with regard to the matter of increase in membership. She stated that:

We have a compassion account; this is an account that is used to help people who are lonely. We do not only visit our Church members, but also people who are not our Church members, we visit them too. For example some well-wishers, sometimes they send us goods. When these goods are dropped here at Church, we make sure to share the things that have been donated for our Church members with other people who are not members of our Church. In this way we are able to attract other women to join Women's Guild. We also take part in helping orphans, which attracts other women to join us (Chanazi, fieldwork interview, 16 August 2012).

Chanazi's way of attracting other women to join the Women's Guild is through material things. Whatever is donated to the church is used to help members as well as non-members. The motive is to attract other women to be part of the Women's Guild. This sounds good but at the same time it can be misunderstood because some women might join hoping that they will be given things all the time. When that does not materialize, they might leave the organisation feeling disappointed. It should not be forgotten that the Women's Guild is dealing with a community where the majority of people are poor. Hence, some of the strategies used to attract new members should be carefully analysed before application for the sake of maintaining the integrity of the Women's Guild and the church.

In summary, among the different ways in which members of the Women's Guild try to attract other women to their organisation are good behaviour, teachings from the *Mlozo* booklet, giving out information about their group, and the provision of material things to women in need. Using church resources as mentioned by Kankhani, Chisomo, Tiyamike, and Chanazi is in line with Graham (1993:171), as discussed in chapter three of this study. Graham has recommended the use of church resources such as liturgy, spiritual direction and preaching in order to make people aware of the experiences of women. I believe that in the same way, the resources of Women's Guild could be used to make the community aware of the experiences of BEW. At the same time, the church

resources could be used to nurture the spiritual life of BEW as a way of providing appropriate and effective pastoral care for them.

6.4.3 Spirituality and the Women's Guild

Spiritual growth and commitment of individual members and of the group as a whole are of the greatest importance to the Women's Guild. Phiri stresses that:

By 1978, it became necessary to require that anyone who wanted to become a member of Chigwirizano had to get a letter from her church elder to confirm her Christian stand and her monthly church pledge. A member promises to make sure there is family worship, to teach her children how to pray, to send them to Sunday School, and teach them the Word of God, to go to church worship every Sunday, to attend all church meetings that require her presence, and to avoid traditional practices which the Nkhoma Synod held to be contrary to the Word of God (1997:87-88).

Spirituality is used as guidance in providing pastoral care to those in need. Spirituality is also important in keeping the Women's Guild going because of the women's belief that their activities are God's work. Thus, spiritual growth and commitment are an essential source of inspiration for the Women's Guild. In this study spirituality is seen as related to Christianity because the interviewees are all members of the Dzenza congregation of the CCAP.

Tiyamike made the following statement about her personal spiritual life.

To me spiritual life is very important. I am talking about me as an individual. I have been faced with problems in my marriage; because of loving prayer I encouraged myself that spiritual life is good because it can solve my problems. Also I am strengthened to go through other problems because of my spiritual life. For example my husband is hardly at home most of the time. If my spiritual life was weak, I would be doing other things because I have all the advantage. My spiritual life prevents me from doing such things; because I made a covenant with God that I will have one man. When I talk about my life, when I say I am a spiritual person that is my character. Whatever I do should go hand in hand with my spiritual life. When I see people who are in need I should do things that should help them. As the Word of God says, love your neighbours as you love yourself. Due to these words, I

see no difference between the needy people and me, because we are all the same. I respect the poor I do not put them down. I do not look at them as bad people and look at myself as a good person, no. These people they expect me to help them when I visit them. For this reason I cannot discriminate them (Tiyamike, fieldwork interview, 16 August 2012).

According to Tiyamike spirituality helps her to cope with problems with her husband who is hardly ever at home. Spirituality keeps her from misbehaving like her husband. Despite her problems, she is a member of Women's Guild who is supposed to provide pastoral care to BEW. Tiyamike did not hide her experiences from me. It can be said that she sensed that she was in a safe space, where she was not going to be judged. That is why she expressed her experiences without being asked what was going on between her and her husband. This is what Snorton (1996:60) encourages, as was discussed in chapter three of this study under the subheading "Safe Space as a Concept in Feminist Pastoral Care". She strongly argues that women should feel safe in the given space, to be enabled to share their experiences without feeling judged. As discussed in chapter three of this study, Young (1990:51) stressed that women's experiences should not be treated as homogenous. This was confirmed by Phiri and Nadar (2006:9) who argued that it is important for women to be specific in naming their experiences to avoid generalisation - as Tiyamike was specific regarding her experience with her husband.

At the same time, Tiyamike is committed to fulfilling God's commandment to love one's neighbour as oneself. As a spiritual person, she treats people as equals. It could be said that she practises Buber's theory of I-THOU or of seeing others at the same level as oneself (Buber 1972). Tiyamike stated that she sees no difference between herself and the people who are poor and needy because they are all the same. Tiyamike's perspective is in line with one of the compassion points raised by Hislop in chapter three. Hislop's (2003:97) argument considers the differences that were there between the Good Samaritan and the Jews. The Jews looked down upon the Samaritans. Nevertheless, when the Jew was in need, the Samaritan looked beyond their differences and extended a helping hand towards the Jew.

On the same notion of spirituality, Chisomo stated that

Spiritual life is important to me because it helps me to trust God to provide for my needs. For example, if there is something that I need in the house, and I believe in Jesus Christ that he is my Lord and Saviour, then I find that God gives me my

needs. Sometimes God uses someone you never expected to help you. Sometimes I just see someone coming, saying I just wanted to come and see you. God saw that his child should not go to bed without food. The way I look at it, this illness is not a problem to a person who is spiritual; because when a person is sick, that person needs care from another person. The person should be cared for with love. Even the Bible says that the most important commandment is love. When you show them love they become happy, even if the patient has a negative character. I need to understand and accept the situation. Once I accept the person there is nothing that can stop me from caring for this person. Nothing until God says it is time for the person to die. Sometimes you will find out that a caregiver can die first before the person she is caring for (Chisomo, fieldwork interview, 16 August 2012).

Unlike Tiyamike who used spirituality to avoid committing sin, Chisomo uses spirituality to help her to have faith that God is her provider in times of need. Tiyamike and Chisomo both use the concept of love, highlighting that a member of the Women's Guild needs to have love to be a spiritual person.

In order to provide appropriate and effective pastoral care, one needs to have love. In some cases, HIV positive people are discriminated against to such a degree that the experience of receiving love comes as a great relief and gives them hope for the future. Chisomo stated that as a spiritual person with love, she understands and accepts people who are HIV positive, taking into consideration that only God knows who will be the first to die. Therefore, she said, it is important to care with love for people with HIV.

Chisomo raised the issue of death because there is a perception that HIV positive people will die before others. Chisomo has a different perception in keeping with a common saying in Malawi that goes "*wakufa sadziwika*", meaning that nobody knows who will die first. Therefore people who are HIV positive should be treated like others and the issue of death should be left to rest in the hands of God.

Blessings had the following to say.

My spiritual life is important because it helps me to check my daily behaviour. I am able to care for myself because of the same spiritual life. Also spiritual life helps

me to have a conscience in things that I do and say every day. I do not help a person because I am just helping a person. Due to my spiritual life, I am strong and I am able to help a person in a right way and in love. Also on my side as a Christian, spirituality helps me to learn how to help other people. (Blessings, fieldwork interview, 12 July 2012).

Blessings saw spiritual life as a tool that helps her to maintain her Christianity and that teaches her to take care of people in need of help. She did not specify what kind of help she provides but it could be anything from spiritual, physical help or economic assistance. Blessings is not just a caregiver for the sake of helping a person – but specifies the need to help him or her in an appropriate manner and with love. Her statement is based on the Bible verse that says: “Love the Lord your God with all your heart and with all your soul and with your mind”, and on a similar second verse: “Love your neighbour as yourself.”⁵⁷

Three members of the Women’s Guild thus expressed the importance of spirituality in their lives. According to them, spirituality is useful for one’s personal life and for the lives of people who are in need of pastoral care. The Guild members may be spiritually committed women, but that doesn’t stop them from encountering challenges in their roles as pastoral caregivers.

This information in this paragraph and the following is in dialogue with chapter three of this study. Spirituality as a necessity for pastoral caregiving is consistent with the theory integral to “Shepherding a Woman’s Heart: A Model for Effective Ministry to Women” by Hislop (2003). Her theory not only focuses on the physical, psychological, financial and social aspects of care, it also focuses on the spiritual aspect of the women in pain. This is why Hislop strongly stated that “women in pain are in each and every congregation” (Hislop 2003:15). In stating that “women in pain are in each and every congregation”, Hislop means that apart from seeking pastoral care for their other aspects of life, women also seek spiritual care. They are aware that they can get care for other aspects of their lives from other sources, as indicated by Kando. She said “I went to TV Malawi to ask for help, they told me that they will come home to take photos of myself and children and put them on media. So that those who sympathise with us could help us, but they did not come to my home” (fieldwork interviews, 13 July 2013). Kando and other BEW, despite the challenges they encounter due to the loss of adult children and as they care for orphaned grandchildren, have expressed the desire for spiritual pastoral care. This is what Kando had to say: “*I would love the Women’s Guild to*

⁵⁷Matthew 22:38-39 (NIV).

visit me at home and preach the word of God to me” (fieldwork interviews, 13 July 2012), while Firida stated that *“I become happy when I to church, my face lightens up”* (fieldwork interviews, 13 July 2012). Both statements of the BEW show how the BEW treasure the spiritual life.

Hislop (2003:38-56) insists that caregivers should understand women in pain from their “eternal understanding”, which concerns their spirituality. Louw (1990:38) supports this, stressing that AIDS related illness goes beyond other aspects of a patient’s life because it penetrates the person’s spiritual wellbeing. This can also be said for BEW in that the impact of HIV and AIDS goes beyond the other aspects of their lives - it penetrates their spiritual life. Snorton (1996:50) has the same opinion as Hislop on the need to understand the spiritual life of women in pain. Additionally, Hislop encourages pastoral care givers to have compassion that meets the needs and makes a conscious decision to love - compassion that goes beyond differences, such as race, gender, culture or status aspect of life. Hislop’s example of spirituality is based on the “Good Samaritan” story that many Christians are familiar with, particularly the way it exemplifies the characteristics of compassion shown to someone who is in need of help.

6.4.4 Challenges Posed by Deaths through AIDS Related Illnesses

As a branch and an important pillar of the church, the Women’s Guild faces various challenges, both in the church and in the community. A set of challenges is presented by the deaths caused through AIDS related illnesses. These affect all other aspects of life whereby one challenge leads to another. Some of these challenges have been pointed out earlier in this chapter by the church Elders. During the interviews, the challenges posed by an increased number of deaths of Guild members themselves through AIDS related illness was mentioned along with the resulting increase in orphans. These deaths cause a reduction in membership of the Guild that then leads to a heavier burden of work and loss of talent from the Women’s Guild. In this context Kapange and Chisomo stated:

Our ministry has been affected because some of the people who died were members of the Women’s Guild and they used to work in the church. Now that they are dead, it means the number of Women’s Guild members has gone down, which makes it difficult to fulfil their roles in the church and the community (Kapange, fieldwork interview, 12 July 2012).

Any death of a member of the Women’s Guild affects the functioning of the organisation, as indicated by Kapange. This is why Hislop emphasises the importance of team work, which she calls

“a compassionate community” (2003:95). On the other hand, Kornfeld calls it compassionate community of cluster (1998:20). Additionally, Hislop calls such a team “community of different talents”. She strengthens her statement by quoting a verse from the Bible, which says that so many parts of the body work together for the common good.⁵⁸ Therefore, in a team like this, when one member dies, the team will be less affected because they are a community of cluster and with different talents.

Chisomo also emphasized that replacing a deceased gifted caregiver could take a considerable amount of time. Sometimes, she said, it is not easy to find two people with similar talents in a group. On the matter of the increasing number of orphans, Kankhani raised the following observations.

We are affected because of many children who have been left behind by parents who have died. We need to take care of these children. It is possible that the person who died is a woman that left small children and it means the grandmother is the one who has to take care of the grandchildren. So us as Women’s Guild we play our role of caring for the orphans (Kankhani, fieldwork interview, 12 July 2012).

Kankhani said that in most cases when parents die, children are left without anyone to care for them. If death also occurs among the Guild’s care givers, diminishing its capacity to offer help, it becomes almost impossible to take care of all the orphans. In that case, orphans end up being cared for by only their grandmother – provided she is still alive. And even if orphans are brought up by their grandmothers, this does not translate into less work for the Women’s Guild as some grandmothers need to be cared for themselves due to old age. Data about the impact of AIDS related deaths show that several aspects of life are affected. These are dealt with in-depth in other chapters of this study, especially chapter five.

6.4.5 A Training Programme in the Context of HIV and AIDS

During the fieldwork interviews, I asked the members of the Women’s Guild whether they had been specially trained to provide pastoral care to people who are infected and affected by HIV and AIDS. Nabanda, a member of the Women’s Guild, answered:

No, we have never been trained in the areas you have asked me. We will only be going to Bible College on 23rd until 27th August 2012 to be trained on the issues of

⁵⁸ 1Corinthians 12:7

HIV and AIDS. This is going to be the first time to go for HIV and AIDS training since I was born. In the letter it is written that we are going to learn about HIV and AIDS. As you see me as I am, there was nothing that I was thinking that I want to learn. I have just seen the grace of God that I can go and learn. I was not thinking about it. I thought to be involved in the Women's Guild that was all. I did not know that God had prepared something for me. I do not know and I do not have information in my heart, whatever they have prepared for us I will receive (Nabanda, fieldwork interview, 12 July 2012).

Nabanda's response was supported by the other remaining eight Women's Guild who also indicated that they have never been trained in the areas of HIV and AIDS. There is a lack of training for care givers in an HIV and AIDS context. Though Nabanda is involved in the specialized pastoral care relating to HIV and AIDS, she has never been trained on how to care for people who are infected or affected by the epidemic. It is reasonable to presume that somehow this lack of training attenuates the appropriateness and effectiveness of the pastoral care provided. There is excitement in her answer because she has a chance to go and learn about HIV and AIDS. Similarly, Blessings expressed a desire to receive training on matters concerning HIV and AIDS. This is what she had to say: *Having training in this area can be helpful, especially to educate people about HIV and AIDS so that we reduce the spread of the epidemic* (Blessings, fieldwork interview, 12 July 2012).

Despite being a midwife, Blessings feels that the Women's Guild needs more training concerning HIV and AIDS. The medical care she is involved in at the hospital is different from the pastoral care she provides at church. In addition to her midwife training, Blessings feels that she needs to know more about behavioural change so that she can educate others and possibly help to reduce the HIV infection rate in Malawi. Chisomo concurs with Blessings. She recounts:

No, I have not done that or I have not received training concerning the areas you have mentioned to me. The most important thing is for all of us to be trained about the HIV and AIDS epidemic so that, even if one of us is HIV positive, it should not be a burden to others. Not just hearing through radio programmes, but we should have experience with people who are HIV infected. The teaching of having fellowship with people, who are HIV positive not discriminating against them, is very important. Counselling has been given; even teachings have been given

through the radio programmes. Maybe what is needed is face to face teaching
(Chisomo, fieldwork interview, 16 August 2012).

Chisomo expressed concern that her lack of training in the different aspects of HIV and AIDS makes it difficult to care for fellow members of the Guild who get sick. She felt that education on the epidemic via radio is not enough. The radio programmes are helpful but limited in terms of time which in turn limits the number of questions answered per programme. Moreover, it is a disadvantage that there is no face to face interaction with the educator. Alinafe, like other members of the Women's Guild, stated:

No, we have never been trained here at church. We were taught when we were at the seminary at Malosa in 2005; that was long ago. We were at the seminary for three days. But here, no, we have not done it. If there was a chance to be trained in these areas, even if it's for one day, to teach Women's Guild members how to care for orphans, it can be of benefit for us. This can be something of benefit because sometimes when one of us teaches us, yes people understand, but some do not take the teaching seriously. We need someone from outside to come and teach the church and the Women's Guild members. If that person is teaching the church, it means everyone with his or her own family should attend the teachings and this can be good. Teaching women only will not help, what about men? (Alinafe, fieldwork interview, 12 July 2012).

Alinafe pointed out that the last training she had was in 2005 which, she felt, is too long ago. Views have changed since then and new information concerning the epidemic has emerged. She was also concerned about a lack of training for taking care of orphans. As there is still no cure, orphans will continue to be a fact of life. Chapatali argued convincingly that when it comes to training the Women's Guild on HIV and AIDS, the facilitator should not be a member of Dzenza congregation of the CCAP. She felt that the teaching would only be taken seriously if the facilitator was an outsider. She urged that such training should involve the whole congregation, not just Women's Guild members. She was of the opinion that men should benefit as well from the teaching. The four participants in the present study that have been cited here, namely Nabanda, Blessings, Chisomo and Chapatali, all expressed the great need for the Women's Guild to be trained in aspects of the HIV and AIDS epidemic. They held that this would enable them to provide appropriate and effective pastoral care to people who are infected and affected by the epidemic. Once again, the Women's Guild's statements concerning lack of training in the context of HIV and AIDS is in line with

Hislop's emphasis, as discussed in chapter three above, on the importance of having skills as pastoral caregivers in order to provide appropriate and effective pastoral care (Hislop 2003:116). Even though the emphasis is on the listening skill, in her book, "*Shepherding a Woman's Heart*" (2003), Hislop discusses the significance of different skills as pastoral caregivers, which connect to the notion of working as a body of Christ with different talents, for the common good (2003:96).

6.5 The Women's Guild's Pastoral Care: Views of BEW

The BEW perceive the Women's Guild as a group that provides care to people in need. This care is available to persons who belong to the Dzenza congregation of the CCAP as well as to outsiders who are in need of assistance. All the BEW interviewed for the purpose of the present study were members of the Dzenza congregation of the CCAP. Two of them belonged to the Women's Guild. Most BEW were aware of the different roles fulfilled by members of the Women's Guild such as caring for the elderly, the orphaned and the poor and visiting the bereaved, the sick and the lonely. The Women's Guild also attempts to strengthen the faith of persons whose adherence to the church is weak. Kando, a BEW had the following perception of the Women's Guild.

I would love the Women's Guild to visit me at home and preach the Word of God to me and visit the lonely. When you are in a group where the Word of God is preached, life is easy, but when you are alone, you think of a lot of things... eeh... I did not attend the Women's Guild meeting because I was in the hospital. The Women's Guild members came to visit me in the hospital and they gave me a bottle of juice, a plate of maize flour and K224.00. Some churches, they really take care of grandmothers. When I say some churches I mean that, like let us say, for example, this church was divided and some of the church members, those who used to come here, are from Area 25. Now that they have their own branch, they are not taking care of grandmothers here at Dzenza congregation of the CCAP. The women from Area 25 are the ones who used to take care of the grandmothers...eeh... (Kando, fieldwork interviews, 13 July 2012).

Kando was aware of the Women's Guild's way of functioning, because she is part of them: this is why she would like the Guild to visit her and preach the Word of God to her. When she is in a group of fellow members of the church she feels at home. Her problem is that when she is alone at home,

she gets all kinds of negative thoughts and she feels lonely. If the Women's Guild members would conduct prayers for BEW individually as well as in groups, it would encourage her and she would cope better with being alone at home.

Apart from comforting her in her loneliness, the Word of God would also make her calm and less liable to give in to negative thoughts. She acknowledged that the Women's Guild did visit her in hospital, bringing gifts and money (the equivalent of R7 at the time). It is a Malawian custom to visit the sick and present them with prepared food or money. Even so, Kando was of the opinion that the Women's Guild members were not putting enough effort into care for BEW.

Kando was referring to women who used to be part of the Women's Guild of the Dzenza congregation of the CCAP. However, as the membership grew larger, the leadership decided to establish another congregational branch in Area 25 and some women joined the new group. Kando feels that these are the women who were most concerned about the wellbeing of elderly women and orphans.

Msekaimfa agreed with Kando, pointing out that her hope of heaven was rekindled by the preaching of the Word of God by members of the Women's Guild. Clearly, the Word of God is perceived as very important and as a therapy to BEW. Most BEW have never gone to a psychologist or a counsellor for therapy. But, when hearing the Word of God and singing and praying, they experience a sense of healing and hope. Msekaimfa explained that she believes the church does respect grandmothers but that the problem lies with the church's selection of those who will receive help as opposed to others who are left out. People who are not selected feel they are discriminated against.

This particular concern was also raised by Sofiya:

The only help I received from the Women's Guild is the one I have already told you; that when I was sick I saw them coming to visit me. My desire is that the Women's Guild should not discriminate against me as if I do not exist in the church. I really want them not to forget me; they should remember me, eh, indeed (Sofiya, fieldwork interview, 13 July 2012).

In chapter two on methodology and methods, I stated that Msekaimfa had left the Dzenza congregation of the CCAP to join another church. According to Msekaimfa, she left because of the lack of pastoral care from the Women's Guild. Most of the interviewed BEW claimed to receive

little or no pastoral care from the Guild. This was summed up by Sofiya in her wish not to be treated as if she does not exist in the church.

In addition to expressing a wish to receive pastoral care, some BEW said they would like to be part of the Women's Guild. The main reason for this was to ensure that they would get a dignified funeral. When a member of the Women's Guild dies, Guild members take full control of the funeral. They attend the funeral, wearing their full Women's Guild uniform. Relations of the deceased are not allowed near the coffin unless they too are in full uniform and belong to the Women's Guild. The fact that the Women's Guild is in control of the funeral symbolises the total care they offer to the deceased before her burial. The participation of relatives of the deceased in the funeral is minor compared to the role of the Women's Guild members. This attracts Christians as well as non-Christians to join the Guild. Firida confirmed this, stating that:

Women's Guild... oh... spiritually, they encourage us. They tell us that now that we are Christians we need to join the Women's Guild. Eh... this is how Women's Guild helps us. My desire is to join the Women's Guild so that when I die they should sing at my funeral. That is my desire (Firida, fieldwork interview, 13 July 2012).

Firida seemed to imply that she does not get material help from the Women's Guild but that Guild members give her spiritual encouragement. She wants to be part of the Women's Guild so that when she dies, the women in their uniforms will sing at her funeral and give her a dignified send off. Phiri explains that the use of the Women's Guild uniform is bound to rules. For example, from the forties up to the sixties the uniform was worn only at Chigwirizano meetings and at the funerals of Chigwirizano members - ministers, church Elders and deacons - because these were the people with positions in the church. This explains the respect accorded to a funeral where Chigwirizano women in their uniforms lead the funeral procession singing beautifully (1997:94).

That the Women's Guild in uniform attends the funerals of church leaders is an old tradition of the CCAP, according to Phiri. It remains a living tradition, even at present in the Dzenza congregation, and it makes women feel they want to be part of the Women's Guild. Only relatives who belong to the Guild are allowed near the coffin of a deceased Guild member, which is another reason why some women join the Guild, ensuring that they will be allowed to sit near the coffin⁵⁹ of a loved one

⁵⁹Sitting near the coffin of a deceased is a common practice in most African cultures in order to show the respect that the loved one deserves.

(Chapatali, fieldwork interviews, 07 July 2012). The desire to have a dignified funeral, as expressed by Firida, is an indication of longing for safe space, even after death. To know that her funeral service will be in church, a safe and dignified space, gives her peace that she will have a good send off.

While Firida was concerned about getting a dignified burial, Feliya and Mopheje's concern was focused on a perceived lack of pastoral care offered by Women's Guild members. Feliya said:

On this point I should not lie. I have never heard that the church came to a certain area to help the grandmothers. Yes, some Women's Guild members do take maize flour and say they are going to visit grandmothers, but they have never come to my place. I do say that those who are being visited, it is their time, that is how I see it (Feliya, fieldwork interview, 13 July 2012).

Mopheje also claimed that little support was provided by the Women's Guild:

I stopped coming to this church because of my sore legs. It is far for me to come here every Sunday. I will tell you the truth. There is no relationship between the Women's Guild and I. I did not want to stay at home; this is why I joined this church Mpingo wa Khristu. The Dzenza congregation of the CCAP gave me maize. It came from here and they brought it to our village. On that I should not lie (Mopheje, fieldwork interview, 13 July 2012).

The church and the Women's Guild have different resources. There are times when the church has to make some of its resources available to the Women's Guild so that they can meet the needs of BEW and others. Likewise, the Women's Guild does sometimes help the church out financially. Feliya mentioned that she had never heard of the church coming to her area to help grandmothers. She knew of the Guild going to some areas to help grandmothers but they had never helped her. She surmised that her time to get help had not yet come. Though Feliya stated that her time has not yet come, somehow she was wondering why other BEW were supported and herself left out. Though Mopheje stated that she stopped attending Dzenza congregation of the CCAP because of her health, the real reason was a lack of support from the Women's Guild. She acknowledged that the church once gave her maize but as a BEW she expected more frequent help from the Guild. Since the Guild consists of

a group of women, BEW expected they would understand their plight as BEW. As Hislop remarks: “Women always need other women to come alongside and speak their language: the language of the heart and of feelings” (2003:26). In Hislop’s view, no-one understands a woman’s experience better than another woman. The BEW are obviously of the same opinion and look for appropriate and effective pastoral care at the women of the Women’s Guild.

In response to this point, Msekaimfa emphasized that the Women’s Guild should not be selective in its provision of pastoral care to BEW. If they intend to give pastoral care to the elderly, the poor and the bereaved, they should make an effort to visit every one of them. After all, according to the Guild, there are fewer BEW than there are members of the Women’s Guild. The information gathered from this set of interviewees indicates that the pastoral care provided to them is deemed to be inappropriate and ineffective. They also wished that the Guild’s care giving would cover more aspects of their lives.

The question to be asked in relation to the current study is how aware are the Women’s Guild members of the precise needs of those affected by the epidemic, namely the widows, the orphans, and the BEW? As Hislop (2003:19-24) points out, pastoral caregivers have to be aware of the needs of women in pain. Appropriate and effective pastoral care goes beyond the material and has to take account of physical, psychological, spiritual, financial, social and political aspects of the lives of care receivers.

If Women’s Guild members are trained in pastoral care, especially in the context of HIV and AIDS, they will be able to create a safe space for listening to the experiences of BEW, a safe space where the BEW can feel they are heard but not judged. However, creating a safe space is a process that needs skills that cannot be learnt in a day, as stressed by Weingarten (2003:197) in chapter three in the section of “Skills for Pastoral Care”. This is why it is important for pastoral caregivers to go through the process of learning pastoral care skills - so that they could provide appropriate and effective pastoral care to BEW.

This study set out to determine how appropriate and effective the pastoral care is as provided by Dzenza congregation of the CCAP Women’s Guild to BEW. In the view of the Church Elders and the Women’s Guild members, the BEW are taken care of. However, according to the BEW, they experience a lack of pastoral care. The Guild is not meeting the needs of BEW in regard to different aspects of their lives. That the Guild members receive hardly any training relevant to HIV and AIDS

contributes to an inability to provide the required pastoral care. Yes, the Women's Guild members are involved in care giving, but there are gaps that need to be filled in. Some of these gaps are the result of a lack of awareness of the problems of BEW and the absence of an in-depth understanding of the plight of BEW.

The provided pastoral care would become more effective if the care givers acquired the appropriate skills and if the care was inspired by compassion (Hislop 2003:19-24). It is therefore important to have special pastoral care programmes in the context of HIV and AIDS. Moreover, collaboration with other churches or organisations is needed so that the task of providing pastoral care is not the burden of a single group but can be shared by several groups. Some members of the Women's Guild indicated in interviews that they provide care to people who do not belong to the Dzenza congregation of the CCAP. This means that these people probably have other churches they go to. It would therefore be helpful to collaborate with such churches in order to work out a combined scheme for providing pastoral care.

ARVs enable people to live longer than was the case some years ago. Most people have some information on HIV and AIDS and this has contributed to a reduction of HIV infection in some countries. However, there is as yet no cure and in many communities those infected and affected by the HIV and AIDS live side by side with others. This emphasizes the need to establish adequate facilities for running pastoral care programmes using trained members of the Women's Guild. Such facilities would guide the Guild in its provision of appropriate and effective pastoral care to people who need it.

At the beginning of chapter six I named *Shepherding a Woman's Heart and Feminist Pastoral Care* as the theories that would be used to analyse the outcomes of the fieldwork. The interviews that are part of the fieldwork for the present study indicate the need for the Women's Guild to develop an awareness of the plight of BEW in all its aspects. In addition, understanding the people they are serving, including their cultures, beliefs and symbols will help to make pastoral care more relevant to its receivers. Women's Guild members also need to master the specific skills involved in pastoral care giving, particularly in relation to BEW. Pastoral care entails more than spiritual and physical care but also requires listening skills (Hislop 2003:147-150). This last aspect of listening has evidently been lacking in the programmes of the Women's Guild of Dzenza congregation of the CCAP.

The Women's Guild has apparently not managed to gain a deeper insight into the experiences of BEW. The Guild could not create the safe space that would encourage BEW to relate their experiences. Phiri and Nadar (2006), Moore (2002) and Njoroge (2006) strongly emphasize the importance in dealing with a woman's life to take her experiences into consideration.

Also DeMarinis (1993:18) expresses the need to explore the beliefs, symbols, assumptions and categories that determine a woman's outlook. She urges the experiences of women to be included in liturgy, spiritual direction, and preaching, and for these to be resources for transforming women's painful experiences. This is another aspect that is lacking in the approach to pastoral care of the Women's Guild of Dzenza congregation of the CCAP - using the BEW's experience in liturgy and preaching as a form of awareness. Yes, the Women's Guild of Dzenza congregation of the CCAP is involved in pastoral care for BEW but their care giving is missing certain aspects that are indispensable for it to be appropriate and effective.

6.6 Conclusion

In chapter six I examined the existing pastoral care offered by the Women's Guild of the Dzenza congregation of the CCAP. This was done by analysing the perceptions of church Elders, the Women's Guild members and the BEW in the Dzenza congregation of the CCAP. I first presented the opinions of church Elders pertaining to the Women's Guild, its role and the training it needs in the context of HIV and AIDS. Second, I presented the challenges met by the Women's Guild in its provision of pastoral care. Equally important, I discussed how these challenges are overcome. In the second part of the chapter, I dealt with the Women's Guild organisation, particularly the ways in which its members perceive themselves and the role they play and the type of training they require in the context of HIV and AIDS. I also showed how they attract new members, the view that spirituality is of paramount importance in care giving, and the challenges they face in their provision of pastoral care. The value of spirituality both for personal growth and for the growth of others is emphasised. Personal growth is deemed necessary for strengthening one's personal relationship with God so that one may do God's will. The spiritual growth of others implies that those who, due to personal circumstances, struggle with their faith are helped to find firmer ground under their feet. Finally I focused on BEW and their perceptions of the Women's Guild, the pastoral care provided to them and what form this pastoral care should take in their view.

The main purpose in dealing with the different groups - church elders, the Women's Guild and BEW - is to find out how appropriate and effective the pastoral care provided by the Women's Guild is for BEW affected by HIV and AIDS. The outcomes of the interviews with the church Elders show that they value the role played by the Women's Guild in the church and the community. However, they acknowledged the lack of training of Women's Guild members in regard to both general pastoral care and care that is focused on the HIV and AIDS context. There is a great demand for pastoral care in this context but as yet the members of the Women's Guild lack any training that is relevant to the demands posed by the epidemic. The lack of focused training, as has been established, affects the appropriateness and effectiveness of the pastoral care they provide and, therefore, most interviewed BEW felt that they were not cared for by the Women's Guild.

In the next chapter the discussion will be on the response of BEW to the challenges they encounter as the main caregivers in the context of HIV and AIDS.

CHAPTER SEVEN

RESPONSE OF BEREAVED ELDERLY WOMEN TO CHALLENGES ENCOUNTERED

7.1 Introduction

In the previous chapter I mainly focused on the existing pastoral care programme of the Dzenza congregation of the CCAP Women's Guild, by analysing the perceptions of the Guild's activities as reported by various participants of this study. Participants mentioned, for example, the lack of resources and of training programmes for members of the Women's Guild. As a result, the Women's Guild was at the time of the research not able to provide appropriate and effective pastoral care to BEW. The impact of HIV and AIDS on BEW reveals that HIV and AIDS affect the different aspects of life for BEW; this is why a holistic approach is needed. In the light of vast evidence on the impact of HIV and AIDS, the present study has raised significant questions such as what the Women's Guild has so far done in response to mounting challenges in the lives of BEW. How relevant is the Guild's pastoral care programme to the plight of BEW? however the sub-question of the study is, "What is the perspective do BEW experiencing loss of adult children to an AIDS illness have towards the pastoral care received from Dzenza congregation of the CCAP Women's Guild members? Chapter seven will, out of the many challenges encountered by BEW, focus on those of a physical, psychological, financial, spiritual, and social nature. Responses of BEW will give an indication of the quality of pastoral care they receive from the Women's Guild. "Participants" and "BEW" will be used interchangeably and where a divergent use of these words demands an explanation, it will be provided.

7.2 Challenges Encountered by Bereaved Elderly Women

In the introduction to this study it has been stated that BEW as caregivers in the context of HIV and AIDS encounter a multitude of challenges. During the fieldwork interviews BEW named their everyday challenges as they care for orphaned grandchildren. One of these is old age. They explained how difficult it is, at their age and with diminished strength, to bring up young children.

They mentioned the lack of finances to buy food, clothing and other necessities for their grandchildren. They expressed the pain of losing adult children leading to financial constraints in cases where a deceased had been the bread winner of the family. The given findings in this section of “Challenges Encountered by Bereaved Elderly Women” relate to different challenges encountered by BEW in the context of HIV and AIDS. It is the confirmation of what has been explained by different authors in chapter five concerning the impact of HIV and AIDS on elderly women. However, the given findings will be discussed in detail in this chapter under the subheadings of “Physical Impact”, “Psychological Impact”, “Financial Impact” “Spiritual Impact” “Spirituality and Faith as Coping Mechanism” and “Social Impact”, just to name a few. Bereaved elderly women claimed there was a lack of support from the church, the Women’s Guild and the community at large. One thing that kept them going was holding on to their spirituality (see chapter six). This aspect will be discussed in more detail later in this chapter. In the following section I turn to physical factors that challenge the role of the elderly woman as caregiver for her grandchildren.

7.2.1 The Physical Impact

The physical impact is one of the aspects that the BEW are struggling with in caring for the grandchildren in the context of HIV and AIDS. With regard to the physical challenges they experience, Sofiya said the following:

When I think of the role of caring for grandchildren, I feel sad that at my age, I have to take care of these children, which is difficult for me. I will not be able to care for them, like I used to with my own children, because at that time I had strength, when I cared for my own children (Sofiya, fieldwork interviews, 13 July 2012).

Grandmothers are very aware that in their culture, when elderly women reach a certain age, they are cared for by their children, by relatives, or by the community at large. If in special circumstances grandmothers had to look after grandchildren, it was arranged for a younger person to assist the grandmother with household chores. The role of the grandmother was that of a supervisor, monitoring that the care given to grandchildren covered every aspect of their lives. The main issue is not that in contemporary sub-Saharan Africa grandmothers bring up grandchildren; the problem lies in the paradigm shift of care in the context of HIV and AIDS. BEW are caring for grandchildren at an age when they are supposed to be taken care of. They have done their part when they took care of their own children. Now it is the turn of adult children to look after them. However, most of the adult

children have died from AIDS related illnesses and they have left behind orphans. As a result, the burden of the responsibility for the orphans rests on the BEW and it is affecting them physically, as is clear from Sofiya's complaints. Another BEW, Mopheje, stated, "When I work a little bit I take rest, due to old age" (fieldwork interviews, 13 July 2012). This tells us that BEW are not coping with the care for grandchildren as they lack physical strength. The statements made by Firida, Sofiya and Mopheje's concern are about physical strain. This is in line with points raised by Joslin and Harrison (1998), van Dyk (2001) and Anglewicz *et al* (2009:2) discussed in the section on "Physical Impact" in chapter five. The main concern of these authors is that the strain of nursing their adult children and for raising orphaned grandchildren in the context of HIV and AIDS takes a heavy toll on the BEW's wellbeing. Their physical health is endangered. They do not receive sufficient care and they do not rest because they are too busy fulfilling their demanding tasks as mothers and grandmothers. In the same section of chapter five, Joslin and Harrison and van Dyk emphasize that physical strain and emotional stress may also affect the psychological wellbeing of BEW.

Taking care of the caregiver is not a priority in relation to the epidemic (Seeley 2008). However, "All efforts must be made to support and address the vulnerability of these older people, not least because it is they who are raising children orphaned by AIDS."⁶⁰ Therefore, there is an undeniable need to provide pastoral care to BEW who are the main caregivers in the context of HIV and AIDS. In the next section the psychological impact of the epidemic on BEW is discussed.

7.2.2 Psychological Impact

Even if years have passed since the passing of their adult children, this does not lessen the pain or diminish the grieving of BEW. In addition, taking care of grandchildren orphaned by AIDS affects BEW psychologically because of the stigma attached to HIV and AIDS. This stigma is applied to BEW as well because they are perceived as being in close contact with people who are infected with and affected by HIV and AIDS. In some cases BEW who participated in this study avoided mourning openly for fear of being stigmatised. Firida pointed out that community members may refer to a woman who has lost adult children to AIDS related illnesses as "a fool because she allowed her daughter to be married in a home where there is AIDS" (fieldwork interviews, 13 July 2012).

⁶⁰Africa's future human capital [adapted from authors].
<http://www.globalaging.org/armedconflict/countr>. Accessed: 10-07-2011

Such stigmatising comments affect BEW psychologically, adding to the pain they already suffer. This was made clear in the following stories.

I always cry when I think of my children, if there was a way of waking them up I was going to do so...(Firida, fieldwork interview, 13 July 2012).

The saddest thing I have ever experienced in my life is the way I am caring for the orphaned children. Sometimes it makes me happy and sometimes it makes me sad, but I keep it in my heart because of the work I have to do to care for the orphaned grandchildren. It makes me sad and I get disappointed. The death of my children hurts me because I do think about them. It is really painful (Edinesi, fieldwork interview, 13 July 2012).

The stories told by BEW make it clear that they continue grieving for the loss of their children. The grieving is affected by the fear of the stigma that is attached to what is a common cause of death in adulthood these days, namely AIDS related illness. The grieving of BEW is also affected by the fact that they are caring for grandchildren. This is why Edinesi stated that in caring for grandchildren “sometimes it makes me happy and sometimes it makes me sad, but I keep it in my heart because of the work I have to do, to care for the orphaned grandchildren” (fieldwork interviews, 13 July 2012).

The stigmatisation of caregivers in the context of HIV and AIDS is confirmed by authors such as Hindmarch (1993), Ogden (2002:3), Hambuba (2008), Patel and Carter (2004), Knodel and Saengtienchai (2002), discussed in chapter five in the section of “Psychological Impact”. The given authors expressed their concern of stigmatisation of BEW because they are caregivers of people who are LWH infection. Cook and Oltjenbruns (1989) in chapter five under the subheading “Psychological Impact,” explains the fear of those who have lost loved ones to AIDS related illnesses to grieve openly as this may lead to their stigmatisation in the community. BEW avoid public mourning as a result of the kind of comments that Firida received in her community, saying that she is a “fool” because she allowed her daughter to get married where there is AIDS [sic]. This is why her daughter died of AIDS related illness. In chapter five under the subheading of “Psychological Impact” the stigmatisation of people affected by HIV and AIDS is discussed as part of psychological impact on BEW. This includes work by Winton (2006), Dane and Levine (1994) and Ogden and Nyblade (2005), the latter who look at workers in the health sector. Both the health

sector workers and BEW are attempting to help people living with HIV but the former do not experience stigma. Pambazuka Newspaper (2008) notes that women who are caregivers in the context of HIV and AIDS get little or no support from the community at large due to the stigma attached to the epidemic. This report by Pambazuka Newspaper regarding the little or complete lack of support for caregivers due to stigma attached to HIV and AIDS is confirmed by the findings of this study. During the interview I asked the question, “What is the attitude of people towards grandmothers who have lost adult children due to AIDS related illness?” One of the BEW said: *In the village some people help us when we complain. Some do not help us; they just help us verbally not with material help. When evil thoughts of the devil come into my mind I say these are the people who killed my children* (Kando, fieldwork interviews, 13 July 2012).

Kando’s statement concurs with Pambazuka Newspaper’s report that some of the BEW get little or no support at all from the community. Being a BEW, Kando expects the community to be caring for her and other BEW, but it is another way round. This is why she concludes by saying that she thinks these are the people who killed her four adult children despite admitting that her children died of AIDS related illness. Such situations affect the psychological wellbeing of BEW.

In addition to suffering the effects of being stigmatised, BEW often lack a safe space for talking about their experiences. Kando chose to cry away from her grandchildren. Her bedroom at night was her safe space for grieving. The community at large is not aware of these psychological challenges facing the BEW, as noted by Mudavanhu (2008:12) in chapter five of this study under the section of “Psychological Impact”. She pointed out that there is a lack of awareness of BEW who grieve the death of their adult children and at same time care for their orphaned grandchildren. In concurring with Mudavanhu, Lopatta (1979) and Ackermann (2001:27), in the same chapter and section, argue that grieving persons like BEW feel their burden lighter and their grieving validated when they realise that the community is supporting them by acting as a pillar to them. This is why, in chapter three of this study under the subheading “The Role of Awareness in Pastoral Care”, Hislop accentuates the need for pastoral caregivers to be aware of the specific needs of women in pain. This is another reason why, in the framework of feminist pastoral care theory, a safe space is needed where women can share their experiences with pastoral care givers. They want to tell their stories without fear of being judged by listeners (Snorton 1996:60). Firida, when telling her story, stated that if she could she would bring her children back to life. This may indicate that she is not coping. The few stories told by other BEW who participated in the present study, strengthened the impression that BEW struggle with the loss of their children and find that the role of caring for their

grandchildren takes a too heavy toll of their physical and mental strength. According to Mudavanhu (2008) (in chapter five), BEW rarely tell their stories as there is no safe space to do so. Women like Firida, Sofiya, Mopheje, and many others share similar experiences but feel they cannot safely talk about these.

7.2.3 Financial Impact

BEW are also faced with financial problems. This implies an additional burden because without money BEW cannot provide effective care for their grandchildren. Firida and Mopheje as caregivers to orphaned grandchildren said the following.

The problem we meet as caregivers of orphans is shortage of food, due to lack of maize. Like this year we have a problem; we do not have maize. We were given coupons to buy fertilizer, but at first we did not have money to buy fertilizer. When we had money and wanted to buy fertilizer, we were told that the fertilizer was finished. As I am talking we have the coupons in the house, can you see? As I am talking there is no food in the house, and I do not know how I am going to feed these children. These are the things that make me worried. The orphans have no blankets including myself. The children want to go to school; they cannot go because there is no soap and body lotion, so they just stay at home. There are times when I have looked for a temporary job, I could not find it. Sometimes when I get money I buy body lotion so the children can go to school. There are so many things that a person can think of concerning the orphans. For example, in some food we do not put tomatoes because I cannot afford to buy them. Where am I going to get money from? It is difficult to provide such food for children (Firida, fieldwork interview, 13 July 2012).

The grandchildren do not have blankets to cover themselves and I do not have money to buy soap for them. When it comes to food it is also difficult... eeh...ah... or when we want porridge, we just put a little of salt without sugar. Sometimes we go to bed without food (Mopheje, fieldwork interview, 13 July 2012).

Firida and Mopheje explained that there are no blankets in their homes because they can't afford to buy them. They mentioned blankets because when I held the interviews it was winter time in Malawi. Without blankets, the grandmothers had to make sure that they had enough firewood to keep the fire burning throughout the night to keep the grandchildren warm.⁶¹

Firida had land but no money to buy fertilizer at the right time to improve her crops. This affected her food security. Firida had tried to find a temporary job but because of her advanced age, no one would hire her. A temporary job would have provided some income. The only work she could find in the village was as a gardener in somebody else's garden. However, this required physical strength which she did not have. Both Firida and Mopheje spoke about their grandchildren eating food without tomatoes, eating porridge without sugar, and missing school as there was no soap for bathing and no body lotion.

Questions that present themselves are: why can't these children go to school without bathing with soap and without lotion on their bodies? Why do these grandmothers mention food without tomatoes and porridge without sugar? What matters is getting food, with or without tomatoes and with or without sugar. The problem however is that some of these children come from well-to-do families. Before their parents died they lived in homes where they were provided with whatever they needed. They find it difficult to cope with life in impoverished circumstances. Their awareness of what their grandchildren are missing makes it difficult for BEW to feel that they fulfil the role of caring for their grandchildren appropriately and effectively. For most children that are born in the village, soap and body lotion are not issues that would stop them from going to school. They don't require anything else but food and uniforms, stationery and fees allowing them to attend school.⁶² But the BEW experience the relative deprivations of their grandchildren who are used to a better life as a challenge to their position as caregivers. The challenges are worsened because they get no support from their communities. This point will be discussed later in this chapter.

The financial constraints experienced by BEW confirms the findings of authors like Sefasi (2010), Ogunmefen (2008), Nhongo (2004) and Knodel (2003, 2002) mentioned in chapter five in the section "Financial Impact". These authors reason that when BEW accept to take care of grandchildren, they also take on the financial responsibility for them. This confronts them with a

⁶¹ I experienced the same in the village in Malawi where I grew up. If we had no matches we knew which house to go to and ask for a burning charcoal so that we could make a fire at home. We knew that the owner of the house has no blankets and that therefore, she would make sure to have a fire that would last through the cold night.

⁶² I am speaking from experience having lived in a rural Malawi for 11 years.

major challenge, especially if their deceased adult children had been breadwinners for the BEW. The death of adult children in the context of HIV and AIDS usually implies the loss of present and future financial support for BEW. Sefasi points out that the financial predicament of BEW is worse in Malawi because the government does not provide social pensions for senior citizens (Sefasi 2010:102). Furthermore, the Malawian government does not provide grants for orphans either. This means that BEW are on their own in their efforts to provide basic necessities for their grandchildren and for themselves. The result is that some grandmothers feel they are a failure as caregivers for their grandchildren. This was stressed by Feliya who said: *“As it is they are in my hands in a suffering way. I just watch because at home I have no help”* (fieldwork interviews, 13 July 2012). The difficulty for grandmothers to give even the most basic necessities to grandchildren is confirmed by Nhongo who in 2004 studied the situation in Tanzania of BEW who were caregivers for their orphaned grandchildren. Eight years later, inspired by Nhongo’s findings, I interviewed the grandmothers in Malawi and found that they too do not have money to fulfil the needs of their grandchildren.

Hislop 2003, in chapter three in the section entitled “Compassion”, emphasises that pastoral caregivers’ actions should be driven by compassion. Caregivers with compassion will provide pastoral care out of love without expecting anything in return from the care seeker. A pastoral caregiver, who has compassion and values working in a team called “a cluster”, will act for the benefit of the care seeker (Kornfeld 1998:20). Hislop stresses that pastoral caregivers need to have listening skills. These will enable the pastoral caregiver to listen and absorb the words spoken and even not spoken by the care seeker.

Baron and Byrne interpret social support as “help provided by friends and relatives who give physical and psychological support to an individual facing a stressful experience” (1991:607). As stated, sub-Saharan Africa has long been affected by diseases such as malaria and tuberculosis. In addition, the continent has in the past three decades been at the centre of the global HIV and AIDS epidemic while it “remains the least developed and least urbanized region in the world” (Manken 2006, United Nations 2006). There is a lack of development in sub-Saharan Africa and its economic security, health situation, and general living conditions, including those of elderly people, are a global concern (Manken 2006). Manken defines as an additional problem that the situation in sub-Saharan Africa differs from one country to the next and even within a single country; the circumstances vary from region to region. Hence, there are no one-size-fits-all solutions.

What has been pointed out by Manken (2006) in regards to not treating women's experience as homogenous was also strongly stated by Phiri and Nadar (2006) in chapter three on the section of "The Naming of Women's Experiences in Feminist Pastoral Care". Both scholars support the importance of women naming their experience to avoid generalisation of women's experiences. During the interviews I noticed that each BEW was naming her experiences.⁶³

In 1998, Gormally noticed that the socio-economic situation of the elderly was worsening as they increased in number, while the income producing generation was shrinking in size. This tendency is apparent in the Dzenza congregation of the CCAP as well. The BEW that were interviewed for the present study complained that due to the death of adult children from AIDS related illnesses, they had no family members who could support them. A lack of resources and of income generation has also thus negatively affected the traditional way in which African BEW used to care for each other before their adult children passed away. Normally, writes Hsiao (2007), in African culture arrangements were made for aging parents to live with their daughter or son. However, Richter (2010) noticed that in the context of HIV and AIDS, things are not the way they used to be when it comes to caring for aging parents. This is due to the death of the adult children to AIDS related illness.

7.2.4 Spirituality Impact

Christians are sometimes struggling with mixed feelings regarding their religion, especially when painful events have to be faced such as death. Some Christians question God's will upon the death of their adult children. If the loving God is all powerful, why did he allow their children to die (Cook and Wemberly 1983:225, Koskela n.d.)? On the other hand, some accept the loss of a child as the will of God. During interviews with individual BEW, they came up with different views of God in trying to understand the death of their adult children. First, death of adult child was accepted as *God's will and power*. This is what Sofiya had to say concerning the death of her children:

When I think...what makes me sad, is my dead children, they left their three children with me. When I think about it, I ask: what is going on with me? What am

⁶³I thought I was going to get same response from BEW because all of them lost adult children due to AIDS related illness and they were caring for grandchildren orphaned by AIDS. To my surprise, I found out that each one of them named their experiences and they were different from others. Though some of their experiences were similar, this made me to be aware and understand the argument of Phiri and Nadar of women naming their experiences.

I going to do? Is this the way I am going to live? What has the devil done to me? It is okay because everything is in God's hands (Sofiya, fieldwork interview, 13 July 2012).

Regardless of the pain she suffered after losing two adult sons to AIDS related illness, Sofiya accepted their deaths as God's will. She blamed the devil, but never God. This is common practice for most Christians: the devil is blamed for all negative things that happen in life. Sofiya knows that God is more powerful than the devil, but she blamed the devil. According to her Christian faith, God does not bring evil upon God's people because God is the God of love. The devil is the one who is evil and who wants to destroy Christians. Sofiya said "It is okay because everything is in God's hands." Whatever is in God's hands is in safe, powerful hands and whatever happens is according to God's will.⁶⁴ Sofiya considers death as God's will and as the result of his power: God is in control and there is no need to question him concerning the death of her children.

In spite of what is happening to BEW, there is the trust that God is powerful and that God knows what God is doing. However, Sofiya is also afraid to question God about the death of her sons because who is she to question God? This reluctance to question God puts her at risk of falling in line with retribution theology by presuming that her adult children died from an AIDS related sickness as a result of committing sin. As has been pointed out by Firida, parents who lost children to AIDS are by members of the community perceived as fools who allowed their children to marry into a family where there is AIDS [sic].

In the previous section Sofiya accepted death as *God's will and God's power*. In the present paragraph death is discussed as being *God's will and God's timing*. The acceptance of death as God's will and timing is related to Christian teachings in line with the Bible text from Ecclesiastes⁶⁵ that, says: in his timing, God gives and takes away, as stated also by Job.⁶⁶ This was alluded to by Msekaimfa when pointing out that:

In my life, God gives and God takes away. Everything has its own time. I am also waiting for my time to die (Msekaimfa, fieldwork interviews, 13July, 2012).

⁶⁴ This sentiment is found in a 2013 South African song titled, *Kulungile Baba, mekuyintandoyako*, "it is okay father (God), if it is your Will" by the artist Sfiso Newane. He is saying that all his trials and tribulations are okay, but only if they are God's will. What is in God's hands is beyond human strength and control, so it is okay, let it be.

⁶⁵ "There is a time for everything, and a season for every activity under heaven: a time to beborn and a time to die" (Ecclesiastes 3:1-2a, NIV).

⁶⁶ "Naked I came from my mother's womb, and naked I will depart. The Lord gave and the Lord has taken away, may the name of the Lord be praised" (Job 1:2, NIV).

Msekaimfa accepted the death of her children as resulting from God's will and God's timing because everything has its own time. As expressed in Ecclesiastes 3:1-2a, there is a time to be born and a time to die, and God gave and God took. She believes that God gives everyone and everything a time for being alive and a time to die. In Msekaimfa's perception God gave her the children at a certain moment and took them back according to his own timing.

Msekaimfa is waiting for her own time to die. This does not mean that she was not grieving the loss of her children. To accept the death of a child as expressing God's will and timing was her way of comforting herself and of coping with the loss. Whatever happened did not happen arbitrarily but it was God's will and timing. In spite of this she stated that "*whenever death comes, I remember that God told us that we are going to die because of the sin that was committed on purpose by Adam and Eve,*" (Msekaimfa, fieldwork interview, 13 July, 2012). She believes that death is God's will and timing, but she also blames Adam and Eve. Her perception is that she is paying for the sin committed by Adam and Eve. In most cultures, children are not supposed to die before their parents. This expectation is no longer valid. Today, in the context of HIV and AIDS, most children are dying before their parents. For Msekaimfa however this is simply a matter of God's will and timing.

Firida told me that, when she lost her two daughters, church members visited her at home to convey their condolences.

They said I should pray to God about what has happened, because it is God's will. They said me too one day I will be where my children are. They said I should not worry too much. That is how they comforted me (Firida, fieldwork interview, 13 July 2012)

The message confirms certain Christian teachings presenting death as God's will. A message of hope was added that one day Firida would be where her children are. Msekaimfa said that she was waiting for her time to die. This is why the church members asked Firida to pray to God and not worry too much as everything depends on God's will and timing. According to Mabe and Dawe (1991:338), discussed in chapter five under the subheading "Spiritual Impact", some parents believe that their children have gone to be with God, hope that one day they will be together again. Some participants in the present study accepted death as simply a part of God's plan.

The notion of death as part of God's plan is a result of the understanding of God as being all powerful and has plan for each and life of every human being. Kando stated:

I knew that these deaths were planned by God, because my children have left their children behind and now their children are like my children. So it is better to take care of these children, though I am suffering maybe they will be the ones who will bury me (Kando, fieldwork interview, 13 July 2012).

God's will and plan are by Kando understood through the death of her adult children who left her with grandchildren. In most African cultures children are expected to take care of their parents and, when the time comes for the parents to die, to bury them. Therefore the death of adult children ends the hope of BEW for future wellbeing. Kando stressed that God must have planned the death of her children in such a way that they would leave her grandchildren who, eventually, would take on the responsibility of caring for their grandmother. This gave Kando hope that she would receive be looked after in the final years of her life and have a proper burial. It was surprising that Kando counted on her grandchildren to give her care and a funeral rather than on her two surviving children. It is as if she has lost all confidence in the survival of adult children and expects the remaining two to die like the other four. In Kando's view God did not just take what she was given, but he gave her a replacement. She concluded that God's plan had been fulfilled and instead of seeing her grandchildren as a burden, she concentrated on the positive aspects of caring for them.

Of all the participants Edinesi was the only one who viewed death as nothing more than the will and command of God. Edinesi said:

The way I feel with my current role... No I feel good because this was commanded by the owner, that I should take care of the orphans. I am happy to care for them, because my child who died left the children for me. These children will take care of me (Edinesi, fieldwork interview, 13 July 2012).

Her mind-set is similar to Kando's but their choice of words is different. Kando believes her children died because it was God's will and plan whereas Edinesi speaks of God's command. She is convinced that by taking care of her grandchildren she is following God's command. She considered this command as an honour and as a reward because she hopes that, in time, her grandchildren will look after her.

The above statements indicate that BEW perceive within God's will aspects; of God's power, timing, planning and command. Through his power, God can plan and command how and when his will is fulfilled. It was his plan to give the BEW children whom they were commanded to nurse during sickness and, when they died, God commanded BEW to care for their orphaned grandchildren who, according to God's plan would take on the role of their parents and look after their grandmothers. Of course this can only happen if the grandchildren do not die before their grandmothers. But, undoubtedly, having grandchildren filled the BEW with hope for their future wellbeing.

Mabe and Dawe (1991:338), in chapter five under the subheading "Spiritual Impact", state that parents after the loss of a child turn to spirituality and faith to find answers for their loss. Some bereaved parents benefit from spirituality and faith, while others do not. However, the BEW participating in this study used spirituality positively and ascribed to God attributes that helped them to explain and accept their loss. Despite the pain they suffered, the BEW perceived the deaths of adult children as Gods will and power; Gods will and timing, Gods will and planning, Gods will and command. Some had hopes of afterlife and of meeting their loved ones again. However, not one of the interviewed BEW questioned God in this regard. They also did not blame themselves for the deaths of their children, as stated by (Cook 1983:227-228), in chapter five under "Spiritual Impact" section. Cook and Welsh explained that parents blame themselves for the loss of a child, doubting their parenting skills or thinking that God is punishing them for some sin they have committed. None of the BEW participating in this study did nor were they indifferent in relation to spirituality after the death of their children. Though, they might have expressed it implicitly.

According to Kinoti the church does not discriminate against elderly people but states that the church should be more aware of old people in its congregation. Furthermore, Kinoti points out that:

Any social and pastoral programme that addresses the total welfare of the society must necessarily include the agenda of the elderly, in its ministry of preaching the Good News, of nurture and healing. The African church has the challenging task of accommodating the peculiar needs of the aged (1994:16).

This statement is applicable to the Dzenza congregation of the CCAP that should in its pastoral care programmes take into consideration the needs of BEW. At the time of the interviews in 2012 the church, or the Women's Guild, had no pastoral care programme for BEW.

Kinoti (1994:184) believes that pastoral care owes as much to the aging generation as other organisations do. Whatever information concerning the elderly is available should be accessed by the church so that it becomes fully equipped for its role as pastoral care giver to the older generation. What Kinoti is raising goes back to the notion of awareness raised by Hislop (2003:20-21), Weingarten (2003:164), Griffin (1995:27), and Grobbelaar (2006:253), in chapter three of this study under the section of “The Role of Awareness in Pastoral Care”. The concern of the given authors is the need of pastoral caregivers to be aware of the experiences of women in pain. This is also in line with the findings of this study, as indicated by one of the participants Nana, who stressed that the Dzenza congregation of the CCAP needs to become more aware of challenges encountered by BEW.

He used an analogy by saying that the church was in need of an eye operation to help it see clearly what is going on in the lives of BEW. It has been stated earlier in this study in chapter five that the HIV and AIDS epidemic affects all dimensions of life in its effects and that it needs a holistic approach. Speaking as a female, Ndossi points out that “caring should include all services which contribute to the total well-being of a person as a spiritual, psychological, and physiological whole. Caring is preventive or sustaining as well as curative,” (1994:35).

This supports the Feminist pastoral care theory, discussed in chapter three, in its insistence that pastoral caregivers need to be aware of the beliefs, symbols, norms and categories of meaning that define care receivers (DeMarinis 1993:18). DeMarinis urges pastoral caregivers to discover what makes women hold on to their spirituality and faith despite the challenges they face in daily life. I believe that the Women’s Guild of Dzenza congregation of the CCAP should do the same, namely find out what it is that makes BEW persist in caring for orphaned grandchildren, in spite of a lack of resources.

7.2.5 Spirituality and Faith as Coping Mechanisms

Spirituality and faith as coping mechanisms after the death of an adult child was one of the themes that emerged during the fieldwork interviews. Of the ten participants, five mentioned spirituality and faith as helpful in coping with their loss. Prayer, reading the Bible, singing Christian songs and church attendance were used as tools. Some participants did not turn to spirituality after losing adult children. An example is Matayala’s mother who lost four children from AIDS related illnesses. She wanted to visit an African healer to find out what killed her adult children. Believing that the death

of her children was God's will was not enough for her, nor was she satisfied with the information that her four children died from AIDS related illness. Matayala reminded her mother that as a Christian she could not turn to an African healer. However, Matayala's mother did not use prayer, reading of the Bible, singing Christian songs or church attendance as a way to come to terms with the loss of her children. Kando said this in regard to the loss of her children:

When I am complaining and people are not helping me sometimes that is when evil thoughts from the devil come into my mind. I say this is the person who killed my children. Then later on I tell myself that... aaah... let me leave this in God's hands, because he is the judge. For me I am encouraged mostly by the word of God that says he gives and takes away. These days on earth Satan has gained power. Instead of going to Sing'anga, (traditional healer) to find out about the death of my children, I just go for prayers, sometimes when I am hurt I just take the Bible and start reading it. Then I start singing songs because everything has a meaning. My life accepts the situation and I say God has a purpose with me. I would love the Women's Guild to visit me at my home. Visiting the lonely, when you are in a group where the word of God is preached, life calms down. Unlike when you are alone you think of a lot of things ... eee... (Kando, fieldwork interview, 13 July 2012).

Kando at times entertained evil thoughts, thinking that someone killed her four children. She said that she quickly pushed such thoughts away because she believes they are planted by Satan. She decided to leave everything in God's hands because he is the righteous judge. The person who killed her children will be judged by God. In the section "Elderly Bereaved Women and Spirituality" in this chapter, Kando pointed out that the death of her children was part of God's plan. Yet, like Matayala's mother, the thought that her children might have been bewitched did occur to Kando. What Matayala's mother was experiencing at the time of fieldwork interviews, due to the death of her children, was discussed by Cook and Wemberly (1983:225) and Koskela (n.d.) in chapter five in the section of "Spiritual Impact". Both authors pointed out that due to a death of a child, some parents become active or passive in their spiritual aspect. Therefore, one can conclude that Matayala's mother became passive in her spiritual life because she trusted the spiritual healer more than her God and she was willing to do things against her Christian faith.

The suspicion of Matayala's mother and Kando should be seen in the context of African spirituality according to which death "does not just happen" but is caused by someone. In chapter four, Bate (2002:47) explains that illness and death in an African context do not happen without any cause. Since in African spirituality nothing happens without a cause, ma Mpolo (1991) (in chapter four, "Pastoral Care as Spiritual Care") points out the importance of considering spiritual liberation. Kando copes with her pain by praying, singing Christian songs, reading the Bible and going to church. She finds it important that the same spiritual mechanisms are used in group gatherings as well as during individual contacts. Kando's spiritual coping mechanism is in line with Koskela (n.d.) and Mundavanhu's (2008) description (chapter five, "Spiritual Impact") of parents who attend church hoping that God will give them strength to cope with the loss of their children.

7.2.6 Social Aspects of Being

A characteristic of most African cultures is that people support each other when it comes to weddings, the birth of children, sickness, death and many other occasions ((Mbiti 1992:2). But during the interviews in 2012, I discovered that life had changed in this respect. Most BEW mentioned a lack of support from maternal and paternal relatives of orphaned children. In addition, they blamed the church, the Women's Guild and the community at large for not supporting them. As argued by Bosnino, it is the responsibility of the church to take care of people who are infected and affected by the HIV and AIDS epidemic (1979:108). Most of the BEW, as caregivers of orphans, expected support from the wider community. As the saying goes, "In Africa it takes the whole village to raise a child" (Achebe 1958 and Magesa 1997:94). The proverb has been used to encourage communities to help in the care for orphans and, in general, for vulnerable children, but it does not have the desired effect. Almost every home in rural areas is affected by HIV and AIDS and many elderly women have accepted responsibility for their orphaned grandchildren. The adult who as a child in the past was raised by the whole village is today not available to help bring up a new generation of children orphaned as a result of HIV and AIDS. The compassionate community of cluster indicated by Kornfeld (1998:20) and the team of helpers in a compassionate community promoted by Hislop (2003:96) in chapter three in the section of "Compassion" is no longer functioning the way it used to, due to the impact of the HIV and AIDS epidemic. The compassionate community of cluster and the team of helpers in a compassionate community used to encourage the community to say 'it takes a village to raise a child' or 'another person's child is mine also'.

7.3 Lack of Support from Relatives

Sofiya, as a bereaved elderly woman and as a paternal grandmother looking after three orphaned grandchildren, stated:

Mmm...I am taking care of them. The relatives from their mother's side do not come and visit them. So I said what can I do? God will help me to take care of them. Here they are now, because when their mothers died they were still at the stage of breast feeding. Today they are big boys indeed. God helped me. The challenges I face in taking care of these children is from the relatives from their mother's side. They talk negatively about me, so I tell them that even though you are saying all this; my intention is to not allow these children to suffer. I said let the children come and I will care for them. You are talking negatively about me, but there is nothing you are doing to help the children (Sofiya, fieldwork interview, 13 July 2012).

Feliya is taking care of grandchildren from the maternal side. She said:

When I am at home my life is connected to my grandchildren. It makes me sad and I do not have peace because it is difficult to find food for the children to eat, it takes time. I do not have peace with everything in the house. These children, their father's home is far away, it is in Mulanje district. Their relatives do not come to visit them, they are just with me. The problems that I am facing are: I am the only one when it comes to buying clothes for children. On my own when I think about it, I found out that I cannot manage. As it is they are in my hands in a suffering way. I just watch because at home I have no help (Feliya, fieldwork interview, 13 July 2012).

The circumstances being what they are, both families on the maternal and the paternal side could be expected to get together after the burial of their loved one in order to discuss the future of the orphans. But Sofiya and Feliya have to do without help from relatives. Sofiya points out that not only don't the maternal relatives of her grandchildren give support, but they have a negative attitude towards her. However, she decided to ignore them and focus on her grandchildren. Feliya gets no support from the paternal relatives of her grandchildren who live far away.

However, in such cases distance is not acceptable excuses as people are “expected to be in solidarity with one another especially during the hour of need” (Mnyaka and Motlhabi 2005:223). As Malawians say, *kuli m’bale sikutalika*, meaning that distance is no excuse for not visiting a relative.

There are also cases in which maternal and paternal grandmothers supported by their respective relatives fight each other to obtain responsibility for orphans. Neither grandmother wants to feel “left out”, but at the same time such fights are not unconnected to the notion that when the grandchildren are grown up, they will take the side of the grandmother who cared for them. In these cases, both sides of the family want to get their share of possible future resources offered by grandchildren. It is evident that African values have been challenged by the HIV and AIDS epidemic. For example, the family structure where uncles and aunts would raise orphans as if they were their own children is no longer functioning in many African cultures, nor does the whole village take part in the raising of a child anymore. As stated by Kayongo-Male and Onyango, in the Luo community, as any other Africa community, children belonged to the community and socialisation was its responsibility (1991:19). Malawians can no longer claim that “another child is yours”, *mwana wamzako ndi wako yemwe*, as they used to say. The community life has been seriously impacted by the epidemic. The notion of “What is mine is yours, what is yours is mine” has also been destroyed and families are not willing to help each other because of lack of resources. Today they keep whatever they have for the immediate family, rather than sharing with others.

7.4 Bereaved Elderly Women as Elderly Orphans

In most African cultures, younger generations are supposed to take care of the elderly in all aspects of life. Once again though, in the context of HIV and AIDS, there is a paradigm shift of care. Today it is the older generation that cares for younger people, many of whom eventually die as a result of AIDS related illness.

So the elderly are left behind with the responsibility for orphaned grandchildren. Without their children they feel vulnerable and lonely. They have in a sense become elderly orphans.

7.4.1 Loss of Parents

Not all the BEW who participated in the interviews could look back on a childhood with both their biological parents present. Some lost their parents when they were very young and they had no memory of what their parents looked like. Others lost their parents when they themselves were adults and they at least remembered them. However, whether they had lost their parents early or late in life made no difference as they all considered themselves as orphans. Most BEW, although being of an advanced age, wished that their parents were alive. They believed that their parents would have shared in their pain of losing adult children and in the challenge of bringing up orphaned grandchildren. But, seeing that their parents were gone, the BEW hoped to get help from their siblings. However, as time went by, some BEW found their hope to be in vain. Siblings that could have helped had themselves passed away due to various illnesses. I did not inquire after the nature of these illnesses which is irrelevant to the study.

7.4.2 Loss of Siblings

In African cultures family structure is of paramount importance. The extended family consists not only of the closest relatives but it includes uncles, aunts, cousins, distant relatives, friends and neighbours. In most cases the eldest son is treated the same way as the father of the family and the eldest daughter as the mother. Generally, in Malawian households, as soon as the eldest child has a job, he or she gets some responsibilities in the care of his or her siblings. If the parents cannot afford to educate or care for all of their children, older siblings who are working help out. In times of need the family is expected to put their resources together. Unfortunately, the family structure is no longer working as it used to. This is, again, a result of the impact of HIV and AIDS. A contributing factor is the economic decline in most African countries. This has led to high rates of unemployment. The political arena is not conducive to good citizenship and in many African countries people do not participate in social life as they used to because they are fully focused on making ends meet. As the South Africans say, *vuka uzenzele*, stand up and do it yourself. As a result of a diminished social life, people are at times hardly aware of each other's needs. Under such conditions, BEW, many of whom have no siblings left to help them in times of need, feel that they themselves have become orphans. This was pointed by Firida:

I do not have any relatives, for this reason I feel sad. Most of the time I do complain that I wish I had a brother; I would have someone else to care for me. I feel very sad that how am I going to survive? (Firida, fieldwork interviews, 13 July 2012).

BEW bemoan the fact that most of them have no more parents or siblings to lean on. Even if their parents would have been at an advanced age and probably in fragile health, they would have been there to talk with about problems and to lessen the loneliness of BEW. BEW perceive themselves as orphans, having lost not only their parents and siblings, but their adult children as well. Literature concerning what causes BEW to view themselves as orphans is scarce. The literature I came across emphasises the loss of adult children as contributors to BEW viewing themselves as elderly orphans. Yet during the interviews, I found out that when they talk about being an orphan, they start with losing their parents, siblings and adult children. They wish they had one of the given people left; life would have been better for them.

7.4.3 Death of Adult Children; Loss of Motherhood Identity

It is especially the loss of adult children that makes BEW perceive themselves as “orphans” and robs them of their “identity as a mother”, because children were their last hope for future support. For most of the interviewees, orphan hood at whatever age it occurred, had been a painful experience. Having children of their own was a great comfort for BEW, *inter alia* because it gave them hope of support in their old age. The Sena people in the Southern region of Malawi do in a sense treat their children as if they were their parents. For example, a boy will grow up being treated by his parents like a brother or a father. A girl is treated like a sister or mother. In other words, they are approached with respect in order to prepare them for their future responsibilities. They start from a young age onwards to practice being a father or a mother. As they get older, children will look after their siblings and this responsibility extends into the future when they will take care of their parents in their old age and, if necessary, their siblings. Elderly parents may have lost their own parents and their siblings, but as long as they have children they feel secure. In the context of HIV and AIDS, however, life has changed drastically for many parents. Instead of adult children caring for them, elderly parents, and especially women, find themselves nursing their adult children many of whom die, leaving the parents as elderly orphans. Kando confirmed this:

The saddest thing in my life is when my first child died, because she was my helper, helping me and my grandchildren. When her husband died it also made me sad. I will not forget the death of my daughter. Now even if I find money, it is not enough, because I have to divide it for school fees and other things. What happened to me...aah... only God knows, God gave me children, but Satan took them and left me with the problem of caring for orphaned grandchildren (Kando, fieldwork interview, 13 July 2012).

Kando had lost four adult children to AIDS related illness, but of these four children she cries most for her daughter who was the breadwinner for Kando and her grandchildren. In Sena culture in Malawi they would say that Kando has lost everything which means metaphorically, she has lost her mother, father, brother and sister. Earlier in this chapter under “Loss of Siblings”, Kando stated that she had no sister which made her cry, because there was no one to turn to for help. Now that she had also lost her daughter who was the pillar of strength that she was leaning on, Kando is fit to be called an orphan. It is the loss of adult children who were their last hope that made Kando and other BEW elderly orphans. However, those BEW who have grandchildren can still hope that these will in the future take care of them and, when the time comes, bury them. This is why some BEW address the grandchildren as their “children”. The grandchildren have become the children of BEW and the BEW are Africa’s new mothers or as Nhongo calls them, “Africa’s Newest Mothers” (Nhongo 2004:351). The grandchildren have filled the gap left by their parents and they may eventually take on their parents’ role of caring for their old grandmothers. Regardless of the challenges they face in life, BEW have continued to look for ways to deal with, at least, some of their problems.

By losing adult children BEW have not only lost present and future support, but they have also lost their “motherhood identity”. Motherhood allows women to achieve their feminine identity, states McMahon (1995) in chapter five in the section “Social Impact: Death of an Adult, Loss of Motherhood Identity and Elderly Orphans”. In African religion and culture, one is fully a woman only if one is a mother. Childbearing constitutes the identity of a woman. The HIV and AIDS epidemic presents a threat to the motherhood identity as so many mothers have no more children. Also the loss of an adult child is a shattered dream for the future for BEW as pointed out by Arnold and Gemma (1994) in chapter five. Since its emergence in the 1980s, the epidemic has, in most parts of Africa, impacted heavily on elderly women whose adult children have died. To this day the impact of HIV and AIDS on BEW has not been properly addressed.

The death of adult children has made BEW into elderly orphans and, with the ending of motherhood; they have lost the essence of their identity as women and possibly some of their self-respect as well. Further exploration into the various aspects of loss of motherhood identity may contribute to finding ways in which to assist bereaved elderly women. Such an exploration could help BEW to regain their motherhood identity which in turn will contribute to solving at least one challenge posed by the epidemic. The need to improve existing social programmes, services and policies was remarked on by Erikson in 1963. Erikson stated that “by improving the social support to elderly caregivers, the sustainability of being surrogate parents can be effectively maintained”.

7.5 Bereaved Elderly Women: Overcoming Challenges

Despite a lack of resources, BEW have found ways to overcome some of their challenges. Kando for example stated:

I have a garden and I am able to grow my crops in order to feed my children and have some extra crops. I do sell the extra crops and send the children to school. I prefer to suffer so that the children should be happy. I overcome the challenges by making sure that these children eat nsima, Malawians' staple food and okra and they go to sleep (Kando, fieldwork interview, 13 July 2012).

Kando's main concern is that her grandchildren should not go to bed hungry. It does not matter if it is a cheap meal that she offers them, as long as they eat something. Okra is eaten with *nsima*, which is a stiff pap made of maize flour. Some Malawians look down on okra and see it as food for poor people. Kando informed me that she gives her grandchildren *nsima* and okra, indicating that she is too poor to buy meat, or even beans of which the nutritious value is close to that of meat. Edinesi also used agriculture as a means of dealing with financial challenges.

I overcome the challenges through agriculture. I have land and in that land I grow maize. When I harvest I sell some and buy clothes for the children. I use some of the maize to feed the children. When the rain comes we work hard in our garden, so that I should have maize to feed the children. This makes children to be happy (Edinesi, fieldwork interview, 13 July 2012).

Both BEW used agriculture to get by. Edinesi, setting aside enough maize to feed her grandchildren, sells any surplus in order to buy clothes for them. Edinesi however was fortunate in that she had extra maize to sell, because at the time of the interviews she was taking care of two grandchildren whereas Kando had to feed six grandchildren. It was difficult for Kando to grow enough maize to feed six grandchildren and still have surplus maize to sell. According to de Klerk (2009) in chapter five in the section of “Caring for Orphaned Grandchildren in the Context of HIV and AIDS”, some BEW sell their assets to make ends meet. However in this study the only person indicated that she sold her surplus maize was Edinesi. The rest had nothing to sell and they were hoping that one day someone will come to their rescue.

7.5.1 Overcoming Challenges through Mutual Care

Credit should be given to grandchildren who help their grandmothers to overcome everyday challenges. It would be incorrect to assume that grandmothers do all the chores on their own. In one way or another grandchildren manage to help their grandmothers, for example by taking on household chores. Kando mentioned the following.

My grandchildren are between the ages of 7 and 14 years of age. They do help me with house chores, such as sweeping the house and washing the dishes. Some of them they go with me to work in the garden. Cooking? They do cook when they come from school, especially during holiday time, I do not cook. The girls are the ones who mostly do the cooking during holiday time. During school time I do cook for them so that when they come home from school, they should find food is already cooked (Kando, fieldwork interview, 13 July 2012).

Kando overcomes some of her financial problems by growing maize and the grandchildren who are old enough to work in the garden help her. Some grandchildren who are old enough help with house chores and take care of their siblings. However, grandchildren often help their grandmothers to overcome challenges without any loss of the notion that these children still need parental guidance from their grandmothers. The emphasis in such cases is on the concept of mutual care. The grandmothers look after their grandchildren and in return some grandchildren do take care of their

grandmothers. As South Africans say, *izanhla ziyagezana*⁶⁷ or “hands wash each other”. Out of the ten BEW who participated in this study, seven acknowledged that their relationship with their grandchildren involved mutual care. The other three grandmothers indicated that their grandchildren were too young to help with household chores. The reality that grandmothers and grandchildren in the context of HIV and AIDS do often extend care to each other has thus far been overlooked, or has not yet been tackled by researchers. According to Mungazi, “throughout history, Africans have learned to care for one another in times of pain and despair” (1996:84). In the African context, pain and death are not matters of individual but of communal concern (van Dyk 2001). Africans care for each other in any circumstances and what affects an individual is perceived as affecting the whole family and the community at large (Phaswana 2008). The mutual care that is discussed in chapter five is between the adult children and parents. As indicated by Nhongo, this was a care that passed from one generation to another (2004:5-6).

Nhongo (2004:53) therefore argues that it is appropriate to study the issue of people affected by the HIV and AIDS epidemic. Though a great deal has been written about caring for children who are orphaned by AIDS, Hosegood and Timaeus note that:

The care giving role of the older persons of their children and other relatives with HIV/AIDS in their households and the community has been relatively well documented. However, only a few studies have been done in Africa on the impact of HIV/AIDS on the health and well-being of the older person (2005:432).

The burning question concerning care in the context of HIV and AIDS is: who takes care of the BEW as caregivers? This point has been raised by Berman (2002) as well as by Nhongo (2004:51). Berman asked: “Who cares for the carers, and why is it taken for granted that women provide, and will continue to provide, care and support to family members and loved ones, with no sense of the cost and value of this work to society and the economy in general?” (2002 cited in Odgen et al 2006:1). Caring for human beings is important because “anyone who cares for people infected with HIV and AIDS is therefore taking care of the sacredness of human life, which is *imago Dei*” (Masango 2005:917). BEW have a right to be cared for because they are made in the image of God. The emphasis in this study is therefore on appropriate and effective pastoral care for BEW.

⁶⁷One hand cannot wash itself and be as clean as it is when washed by the other hand. Similarly people say: “Scratch my back and I will scratch yours”. Such is the functioning of mutual care between grandmothers and grandchildren.

Hosegood and Timaeus state: “Few studies in Africa have examined the impact of HIV and AIDS on older peoples’ own health and wellbeing” (2005:432). Yet they are the main caregivers in the context of HIV and AIDS. This is why in 2010 on May 8 about 3,000 grandmothers from all the corners of the African continent took part in a march in Manzini, Swaziland, demanding support from various sectors of government and of communities at large. “We demand the economic independence to support our families”, as 90-year-old Judith Simelane stated. The occasion marked the birth of the African Grandmothers Movement (AGM) (Inter Press Services (IPS) 2010). The grandmothers claimed: “Africa cannot survive without us” (Phakathi 2010). In support of the grandmothers, Eckley strongly stressed that the streets and children’s homes will be full of AIDS orphans if grandparents stop taking the role of caring for orphaned children (2009). The grandmothers who marched in Manzini were aware of the very important role they play in the context of HIV and AIDS. This gave them the courage and the confidence to organize a protest march and to demand recognition of their contribution in dealing with the epidemic. Freda Shabangu, seventy years old, proudly said, “I’m happy that for the first time grandmothers are speaking for themselves about their problems” (IPS 2010). As the community had let them down, they decided to speak up for themselves and to create awareness of their plight in the wider world.

During the interviews a question concerning care given to BEW was asked. Kando answered: “The Women’s Guild has never helped me” (fieldwork interviews, 13 July 2012). I suggested they might not know that she was a bereaved person who looks after orphans. She categorically stated that it was impossible for the Women’s Guild not to know who she was and what she was going through as she herself was a member of the Women’s Guild and of the church choir. Yet they did nothing to help her. Kando also mentioned that, in 2008, some church members had visited her at home to write a report on the situation of her family. However, they never came back to her with results. At the time of the interviews for the present study, she had been waiting almost four years for a response from these church members.

Almost all the ten interviewed BEW shared Kando’s opinion as regards pastoral care received from the Women’s Guild. All of them indicated that they had not received any pastoral care from the Guild, except for the two women who were given a plate of maize flour and maize. Yet, when members of the Women’s Guild were interviewed about their role in the church, nine of them insisted that they offered care to, among others, orphans and bereaved and elderly people. One could ask how it is that none of the ten interviewed BEW had been offered pastoral care by the Women’s Guild. BEW such as Aluni, Edinesi, Feliya, Firida, Kando, Matayala’s mother, Mopheje, Msekaimfa

and Sofiya, all of them main caregivers in the context of HIV and AIDS, were facing challenges that went beyond their strength of body and mind. Clearly the care that BEW require has to be holistic to cover all the problematic aspects of their lives, whether these are of a physical, psychological, financial, spiritual or social nature.

It is important that the Women's Guild, in order to provide appropriate and effective pastoral care in accordance with the theology of care, takes these different aspects into account in addition to the cultural outlook of individual BEW that influences how they understand life and that helps to clarify what makes them hold on to life even if the going gets tough. There is a need for the Women's Guild to establish forms of collaboration with relevant sectors of government such as the ministry of health. The Guild members should make it a central concern to find out what is going on in the lives of BEW and, on the basis of compassion, get into action. The Guild also needs to acquire and develop skills that are appropriate to, and effective in providing pastoral care. The members have to be aware of church and community resources of care and make use of these, for example to create a safe space where BEW can share their experiences and their thoughts.

7.6 Conclusion

This is the penultimate chapter of my thesis and I have sought to show that in addition to having suffered the loss of adult children to AIDS related illnesses, BEW are, in their old age, overwhelmed by daily challenges that are beyond their strength. I have also shown that the role the BEW play as caregivers of their orphaned grandchildren comes with challenges. Some of these challenges are physical, psychological, financial, spiritual and social aspects of their lives. I have also highlighted that due to old age, most of the BEW find it difficult to cope with the role of caring for their grandchildren because in some cases it requires their physical strength. Additionally, I have also demonstrated that among their other challenges is the fact that BEW are affected psychologically by the stigma attached to the death of children from AIDS related illness. BEW therefore find it difficult to grieve openly for fear of further stigma. The same fear causes them to isolate themselves from their peers and from community activities. Further, I have demonstrated that BEW accept the role of care giver to their grandchildren, also the financial burden that comes with it. In most cases the BEW experience financial constraints over a long period as with the death of their adult children, they have lost their breadwinners. Lack of income affects the BEW's ability to give their grandchildren basic necessities such as food and clothes and to have them educated.

Furthermore, I have shown that the death of a child leads in the case of some parents to increased spirituality. In the present study almost all the participating BEW accepted the death of their adult sons and daughters as God's will, his power, timing, plan and command, although the notion of witchcraft had occurred to a few bereaved mothers. However, no one questioned God in relation to the death of her children because they believed that God is in control and that God knows what God is doing in accordance with God's sense of justice. To cope with their loss they used aspects of spirituality such as prayer, songs, reading the Bible and church attendance. Despite the given challenges in aspects of their lives, I have demonstrated that the lives of BEW who care for orphaned grandchildren is further complicated. Their lives are complicated because of a lack of assistance from the children's relatives on the maternal and the paternal side and by insufficient support from the community at large as well as from the church, including the Women's Guild.

I have sought to show that the results of the fieldwork interviews presented in this chapter underline the importance of children in African cultures. Since a woman's identity and the respect she enjoys in society is based on her ability to bear and raise strong children that will outlive their parents, the death of adult children in the context of HIV and AIDS has affected the identity of BEW as mothers. Also her social life is affected because she is different from those who have children. Having no more parents, siblings and children, BEW become orphans - elderly orphans. The impact of HIV and AIDS has crippled the African structure of care, creating a large number of elderly orphans who are living without appropriate care. In trying to overcome financial challenges, a few BEW were producing crops and others found temporary jobs such as working in someone else's garden for cash or maize. Mutual care giving between grandmother and grandchildren was a very positive element in the lives of some BEW. For this reason, through the responses of bereaved elderly women, there was an indication of how appropriate and effective the pastoral care was that was provided to bereaved elderly women by the Women's Guild .

The following chapter is the conclusion of this study.

CHAPTER EIGHT

CONCLUSION TO THE RESEARCH

8.1 Introduction

The focus of this study has been on the Women's Guild's capacity to provide appropriate and effective pastoral care to Bereaved Elderly Women in the Dzenza congregation of the CCAP. In order to demonstrate that the research question and objectives have been adequately dealt with using the collected and analysed data, this final chapter will discuss the study in its entirety. The chapter is divided into three sections. The first section consists of a brief overview of the study. In the second section I will summarise the different chapters and the third section presents new knowledge and insights that have emerged as a result of the study. Lastly I present suggestions for future research.

8.2 Brief Overview of the Study

In the course of this study, I dealt with issues around the appropriateness and effectiveness of pastoral care provided to BEW by the Women's Guild of the Dzenza congregation of the CCAP in the context of HIV and AIDS. The theoretical frameworks that are used in this study are "shepherding a woman's heart" and "feminist pastoral care". Qualitative research methods have been used for data collection and analysis. Data was collected from ten BEW, nine members of the Women's Guild, about eight participant of a focus group of members of the Women's Guild, the church Minister at the time of interviews, and five church Elders. Other sources relevant to the study were church information and published and unpublished materials. The study was guided by the following objectives: 1) to examine the impact of HIV and AIDS on BEW who belong to the Dzenza congregation of the CCAP and who function as caregivers for their ill adult children and for their orphaned grandchildren, 2) to investigate the type of pastoral care Women's Guild members of Dzenza congregation of the CCAP provide to BEW who have experienced the loss of adult children and who have become caregivers for their orphaned grandchildren, 3) to analyse older women's perceptions of the pastoral care they receive from members of the Dzenza congregation of the CCAP Women's Guild.

8.3 Chapter Summary

Chapter one provides the background of, and motivation for, the study. It states the research problems and objectives, presents a literature review, discusses the theories that underpin the study while it also describes the research methodology and methods applied to collect, organize and analyse data as well as the structure of the thesis. The study is qualitative and empirical in nature, based on scholarly publications. Qualitative research methods have been used for the collection and analysis of data.

Chapter two is devoted to a more detailed discussion of the research methodology and methods used to collect and analyse the data that would enable me to formulate an adequate answer to the research question. I planned to conduct in-depth individual interviews with eight BEW, namely four BEW who have lost an adult daughter due to an AIDS related illness and four BEW who have lost an adult son due to an AIDS related illness and who, in both cases have taken on custody of their grandchildren. However, I ended up interviewing ten BEW. Four of these were caring for maternal grandchildren, three cared for paternal grandchildren and two were responsible for both paternal and maternal grandchildren. One BEW was not taking care of any grandchild but attended because she had heard that grandmothers had been invited for a meeting at church. I also meant to interview eight members of the Women's Guild but instead I interviewed nine. The BEW were identified and asked by the Session Clerk to attend the interviews. They were approached as BEW who are taking care of orphan grandchildren. The Session Clerk did not know the cause of the death of the adult children of the BEW. I only knew that they lost children to AIDS related illness, when a question was asked during the interview stating; 'what were the circumstances that caused the loss of your loved one?'

The Women's Guild is a group of women who are custodians of pastoral care in the church. The third group to be interviewed was planned to consist of the presiding church Minister at the time of interviews and four church Elders. But instead I ended up interviewing five church Elders in addition to the Minister. Thus the total number of participants interviewed for this study is 25. I chose to conduct in-depth individual interviews with all the groups, followed by a focus group meeting with the Women's Guild. I did not hold a focus group meeting with the BEW. Because of the stigma attached to HIV and AIDS some BEW have not disclosed the cause of the death of their loved ones. To have BEW talking about the loss of an adult child from an AIDS related illness in a focus group interview could have caused discomfort for some of them.

Questions were asked about the experiences of BEW in relation to the death of their adult children due to an AIDS related illness. These questions were asked in order to obtain information of what the loss of an adult child or children to HIV and AIDS means on a deeper level. In the context of their culture, how do BEW perceive their loss? Spiritually, how does it influence the BEW's perception of God who is all powerful and loving but did not heal their children? What keeps them going and how do they handle taking care of their grandchildren orphaned by AIDS? How does the society perceive the BEW in the HIV and AIDS context? This study involves people who share their life stories including the experience of losing an adult child to an AIDS related illness. No doubt for many participants it brought back painful memories. However, professional counsellors from the Dzenza HIV and AIDS trauma clinic and from Lilongwe trauma clinic were asked for help by Ms Joyce Kamwana who is an AIDS activist for any of the BEW who needed counselling during data collection.

There was also the risk of social stigmatization in case I as a researcher had allowed personal details in the information provided by a participant to leak out. To prevent social stigmatization or secondary victimization of respondents, the participants remain anonymous and they had the firmest assurance that their privacy would be respected by me as a researcher. The data collected that indicate the identity of participants is kept safely in a place to which only I have access.

Before the interviews, the participants were fully informed about the research and of their rights to withdraw from the process at any time, should they feel uncomfortable about their participation. They were also reassured that their identity would not be revealed in the written information so that both confidentiality and anonymity were guaranteed. They were given a consent form to sign of which a copy was given to the participant, while the original was kept by me, the researcher for future reference. I asked for permission from the participants to tape record the interviews and I also took field notes during the interviews. I made sure that interviews took place where participants were not distracted. Ethical considerations were taken seriously to prevent any harm to the participants and to rule out any violation of human rights.

During the interviews, the participants had the opportunity to share their experiences in a natural setting and take their time in doing so. They had someone, namely I as the researcher, to listen to their stories without being judged or discriminated against. Their participation may lead the Women's Guild to take appropriate measures and to construct an effective programme to holistically

meet the needs of BEW as well as those of others who have lost children to an AIDS related illness and who are caregivers for orphaned children.

The available secondary data in this study was analysed using a textual content analysis. I have focused on secondary literature that addresses the issues of pastoral care for women, feminist pastoral care and church women's organisations, in order to shed light on the situation of BEW who have lost an adult child and who are in need of pastoral care from a theological perspective in the HIV and AIDS context. The features of content analysis have been discussed in page 32 paragraph 2.

Chapter three deals with the two theoretical frameworks used to analyse the collected data in order to investigate the appropriateness and effectiveness of the pastoral care provided to BEW by the Women's Guild of Dzenza congregation of the CCAP. The two theoretical frameworks used are "shepherding a woman's heart" and "feminist pastoral care". Hislop's theory of "shepherding a woman's heart" is based on her belief that in every congregation there is a woman in pain, who needs pastoral care. Appropriate and effective pastoral care can be provided only if the pastoral caregiver is aware of what is going on in the lives of women in pain. Additionally, Hislop states that being aware in it is not sufficient for the provision of effective pastoral care. It should be accompanied by an understanding of the woman in question beyond her situation. The caregiver has to have an understanding of the culture that defines the woman's worldview and of many other factors that play a role in her life. Awareness and understanding of women in pain will awaken compassion in caregivers and this should motivate them to take action. Once again, in order to provide appropriate and effective pastoral care, the caregiver needs to have pastoral care skills and one of these is a capacity for active listening. Feminist pastoral care confirms that it is important for pastoral caregivers to be good listeners. In short, Hislop argues that pastoral caregivers need to know the world of woman in pain in order to provide appropriate and effective pastoral care that goes beyond the physical and spiritual aspects of life.

Feminist pastoral care is the second theoretical framework used in this study. It is a theory influenced by the understanding that women's experiences are a first concern of feminism. Women's experience should be treated with respect, and the dignity of women in pain has to be maintained. Feminist pastoral care believes that to promote awareness of women's experiences, these experiences have to be named. This is important in order to create an understanding of the different experiences that women go through and to avoid treating these experiences as one-size-fits-all. Feminist pastoral care argues that it is necessary to create space for women to talk about their concerns in an environment

that is conducive. It has to be a space where women feel that they are listened to without being judged or discriminated against. Additionally, feminist pastoral care emphasises the need to use the church and the community as resources for appropriate and effective pastoral care. In other words, both Hislop and the authors writing on feminist pastoral care emphasise the importance of providing appropriate and effective pastoral care to women who are in pain.

In chapter four I dealt with different trends in pastoral care. To answer the sub-question, 'why it is appropriate to deal with pastoral care from the past? Objective number one was used; to demonstrate how pastoral care has changed overtime accordance with different contexts. In this chapter I showed that pastoral care is not static. It has changed over centuries in accordance with the specific needs of the time. I also showed how different authors have expressed their understanding of pastoral care. For example, some authors see pastoral care as religious ministry for individuals. Others explain it as an act of an ordained person or as a way of communicating the gospel and there are many other views of what pastoral care involves. The shepherd metaphor is also discussed from the points of view of different authors. Some consider this metaphor in a negative way, while others see its positive implications. Four functions of pastoral care are discussed as well as ways in which they were used in various historical periods and how they represent changing trends in Christian pastoral care.

Furthermore, in this chapter the discussion was on feminist pastoral care, the need for and the reasons why women have established specifically feminist-inspired pastoral care. Attention is also given to the dearth of material on African pastoral care produced by African theologians, despite their more general contributions to global bodies of academic knowledge. Those African theologians who have studied pastoral care insist that there are some specifically African aspects that need to be included in pastoral care in order for such care to be appropriate and effective for African people. The importance of taking account of specifically African aspects in African pastoral care is demonstrated by comparing and contrasting a Western concept with an African concept of pastoral care. The importance of pastoral care in the contemporary context of HIV and AIDS is also discussed in this chapter. The chapter illustrates why it is important for the Women's Guild of Dzenza congregation of the CCAP to realise that a knowledgeable and relevant pastoral care is sorely needed to help, among others, BEW to get through the inevitable process of transformation to which they are subjected as a result of the impact of HIV and AIDS.

The focus in chapter five was on the impact of HIV and AIDS on BEW. Secondary literature produced by different scholars is used to demonstrate the impact of HIV and AIDS on elderly women in general. The main purpose of this chapter is a consideration of secondary literature produced by various authors on the impact of HIV and AIDS on the lives of elderly women, including aspects of a physical, psychological, financial, spiritual and social nature. The authors mentioned in this chapter acknowledge the serious challenges faced by elderly women as main caregivers. However, their plight as caregivers in the specific context of HIV and AIDS is not fully recognized.

The question that was asked in this chapter was; how has the impact of HIV and AIDS epidemic affected the lives of BEW in the Dzenza congregation of the CCAP? The objective to the question is; to examine the reality of HIV and AIDS on bereaved BEW in the Dzenza congregation of the CCAP who function as caregivers for their ill adult children and for their orphaned grandchildren. Through this second objective of this chapter, the discussion in this chapter therefore was mainly centred on physical, psychological, financial, spiritual and social aspects of the lives of elderly women. Due to the impact of the HIV and AIDS epidemic, elderly women are affected in all these spheres of life. One reason for this is the fact that the children who traditionally are supposed to care for elderly parents, most have died due to AIDS related illness. In most African cultures, young people are expected to look after their aging parents. In the context of HIV and AIDS, the burden of care has come to rest on the shoulders of elderly people, especially elderly women. This is due, in the first place, to the realisation by ill adult children that they cannot nurse themselves. Their only option is to go back to their parents' homes where they will be looked after by an elderly mother. These elderly women take upon themselves the role of fulfilling the physical and financial needs of their adult children. At the same time they are also caring for grandchildren even though their own physical strength is often not sufficient to do so.

Apart from being faced with physical and financial challenges, elderly women are also psychologically affected, as a result of the stigma attached to HIV and AIDS. Some BEW stated that the deaths of their adult children made them cry often in the night. Authors mentioned in chapter five indicate that there are cases of elderly women who react to the death of adult children by becoming either very active in matters of faith, or totally passive. The interviewed BEW of the Dzenza congregations of the CCAP were in general spiritually active. While grieving the deaths of their adult children, they adopted spirituality as a coping mechanism. As a result most of them relied on God's guidance in their role as carers for grandchildren. They reasoned that God had allowed the death of

their adult children and therefore the same powerful God would be with them in caring for their grandchildren.

In chapter six I dealt with the present pastoral care programme of the Women's Guild of the Dzenza congregation of the CCAP. The question I sought to answer was; how particular is pastoral care that Dzenza congregation of the CCAP Women's Guild members offer to BEW in response to challenges encountered by older women? In short I wanted to find out whether, the pastoral care offered to BEW by the Women's Guild is tailored to fit the challenges they encounter. This is in line with the third objective of the study, which is to investigate the type of pastoral care that the Women's Guild of the Dzenza congregation of the CCAP provides to BEW. In order to answer this question, a brief background of church women's organisations in general is provided. The viewpoints of the Women's Guild as an organisation, and of church elders, Women's Guild members and BEW, are taken into consideration. Although it has been a challenge to get the church to listen to women's views, when women's church organisations finally were established they did give women an identity and a voice in an environment dominated by men. The church elders and the Women's Guild acknowledge that the Women's Guild is a branch of the church. Both the church elders and the Women's Guild also recognize the lack of training of the Women's Guild in areas of pastoral care and of HIV and AIDS. This has affected the Women's Guild's role as pastoral caregivers and made it difficult to provide appropriate and effective pastoral care. A lack of awareness and understanding of needs as well as an absence of relevant pastoral care skills contributes to the dearth of appropriate and effective pastoral care in the context of HIV and AIDS.

What comes out of this chapter is that the three groups that were interviewed believe that spirituality assist s them to help others, to stay away from sin and to trust in God for their daily needs. Furthermore, most BEW consider the deaths of their adult children as God's will. Their spiritual longing is expressed in the wish of BEW to be part of the Women's Guild so that when they die their funeral will be a dignified one. The BEW also long for individual and group prayer meetings to encourage them as they try to come to grips with their challenges as caregivers in the context of HIV and AIDS.

The focus in chapter seven is on the responses of BEW to the specific problems they meet as caregivers of grandchildren in their old age and in the context of HIV and AIDS. the question that I wanted to answer was; what is the perspective do BEW experiencing loss of adult children to an AIDS illness have towards the pastoral care received from Dzenza congregation of the CCAP

Women's Guild members? There is a link between chapter five and seven in that both are dealing with challenges faced by BEW. The fourth objective of this study was used; to analyse BEW perceptions of the pastoral care they receive from members of the Dzenza congregation of the CCAP Women's Guild. The BEW gave their perspective concerning the quality of pastoral care provided by Women's Guilds to them. While chapter five focuses on the secondary literature produced by various authors concerning the impact of HIV and AIDS on elderly women to demonstrate how the epidemic impacts on the lives of elderly women in aspects of a physical, psychological, financial, spiritual and social nature, chapter seven is based on the findings from my field research which are also related to the physical, psychological, financial and social facets of the impact of HIV and AIDS on BEW. Of interest to this study is the fact that the BEW lead an active spiritual life despite losing adult children. In chapter five it is stated that some parents blame themselves for the death of their children, or they question their parental skills or their faith in God. They may also think that their child died because of the sin they committed (Alhassan 2010, Koskeland, and Cook 1983). However, in my study the BEW know the value of spirituality as a coping mechanism giving them strength to deal with the loss of adult children and to care for their grandchildren. In addition, some BEW of my study stated that their spiritual life became more active after the death of their adult children. Information provided in this chapter indicates a lack of support for BEW from the Women's Guild, the community at large, and from relatives of grandchildren, both on the paternal and the maternal side. Of special significance to my study is the mention that one major impact of HIV and AIDS on BEW consists in the loss of their "motherhood identity" as their children have died. Culturally, in order to be identified as a mother one has to have children who are alive. The loss of their own parents, their siblings and their children, puts BEW in the position of "adult orphans", because they are left alone with no one to care for them. Although BEW encounter serious challenges, they find ways to overcome them. Some use farming as a means by which to counter a shortage of food. Others practise mutual care with their grandchildren as some of these are old enough to help with household and other chores.

8.4 Appropriate and Effective Pastoral Care

The words appropriate and effective have been used throughout this study, to describe what kind of pastoral care would be suitable for BEW. According to this study, appropriate and effective pastoral care, is a pastoral care that is concerned with the aspects of life of BEW. Such aspects are physical, psychological, financial, spiritual and social. In this study it has been indicated that BEW are affected in all aspects of their lives, due to the loss of adult children. This is why, it is important to respond with appropriate and effective pastoral care in the lives of BEW. To respond with appropriate and effective pastoral care to the challenges encountered by BEW, would need collaboration of clergy, lay persons, professionals, non-professional, men and women from church and community, not only the Women's Guild.

Additional, it is also important that people involved in providing appropriate and effective pastoral care, be educated and trained in HIV and AIDS, home based care, skills of preparing nutritious meals for BEW, basic pastoral care and woman to woman pastoral care. Woman to woman pastoral care is pastoral care that can only be provided by women to fellow women. The importance of training people, who are involved in providing appropriate and effective pastoral care, is for them to be equipped and understand what it means to provide appropriate and effective pastoral care to BEW. During the interviews most of the the Women's Guild members indicated that they had never had training on how to provide appropriate and effective pastoral care. This is why during the interviews most of the BEW pointed out that they were not cared for by the Women's Guild. This was due to lack of training of appropriate and effective pastoral care, on the side of Women's Guild.

Furthermore, apart from collaboration, education and training, it is significant to incorporate the African way of care, in order to achieve appropriate and effective pastoral care. As they say, "In African it takes the whole village to raise a child" If in Africa it takes the whole village to raise a child, why cannot the same concept apply to BEW? Why it cannot take the whole village to care for BEW in in context of HIV and AIDS? In the context of HIV and AIDS, the whole village would be the collaboration of clergy, lay persons, professionals, non-professional, men and women from church and community. As strongly argued by Msomi that "African appreciation for community pastoral care becomes the calling of the whole congregation" (2008:236), because pastoral care is a central component of pastoral ministry. This is why it important to collaborate, educate and train people in different aspects of life, woman to woman pastoral care and incorporate African concept of

care. In order to provide appropriate and effective pastoral care to BEW. This should be accompanied with the sample of training manual of appropriate and effective pastoral care.

8.5 Sample of Training Manual for Appropriate and Effective Pastoral Care

1. Introduction

2. Brief background of pastoral care

3. Understanding and features of appropriate and effective pastoral care
 - Collaboration
 - Training
 - Woman to woman pastoral care
 - Incorporating the African concept of care

4. Training in pastoral care and counselling
 - Skills of shepherding a woman's heart
 - Functions of pastoral care

5. Training in HIV and AIDS
 - What are HIV and AIDS?
 - Transmission
 - Voluntary testing
 - Prevention

6. Discussion on the aspects of life
 - Physical
 - Psychological
 - Financial
 - Spiritual
 - Social

7. Conclusion

8.6 New Knowledge

Different theologies⁶⁸ emerged out of this study, but a theology of care stood out the most, throughout this study. In this study, I have demonstrated how HIV and AIDS epidemic has impacted the physical, psychological, spiritual, economic and social aspects BEW lives. In most African cultures, adult children are expected to care for the elderly people. However, in the context of HIV and AIDS, the adult children who were supposed to care for elderly people, some of them have died due to AIDS related illnesses. As a result the adult children's children are left as orphans in need of adult care. This has left BEW with no choice but to take responsibility of caring for grandchildren orphaned by AIDS. Yet, BEW are also in need of care in areas such as; physical, psychological, spiritual, economic and social. The death of adult children has denied the BEW care in the above given aspects of life. This was confirmed by Ryan, (2006:86) who strongly believe that care seekers need to be cared for emotionally, physically, psychologically and economically. Unfortunately, the Women's Guild is not able to provide the care that is needed by BEW. This is why the focus of this study is to explore the appropriateness and effectiveness of pastoral care the Women's Guild of Dzenza CCAP congregation provide to BEW. In short it is all about care of BEW in all aspects of their lives. Thus, a theology of care is proposed in this study.

According to Graham (1996) a theology of care has to start and end with care. Masango perceives the concept of care as being "co-workers with God in the primary task of perfecting divine creation" (2005:917). Noddings (1984:68) understands care as a circle that involves the caregiver and care seeker. Additionally, care is not only the involvement of caregiver and care seeker. It is an attitude that has been put to action, to take responsibility of caring of and to be cared for, as pointed by Boff (2007:58).

A theology of care proposed in this study is based on the central belief that "women in pain are in every congregation" (Hislop 2003:15) and they are women who need to be cared for. In order to promote a theology of care, this study proposes that, first, there is a need for the church to re-examine its teachings and the existing programme of pastoral care. This should be done through redefining the theology of care, to be more appropriate and effective; a theology that will help to improve the existing pastoral care programme in responding to the challenges encountered by BEW. Second, to promote a theology of care, it is significant for the church to involve other groups of people such as; theologians, laity, and health care professionals of all kinds: nurses, doctors, social

⁶⁸ Theology of loss of identity and care, care and mutual care and Gods will and plan in pain.

workers and psychologists. Dude calls the coming together of such people with diverse skills, 'networking' (2003:156). In chapter three of this study, Hislop (2003:96) calls the networking the 'community of different talents', while Kornfeld calls it a 'compassionate community of cluster' (1998:20). Additionally, it is important for the government to be involved in caring for BEW. As stated by Apt (1992) who strongly believe that, the lack of care for elderly in Africa will not improve unless the African governments take a step in using tax payer's funds to care for elderly, in order to fulfil the traditional role of caring for the elderly generation.

Third, the theology of care should include assisting BEW with methods of generating funds such as farming cooperatives (Jonasi 2007:126). All the interviewed BEW depended on subsistence agriculture for food security and income generation. It is also significant that teenagers, who are orphaned grandchildren, be taught the farming and income generation skills so that grandchildren could use the skills gained, to care for themselves and for their BEW. In doing so, the grandchildren will be filling the gap of care that was left by their deceased parents.

In chapter three of this study, Hislop in her theory, "Shepherding a Woman's Heart", in section 3.2, has indicated the importance of being aware of the challenges encountered by women in pain. She also indicated the importance of having skills of shepherding the woman in pain such as BEW. This is why in the same chapter three, section 3.3, under the theory of the "Feminist Pastoral Care and Women Experiences". Feminists argues that feminist pastoral care takes women's experiences seriously by giving them first priority, through creating safe spaces where women can name their challenges. Such safe spaces help avoid the generalisation of the experiences of women, because each woman is special in her own way and need to be treated and cared for, in a special way as an individual not as one size fits all. The feminist pastoral care also emphasises in using church and community resources in caring for women in pain as BEW. Therefore, in the context of HIV and AIDS, a theology of care in this study is a pastoral care that is appropriate and effective in responding to the needs of BEW.

8.7 Suggestions for Future Research

The present study is limited to BEW who have lost adult children to AIDS related illnesses and who are caregivers to their grandchildren. It also addresses the Women's Guild's capacity to provide appropriate and effective pastoral care to BEW. It is of importance for future research to focus on bereaved elderly men who have lost adult children to AIDS related illness and who are bringing up orphaned grandchildren. In this context and considering the fact that the Dzenza congregation of the CCAP has a Men's Guild, it would be useful to analyse the Men's Guild's capacity for providing appropriate and effective pastoral care to bereaved elderly men.

Another point is that the current research was done in the CCAP Dzenza congregation. Similar research could be undertaken in other congregations of CCAP or in other churches so that a web of appropriate and effective pastoral care for bereaved elderly people who raise grandchildren could be developed, benefiting not only those directly involved but also the wider community. A third area to be researched is that of the provision of effective and supportive pastoral care to orphans who are heading households. It is of great importance to find out how the Women's Guild deals with this group of children. How appropriate and effective is the pastoral care provided to orphans by the Women's Guild? Is the Women's Guild sufficiently aware of, and does it understand, the needs of orphans who are raising siblings? Does the Women's Guild have the pastoral care skills to help these orphans respond to their challenges? Is there, for example, a safe space where such children can express their experiences? Undertaking research in the three areas suggested above may provide a community at large with a more complete understanding of the problems experienced by the three given groups. In order to realise this aim however, they should not be regarded as homogeneous in their predicament of being affected by the HIV and AIDS, but rather each group needs to be treated as unique in its specific situation and as regards its needs. Above all the given suggestions of this study, it is significant to develop a manual on pastoral care giving for Women's Guilds to be able to provide appropriate and effective pastoral care to BEW.

8.8 Final Remarks

In conclusion, I emphasise the need that appropriate and effective pastoral care is offered to BEW who suffer the impact of the HIV and AIDS epidemic. It is stated in this thesis that the BEW in the Dzenza congregation of the CCAP have been the main caregivers of their sick and dying children and, in addition, they have taken on the responsibility for their grandchildren orphaned by AIDS related illnesses. Pastoral care for BEW should focus on the physical, psychological, financial, spiritual and social aspects of the impact of HIV and AIDS on the lives of BEW as discussed in chapter five and seven. A holistic approach is essential because so many aspects of BEW's lives are affected.

The information provided in this study shows that there is a great need to develop pastoral care programmes that are appropriate and effective and that can be used by the Women's Guild to support BEW in their responses to the challenges they encounter. The stressful circumstances of BEW require appropriate pastoral care programmes. The overall conclusion of this study is that the Women's Guild is not providing sufficiently appropriate and effective pastoral care to BEW because they lack training.

This is why it is important that the Dzenza congregation of the CCAP encourages the majority of its membership to become involved in pastoral care on a permanent basis in order to help the Women's Guild to fulfil its task, rather than waiting for the annual youth week to get members of the congregation to offer their assistance to BEW. Chapatali informs us that the whole congregation helps BEW during youth week. But youth week lasts seven days only and comes about once a year. Cleaning the house of BEW or fixing a roof once a year is not enough. Much more can be done, preferably on a routine basis, to make the lives of BEW easier. The data collected and analysed in relation to the present study clearly indicate that the Women's Guild is struggling to provide pastoral care that is appropriate to, and that can positively affect, the lives of bereaved elderly women.

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APPENDICES

APPENDIX 1: CONSENT FORM FOR THE BEREAVED ELDERLY WOMEN

Study title: Pastoral Care for Bereaved Elderly Women in the context of HIV and AIDS: A case study of Dzenza Congregation Women's Guild Members of the Church of Central Africa Presbyterian (CCAP) Lilongwe – Malawi.

Informed consent signed

The consent form will be translated from English into Chichewa and it will be read to participants who are not able to read and write. A copy of the consent form will be given to the participants while the original one will be kept by the researcher in the envelope for the sake of future reference. The participants have the freedom to withdraw the consent form at any time. Permission will be asked from individual participants to use tape recorder during the interviews.

Voluntary Participation

Please note that your participation in this study is completely voluntary. You are therefore free to decline to participate or to withdraw as a participant at any time and for any reason without feeling guilty. Our relationship will continue to be friendly.

Privacy and confidentiality

The participant's personal information and identity cannot be disclosed without their prior permission. For this reason anonymity will be maintained in the study.

Risk factors

All participants will be informed of the nature of this research and may refuse to participate at any point, including in the midst of the interview. Questions about older women's experiences may lead to memories of the death of an adult child died due to an AIDS related illness.

Potential benefits

The participants will have an opportunity to share their experiences in their own time and in the natural setting. Also participants will have someone (the researcher) to listen to their stories without judging and without discriminating against them. Their participation may lead to the taking of appropriate measures and the construction of an effective programme that will be used to meet their needs holistically and in addition to meet the needs of others who are experiencing the loss of an adult child due to an AIDS related illness and who might have to become caregivers to grandchildren orphaned by the epidemic.

Questions

For more information or queries you may contact

Lucy Chibambo. 26 Elizabeth Place, 50 Roberts Road, Pietermaritzburg, 3201, South Africa.

Cell Number: 0825014832. **Land line:** 033 3949317. **Email:** lchibambo20@gmail.com.

.....

Agreement to participate

I.....I have read the information concerning the study and I understand what the study is all about. I am willing to participate in this study.

SIGNATURE OF PARTICIPANT

DATE

APPENDIX 2: CONSENT FORM FOR THE WOMEN'S GUILD AND FOCUS GROUP

Study title: Pastoral Care for Bereaved Elderly Women in the context of HIV and AIDS: A case study of Dzenza Congregation Women's Guild Members of the Church of Central Africa Presbyterian (CCAP) Lilongwe – Malawi.

Informed consent signed

The consent form will be translated from English into Chichewa and it will be read to participants who are not able to read and write. A copy of the consent form will be given to the participants while the original one will be kept by the researcher in the envelope for the sake of future reference. The participants have the freedom to withdraw the consent form at any time. Permission will be asked from individual participants to use tape recorder during the interviews.

Voluntary Participation

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Privacy and confidentiality

The participant's personal information and identity cannot be disclosed without their prior permission. For this reason anonymity will be maintained in the study.

Risk factors

All participants will be informed of the nature of this research and may refuse to participate at any point, including in the midst of the interview.

Potential benefits

The participation of Women's Guild members may lead to the construction of appropriate measures and an effective programme that will be used to meet the needs of the older women experiencing the loss of an adult child due to an AIDS related illness and are caregivers to grandchildren orphaned by AIDS holistically.

Questions

For more information or queries you may contact

Lucy Chibambo. 26 Elizabeth Place, 50 Roberts Road, Pietermaritzburg, 3201, South Africa.

Cell Number: 0825014832. **Ground line:** 033 3949317.

Email: lchibambo20@gmail.com.

Agreement to participate

I.....I have read the information concerning the study and I understand what the study is all about. I am willing to participate in this study.

SIGNATURE OF PARTICIPANT

DATE

APPENDIX 3: CONSENT FORM FOR THE MINISTER AND CHURCH ELDERS

Study title: Pastoral Care for Bereaved Elderly Women in the context of HIV and AIDS: A case study of Dzenza Congregation Women's Guild Members of the Church of Central Africa Presbyterian (CCAP) Lilongwe – Malawi.

Informed consent signed

The consent form will be translated from English into Chichewa and it will be read to participants who are not able to read and write. A copy of the consent form will be given to the participants while the original one will be kept by the researcher in the envelope for the sake of future reference. The participants have the freedom to withdraw the consent form at any time. Permission will be asked from individual participants to use tape recorder during the interviews.

Voluntary Participation

Please note that your participation in this study is completely voluntary. You are therefore free to decline to participate or to withdraw as a participant at any time and for any reason without feeling guilty. Our relationship will continue to be friendly.

Privacy and confidentiality

The participant's personal information and identity cannot be disclosed without their prior permission. For this reason anonymity will be maintained in the study.

Risk factors

All participants will be informed of the nature of this research and may refuse to participate at any point, including in the midst of the interview.

Potential benefits

The participation of church leaders' may lead to the construction of appropriate measures and an effective programme that will be used to meet the needs of older women holistically. Hence in CCAP Women's Guild members are custodians of pastoral care in the church.

Questions

For more information or queries you may contact

Lucy Chibambo. 26 Elizabeth Place, 50 Roberts Road, Pietermaritzburg, 3201, South Africa.

Cell Number: 0825014832. **Ground line:** 033 3949317.

Email: lchibambo20@gmail.com.

Agreement to participate

I.....I have read the information concerning the study and I understand what the study is all about. I am willing to participate in this study.

SIGNATURE OF PARTICIPANT

DATE

APPENDIX 4: RESEARCH QUESTIONS FOR BEREAVED ELDERLY WOMEN

Name..... (Optional)..... Date.....

Name of church.....

1. When were you born?
2. Where were you born?
3. How many children do you have?
4. How many grandchildren do you have?
5. Out of those grandchildren how many grandchildren are you taking care of?
6. What is your current marital status?
7. Name three positive experiences in your life?
8. What happened during each of those experiences?
9. Name three saddest experiences in your life?
10. What happened during each of those experiences?
11. What led you take on the role of care giver to your grandchildren?
12. What were the circumstances that caused the loss of your loved one?
13. Were you able to talk to someone about the loss or did anyone try to explain the loss to you?
14. If yes, what did he or she say to you?
15. How do you feel about your current role of care giver to your grandchildren at your age?
16. Are you satisfied with the role you are playing as a caregiver?
17. What are the challenges that you come across as caregiver to your grandchildren?
18. How do you overcome the challenges you face from day to day as a caregiver?
19. Do you get help from anyone? If you do, who are the people who give you help?

20. What is the relationship between you and the Women's Guild?
21. Does your relationship with the Women's Guild affect your relationship with your church?
22. What is the attitude of the Women's Guild towards people who have lost loved ones due an AIDS related illness?
23. How does the Women's Guild respond to your challenges as an older woman and a caregiver?
24. How do you feel about the pastoral care provided by the Women's Guild?
25. What is the programme of care giving in the community provided by the Women's Guild?
26. How important is spirituality to you?
27. Explain how the Women's Guild responds to your spiritual needs.
28. What is the attitude of the church members towards older women?
29. Do you feel that the church treats older women with the respect and dignity they deserve?
30. Please explain your answer to question 29?
31. What would you like to see the Women's Guild do in order to effectively help women like yourself?

APPENDIX 5: RESEARCH QUESTIONS FOR WOMEN’S GUILD FOCUS GROUP DISCUSSION

Name:Date:

Name of church:

1. What does it mean to you to be a member of the Dzenza congregation of the CCAP congregation?
2. How important is spirituality to you?
3. How do you understand your role as a member of the Women’s Guild?
4. Why is it the role of women to provide pastoral care in the church?
5. What kind of pastoral care does the Women’s Guild provide to members of your church?
6. Is there specific pastoral care that the Women’s Guild provides to older women?
7. If your answer is “yes” to question 5, describe this pastoral care.
8. How have deaths due to AIDS affected the care provision by your ministry?
9. What is the programme of care giving provided to older women by the Women’s Guild?
10. What are the things that need to be improved in your pastoral care programme in view of the increase in deaths due to AIDS?
11. What kind of pastoral care do you offer to older women who have lost an adult child due to AIDS?
12. What kind of training have you received in the following areas:
 - a. HIV and AIDS,
 - b. Pastoral care to women, who have lost an adult child,
 - c. Care of orphans.
 - d. Care of caregivers.

13. What kind of training would you like to receive to increase your capacity to provide effective care in the context of HIV and AIDS?
14. How important is spirituality to you?
15. How does your own spirituality help you in your work with people who have been infected or affected by HIV and AIDS?

APPENDIX 6: RESEARCH QUESTIONS FOR THE MINISTER AND ELDERS

NameDate

Position held in the church.....

Length of time in a position of leadership in this church.....

1. How do you describe your role in the church?
2. How important is spirituality to you?
3. How do you describe the role of the Women's Guild in the church?
4. How important is the Women's Guild for the church?
5. What is the working relationship between the Women's Guild, clergy and the laity?
6. How have HIV and AIDS affected this congregation?
7. What is the pastoral care programme that your church has in place to support people who are infected with HIV and AIDS?
8. What pastoral care programme does your church have in place to support people who have lost a loved to an AIDS related illness?
9. What pastoral care programme is offered in this church to caregivers of orphans?
10. What are the challenges that face the Women's Guild in giving care, particularly to BEW?
11. What do you propose as an appropriate way of dealing with the identified challenges?
12. What kind of training do the Women's Guild members have in order to prepare them for providing appropriate and effective pastoral care to people who have been infected with, and affected by, HIV and AIDS?

13. What can be done to increase the capacity of the Women's Guild organization to provide effective pastoral care in the context of HIV and AIDS?
15. What is your own theological understanding and interpretation of HIV and AIDS?
16. What is your own theological understanding of pastoral care for people affected by HIV and AIDS?

APPENDIX 7: LIST OF PARTICIPANTS

LIST OF BEREAVED ELDERLY WOMEN THE PARTICIPANTS' PSEUDONYMS DATE AND PLACE THEY WERE INTERVIEWED

NAME	AGE	MARITAL STATUS	NUMBER OF CHILDREN	NUMBER OF DECEASED CHILDREN	NUMBER OF ORPHANS CARED FOR	DATE	PLACE
Aluni	68	Married	7	2	1	13/07/2012	Lilongwe
Edinesi	69	Married	2	1	2	13/07/2012	Lilongwe
Feliya	Cannot remember	Married	5	2	2	13/07/2012	Lilongwe
Firida	67	Widow	11	4	7	13/07/2012	Lilongwe
Kando	60	Widow	6	4	6	13/07/2012	Lilongwe
Matayala	70	Widow	7	5	16	09/08/2012	Lilongwe
Mopheje	Cannot remember	Widow	9	5	3	13/07/2012	Lilongwe
Msekaimfa	70	Married	8	2	6	13/07/2012	Lilongwe
Namayile	Cannot remember	Widow	7	2	None	13/07/2012	Lilongwe
Sofiya	Cannot remember	Widow	3	2	3	13/07/2012	Lilongwe

LIST OF WOMEN'S GUILD MEMBERS THE PARTICIPANTS' PSEUDONYMS DATE AND PLACE THEY WERE INTERVIEWED

NAME	DATE	PLACE
Alinafe	12/07/2012	Lilongwe
Blessings	12/07/2012	Lilongwe
Chanazi	16/08/2012	Lilongwe
Chiyembekezo	16/08/2012	Lilongwe
Chisomo	16/08/2012	Lilongwe
Kankhani	13/07/2012	Lilongwe
Kapange	12/07/2012	Lilongwe
Nabanda	12/07/2012	Lilongwe
Tiyamike	16/08/2012	Lilongwe

LIST OF CHURCH ELDERS THE PARTICIPANTS' PSEUDONYMS DATE AND PLACE THEY WERE INTERVIEWED

NAME	DATE	PLACE
Chapatali	07/07/2012	Lilongwe
Chapatali	06/02/2015	Email
Chikondi	14/08/2012	Lilongwe
Chizindikiro	14/08/2012	Lilongwe
Lemwa	07/07/2012	Lilongwe
Nana	14/08/2012	Lilongwe
Tsogolo	07/07/2012	Lilongwe

APPENDIX 8: UKZN ETHICAL CLEARANCE CERTIFICATE



UNIVERSITY OF
KWAZULU-NATAL
INYUVESI
YAKWAZULU-NATALI

Research Office (Govan Mbeki Centre)
Private Bag x54001
DURBAN, 4000
Tel No: +27 31 260 3587
Fax No: +27 31 260 4609
Ximbap@ukzn.ac.za

5 October 2011

Mrs LT Chibambo (204507662)
School of Religion and Theology

Dear Mrs Chibambo

PROTOCOL REFERENCE NUMBER: HSS/0923/011D

PROJECT TITLE: HIV/AIDS and Pastoral Care for Bereaved Older Women: A Case Study of Dzenza Congregation Women's Guild Members of the Church of Central Africa Presbyterian (CCAP) Lilongwe – Malawi.

EXPEDITED APPROVAL

I wish to inform you that your application has been granted Full Approval through an expedited review process:






Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the school/department for a period of 5 years.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....
Professor Steven Collings (Chair)
HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE

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APPENDIX 9: REQUESTLETTER FOR INTERVIEWS



11/2/10

Lucy Chibambo <lchibambo20@gmail.com>

to dkchifungo

Dear Rev. Chifungo.

I greet you in the name of our Lord and Saviour Jesus Christ. My name is Mrs Lucy Chibambo, I am married to Songe Chibambo. Songe is the colleague of Mr Stephen Lungu of African Enterprise. We are part of the African Enterprise in South Africa and we are based in Pietermaritzburg.

At the moment I am a PhD student in Theology at the University of KwaZulu-Natal and I have been asked to request a letter to authorise me to do research at Dzenza congregation. I was not told at the beginning of the year that I will need a letter of authorization from you. So I am humbly asking if you can assist me in writing a letter to authorise me to do research at Dzenza congregation. I need to submit the letter to the higher degree department by next month. If it is possible may you please send it to me through email?

The title of my research is: **A Pastoral Care Approach to Older Women as Caregivers in the context of HIV and AIDS in the Church of Central Africa Presbyterian (CCAP) Dzenza Congregation Lilongwe – Malawi.** I am looking at older women who have lost an adult child due to AIDS related illness and might be caregivers to their grandchildren who are orphaned by AIDS. I want to know what kind of pastoral care that is provided by the women's guild in Dzenza congregation to older women who have lost an adult. What kind of programme is in place in responding to the challenges of older women?

Please feel free to contact me if you have any questions. Please feel to contact also Rev Chiyenda if you want to know more about Songe and I. Thank you in advance.

Sincerely,

Lucy

APPENDIX 10: LETTER OF AUTHORISATION TO CONDUCT RESEARCH IN DZENZA CONGREGATION OF THE CCAP

I write to confirm that Mrs Lucy Chibambo has been duly authorized to conduct an academic research at the Dzenza CCAP congregation of the Nkhoma synod. Her research topic is A PASTORAL CARE APPROACH TO ORDER WOMEN AS CARE GIVERS IN THE CONTEXT OF HIV-AIDS IN THE CCAP CHURCH DZENZA PRESBYTERY, LILONGWE – MALAWI.

As a Church in Malawi we believe such a research is not only important but also timely. Important because it will enable the church to understand the plight of order women and the challenges that affect that they face. Timely because due to the HIV and AIDS pandemic the church needs to know some of the Challenges this disease has brought and how the church could react. The research will also help the church evaluate the effectiveness of the existing support to order women if any.

I hope and trust that Lucy Chibambo will be given the necessary support throughout her research.

May God bless you all

Rev Davison Chifungo
General Secretary, CCAP Nkhoma Synod

dkchifungo@gmail.com