

**BEING A WOMAN AND HIV POSITIVE IN SOWETO: A CHALLENGE TO
THE CHURCH**

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DECLARATION

I ESTHEL ZANDILE MYETI hereby declare that this thesis, unless specified in the text, is my original work. I further declare that I have not submitted this thesis to any other university.

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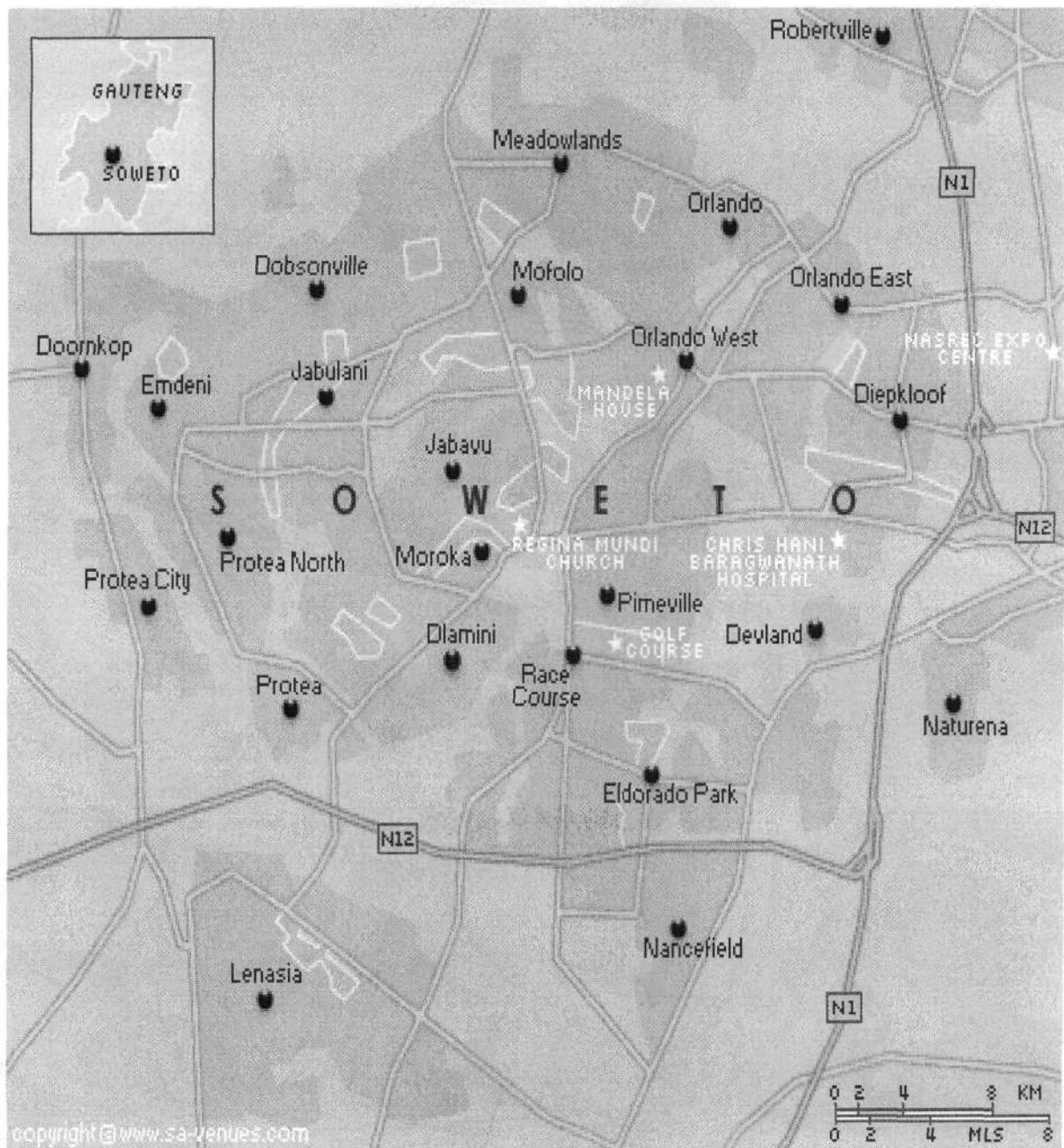
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ABSTRACT

The main aim of this study was to explore the extent of freedom or lack thereof in the relationships of HIV positive pregnant women and their partners. These women were attending antenatal care in two Soweto clinics, run by the Perinatal HIV Research Unit. A semi-structured interview schedule was developed and used as the data collection tool. A theoretical framework based on Amartya Sen's theory of Development as Freedom and Isabel Apawo Phiri's theological reflections on women's freedom, was used to analyze data collected from the participants of the study. The ideas of the two theorists complemented each other with regard to the sources of "unfreedom" for women from an economic point of view and from the cultural and religious points of view. Sen highlighted lack of basic freedoms and human rights as the core causes of lack of freedom, which is both a primary means and principal ends of development. Phiri advocated for the liberation of women from the oppressive cultural and religious practices brought about by patriarchy. Removal of all those key sources of unfreedom would provide an ideal situation in which women would be less vulnerable to HIV infection. The analysis of the participants' responses in this study suggested a lack of freedom in their relationships with the fathers of their unborn babies. This had an adverse effect in their ability to disclose their HIV positive status, negotiate safer sex and contraception. Economic dependency on the partners was found to be the major cornerstone that kept women in bondage in their relationships. The churches in Soweto did not seem to have any plausible impact in the lives of the participants and as a result all of them had very loose links with the church. This was another major gap in the initiatives to reduce HIV infection which challenges the churches in Soweto to strengthen their prophetic ministry in terms of women's freedom and their dignity both in the church and in society.

MAP OF SOWETO



ACCRONYMS

AIDS	-	Acquired immuno-defficiency syndrome
ANC	-	Antenatal care
ASGISA	-	Accelerated and Shared Growth Initiative for South Africa
BIG	-	Basic Income Grant
CAB	-	Community Advisory Board
CADRE	-	Centre for AIDS Development, Research and Evaluation
CBO	-	Community-Based Organization
CBVCT	-	Community based voluntary counseling and testing
CHC	-	Community health centre
CHSRD	-	Centre for Health Systems Research Development
CIRCLE	-	Circle of Concerned African Women Theologians
FBO	-	Faith- Based Organization
GCC	-	Gauteng Council of Churches
HAART	-	Highly active antiretroviral therapy
HIV	-	Human immuno-defficiency virus
HIVAN	-	Centre for HIV/AIDS Networking
HSV	-	Herpes Simplex Virus
PHRU	-	Perinatal HIV Research Unit
PLWHA	-	People Living with HIV and AIDS
PMTCT	-	Prevention of mother to child transmission
SACC	-	South African Council of Churches
SOWETO	-	South Western Townships
TAP	-	Township AIDS Project
TB	-	Tuberculosis
VCT	-	Voluntary counseling and testing
WHO	-	World Health Organization

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CHAPTER 1

Introducing the study

1.1 Women's vulnerability to HIV

Research has shown that with the emergence of HIV and AIDS women have been found to be more vulnerable to HIV infection, due to their biological makeup and also because of their socio-economic dependence upon their male counterparts. Statistics have shown that women from their teenage stage right up to their mid-forties have higher HIV prevalence rates than males. This has had implications also for those that are still at the child-bearing stage whereby the infection gets transmitted to their unborn babies, before birth, at birth and after birth during breast-feeding. The Perinatal HIV Research Unit, situated at Chris Hani Baragwanath Hospital, took the lead in the strategies used to prevent mother to child transmission of HIV. This programme is currently provided in thirteen clinics in Soweto, including Chris Hani Baragwanath Hospital.

Other studies conducted to find out the major contributory factors for HIV infection in women include the one done by Gray and McIntyre (2006) whereby they discovered that the presence of untreated sexually transmitted infections, unprotected sex and advanced disease stage, anal intercourse, bacterial vaginosis, sex during menstruation and cervical cancers are the major risk factors for acquiring HIV in women (Gray and McIntyre 2006:365). They also quoted another study done in Rakai which showed that in pregnancy, acquisition of HIV is also aggravated by the hormones which affect the genital tract making it much more susceptible to HIV infection and other genital infections. Amongst other contributory factors, Gray and McIntyre mentioned gender inequalities that they had proven in another study conducted in Soweto among pregnant women, which highlighted partner violence as making women vulnerable to HIV infection (Gray and McIntyre 2006:65). These findings in Gray and McIntyre's studies are very important in the current study, which is looking at the factors in the relationships of women that make them vulnerable to HIV infection.

There seems to be an additional factor causing young girls to be more vulnerable to HIV infection, which has to do with the youth itself. Gray and McIntyre asserted that the rate of HIV infection among young girls is at least three times more than their male counterparts. They cited statistics noted between 1999-2002 which showed that 31.3% of women with HIV infection were aged between 13 to 29 years as opposed to 19% in males (in the same age group??) (Gray and McIntyre 2006:366). Gray and McIntyre also asserted that in the urban areas women become much more vulnerable because of lower income and poor access to health care services in the absence of medical aid schemes. The fact that they saw a need to have female controlled prevention methods indicates that there could be 'unfreedom' that women experience in their relationships with regard to controlling their use of prevention methods. In another study conducted by Dunkle (2004) amongst pregnant women in Soweto, her findings showed that "women with violent or controlling male partners are at increased risk of HIV infection...abusive men are more likely to have HIV and impose risky sexual practices on partners." (Dunkle 2004:1415). In the interpretation of her study she also mentions that "there are connections between social constructs of masculinity, intimate partner violence, and male dominance in relationships." (Dunkle 2004:1415). These findings indicate the need for a combined effort from all disciplines, because while the clinicians are focussing on treating and finding the cure for AIDS other disciplines should be looking at other social, political and economic factors that need to be dealt with to reduce this vulnerability of women to HIV infection.

This study is therefore an attempt to address these issues in the context of Soweto, Johannesburg. The Perinatal Unit is the key to this study because of the role it has played in the prevention of mother to child transmission (PMTCT) in Soweto, working in partnership with the Gauteng Health Department. The findings of the study will be used to make recommendations to the church as to how to find its niche in this struggle against HIV and AIDS amongst women.

1.2 Perinatal Research Unit

Chris Hani Baragwanath Hospital, opened in 1942, and is the only government hospital providing health services at the tertiary level in Soweto. When it started it had a bed state of 1,544, which increased to 2,964 by 2002 (Clapp et al 2004:12). There are other community health care centres (CHCs) that provide secondary health care services and then refer complicated cases to Baragwanath. The smaller clinics provide primary health care and then refer to the CHCs for more serious illnesses. There is a formal referral system according to zones, so that each clinic has a defined 'catchment' area and all eventually referring the more complicated cases to Baragwanath Hospital. This enables health services to be easily accessible in Soweto. Most people travel for less than 30 minutes to access health care services and wait for less than an hour to get assistance at the health care centre. Pregnant women attending antenatal care services (ANC) get voluntary counselling and testing (VCT) services for HIV (Clapp et al 2004:13). Currently about 97% of these accept HIV testing at the clinics in Soweto (PHRU, 2005).

The Perinatal HIV Research Unit (PHRU) from where the study participants were drawn, is a research unit that was started by its current directors, Professors James McIntyre, an obstetrician and Glenda Gray, a paediatrician. Its purpose was to find urgent ways of preventing mother-to-child transmission of HIV infection. It grew and expanded as a formal research unit, and it now functions under the auspices of the University of Witwatersrand. It has become one of the largest multi-disciplinary research centres on the continent. As this unit expanded it moved away from the antenatal care section at Chris Hani Baragwanath hospital where it started, to a tall building in the New Nurses Home, where it now occupies a number of floors. Amongst other projects, the PHRU provides PMTCT programmes to thirteen clinics in Soweto including Chris Hani Baragwanath Hospital. It also has other HIV and AIDS-related projects conducted at the community level including community based voluntary counselling and testing (CBVCT) and other projects targeting men (Imbizo) that focus on men's health at the community level, vaccine trials, researching the diaphragm use as a barrier method against HIV,

herpes simplex virus (HSV) studies among discordant couples, examining the economic impact of HIV and AIDS on families, treatment trials, care and support of people living with HIV and AIDS (PLWHA) (www.phru.co.za). The Unit is among the pioneers in piloting the use of Nevirapine in pregnant women, as a strategy for mother-to-child prevention of HIV. All these studies are carried out within the Soweto community. The presence of the PHRU in Soweto has contributed to the increased level of awareness of HIV and AIDS, ARVs and vaccines. It works hand-in-hand with the Gauteng Health Department and contributes to policy development around health issues.

The PHRU involves the community of Soweto in research issues through Community Advisory Boards (CABs). Ordinary community members are briefed on research issues and their role is to protect the interests of the community against abuse by the researchers and they also function as community mobilizers by disseminating information in the community about current research. Many of the counsellors employed in most of these studies and other categories of workers in the PHRU come from Soweto. The PHRU has, therefore, also provided jobs for the people of Soweto. All these linkages with various stakeholders make the PHRU's presence in Soweto invaluable. In addition other CHCs in the township provide a variety of health services ranging from minor ailments, to TB treatment, mental health services, maternity and treatment of chronic illnesses. There are a number of hospices run by non-governmental organizations, which take care of the chronically and terminally ill. Some churches also take part in support of these hospices. This study focuses on the lives of women infected with HIV who are living in Soweto. It also seeks to identify areas where the church could be supportive to these women. The next section will present the research problem and its objectives.

1.3 Research Process: problem, objectives and design

Women are generally thought of as people of low status in society for various reasons. Biblically, women were portrayed as inferior to men and ought to submit to men in everything (Ephesians 5: 24). Many cultures hold on to the same view and treat women as second-class citizens. For a long time here in South Africa and in other African countries women did not have rights to own land or property, which led to a lot of problems when their husbands died. Even in the corporate world there is still a struggle to recognize women as equals, hence the outcry for gender equity in an effort to put women with the same qualifications on a par with their male counterparts.

The church also seems to have been reluctant to take a stand against the oppression of women, as it generally also advocates pro-male domination. In most churches only males hold leadership positions. The churches have been aware of this oppression all along but have chosen to be silent about it. Examples can be found in some of the indigenous churches, for example, the Shembe Church, as observed by Magwaza in her research on the gender imbalances that exists in that church (Magwaza 2004: 136-145)

All the above situations have tended to put women in a compromised position in terms of exercising their freedom as human beings. Many factors, including religious, social, political and financial, have deprived women of the freedom to choose what in their eyes was valuable in the quality of life they led. Having no voice has placed women in a vulnerable position with regard to contracting HIV infection. Based on the background given above, this study explores the extent of freedom, or lack thereof, that HIV positive women have in their relationships with the fathers of their unborn babies. In order to achieve this, the objectives of this study are:

- To establish the nature of relationships that these women have had with their partners
- To explore the nature and amount of support they have received in their relationships

- To explore their capacity to negotiate safer sex
- To explore to what extent they had control over decisions that affect their sexual and economic lives
- To establish the role that religion has played in their lives and the extent to which it empowered or disempowered their decision-making abilities.

The research methodology chosen for this study was a qualitative research that was conducted in two clinics providing a prevention of mother-to-child transmission programme that is currently carried out by the Perinatal HIV Research Unit in Soweto. Since this is an exploratory study the qualitative research was found to be the most suitable in order to allow participants to give information without any constraints, and to allow for a free flow of opinions by the participants. Individual semi-structured interviews were conducted with twenty participants, ten from each of the chosen clinics. Sampling was done according to the first ten HIV positive pregnant women between the ages of 18-45 that were recruited into the PMTCT programme between November and December 2005. Each mother was interviewed in a language of her preference. Information sheets and consent forms were written in English and two other local languages, namely, isiZulu and seSotho, which are the main languages used in Soweto.

Since the study was focussing on the nature of freedom, or lack thereof, in the pregnant women's relationships, the theories of Sen (1999) on Freedom as Development, and one member of the Circle of African Women Theologians, Isabel Apawo Phiri, on theological perspectives on women's liberation, were chosen. The next section gives a brief introduction to these theories but they will be dealt with in detail in Chapter 3.

1.4 Theoretical Framework

The study is concerned with the freedom of women to make choices, to have a voice in their relationships, and their lack of capabilities to survive independent of their partners. Sen, in his description of 'substantial freedom', talks about enhancing the lives people lead and the freedom they enjoy (Garret 2003: 1). Unlike the negative liberty, that protects people from violation of their rights, substantial freedom ensures that people are provided with the opportunities they need for effective wellbeing. Martha Nussbaum concurs with this idea in her description of a capabilities approach, which she sees as what the people or group of people in question are actually able to do and be (Garret 2004:3). Garret, in his review of Sen's Ethics of Substantial Freedom, uses capability interchangeably with positive freedom (Garret 2003:4). This study is based on the assumption that women are vulnerable to HIV and AIDS because they lack capabilities to make choices about their lives. In describing Sen's raw capacities, Garret says that they constitute the potential to be but one needs to learn or be trained to reach the state of being, so that one can actually put that capacity into action (Garret 2003:4). There is therefore the need to afford people an opportunity to be trained and to enhance their capabilities in order to be able to exercise their full potential.

Similarly, while women have that raw capacity, there is a need to provide an environment that is conducive and which enables them to reach a state of substantial capability. Such an environment can only be provided through the removal of all the socio-structural obstacles that prevent women from enjoying life in its abundance. That is the stage when they will be enabled to take action and be in control of their lives and to regain their dignity as human beings in a society free of patriarchal tendencies. Sen identified five types of freedom, namely, political freedom, economic facilities, social opportunities, transparency guarantees and protective security, that are instrumental in making positive freedom possible (Sen 1999:xii). Women would then be capable of living free lives, utilizing their talents and skills to sustain themselves and restoring their dignity, but only if all these social and political 'unfreedoms' could be removed. Martha Nussbaum (2004), concurs with this idea of human dignity when she says that, by virtue of being

human, it means one has equal dignity and worth, no matter where one is situated in the society (Garret 2004:2). This is the reason why the researcher intends using Sen's theory of Development as Freedom, as the theoretical framework of this study, because he supplies what is needed for women to be able to reach their potential, restore self-worth and ultimately be less vulnerable to HIV infection.

Fukudar-Parr (2002) operationalized Sen's ideas in the context of the human development approach (HDA). This refers to a "development paradigm...that is being applied to inform policy choices in many areas of poverty reduction..." (Fukudar-Parr 2002:1). He focuses on capabilities to function especially among people like women, children, ethnic minorities and the poor. He viewed the removal of obstacles that prevent one from reaching one's potential, namely, "ill health, lack of access to resources, lack of civil and political freedoms," as true development. Social and structural freedoms would enable women to voice their opinions without the fear of losing their sustenance from their partners. The rationale behind using Sen's theory of Development as Freedom in this study is to test the assumption that women are vulnerable due to lack of these freedoms.

Isabel Apawo Phiri, with her companions in the Circle of Concerned African Women Theologians (Circle), has made major a contribution in conscientizing the church to the need for women's freedom. Her theological perspectives on women's freedom and liberation will, together with Sen's theory, be utilized as analysis tools for this study.

There are other women theologians who share the same ideas as Phiri and her companions in the Circle. Women like Ursula King (1996), when analyzing women's status in society, see this situation as a need for "...a spirituality of life which helps and sustains us in choosing life." (King 1996:151) This was further concurred with by Mbuy-Beya (1994), who gave an example of oppression where other women, in order to express their oppression, ended up demonstrating their gifts outside of the formal churches and healed people and developed the spirituality of others through less rigid ways of worship that were then reserved for male leaders (Mbuy-Beya 1994:64-74). The

two authors emphasize how women have been restricted from utilizing their God-given gifts to serve other people by the teachings of the church that portrayed women as inferior to men. The freedom of women is the key exploratory area in this study, both in the secular world and churches that contribute to women's vulnerability to HIV infection, poverty and disease. The next section highlights how this theoretical framework undergirds the research findings.

1.5 Research finding

The key research findings from this study are the following:

Firstly, most women had basic education although none of them had reached tertiary levels. This could be a contributory factor in their unemployment as they may not have been marketable with no trade or skills.

Secondly, out of twenty women only one was married. Half of the remaining women were co-habiting with boyfriends and the other half still spent a lot of time with their partners informally.

Thirdly, when exploring the nature of their relationships with their partners, the majority of women perceived their relationships to be in good shape, based on the good things the boyfriends were doing for them.

Fourthly, most women found it very easy to communicate with their partners on a number of issues. This meant that they did not have a problem of not having a voice in their relationships, as assumed earlier on. However, when combining this finding with other findings on the issues of condom use and family planning methods, there was a discrepancy between what was said and what actually took place. This raised a further question about the expressed freedom of speech and freedom of action in their relationships.

Lastly, more than half of these women drew financial support from their partners for all their needs. This fact is supported by the statements made by other women in the clinics, that they were afraid of disclosing their HIV status to partners for fear of losing their economic support.

It was noted that the majority of women did not know their HIV status before pregnancy and neither did they know their partner's statuses. On the issue of religion, judging from the number that answered questions in that section, it appeared that the church did not feature much in their lives. Even those that did participate in church activities were very few, and then only in a very superficial manner with none of them participating in leadership positions. The question asked then might be "why is the church so insignificant in the lives of these women?" Chauke mentioned that in her research women stated that the church only cares about those that are able to come to church on Sundays and not about the rest of the people with their various problems (Chauke 2003:131). The findings above proved that the women that Chauke interviewed were right.

The reader will note that based on the above points, most of these women's lives revolved around their partners from whom they were getting financial and emotional support.

Going back to Sen's theory of Development as Freedom, one will notice that even though these women appeared to be free they were really not free. Sen spoke about the freedom to live a life that one has reason to value, which is not the case with these women. They have had to sacrifice living as individuals but make themselves unofficial wives to their partners in order to get food, clothing, shelter and money for their medical needs, as they were pregnant. The cost of this lifestyle is the exposure to unprotected sex and hence their positive HIV statuses. So while they were in pursuit of survival they found themselves trapped in a deadly cycle of events that made them vulnerable to HIV infection.

Their level of education could not make them marketable for employment; hence they were unemployed and ultimately could not get an income. In South Africa there is a child support grant that is given to women living below the poverty line in order to support their children. It has been speculated that while this grant was instituted for a good purpose the side effect has been the great number of women who fell pregnant in order to qualify to get this grant. Looked at from an economist point of view, this is the result of poverty, unfreedom to have basic needs and the nature of human beings to do everything in one's power to survive. Sen likes to look at poverty in terms of general well-being, which has both material and psychological connotations. The women in the study had no income as they were unemployed, and that meant that they were deprived of the capacity to do something for themselves because of their low education and inability to get employment. Their situation can be described as 'underdevelopment' and therefore they are "unfree" to live a life they have reason to value. From the data obtained in this study, economic "unfreedom" seemed to be the major factor trapping these women into relationships that posed a danger of HIV infection.

Looking at the situation of these women from Martha Nussbaum's theory on capabilities and human rights, it concurs with Sen's theory in the sense that she also finds these women underdeveloped in terms of what they are capable of doing for themselves and being who they want to be. Their sense of dignity was undermined or compromised by their urgent need for survival. They would rather sacrifice their pride in order to gain what they do not have from their partners. Taking Nussbaum's ideology one would examine what internal and external capabilities these women living with HIV had that capacitated them to be able to function in certain ways. If they had chosen to commit themselves to being dependent upon their boyfriends they no longer had any motivation, self-esteem or hope that they could still stand on their own. With the level of education they had there are no decent jobs they could get in order to survive without depending on boy-friends. The issue of deprivation as the cause of a risky life is clearly demonstrated in the dependent situation these women found themselves in. In the following paragraph the researcher will briefly describe the outline of the study as will be seen in the ensuing chapters.

1.6 Outline of the study

The next chapter will present the context in which the study took place, introducing the reader to Soweto and its complexities. The information presented in chapter two will help the reader to understand where the study participants are coming from and what has shaped their lifestyles.

Chapter 3 will introduce the theoretical framework of this study by presenting in-depth theories of Amartya Sen on Development as Freedom and Isabel Apawo Phiri on theological perspectives on women's freedom. This theoretical framework will also be used in chapter five as a data analysis tool.

Chapter 4 will present all the data obtained after the interviews with the study participants. These will be presented in a descriptive manner, using the pie charts and tables to substantiate the information obtained. A brief discussion of the findings will be made towards the end of the chapter.

Chapter 5, as stated above, will critically analyze the data presented in chapter four, using the theoretical framework that will be described in detail in Chapter three. It will also analyze the findings in relation to the objectives set for this study, identifying the objectives that were achieved by the study. This analysis will highlight the implications for the church, which will be discussed in the last chapter based on the findings of this study.

Chapter 6 will discuss the implications for the church arising from the critical analysis of the data presented in chapter four. It will also present a summary of events in all the chapters. This discussion will close with the areas of research that are still required as a result of the findings of this study.

CHAPTER 2

Soweto: Context of the study

2.1 Introduction

In this chapter the author would like to give the reader the political history of Soweto and show how the apartheid regime shaped the lifestyle of the people of Soweto, including the women that were interviewed in this study. Poverty and unemployment is a major characteristic of the life of Soweto people. Its consequences have contributed to the *disorganization of family life and sexual violence against women and children*. This chapter will also look at the impact of HIV and AIDS in the midst of poverty. Health services will be discussed with the main focus on the Perinatal HIV Research Unit that has made a major contribution in the matter of health issues and research within the Soweto Community. The role of the church and religion in the fight against HIV and AIDS will also be discussed.

2.2 Brief history of Soweto

Soweto is a township of black inhabitants, south west of Johannesburg, South Africa. It is the largest urban township in South Africa with a population of about four million (Holland 1994:1). During the time of its formation, and up until 1963, the township did not have a name but was then given a name after a man called William Carr, Chairperson of the Non-European Affairs in the Johannesburg City Council in 1959, ran a competition for the naming of the conglomeration of these townships. The winning name "Soweto" was an acronym for South Western Townships. Soweto is said to be formed by about 33 townships (Holland 1994:1). Soweto is a township that came into existence mainly through the discovery of gold in the Witwatersrand area in 1886, and people came from the surrounding provinces in search of work in the mines and as domestic workers for the white population. The main reason they were removed from the city centre was the enactment of the Native Urban Areas Act in 1923 and the Second World War.

The early residents of Soweto came from the slums of the western areas of Johannesburg city where the mine workers from the rural areas lived. Due to the Native Areas Act of 1923 as well as racism that was rife at the time, blacks were not allowed to live with whites in the city of Johannesburg. The first relocation area was the township of Klipspruit in 1904 where temporary corrugated iron shelters were built (Clapp et al 2004:11). The next relocations were the removal of people from Prospect who were taken to Orlando in 1931. These were “two-roomed houses of about 397 square feet, costing around R230.00” (Lewis 2004:11). By 1948 when the Nationalist Party government came into power, more removals of black people took place in Sophiatown, Martindale and Newclare. These people were taken to Meadowlands, Dube, Rockville and Diepkloof townships. People were systematically placed according to their ethnic and language groups, hence people in a certain township now predominantly speak a certain language and others in other townships speak different languages. A housing problem developed due to the increase of the influx of black people from the rural areas coming to the Witwatersrand. This led to the emergence of squatter camps occurring in Orlando. An effort was made to deal with this problem by creating what was then called a ‘site-and service scheme’ in Moroka and Jabavu, with formal houses built later in Moletsane, Molapo, Tladi, Naledi, Zola, Senaoane, Dlamini, White City and Jabulani.

During the Second World War, many white males left Johannesburg to fight in the war and this created jobs for black labourers, thus increasing the influx to the City of Johannesburg. This event further exacerbated the existing housing problem and resulted in the emergence of Shanty Town, a squatter camp. This camp came into existence through a campaign led by a man named James Mpanza who had created an organization called “Sofasonke” that was advocating for more housing for the people of Soweto (Holland 1994:115-116). A similar thing happened in Pimville as the problem of housing worsened. Unemployment made it difficult for those that had houses to pay rent, culminating in evictions, which led to squatter camps being created.

The 1976 uprising crippled the lives of many youths as it disorganized their education. They rejected parental authority at this time and this had long term effects on the behaviour of Soweto youth.

2.3 Socio-economic conditions in Soweto

2.3.1 Poverty, unemployment and the breakdown of family life

The nature of the apartheid system was intended to ensure that by denying black people the right to own businesses, they never prospered as entrepreneur's. In addition, the disruption of education during the political struggle of the 1970's to the 1980's and the period thereafter, robbed children of the opportunity to be properly skilled and equipped for employment in the financial sector. During that period, the overcrowding in the classrooms was not conducive to effective education since the government was also not supportive of black education. The differences in the occupancy of classrooms between the whites and blacks were 25:90 respectively (Walshe 1995:68). Most students of the class of 1976 are referred to as "the lost generation" because most those that did not go into exile or join the ANC's armed wing, "Umkhonto Wesizwe", were left with no education and could not be employed. This added to the already existing number of people that were unemployed around Soweto. Despite changes in the political sphere Soweto still has a high rate of unemployment. The residents of Soweto are predominantly people of low income with an unemployment rate of 40% (Census 2001). Even though unemployment is that high Soweto people never run short of ideas on how to survive. Some of them live by trading in their yards, at the taxi and bus ranks and outside shopping centres. Some have small businesses like hair saloons, fast food shops and all sorts of street vending. Nevertheless, quite a substantial number still live under the poverty line, and are forced to do everything in their power including criminal activities like house robbery, car hijacking (stealing cars) and a lot of other things, to ensure they have money to survive (Holland 1994:40-49). Mfecane also attests to the same discoveries in the research he conducted in Soweto (Mfecane et al 2006:88-109).

The migratory labour system brought about the emergence of single sex hostels. This meant that about one third of the African workforce were men living without their families, which further contributed to family disorganization (Walshe 1995:68). During the apartheid years only married men with permits to live in Johannesburg qualified to have a house in Soweto (Hellman 1971:11). Some men just got married for the purpose of getting a house. An average household size was 5.8 round about 1969. The apartheid policy of the Nationalist Government broke down the cohesiveness of the black family with its values on extended family life, which rendered protection to orphans (Thomas and Mabusela 2006). Walshe also affirmed the contributions made by the apartheid regime to the disruption of family life when he alludes to the fact that women were only allowed two weeks conjugal visits to their husbands who lived in the single sex hostels (Walshe 1995:68). The results of these were children raised by single parents. About 19% of households in 2002 had partners living elsewhere from the family due sometimes to migrant working conditions (Clapp et al. 2004:12). It is said that 42% of mothers and 50% of fathers did not live in the same households with their children (Clapp et al. 2004:12). Such children ended up in institutions or some lived on their own, surviving through Social Welfare. The result of such separation between children and their parents is poor socialization whereby children do not learn the societal norms that include family values and life skills that would protect them against falling prey to social ills. Currently, in Soweto, many teenagers and young women live together with their boyfriends outside of wedlock, adding to family disorganization.

2.3.2 Sexual violence and transactional sex

The issue of sexual violence in Soweto is perpetrated by a number of factors, including Soweto men's perception of the concept of masculinity (Mfecane et al 2005:88-109). In a survey conducted by Mfecane and others, Soweto men expressed how they perceived masculinity. This involved issues of peer pressure, community expectations of what a real man is, and the ways men use to attract women. Under these circumstances sexual violence comes about in the context of masculinity because men have to prove their

dominance in relationships. In Mfecane's survey men confirmed their rejection of condom use in their relationships if it is introduced by women, because it took away their dominant role. Sometimes sexual violence came about in places like shebeens where women who had enjoyed beer bought by men, had to pay for it by offering sex in exchange. According to Mfecane, if the women refused to pay in that manner then forced sex took place. From the men's perception, their reason for buying beer for women was to get sex in return (Mfecane et al 2005:88-109). Women also sought men with money to pay for their needs, namely, clothing, transport, cell phones and cash (the four "Cs"- cash, car, clothing and cell phone). In Soweto, once you seek a man's money then you should be prepared to offer sex to that man and if you don't, then trouble begins (Mfecane et al 2005:88-109). These findings are corroborated by Gray and McIntyre (Gray and McIntyre 2006:366), when they suggest that the risk of HIV acquisition is increased in women who abuse alcohol and drugs when they engage in transactional sex ("In Sub-Saharan Africa, young women between the ages of 15 and 24 years are at least three times more likely to be HIV-infected than young men." (Gray and McIntyre 2006:365-377).

Another study by Kristin Dunkle in Soweto, demonstrated how transactional sex, gender-based violence, substance abuse and socio-economic deprivation may put women at risk of HIV infection (Dunkle et al 2004:1415-21). These are other social factors that contribute to the vulnerability of women to HIV infection. She described transactional sex as being motivated by basic survival and subsistence needs. This happens when a woman receives gifts from a man in exchange for sex. The risks of acquiring HIV under such circumstances are said to be high if protection is not practised. In Dunkle's study women were found to have experienced gender-based sexual violence even from their primary partners (official sex partner). She found that intimate partner violence was common with 87% of women admitting at least one form of abuse. However, "transactional sex was reported to have been associated with lifetime experience of violence by male intimate partners, problematic alcohol or drug use, urban residence, ever earning money, or living in substandard housing."(Dunkle et al: 2004:1581-1592).

All these issues provide fertile ground for HIV infection to take place, thus adding to women's vulnerability.

2.3.3 HIV and AIDS epidemic

HIV and AIDS is another social ill experienced by the people of Soweto as in any other overcrowded township in South Africa. Among pregnant women attending antenatal care clinics in Soweto, around 30% of them are infected with HIV (PHRU 2005). The political, social and economic factors in the history of Soweto have contributed to the fast growth of this epidemic. When studying the household morbidity in Soweto, Clapp and others, found that one in five adults had experienced illness in the previous month and among the categories of illnesses reported, HIV/AIDS related illness was at the top of the list (Clapp et al 2004:30). Clapp and others, reported the incidence of sickness in the families to be about 22% of adults, 39% of these being males and 61% being females. 12% of the ill adults reported their sickness in the previous month to be either AIDS or TB related (Clapp et al 2004:31). Financial borrowings in the families with sick people was found to be higher than in families with no sick people and the reason for borrowing money was related to health care spending (Clapp et al 2004:36).

The impact of AIDS was found to have affected school attendance by children due to adult illness, which also made it difficult for the children to pay their school fees (Clapp et al 2004:38). Children from households where adults were sick have been found to have had more days of absence from school than their counterparts where there was no sickness in the family. Another impact of illness in the families was noted through higher rates in separation of siblings and going without food for at least one day a week (Clapp et al 2004:38). It is evident that the impact of HIV and AIDS in Soweto has disrupted family life to the extent that children have had to live with relatives in different parts of the township and some have had to be placed in foster care. The study of Thomas and Mabusela's found that 55% of the foster parents were found to be female pensioners over

60 years. In the foster families, 44.3% of these depended on the foster grants for subsistence (Thomas and Mabusela 199:1). About 38.1% of foster families could not take proper care of foster children because the support grants were insufficient to cater for all the child's needs (Thomas and Mabusela 199:2). This usually created problems when the mother died and the grandmother had to look after the child. Some of these grand - mothers were found to be ignorant of the mother's HIV status, which put the health care workers in a difficult situation when they came to collect free formula for the babies, especially when a baby was over six months of age and no longer qualified to get the free milk formula (Conversations with the PHRU HIV/AIDS Counsellors in the PMTCT programme).

2.4 Role of religion in managing HIV and AIDS

In section 1.2, the researcher highlighted the role of racism and apartheid in the formation of Soweto and how this history tainted the lives of the people of Soweto. The Kairos Document (1985) challenged the church during the apartheid years to find a Christian way of responding to the atrocities brought about by the apartheid regime against black people. It took many years for the church to respond to apartheid in this way. Likewise, the church has taken a long time to respond to the HIV and AIDS epidemic.

There were a number of reasons for this delay in response. Some have regarded HIV and AIDS as a punishment from God (Haddad 2006), and others have found themselves paralysed by a lack of knowledge and skills, not knowing what to do. In addition the church has had to face the taboo in many cultures that prevents open talk about sexual issues. In politics, the same happened with responses to HIV infection. In 2003 the National Department of Health made efforts to assess what new progress was being made by non-governmental organizations to prevent the spread of HIV and to manage the lives of those that are already infected (Birdsall 2005:3). Through the assistance of the Centre for Health Systems Research and Development (CHSRD) and the Centre for HIV/AIDS

Networking (HIVAN), a national database was developed with all the community-based, faith-based, philanthropist and civil organizations' details of the services they provide in the HIV/AIDS field (Birdsall 2005:3). At the end of 2005 a report was published by the Centre for AIDS Development, Research and Evaluation (CADRE) on faith-based responses to HIV/AIDS in South Africa. This report included non-governmental organizations registered in the database who were involved in services like training, support to orphans, awareness raising, behaviour change, support groups and life skills trainings (Birdsall 2005:9).

Other examples of non-government organizations involved in AIDS work in Soweto include HIVSA, Community AIDS Response, Township AIDS Project (TAP) and others. HIVSA runs a number of community support programmes including support groups for PLWHA, trainings on HIV/AIDS information, treatment adherence support and shelter for indigent mothers who experience problems in their homes after disclosing their HIV status. One such shelter is Aha Tshepo that keeps these mothers for a short period while the social workers are doing reconstruction work with the family members. Mothers in this shelter are taught life skills and self-help skills like gardening, and growing healthy vegetables. Community AIDS Response is involved in voluntary counselling and testing (VCT) including provision of treatment to adults and children. TAP is also another community organization focussing on VCT, group work and training of HIV/AIDS Counsellors. These organizations are not mainly religious but do work hand-in-hand with religious groups.

A lot of research has also been done to establish the involvement of the FBOs and CBOs in AIDS work. Much of such research was undertaken by the African Religious Health Assets Programme (ARHAP) which was the WHO initiative working with the help of local universities. The papers they wrote unearthed a lot of work done by FBOs and CBOs in many areas of the country. Most of these papers tried to link theology and the AIDS event and how the church in its state of "being" and in its state as an "act" have responded to the epidemic (Richardson 2006:41).

The South African Council of Churches (SACC) is a non-denominational body with a number of member churches forming its constituency. It has branches in all nine provinces in South Africa. The Soweto churches are linked to this body through the Gauteng Council of Churches (GCC) branch. Amongst other programmes that it has, it has a Health Programme that focuses mainly on HIV and AIDS issues with five main aspects, namely, combating stigma and discrimination, prevention, nutrition, research and policy advocacy and implementation monitoring (The South African Council of Churches Annual Report, 2005). In the sub-branches of this body, member churches have organized projects that they conduct and make periodic reports to their leadership on the work done on HIV/AIDS. The Gauteng Council of Churches receives reports on regular bases, whereby all these churches report their activities, the number of people reached and the challenges met in the process. During the meetings with these churches, strategies of coping with the challenges encountered are discussed. Reports come from churches in Soweto, Sedibeng, Ekurhuleni, Westrand and Westrand areas. Activities covered by the churches working in Soweto include voluntary counselling and testing, done with the help of doctors, addressing socio-economic issues perpetuating the spread of HIV and AIDS, support groups for the infected and AIDS orphans and prevention education workshops. The Anglican Church has a structured way of monitoring work done by its constituencies, through regular reports submitted to the diocesan office (GCC Report by Ndlovu 2006).

Some of the challenges encountered in the provision of services by the GCC staff working with the FBOs, included shortage of testing kits for the VCT activity, people deliberately infecting themselves with HIV in order to get social grants, uncooperative pastors, lack of in-depth knowledge on HIV and AIDS including PMTCT issues among congregants and other people. There is also an insufficient database on resources, an inability to sustain programmes due to lack of man power, insufficient training on home-based care, uncooperative hostel dwellers who chased away educators thinking that they had come to promote promiscuity and insubordination by their wives and girl friends, some churches that are not receptive to treatment campaigns believing that HIV can be healed through prayer, and poverty encountered during home visits and working in the

community. According to Ndlovu's report, what seems to be still lacking is the proper coordination of activities by the church groups and the government institutions whereby church-based HIV and AIDS activities can be linked with the former in order to make it easy to share resources, both material and human, and to enhance each other's efforts (Ndlovu 2006).

The role of religion in an epidemic like HIV and AIDS needs further exploration. Barbara Schmid quoted Maluleke on the distinction between "said things" and "done things", arguing that the church seems to have not gone beyond said statements in public realms but nothing gets done about HIV and AIDS. (Schmid 2006:93) She explored a number of discourses that people use in trying to understand HIV/AIDS in order to find ways of dealing with it. However, her argument on a social justice model makes a lot of sense in terms of challenging the church to take a stand on how to deal with circumstances that put women in vulnerable positions of acquiring HIV. She points out the need to recognize that the world (or the church) is flawed due to structural injustice and the way to make this wrong right is by admitting the fact and being penitent about it. She quotes Farmer highlighting the need for the "activists to stand along the poor, the PLWA, making common cause with their suffering." (Farmer 2003: 139-59). The church has made sufficient statements about the grave nature of HIV and AIDS and it now needs to do its part. Schmid, in her criticism of the bio-medical discourse of HIV/AIDS, mentions that while it focuses on the individual it forgets to look at the social factors that are essential in the propagation of this pandemic (Schmid 2006:96). The researcher is inclined to agree with Schmid on this issue as HIV and AIDS has been found to be aggravated by social factors that either put the person at risk of being infected or further complicate the condition of the one that is already infected.

2.6 Conclusion

In this chapter the author has tried to give the reader a view of what life in Soweto is like, including the socio-political impact on its people. The state of poverty and unemployment was discussed and how these have forced the Soweto people to do anything to survive. A discussion on the history of how the migrant labour system began, accompanied by the family disruptions and the emergence of single sex hostels, which in turn played their own havoc in the spread of HIV. In current times it is very common to find parents living apart and siblings also spread out to other family members and others living alone (Clapp et al, 2004:11). The latter point may be the contributory factor to the high rate of cohabitating practices that were discovered among the group of women interviewed by the author.

Gender-based violence was clearly demonstrated from the Soweto men's efforts to attract women and to demonstrate their masculinity, which, in the process, put a lot of women and the men themselves in jeopardy of contracting HIV infection. Factors like peer pressure, community expectations and transactional sex played a major role in exposing both men and women to HIV infection. The impact of the HIV and AIDS epidemic itself was seen in many households gripped by illness; children's schooling being affected, and financial constraints being put upon families due to illness and deaths with the costly funerals.

The role of religion in the management of HIV and AIDS was also explored, highlighting the impact of the discriminatory system of the apartheid policy in Soweto and how it affected the church at the time. The role of the SACC was also discussed in terms of its contribution in encouraging local churches to participate in curbing the spread of HIV. The church's position on the issues of culture will be scrutinized in the next chapter in order to highlight areas where the church still needs to engage in some transformation and development.

In this study the author is trying to argue out the vulnerability of pregnant women in Soweto to HIV and AIDS and how the social-economic factors seem to have contributed to their situation. This forms the rationale for the author to explore the theoretical perspectives on women's freedom in the next chapter. It will also try to view the role of theology, culture and gender, women and the church and how the theory of Amartya Sen, an economist, on Development as Freedom can be of help in assisting those that are oppressed by economic deprivation (Sen 1999). Given the history of Soweto, its poverty and high rates of HIV infection among women, development issues come to the fore as a possible solution to reducing both men and women's vulnerability to HIV infection.

CHAPTER 3

Theoretical and theological perspectives on women's freedom

3.1 Introduction

In the previous chapter background information about Soweto was given, including other socio-political circumstances that shaped the lifestyle of the people of Soweto. Those factors highlighted all the weak points that make both men and women vulnerable to HIV infection. However, the aim of this study is to explore the extent of freedom, or lack thereof, which HIV positive women have had in their relationships with the fathers of their unborn babies, in order to establish the cause of their vulnerability to HIV infection. In this chapter the intention is to present the work of Amartya Sen, an economist who has done a lot of writing on the issue of Development as Freedom. His theory looks at the processes that allow a person to have the freedom to make decisions and the opportunities available to that person that make it possible to make those decisions and to carry them out as one sees fit (Sen 1999:17).

The author would like to link Sen's theory of Development as Freedom with the ideas of Isabel Phiri, a member of the Circle of Concerned African Women Theologians (Circle). Phiri approaches her argument for women's liberation and freedom from the theological perspective, focusing on the contributions of culture and religion in keeping the women's status low both in the church and in the society. She goes on to explain how this has contributed towards women becoming more vulnerable than men to HIV and AIDS. Working with Phiri are other women theologians who have made a major contribution in the Circle, making their advocacy for women's freedom and recognition as fellow beings, heard worldwide through their writings.

The two theories support each other on the issues of freedom to live a life that one has reason to value, and its absence puts individuals at risk of engaging in activities that may end up affecting their lives. Both theories address the issues of the freedom and well-being of an individual but from different vantage points. They are essential in this study

for the purpose of analyzing the freedoms that the participants of this study had, and to identify those weak areas that could have made them vulnerable to HIV infection. The theological perspective is meant to assist in engaging the churches in dealing with victims of these situations, since HIV and AIDS affects the individual physically, psychologically, socially and spiritually. In the next section the researcher introduces Sen's theory of Development as Freedom from an economic point of view.

3.2 Development as Freedom

Economist, Amartya Sen, is the architect of this philosophy of Development as Freedom. His theory draws from, and is inspired by his childhood experiences when a Muslim man sustained fatal stab wounds at the hands of the thugs in a Hindu neighbourhood. While in pursuit of survival, this man found himself taking up a job in a place where, ethnically, he should not have been but because of starvation, it was less important to him where he found the job as long as he could provide for his family (Sen 1999: 8). This incident left a mark in Sen's mind to such an extent that he reiterated it in the early chapters of his book "Development as Freedom" as proof that economic unfreedom can lead to desperate actions that may end up bringing about death to an individual. This event has serious connotations for people who are struggling to survive, as seen in the lives of the participants of this study. It emphasizes the extent to which one can go in order to survive irrespective of the consequences of doing so. Sen has had an opportunity of living on different continents and knows exactly what the economic statuses of each are, and how the governance of those countries impacts on the quality of life that their citizens experience. His theory, therefore, looks at the social, political and economic factors that contribute to one's well-being.

In order to be happy or be in a state of well-being, some people believe one needs to be wealthy or have a good income, but Sen has a different view because, in his mind, good income can only give one an opportunity to access certain commodities that are important in life. This does not mean that economic affluence can assure one with a life that one has reason to value. There are other factors which contribute to what one could describe as

“well-being” in its true sense. These two concepts “development” and “freedom” are rather intertwined in the sense that one is dependent upon the other, but the main goal is that of development being freedom, hence Sen feels freedom is both “the primary end and principal means of development” (Sen 1999:36). In this theory, Sen points out other social ills that hinder this well-being in poor countries, for example, issues like deprivation, destitution and oppression; persistent poverty; unfulfilled basic needs; famine and hunger; violation of political freedoms or basic liberties; extensive neglect of the interests and agency of women, environmental threats and sustainability of economic and social lives. According to Sen, the presence of all these symbolize ‘unfreedoms’ that are experienced by the citizens of such a country and removal of these constitute the core of development. “Development” and “Freedom” are therefore the key concepts in Sen’s theory. Other important areas of focus when describing his theory include substantive and instrumental freedoms and individual responsibility, which address the issue of well-being. In the next section the focus will be on the concept of freedom.

3.2. 1 Freedom

The concept of freedom in this context refers to the capabilities and opportunities individuals have to have in order to do what they want to do and to be where they want to be or to live a life they have reason to value. Absence of such freedom constitutes “unfreedom” which refers to everything that hinders one from achieving what one would like to achieve. Sen calls this capability deprivation. This concept will be discussed in depth later on in this chapter. In his description of substantial freedom, Sen focuses on enhancing the lives people lead and the freedom they enjoy. Substantial freedom ensures that people are provided with the opportunities they need for effective well-being. Freedom results from successful linkages between social, economic and political arrangements, which equip the individual with the opportunities to enhance their capabilities. The social freedom includes opportunities for good education that provides one with sufficient knowledge to be able to make informed decisions about issues in life, and also the opportunity to access health facilities so that one can be able to prevent unnecessary morbidity and mortality. Economic freedom provides access to financial

growth and development in the economic markets. Lastly, political freedom, which consists of human rights, provides one with opportunities to participate in political debates, voting rights and so on. That means full recognition of that person as an important citizen in all aspects of life. According to Sen major sources of unfreedom include poverty and tyranny, poor economic opportunities and systematic social deprivation, neglect of public facilities and intolerance or over activity of repressive states (Sen 1999:3), as was demonstrated by the apartheid regime in South Africa during the years from 1948 to 1994. In the previous chapter the political background of Soweto exposed most of these “unfreedoms”. This did not affect Soweto only but the rest of the country as well. According to Sen, the removal of these “unfreedoms” therefore constitutes development. South Africa has not yet managed to have these “unfreedoms” totally removed, hence it is described as both ‘first and second world’ because the population groups living in South Africa enjoy different freedoms despite the democracy that has been achieved. The legacy of apartheid still lingers on. This discussion will be further explored as the researcher explains the two major roles of freedom in Sen’s theory.

When dealing with the issue of freedom one also needs to consider the “processes that allow freedom of action and decisions, and the actual opportunities that people have, given their personal and social circumstances.” (Sen 1999: 17) This takes us back to the capabilities that people have to act in a certain way in order to achieve a life that they have reason to value. The reasons or roles of freedom in Sen’s theory therefore constitute the evaluative aspect of freedom and the effectiveness aspect of freedom. The evaluative aspect tends to focus on how the people’s capabilities are enhanced. In assessing human development of any country the substantive freedoms or provision of basic capabilities become an indicator in measuring that country’s human development. To what extent are the people able to survive and be healthy, knowledgeable, and enjoying a decent standard of living. This is how one would describe the general well-being of the citizens of that country. These are some of the indicators that are used to measure a country’s human development index (Fukudar-Parr 2002:6). If people’s freedom is enhanced, it enables them to help themselves and so influence the world. (Sen 1999: 8).

The effectiveness role of freedom consists of what Sen refers to as people's agency, that is, what people can do themselves to bring about change as participants in their economic, social and political spheres. This can be achieved by people as individuals or through collective action. Developing people as individuals produces productive people, well capacitated to face their situations in a meaningful manner. Nevertheless, as individuals they cannot make an effective change hence they need to go into associations or coalitions that can have an impact in the change they are advocating for. However, this requires an environment that is conducive for people to act freely with no obstacles to achieving a decent life that they can value. This requires that individuals must also take advantage of the available freedom and be responsible for their own development.

According to Sen, responsibility requires freedom, freedom to education that earns one a good job, means for living a life that one has reason to value, access to health care, right to property ownership and a conducive environment where young girls can grow up free from a repressive society (Sen 1999:284). This calls for a joint effort from the political, social and economic institutions to ensure that individuals are supported in order to be who they want to be with no barriers crippling their capabilities.

Issues of justice and equality also come into play in promoting individual freedom. Sen points out that a just society would engage in a shared recognition of injustice and engage in open discussions that will address inequalities on matters of gender, race and/or class. This requires public discussions and debates which in turn require participants that are well read, knowledgeable and are free to express their opinions, know their civil rights and who are assured of their political freedoms. The outcome of such debates will result in the formation of shared social values that take into consideration women empowerment through employment opportunities, educational arrangements and property rights. Given more freedom, women can influence health care services, nutrition and a drop in fertility rates. However, Sen emphasizes that exercise of such freedom lies in the ultimate decision made by the person herself (Sen 1999:289). This alludes to the opinion that "different kinds of rights, opportunities and entitlements contribute to the expansion of human freedom in general, thus promoting development." (Sen 1999:37) Therefore

freedom in one area can promote freedom in another, hence promoting the well-being of the individual. What has been described above are Sen's reflections on substantial freedoms and individual responsibility. The researcher would also like to touch on Sen's instrumental freedoms as another important requirement in the achievement of freedom.

In his theory of Development as Freedom, Sen engages in a discourse on what he calls instrumental freedoms. These are political freedoms, economic facilities, social opportunities, transparency guarantees and protective security. Freedom in one of these areas enhances freedom in another. The following is Sen's exposition of all these freedoms.

Firstly, political freedoms refers to the civil rights that people have which enable them to determine who should govern on what principles, scrutinize and criticize authorities, freedom of expression, freedom to choose political parties and opportunity to participate in the political dialogues. Political freedom therefore paves a way for the citizens to express their discomforts to the politicians with the intention of acquiring the services they need in their society. Absence of this freedom renders the citizens, or sections thereof, voiceless and without the basic needs where they live.

Secondly, economic freedom refers to the opportunities that people have to utilize economic resources for the purpose of consumption, production and exchange. This is an important aspect of development where the growth of a country is calculated on GNP per capita income. In order for this to happen people must have the capability and the opportunity to fulfill this need. This depends on the evaluative aspect of their freedom determined by the extent to which their capabilities are enhanced. If this has not happened, then one remains "unfree" to be who one wants to be economically.

Thirdly, social opportunities, refer to arrangements that the society makes for basic education and health care services for its citizens. These are important substantive freedoms that people require as basis for a bright future. Children robbed of basic education have their futures destroyed already. People robbed of effective health care

services are subject to morbidity and mortality at an early age; hence Sen refers to “missing women” in countries where health facilities are not a priority for women and girl-children. For women the level of education one achieves determines whether or not one will be marketable or not when competing with males. Women deprived of sufficient education and training, are even more compromised in terms of getting a job as opposed to their male counterparts.

Fourthly, transparency guarantees deal with issues of openness that people can expect in terms of freedom to engage with one another under guarantees of disclosure whereby corruption, financial embezzlement and underhand dealings can be prevented. Women have had problems when seeking employment, where some prospective employers have forced them into sexual activity before employing them. This is one example of corruption that takes place in employment areas that jeopardize the women’s lives. This implies that a woman who is not prepared to do this will then remain unemployed.

Lastly, protective security refers to provision of social safety nets for preventing poor people from deteriorating into absolute poverty and possible death. It operates through fixed institutional arrangements such as unemployment benefits, statutory income supplements to the indigent and famine relief (Sen 1999: 38-40) or what, here in South Africa, could be called social relief. Poverty alleviation efforts like the basic income grants (BIG) and ASGISA that are under discussion at the moment, could fall under this category. Availability of such safety nets would prevent women from engaging in dangerous activities that could render them vulnerable to HIV infection.

These are essential freedoms that, in countries where they are receiving attention, the level of poverty does not reach unmanageable levels. With the emergence of globalization some people have prospered and others have not. Sen proposes in his theory that in such cases there ought to be retraining and acquisition of new skills in place of those that will be displaced. Also the issue of safety nets needs to be in place to cater for those that bear the brunt of the downside of globalization (Sen 1999: 240). For example, women become the first category to be affected, hence the need for women agency.

Capability deprivation hinders such advancement in women's lives, as will be seen in the next section.

3.3 Capability deprivation

This is one of the important points of argument in Sen's theory of Development as Freedom. People with low incomes or who are unemployed are denied the freedom to acquire commodities for their basic needs. Sen argues the point of looking only at income when dealing with poverty because, for him, income is a relative concept. A good income in one country can prove to be nothing to be worth little in another. Also people's situations can make a good income insignificant where the circumstances of that person make that income insufficient. This could be through the health needs that the person has, or any other social problem the person could be experiencing, such as being responsible for an extended family. Sen therefore looks at capability deprivation in the broader sense of everything having to be in place for one to be in a state of wellbeing. He would rather people shift their focus from the means, which is income, to the ends that people are aspiring for, together with the freedoms that they have in order to access these. (Sen 1999:90) Even if one could consider the issue of good income as something that might remove poverty, other factors may need to be considered. For example, people who have good basic education and are healthy, stand a better chance of attracting jobs with high income. Again this can only come to fruition if the policies of that country do not prevent that person from acquiring such a job, like issues of job reservation for certain groupings of people, either by gender or race. Issues of social justice and inequalities come into play in this matter. In this case Sen proposes "understanding poverty and deprivation in terms of lives people can actually lead and the freedom they actually have." (Sen 1999:92) There is a link between enhancing people's capabilities and improving the earning power and ultimately the quality of life they live. However, the earning power can only relate to people who are employed.

In Sen's theory unemployment is scrutinized deeply by looking at the repercussions of unemployment as being another capability deprivation. Unemployment has the ability to

affect the individual in many aspects of his or her life, namely, psychologically causing the person to lose self-esteem and motivation to work. Physically it can affect the person in that without employment there would not be any chances of having a sound medical aid, which means that should that person have a serious health condition he/she may not be treated properly. Socially, unemployment can disrupt a family in the sense that there needs to be a change of roles if the usual breadwinner can no longer do so. Children of that family can be deprived of the opportunity to have education and that could have an impact in their adult life. The impact of this deprivation often affects the person's spirituality as well. People in this situation often lose faith and hope in a God that cannot help them in their state of want. The poverty that comes with unemployment affects both sexes, but women are usually the hardest hit because of their low status in the community. Sen acknowledged neglect of interests and agency of women around development issues. The next section focuses on what Sen sees as a potential for women's development.

3.4 Women's agency

Sen (1999) opens his discourse on women's agency by first recognizing the work women have engaged in as active agents of social change. He acknowledges them as "dynamic promoters of social transformations..." with the potential of enhancing the lives of both men and women. (Sen 1999: 189) Paying attention to the women's current ill-being can result in their well-being through removal of certain deprivations. Sen identifies such women deprivations as the issues of choices that women, as agents, should be able to choose; whether they want to act or do not want to act. The issue of gender biases, treatment of women as being less than equal, overlooking of the women's ability to earn an independent income all these can make a difference in her status in the family. Sen also points out two other important areas that can contribute to women's wellbeing, namely, economic independence and social emancipation. These are two crucial points that literally paralyze women's development and put them at risk of many social ills. Sen uses the term "cooperative conflicts" to describe implicit agreements that take place in families. Some of these agreements are detrimental to the woman in the sense that they

deprive her of certain freedoms and opportunities. But the fact that these issues are not explicitly discussed means there is no way they can be explicitly solved. Also the area of entitlements in terms of equal sharing of the family's joint benefits, depend upon who contributes how much in the family in terms of income. Sen points out the fact that if women can have opportunities to be well-educated, hold well paying jobs outside the home and have property rights, women can increase the well-being of both men and women in the society as a whole. If one analyses what Sen is saying here one hears that women, as agents, need opportunities to be empowered and they are like a sleeping giant in terms of the potential they have for social transformation.

According to Sen, there is a great need to remove women's deprivation in order to open up opportunities for them to be free to be what they can be, since "freedom in one area fosters freedom in other areas". To conclude Sen's opinions on women's agency, he highlights the gender inequality issues, literacy issues, lack of access to economic and political opportunities as detrimental to the women's well-being. Sen proposes recognition and the need for women's participation in political, economic and social leadership. He sees this as the true meaning of 'Development as Freedom'. In order for one to be responsible for one's life and be able to function according to one's capabilities, one needs to have sufficient freedom, capabilities and opportunities to do so.

For the purpose of this study it is important to look at how women's agency has been developed theologically. It is for this reason that in the next section, the work of the Circle of Concerned African Women Theologians is discussed with particular reference to the work of Isabel Apawo Phiri.

Phiri is a member of the Circle mentioned at the beginning of this chapter. She and other women theologians have published articles raising awareness worldwide on the need to review the status of women in society in all aspects of life. Her contributions are essential to this study as most of her work is in line with the area being explored, which is the freedom that pregnant women have in their relationships with the fathers of their unborn babies in the context of HIV and AIDS. Phiri and her companions have also written and

published a number of articles on the issue of women's vulnerability to HIV and AIDS and in which case culture and religion have played a major role. Her arguments are on the issues of gender justice, resisting patriarchy and the urgent need for cultural transformation, examined from the theological perspective. In order to put Phiri's work in context it would be beneficial to discuss the whole Circle, its aims and objectives.

3.5 The Circle of Concerned African Women Theologians

Phiri had the opportunity of coordinating the work of the Circle of Concerned African Women Theologians when she took over from the first Coordinator, Dr Musimbi Kanyoro, in 2002. She has helped in keeping the Circle alive through coordinating conference preparations, ongoing networking and field work in HIV/AIDS and the publication of the papers submitted at the 2002 conference of the Circle (Phiri 2003: xii). She introduced the women as "a community of African women theologians who come together to theologize from the experiences of African Women in religion and culture." (Phiri 2003: 5) This community was founded by Dr Mercy Amba Oduyoye, working with others in laying the foundations of the Circle. At that time they were known as the International Planning Committee of the Circle. Their work culminated in the launching of the Circle at its conference held in 1989 in Accra, Ghana (Phiri 2003: 5). The Circle also inaugurated what they called the Biennial Institute of African Women in Religion and Culture. The membership of the Circle includes women of all classes, races, cultures, nationalities and regions found on the African continent. Their writings focus on exposing patriarchy, culture and religion as factors that contribute to the oppression of African women.

Initially the work of the Circle mainly revolved around addressing women's issues through writings about women's experiences that confirm their domination by males with references to the scriptures that support such domination in the form of patriarchy. Later on the Circle began to address issues of HIV and AIDS in response to the call made by the World Council of Churches in November 2001, on the ecumenical response to the challenge of HIV and AIDS in Africa in Nairobi Kenya (Phiri 2003: 6). The Circle got

the inspiration from its representatives at that Global consultation to start their own plan of responding to the HIV and AIDS pandemic, addressing it from the theological perspective through the exposure of all cultural and religious practices that are the sources and also the promoters of women's vulnerability to HIV and AIDS. The Circle's approach to HIV and AIDS issues is gender-based with special focus on physiological differences, social differences, cultural norms and economic factors, religious factors, violence against women and care providers. Phiri is currently the coordinator of this group of theologians. However, for the purposes of this study the focus will be on her reflections on the issues that she believes keep women underdeveloped and therefore in need of liberation.

3.6 Development as women's agency

Women's low social status in society has been aggravated by the oppressive cultural and religious traditions which keep them under male domination in their homes and in the church alike. Phiri argues that culture should not be taken as something that is static but rather dynamic. She points out that culture is a social construct, meaning that it is man-made and therefore will be changed by human beings. She highlights the fact that in most of the African cultures women are viewed as less equal and less important than men. This attitude towards women robs them of the opportunity to have right relationships among themselves and with others, as well as the rest of creation and God (Phiri 2002: 72). This statement is supported by the example of what is happening in the church with regard to the male-female ratio in the leadership positions. Women are denied leadership because of beliefs in some cultures that men cannot be led by a woman, hence they cannot be allowed to participate in religious shrines when menstruating. An example is that quoted by Brigalia Bam. In the Xhosa culture only post menopausal women can participate in rituals that invoke the spirits (Phiri 1997: 73). Cultural values and teachings about women in the Bible and in the African communities share similarities with regard to the status of women in relation to men. The story of creation in Genesis has been used by men in the churches to keep women oppressed, as it shows male superiority over women (Phiri 1997: 75-76). The woman came from a man hence he is the head in the family and the

woman is subordinate. Phiri found this emphasized in teenage girls' essays in KwaZulu Natal, when an invitation was sent out inviting men and boys to write essays on men and issues of HIV and AIDS. Some of the girls that participated kept on referring to men as heads of the family, which Phiri interpreted as saying women perceive themselves to be subordinate and have no need to be agents of their own lives and to take control of what happens to them, especially with regard to prevention of gender violence (Phiri 2004: 40). She upholds that patriarchy ought to be resisted at all levels through social transformation. Cultural oppression seems to be non-discriminatory, affecting women of all classes, races and cultures because patriarchy is the common practice in many cultures. The Bible also contributes to this cultural oppression by portraying leadership roles as ascribed only to men. In her paper on 'Women's theologies in the new millennium,' Phiri spells out that women are against sexism and would like to see an end to it, and a just society established for both men and women who promote the well-being of one another (Phiri 2004: 16)

Phiri cautions proponents of African theologies, of which the Circle is one, to be careful not to promote oppression of women in the process of defending their culture as it appears that African Christians are influenced by the beliefs and practices of the African religion (Phiri 2005: 86). Such oppression denies women the opportunities to be who they really are and to exercise their talents and spiritual gifts. In that process their growth and development gets hindered so that they do not reach their highest potential. She goes to the extent of quoting Kanyoro's advice that women ought to read the scriptures side-by-side with the study of culture so that they will be able to see the boundaries between the two. Such studies will enable women to identify cultural practices that are constructive and those that are destructive in their own development. In her arguments Phiri highlights the importance of separating biblical culture from the Gospel, which is true and life-giving to the whole human race (Phiri 1997: 75). The Gospel is a tool that brings in liberation and, therefore, development to those that receive it in spirit and in truth. In this argument Phiri is exposing the salvific work of Jesus in affirming and supporting the oppressed and the marginalized, which included women and the young. Phiri emphasizes the value of recognizing the image of God in both women and men so that the concept of

equality for both sexes can be understood (Phiri 2004: 18). In this way neither sex will put down or discriminate against the other on the bases of gender.

The biblical teachings on the superiority of men over women has led to a disregard of the value and worth of women in the household to the extent that many have suffered gender-based violence because of such interpretations, coupled with the teachings of African culture whereby, during socialization, girls grow up learning that their roles are to serve their brothers and the boys who believe that they were born to be served by girls and women (Phiri 2003: 9). Women theologians are struggling to raise the awareness that liberation of women in the countries in Southern Africa is as important as it was to liberate South Africa during the apartheid time.. Until women are liberated from patriarchy and the oppressive cultural and religious practices, the kingdom of God has not yet come and life in its fullness, that Jesus proclaimed, has not yet been realized by women. Women's agency is hindered where women have no opportunity to have a voice and to make contributions both to the church and the society as they are able to. The evidence of that will be presented below in the discourse on gender injustice which Phiri has exposed as another evil that needs to be uprooted in order to give women the freedom they deserve.

Through theological engagement with issues of gender justice, Phiri and her companions in the Circle seek to expose harmful practices and injustices in society that are supported by the scriptural teachings and practices of the church through culture (Phiri 2005: 37). She has treated issues of gender violence as a matter of urgency in her work, as it is one of the results of an oppressive culture and religion. Women have been on the receiving end of this gender-based violence, hence her studies on women traditional healers, analysis of the teenage girls' essays, virginity testing and women's histories that have helped her to understand particular cultures, denominations and religions in depth. Out of the findings of these studies issues of gender power struggles as evidenced in rape and domestic violence, were exposed (Phiri 2004: 47). In another study done in Durban to establish the extent of domestic violence that takes place in Christian homes, Phiri unearthed a lot of suffering that Christian women were subjected to by their Christian

husbands. In an effort to protect the dignity of their husbands these women did not expose their suffering (Phiri 2000: 93). The mentality of bondage can be seen in this discovery as blinding and hindering women from standing up for their rights and defying the violence that they had been subjected to. This also shows how women persevere under inhuman conditions in fear of being perceived as washing their laundry in public, which often end up as fatalities in other situations.

In her study on virginity testing, Phiri again unearthed evidence of girl-children that are abused through rape and /or incest and are not reported. Although Phiri seems not to be in favour of the virginity testing exercise something positive has come out of this practice - the exposure of rape and incest that was taking place unreported. Girl children had been violated because of their sex by males who wanted to demonstrate their manhood on soft targets. This act, in a way, adds to those biblical and cultural practices that undermine the value and worth of women. At some point Phiri highlighted the danger of confusing the will of God with the cultural practices found in the bible (Phiri 2002: 71). This is a very important observation that challenges Christians not to interpret scriptures literally, which has been the cause for the degrading of women and denying them full life as intended by Christ. Christian teachings demand abstinence from sexual relations until one is married. A similar sentiment is behind virginity testing, which, in the Zulu culture, was instituted to look after the girls so that when they got married the mother could still get the eleventh cow. This indirectly meant that the woman does not have control over her life as she belongs to her parents. Both teachings deny the woman freedom to choose whether she wants to marry or not (Phiri 2003: 76). Based on this finding it can therefore be argued that women's self-determination is infringed by such practices. They deny women their right to make choices about their bodies and to practice a life that they have reason to value.

Gender violence has taken place between partners and married couples alike and for various reasons. Issues of rape are described as power struggles between males and females so much so that if a male wants to subdue a girl he can rape her just to humiliate her. Unfortunately with the emergence of HIV and AIDS this has brought about the

perpetuation of the epidemic. In her book "African women, HIV/AIDS and Faith Communities," Phiri opens her paper by referring to a nine-month-old child that was raped in the Eastern Cape Province, South Africa. She quotes that story as an example of many domestic violence cases that take place in the homes and are not reported. Rape of children has been rife due to the myth that sleeping with a virgin will heal the person of the HIV infection. The HIV and AIDS pandemic has been termed as a gender issue, due to the fact that women who have more infections than men are actually unable to protect themselves effectively, due to unequal power relations between the two sexes. In the following section the researcher would like to present Phiri's work in the context of HIV and AIDS.

For the purpose of this study, it is important to look at Phiri's work with regard to HIV and AIDS. She exposed the weaknesses that the church demonstrated when the HIV infection first became an epidemic, and when it took a judgmental stance, blaming the infected as being punished by God for not abstaining or not being faithful in their relationships. She criticizes these messages as not helpful as they further alienate infected people from the church. Together with the Circle, Phiri has highlighted the relationship of gender to HIV and AIDS, as previously attested by Philip Denis. They saw marriage as the major risk for contracting HIV, as the statistics of the Sub-Saharan region indicate. More women than men are infected, and girls are five times more vulnerable than their male counterparts (Phiri 2004: 425). This creates a dilemma in the sense that marriage takes place in the context of patriarchy where women have no power to negotiate safer sex and yet they are the ones to bear the brunt of HIV infection. Literal interpretation of the Bible teachings has been identified as the cause for putting women in subordinate positions, which in turn make them vulnerable to HIV infection. Other issues of economic dependency further complicate the already compromised status of women. Phiri puts it in no uncertain terms that HIV and AIDS is more than a medical condition, and therefore Christians, too, need to review their cultural and religious beliefs in order to deal with the situation at hand. She puts it upon the church to examine its understanding of its commission to bring wholeness to a broken world. She calls for the church to find ways of interpreting the scriptures in such a way that God is not portrayed as being

punitive but rather as a God that pledges solidarity with inflicted people. In her arguments, Phiri, further emphasizes the need for the church to remember that suffering does not only come as a result of sin, therefore it is not right to treat people infected by HIV as sinners (Phiri 2004: 428).

Phiri brings in the theology of life as being sacred right from the beginning. When dealing with the issues of HIV and AIDS the church has the responsibility to advocate for life, which is the whole reason why infected people ought to have proper treatment in order to preserve life. Any situation that denies sick people their right to treatment contravenes the gift of life. Similarly, cultural and religious practices that are not life-giving need to be reviewed, changed or stopped if there is no way of modifying them. Phiri also invites the churches to review their stand on the issue of the use of condoms, seeing that there are many innocent and faithful partners that get infected in their marriages (Phiri 2004: 429). If they cannot use condoms then it does not make sense to encourage them to expose themselves to risk as this will shorten their lives. In other words each case ought to be treated according to its merits and not be issued with a blanket statement against condoms.

Lastly, Phiri brings the issue of healing in the context of HIV and AIDS as another important area where the church can play an important role. Jesus' ministry included healing of the sick and it is to the church that people come with the hope of being healed of all their illnesses. In other words, if the church distances itself from people with HIV and AIDS then those people are robbed of any hope for healing, since a medical cure for AIDS has not yet been found. (Phiri 2004: 429).

Phiri's advocacy for women's rights is based on the image of God that they have as God's creation, and therefore they ought to be treated equally with their male counterparts. She strongly argues for the removal of the cultural and religious practices that undermine the humanity of women. She points out patriarchy as the major contributor in this discrimination against women and places full blame on it for the gender-based violence that women have suffered and continue to suffer at the hands of

men, be it their spouses, partners or strangers. Phiri and her companions in the Circle are advocating against any barriers in life that will prevent women from reaching their highest potentials through the practice of their God-given gifts. However, issues of sexism and male domination coupled with oppressive cultural practices, all keep women in shackles. She is therefore calling for social transformation beginning with a re-reading of the scriptures, and not to be taken literally, and the analysis of the cultural and religious practices in a gender sensitive manner, for the well-being of both men and women. The coming of Jesus brought with it liberation to all, hence women too, should be free from any bondage that make them appear and behave as sub-humans. Based on these arguments, Phiri's theological perspectives on these issues call for women to be their own agents of change.

3.7 Women's freedom in theoretical and theological perspective

The two theorists share the same concern about people's rights, though Sen comes from an economic point of view, looking at what prevents people from performing according to their capabilities, including women. Phiri approaches from the theological perspective looking at culture and religion, and how these, together with the biblical writings, have contributed to the subordination of women in their interaction with their male counterparts, both in the church and in society. Sen examines the functionings of individuals in general and what prevents them from reaching their optimum capabilities. He highlights circumstances from the social, political and economic aspects of life that inhibit people from functioning according to their capabilities. He identifies lack of substantive freedoms, that is, basic needs like access to good nutrition, health care services and basic education, all that in the long run are necessary to being an effective participant in the community, well-read and knowledgeable, making sensible contributions in the political and economic spheres.

Sen is aware that while these substantive unfreedoms hinder everybody they are doubled when it comes to women because they are already jeopardized by their gender. He therefore argues for women to be the main actors in the transformation of their situation.

Phiri also emphasizes the same point in her arguments on the need for women to take the lead in the transformation of oppressive cultural and religious practices. Both Sen and Phiri address gender inequality as the main issue that needs to be uprooted through women's development, giving them the opportunities to be educated, access to health care services and allowing them to participate in the job market outside their homes. According to Sen, in order to help someone to develop, freedom is the key. In the case of women's development, a number of areas need to be dealt with first before women can be free. First there ought to be a shared view by both men and women of the existing 'unfreedom' that women are experiencing. Secondly, women themselves ought to acknowledge their situation and be willing to initiate change in order to prove their self-worth and dignity in society. Freeing women ought to be dealt with from the instrumental freedoms that Sen highlights as the human rights that give everybody the opportunity of exercising their capabilities. He advocates for the removal of all obstacles that prevent people from reaching their potentials whether these are political, social or economic. From a theological perspective, Phiri highlights religious and cultural practices as being detrimental to women's growth and development. This means that in order to liberate women, political, economic and social hindrances ought to be identified and changed to promote women's development.

The point of women's agency refers to the women's own initiative to uplift themselves from being sub-human or second class citizens to a state where they are respected for the persons they are. Women's agency relies on their male counterparts willingness to engage women in discussions that review the cultural and religious traditions so that all those that are hurtful and life-destroying can be disposed of. Development of women then can be approached from various angles, from the secular world and from the religious sector. Integration of efforts from both sides could shorten the period required for this change, thus affording women the urgent freedom they need to be able to grow, develop, be self-sufficient and be less vulnerable to gender injustices and fatal diseases like AIDS. In a nutshell, this is what one understands from Sen and Phiri's arguments on women's agency.

Both Sen's theory and Phiri's theological perspectives are addressing the denial of opportunities that individuals should experience because of a lack of human rights that allow them to have a voice to express their needs and to have them addressed through discussions and debates that can bring about social transformation, be it in the institution of policies or the review of cultural practices that are not life-giving. Unless people have a voice and power and the authority to act in a certain manner that enhances their capabilities, vulnerability will remain a problem. Sen and Phiri address the same issues of deprivation in different forms, although each comes from a different perspective but their ideas compliment each other when it comes to women's freedom.

Okyere-Manu (2005), found that when women experience economic deprivation they are forced to resort to any activity that will enable them to survive. It is through these survival efforts that they find themselves having to succumb to transactional sex or pure prostitution in order to get extra cash to survive (Okyere-Manu 2005:63)

The study participants in Soweto were chosen for the purpose of investigating their freedom, or lack thereof, in their relationships, and how this contributed to their vulnerability to HIV infection. Variables from the secular issues and from the religious point of view were explored in order to provide an answer to this question.

3.8 Conclusion

In conclusion, this chapter discussed the theoretical framework of this study based on Sen's theory of Development as Freedom and Phiri's theological perspectives on women's freedom. The core areas discussed included the concept of freedom from Sen's reflections on this issue and women's liberation from Phiri's reflections on religious and cultural practices that keep women in bondage. A reference to HIV and AIDS was made as the result of the 'unfreedom' women experience in their relationships, which put them in a vulnerable position. This area of HIV and AIDS was also discussed in relation to the work of the Circle as a phenomenon that has, due to its urgency, taken precedence over other issues that the Circle is dealing with. The issue of women's agency was discussed

from both Sen and Phiri's arguments as the way forward for women's liberation and development. This area of focus together with the understanding of freedom and development, forms the common ground between Sen and Phiri where they both seem to agree on the need to prioritize freedom in order for any person to be able to maximize his or her capabilities and productivity for the benefit of both men and women of this world.

In the next chapter, the author will present the data collected for this study and graphs will be used to highlight important factors in the lives of HIV positive pregnant women that were interviewed in Soweto, in a PMTCT programme. The theories discussed above will be used to analyze that data in Chapter 5.

CHAPTER 4

Research findings

4.1 Introduction

The previous chapter has described the theoretical and theological frameworks that will be used to analyze the data that the author will present in this chapter. Sen's Development as Freedom theory and Phiri's theological perspectives on women's freedom are the theories that were described and will be used for data analysis. The aim of this study is to explore the extent of freedom, or lack thereof, that HIV positive women have in their relationships with the fathers of their unborn babies in order to establish if that made any contribution towards making women vulnerable to HIV infection. Variables like the participants' demographics, relationship with the father of the unborn baby, support received in the relationship, capacity to negotiate safer sex, economic support and decision-making issues and the role of religion, were investigated in order to achieve the aim of the study.

In the following sections the researcher presents the process on how the study was conducted and the findings that were made. Data collected will be presented in the form of pie charts and a brief description of what happened. Even though percentages will be used, they will not be used for inferential purposes but rather to highlight specific details about the variables under investigation. A descriptive method will be used as a synthesis of the findings.

4.2 Research process

The research methodology chosen for this study was a qualitative research that was conducted in two clinics serviced by the Perinatal HIV Research Unit in the provision of the PMTCT programme in Soweto. Since this was an exploratory study a qualitative research was the most suitable as it allowed participants to describe their feelings and situations as fully and as richly as possible. Individual semi-structured interviews were

conducted with twenty participants and information collected through the use of a semi-structured interview schedule and some prompts where necessary. An audio tape was also used to make sure that no information was lost. A non-random purposive sampling was used according to the criteria for inclusion into the study, namely, HIV positive pregnant women aged from 18 years and above that are recruited into the PMTCT programme. During the time of recruitment, women were interviewed individually in a language of their preference. Study information sheets and consent forms were used to obtain the participants consent to be interviewed, and a separate one for the use with the audio tape. These were written in English, isiZulu, and seSotho as the main languages used in Soweto.

4.2.1 Process of Interviews

Twenty HIV positive pregnant women were approached by the researcher during their support group sessions at the clinic. She introduced herself and gave the women the broad purpose and benefits of the study. Women who were interested in participating were then asked to indicate by a show of hands. Their names were taken down and they were then informed that the researcher would be seeing them individually in order to provide adequate privacy, and in order to be able to give a full explanation about the study before they consented to participate. Each woman was seen in a private room where the researcher once again introduced herself, gave detailed information about the study and then obtained their informed consent before the interview. All the women agreed to the use of an audio tape.

Information collected during the interviews was transcribed from the audio tape onto the interview forms and translated into English, as most of the interviews were done in Zulu. The findings in the data collected were analyzed using the content analysis methodology whereby data was grouped into categories and displayed in pie charts. The additional sub-categories that were used were related to the marital status of each woman. There were three such sub-categories, namely, married, living with partner and singles living with

parents. In order to make it easy to observe trends coming out of these sub-categories they were color-coded. Responses from each question were viewed according to these colour-codes. The reader's attention is drawn to the fact that some questions were not responded to by the women and these were indicated accordingly in the pie charts.

4.3 Age frequency distribution

All twenty women were HIV positive and pregnant. They were all living in Soweto and their ages ranged between 20 and 44 years. Their level of education ranged between standard five and standard ten with the bulk of them having passed standard ten (Matriculation certificate).

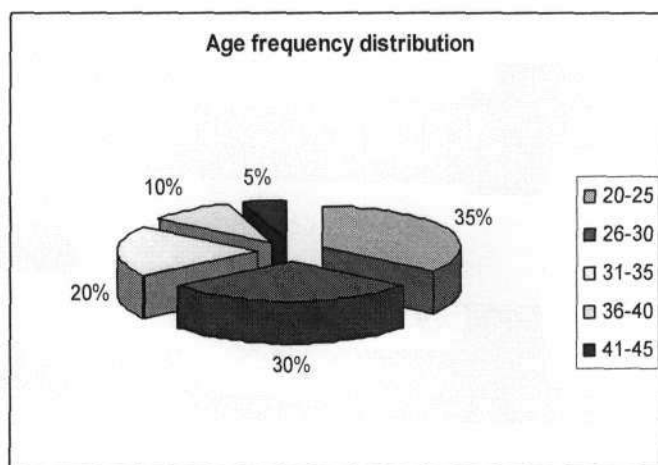


Figure 4.1 Age frequency distribution

The majority of the women in the study were between 20 and 25 years of age. This is an age when most people are functional in their lives. It is the time for getting married and producing babies and this is the most vulnerable group to HIV infection because of the reasons stated.

4.4 Educational level

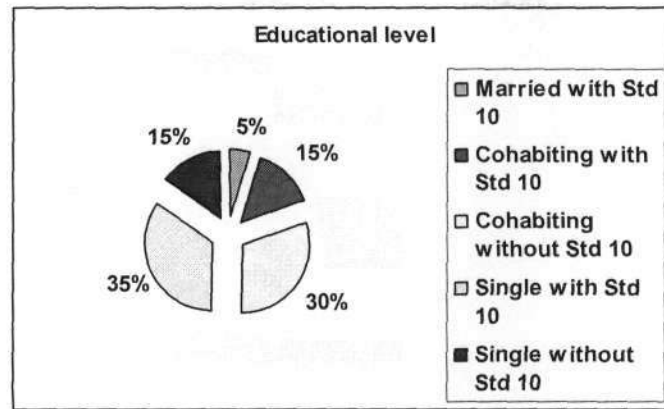


Figure 4.2 Educational levels of the participants

As indicated in the graph, the married woman had standard ten, 15% of the cohabiting women had standard ten and 30% of them did not. Amongst these were a standard eight and a standard five. In the singles category 35% had standard ten and 15% did not. None of the women interviewed had any tertiary education or trade. This data showed that the category with less education was found amongst the cohabiting group.

4.5 Marital status

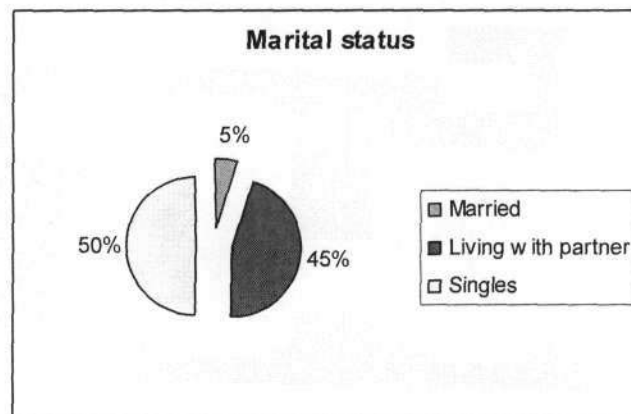


Figure 4.3: Marital status of the participants

Only one woman was married (5%) and during the interviews 45% of the women told the researcher that they practically lived with their partners. Of the 50% that claimed to be

single most of the time they visited their boyfriends, usually in the evenings to spend the night there and return home in the morning.

4.6 Relationship with the father of the unborn child

Since it could not be assumed that they were all still in relationship with the fathers of their unborn children, an exploration on this matter had to be done. All of them were found to be still in a relationship with the fathers of their unborn babies, with a few having intermittent breaks in the relationship. These findings negate the perception that once the women disclose their status to the partners the partner will run away. In figure 4.7 below the number that had disclosed their HIV status to the partners will be given and yet they are still in a relationship with them.

4.7 Opinion about their relationships

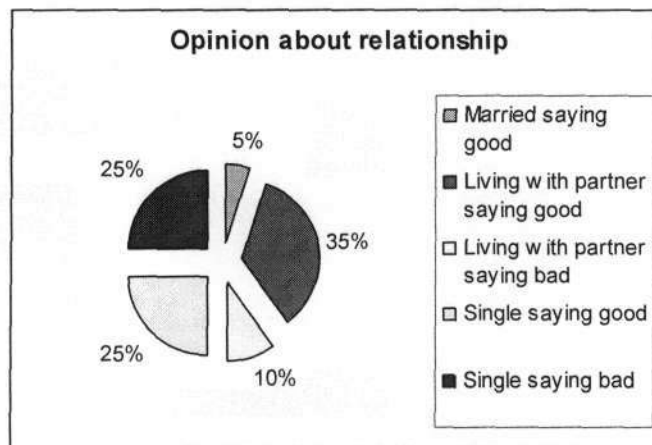


Figure 4.4 Opinion about the relationships

The participants' responses were categorized as either good, where the relationship was perceived to be smooth and satisfying for the woman, or bad, where the woman had problems evidenced by incidences of dissatisfaction and discomfort. This data shows that the cohabiting group perceived themselves to be having a good relationship with their partners as compared with their single counterparts. Reasons that made those that felt they were in a good relationship were things like the feeling of being loved, judging from the care demonstrated by the boyfriend. Examples given were taking her out to the

movies, shopping, visiting friends and treating her well. Examples given by those that felt they were in a bad relationship were issues of frequent quarrels when the boyfriend was drunk, having other women, differences of opinion on some issues and distrust, especially after disclosure of the HIV status. It is noticeable that the goodness of the relationship was based mainly on material things that the participant enjoyed from the boyfriend.

4.8 Partner reaction to pregnancy

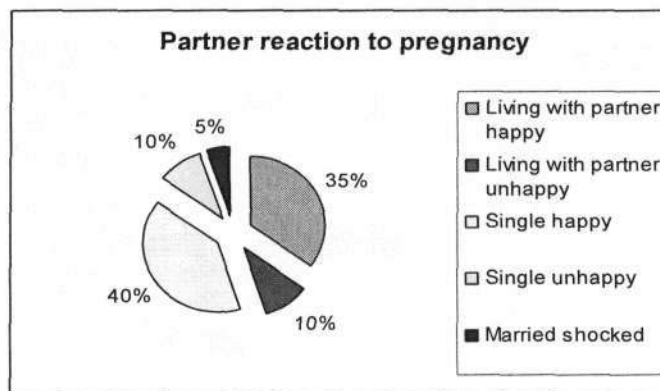


Figure 4.5: Partner reaction to pregnancy

According to these figures the singles group received the most positive response about the pregnancy from their partners and the level of unhappiness was the same between the cohabiting group and the singles. It is, however, surprising that the husband of the married woman was shocked by the pregnancy. On further exploration by the researcher the husband's shock occurred because he was allegedly not ready for a child. In the paragraph below, on the use of family planning, the very same husband was not in favour of family planning. This seems to be confusing with regard to the real reason for the shock. Again this study showed that men enjoy impregnating women outside of wedlock and the reasons for this could be another area of future research.

4.9 Disclosure of HIV status to partner and knowledge of partner status

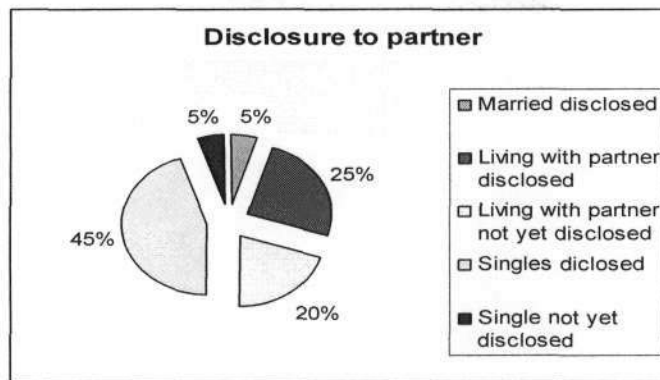


Figure 4.6: Disclosure of HIV status by women to their partners

Most of the singles group, 45%, did not seem to have had a problem disclosing their HIV status to boyfriends as opposed to their cohabiting counterparts, of whom almost half had not disclosed then.

4.10 Partner's reaction to HIV disclosure by participants

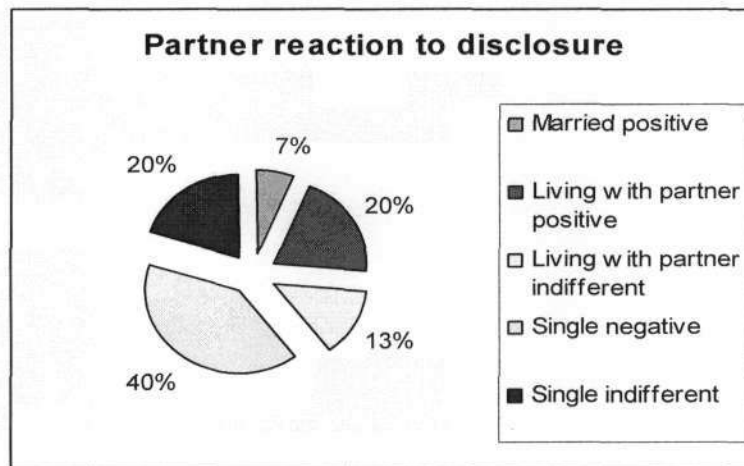


Figure 4.7 Partners' reaction to disclosure of HIV status

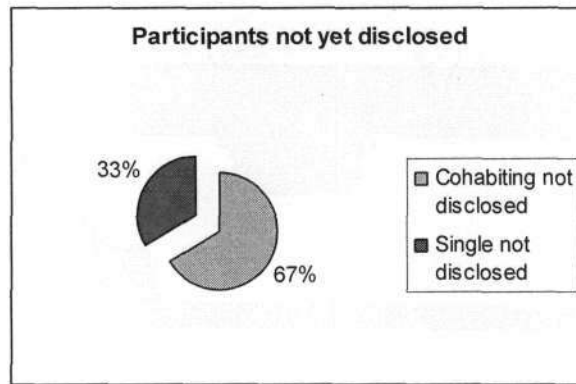


Figure 4.8 Participants that had not yet disclosed

Fifteen women (75%) had already disclosed their status to partners and only five (25%) did not disclose. Of the 15 that disclosed, one was the married woman (5%), five cohabiting ones (25%) and nine were the single women (45%). The singles were the largest group that had disclosed but almost all of them received negative responses from their partners. Three of the four cohabiting women that disclosed received a positive response including the married woman. The reasons for the negative responses from the single women were not explored as the interview instrument did not cater for that. Two cohabiting women and three singles received indifferent responses from their partners. Again the reasons for this were not clear but the participants suspected that they may have known their HIV statuses but did not tell them.

In the groups that had not yet disclosed, a high percentage of the cohabiting ones (67%) had not disclosed with only 33% of the singles that had not disclosed. This raises questions about the freedom to communicate that the cohabiting groups had in the relationship if they found it difficult to disclose their HIV status. Reasons for non-disclosure were stated as fear of blame, violence, rejection and abandonment and exposure to other people (stigma).

4.11 Knowledge of partner's HIV status by participants

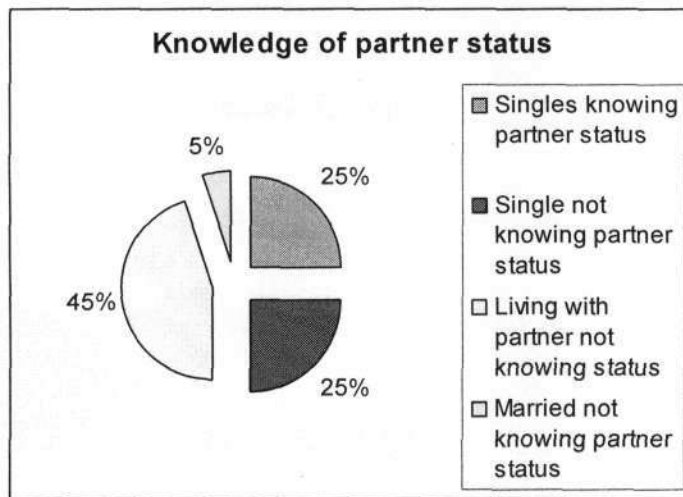


Figure 4.9 Participant knowledge of partner status

According to these figures 75% of the participants did not know their partner's HIV status in their relationship. Only 25% of the singles group knew their partner's status. It is surprising that a large number of the cohabiting group and the married woman did not know their partner's HIV status and yet in the paragraph below on communication, they claimed to have easy communication with their partners.

4.12 Support received by women in their relationships

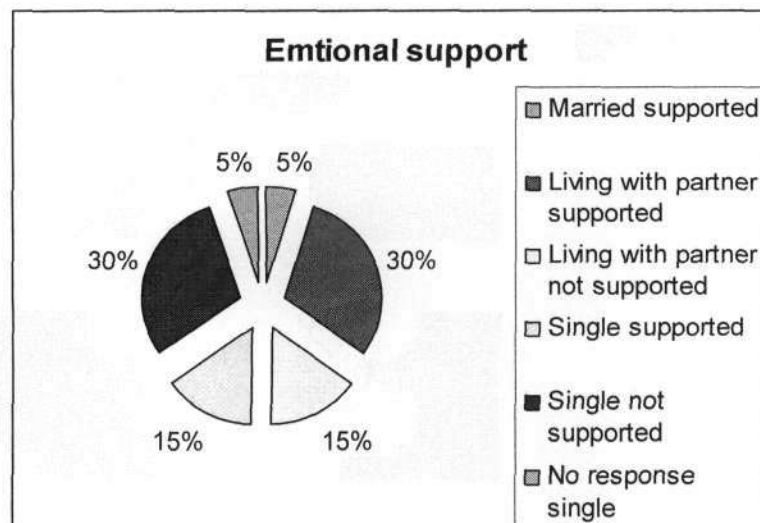


Figure 4 .10 Emotional support received by participants from partners

Here women were asked about the emotional, practical and financial support that they received from their partners. Seventeen respondents responded to the emotional support question. Ten out of seventeen felt emotionally supported and comfortable and seven felt they did not enjoy any emotional support. The cohabiting group expressed more support than the singles, which seems understandable as the latter did not spend as much time with partners as the former.

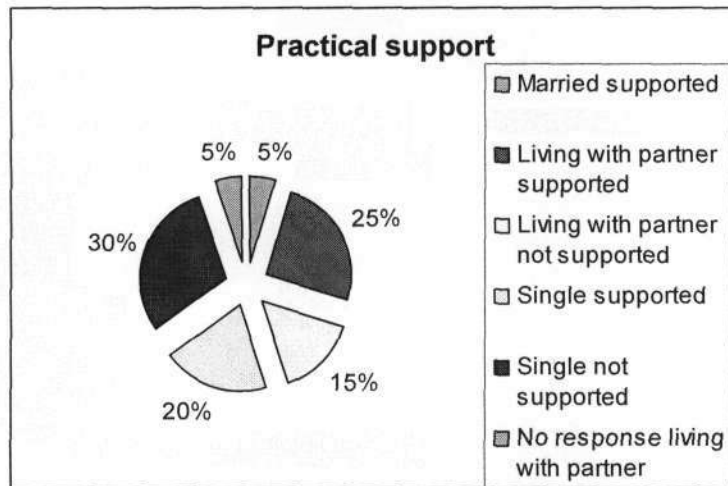


Figure 4.11 Practical support received by participants from partners

Eighteen women responded to the question of practical support with nine feeling that they were supported in terms of receiving help with general household chores like cooking, cleaning and doing washing and nine feeling that their partners left everything for them to do, therefore unsupported. Most of the cohabiting group felt supported practically but some of them felt their partners left all the household chores for them to do. The following comments were made by some of the participants:

Asisenamandla okushintsha okwenziwa abadala, benzela amadoda yonke into.

[We are now powerless to change what our elders did, doing everything for men.]

Amadoda ayavilapha. Mina wangitshela ukuthi yena wakhula yonke into

eyenzelwa. [Men are lazy. He told me that when he was growing up everything was done for him.]

What the participants were expressing here is the frustration they experience when they have to toil with the household chores alone without help from their partners. It is also noticeable that even though they identified their problems they felt helpless to make changes as women, since this seemed to be an old tradition.

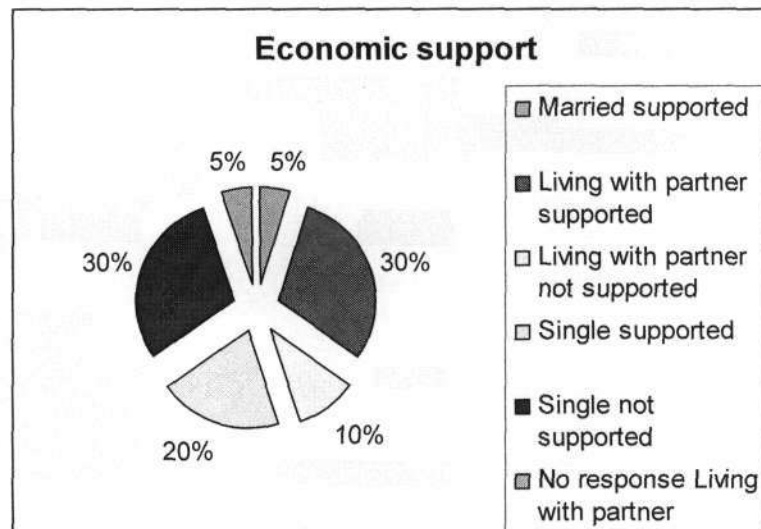


Figure 4.12 Economic support received by participants from partners

On the economic support, 19 respondents answered the question. Thirteen women (68%) felt they were fully supported financially by their partners, that is, they were giving them money for food, travel, clothing and other things they needed. Three women (16%) felt they were partially supported with certain things like money to travel to the clinic and medical care during the pregnancy but not for other things. Another three (16%) were either independent because they were working or were dependent upon their parents, therefore were partially supported by the boyfriend. The study showed that the most economically supported group was the cohabiting cohort (30%).

The following statement is an example of such economic dependence:

Ngokwami ukubona abesifazane babekeke ebucayini bokuthola igciwane ngoba bafuna amadoda asaphothe izingane zabo. Ake ngithi nje, uma enezingane ezine, uzolala nabobonke obaba bazo abehlukene ukuze athole imali yabantwana...

kwesinye isikhathi abantu besifazane abazi ngeHIV. Angiboni ukuthi yingani bengalala nawowonke lawomadoda! [In my opinion women are vulnerable because they want men to support their children. For example, if she has four children she will sleep with all their different fathers, in order to get money for the children...sometimes women are ignorant about HIV. I do not see why they should sleep with all those men!]

Amany amantombazane a-after imali-ke koboyfriend. Basuka komunye baye komunye befuna imali. [Other girls are after money from their boyfriends. They go from one to the other searching for money].

Indaba yemali, unengane akasebenzi noma ethi bayuze ikhondom angavumi bese engakwazi ukunqaba ngoba kukhona izinto angeke azithole. [It's the money issue. She has a child and she is not working, even when she says they must use a condom he refuses and she cannot object because there are things she may not get.]

4.13 Parity

Table 4.1: Number of existing children

Number of children	Married	Living with partner	Single
0 - 1	1	6	8
2 - 3	0	2	1
4 - 5	0	1	1
Total	1	9	10

The first question asked the respondents about the number of children they had. In order to categorize data received the number of children were put into categories of zero to one child, two to three children and four to five children. Fifteen women fell in the category

of zero to one child, three in the category of two to three children and another two in the category of four to five children. This data shows that most of the women were either pregnant for the first time or had only one other child. The data also showed that the cohabiting and single cohorts had more children than the married woman. This raises a question as to whether this may be a true picture for the whole population of pregnant women or not, since the study had only one married pregnant woman. The study did not cater for the establishment of who were the fathers of the other children to those participants who had other children.

4.14 Safer sex practices

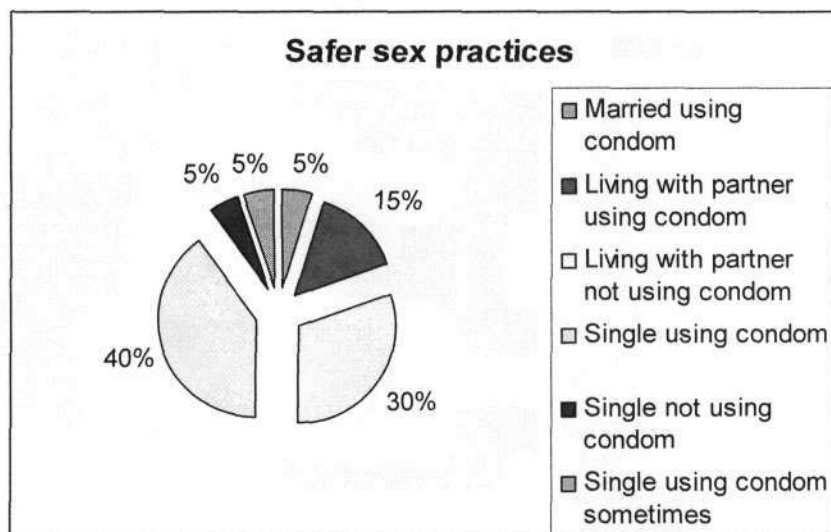


Figure 4.13 Safer sex practices by participants

Nineteen women answered this question with eighteen understanding safer sex to mean using a condom as protection, and a further five of the eighteen felt abstinence too, still refers to safer sex. Regarding the practice of safer sex, twenty women responded. The cohabiting cohort seemed to use condoms less than the married and single cohorts. It is also interesting to notice that the single group used condoms more than the other groups which seem to be different from the findings of other studies. Twelve women claimed that they were practicing safer sex in the form of condom use and seven of them were

not, due to refusal by boy friend or inability to negotiate its use with the partner. One of the participants expressed the following:

Akayifuni icondom ...uzithattha ngokuthi yena u'right' ...abanye abantu banamakhanda aqinile...ustubborn. [He does not want the condom...he considers himself 'right' ...other people are hard-headed...he is stubborn.]

What this respondent meant was that her boyfriend thinks that he is not infected therefore he does not need the condom. Another respondent reported that her boyfriend puts the condom on before they start intercourse but by the time they finish the condom is no longer there. A peculiar response came from another respondent saying that she did not use the condom or encourage her boyfriend to use it because she knew that she was 'faithful' to her boyfriend. In other words, in her mind she thought that if she was not having any other affair with anyone therefore she was safe regardless of what her partner was doing.

4.15 Knowledge of HIV status before pregnancy

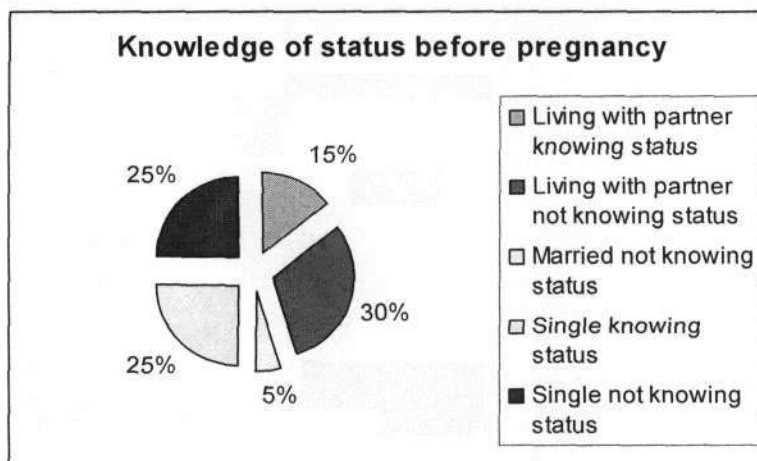


Figure 4.14 Knowledge of HIV status by participants before pregnancy

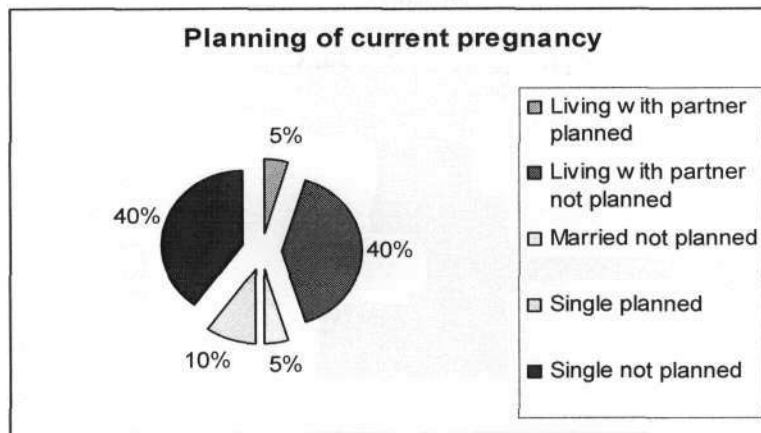


Figure 4.15 Planning of current pregnancy by participants

Out of twenty women who responded to this question, only eight knew their HIV status before pregnancy and twelve only discovered during pregnancy as they were tested at the antenatal care clinic. Three of the eight that knew their status went ahead and fell pregnant knowing the status and five fell pregnant by mistake as they were not using any contraception. On enquiring why they did not use contraception, others said it was just carelessness and for others it was ignorance about contraception. Two of them still want to continue having children to fulfill the number they felt they wanted to have, and seven said the unborn child would be the last one. Their fear was deterioration of their health status after delivery as well as financial constraints. Most of the women were in favour of protecting their unborn babies from infection through condom use and acceptance of the single dose Nevirapine tablet used as an intervention for the prevention of mother to child transmission. All of them were intending to formula feed their babies after delivery to avoid infecting the latter.

4.16 Plans for future pregnancies

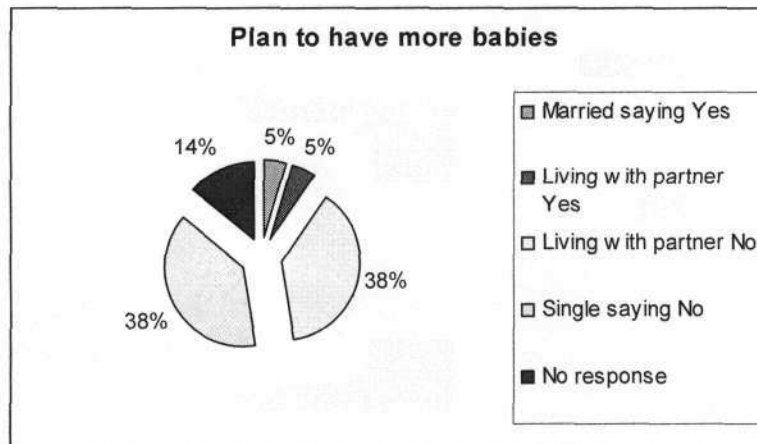


Figure 4.15 Plan to have more babies

These were intentions expressed by the participants about future pregnancies. However, the issue had not yet been discussed with boyfriends, and this might have a different outcome from what the women intended. It is also important to notice that there were still some who intended falling pregnant again despite their HIV status. As stated above they needed to fulfill the number of children they felt they would like to have, irrespective of their HIV status.

4.17 Communication between study participants and their partners

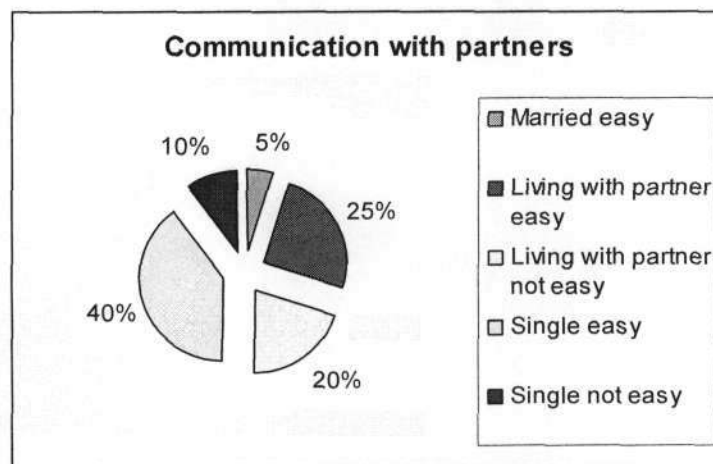


Figure 4.16 Nature of communication between participants and their partners

Responses were grouped into 'easy' communication, meaning they could talk about sex, family planning and other issues freely. 'Not easy', meaning they had difficulties talking about sex or HIV/AIDS and family planning issues. Fourteen respondents (70%) had no problem with communication. Six respondents (30%) found it difficult to communicate with partners. This latter group included the lady whose boyfriend is a foreigner and another one who was temporarily not on good terms with her boyfriend but still in a relationship. Some of the reasons for the difficulty in communication included the age gap and an unhealthy relationship. Only five partners were found to be in favour of family planning. The rest were either against it or the subject was not brought up at all. The findings show a difference between what the women say and what actually took place in the relationships. While they said it was easy to communicate they were still unable to negotiate important issues like family planning and safer sex practices, as indicated in the other charts above.

Another factor that came to light was the need for women to please their partners, which compromised their ability to express their opinions about issues to their partners. The following was said by one of the participants:

Thina asizithandi kakhulu, sithanda oboyfriend kakhulu. Asikwazi ukuzimela, sidiphende kobaba, sifuna ukujabulisa abanye abantu, sesaba ukwaliwa uma sizosho esikucabangayo...uthando lwethu alube lusabanamalimit sibone late...sehlulwa uthando! [We do not love ourselves very much; we love our boyfriends more. We cannot stand on our own; we depend on our man. We want to please other people and we are scared of being rejected if we state our opinions...we do not limit our love and realize late...we are overcome by love!]

This response emphasized the compromise in the freedom to express their opinions in fear of rejection at the expense of the participants' lives.

4.18 Economic issues and decision making in the relationship

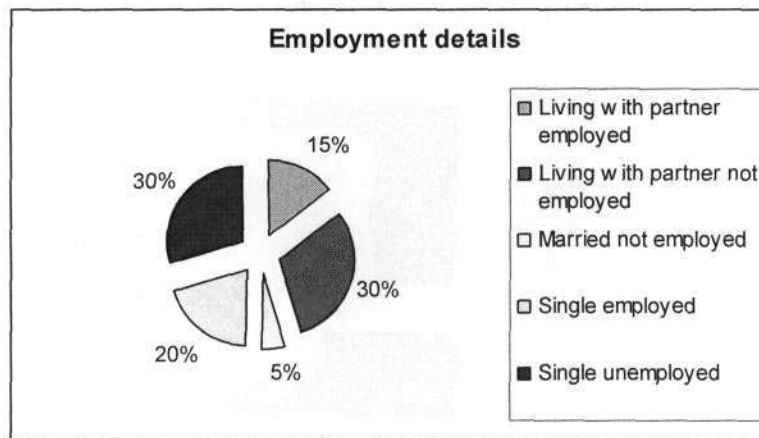


Figure 4.17 Participant employment details

The variables investigated here were employment and decision-making powers regarding the household income. Thirteen women out of 20 (65%) were unemployed. The remaining seven (35%) were employed as unskilled labour in the factories. Level of unemployment between singles and the cohabiting group were the same with more singles employed (20%) than the cohabiting group (15%).

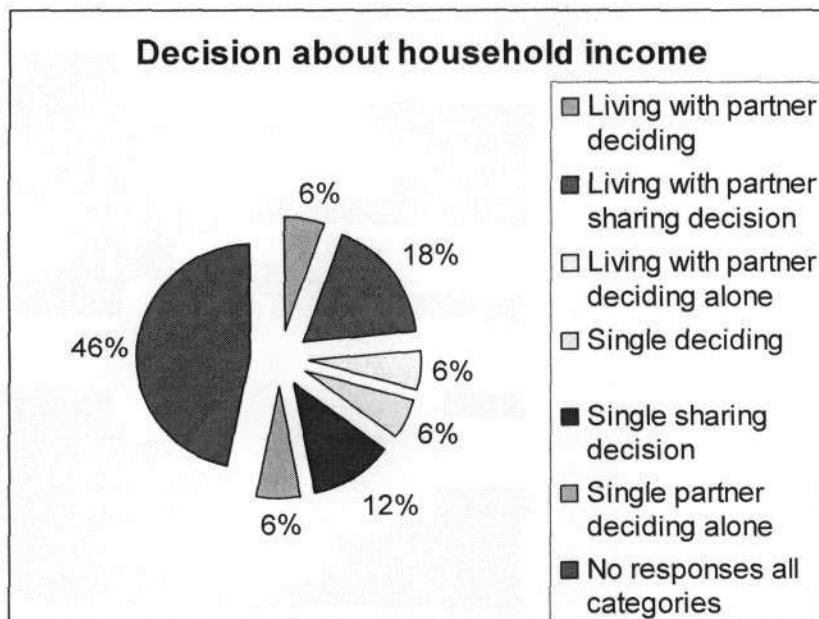


Figure 4.18 Decisions made about the household income

The responses obtained in this question varied and many participants did not respond to it since the structure of the questionnaire was such that some questions were relevant to a certain category and not relevant to another. However, some of the cohabiting and single cohorts (30%) said that they shared decision-making with their partners on what should be done with their income.

4.19 Role of religion

4.19.1 Relationship with God

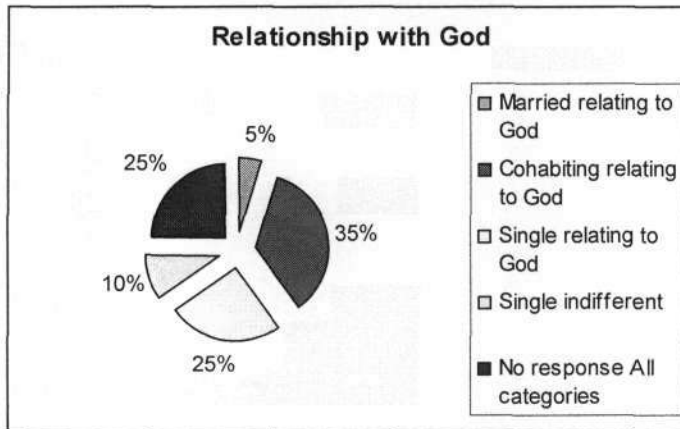


Figure 4.19 Participants' relationship with God

In this study women's relationship with God was explored. Only five women (25%) did not respond to this question. Other categories did express their knowledge and respect for God for the graces they receive from Him. A total of fifteen women (75%) responded to this question with 65% showing interest in worshipping God.

4.19.2 Involvement in church activities

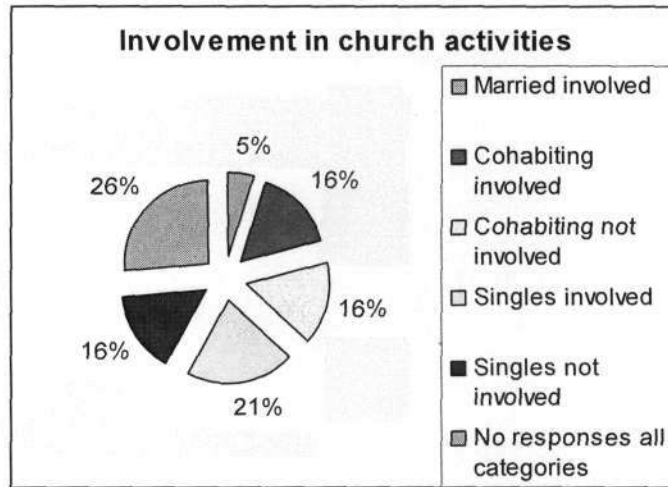


Figure 4.20 Participants' involvement in church activities

Despite acknowledgement of God as an important person in their lives only eight women were found to be active in church activities, mostly going to church on Sundays and participation in the choir, readings and associations within their church. None of them were in leadership positions. This data seem to depict a very loose link with the church.

4.19.3 Participants' observations on current church decision makers

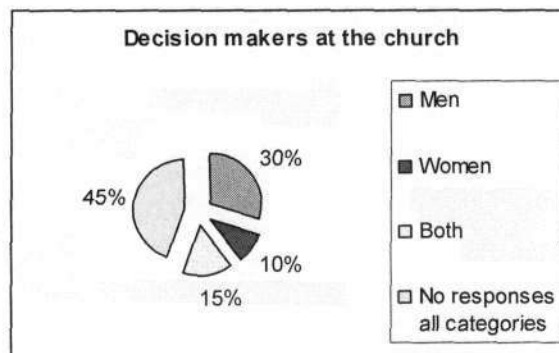


Figure 4.21 Participants' observations on decision makers at the church

On the question about which gender dominated the leadership in their churches, responses differed with 30% saying men do, 10% saying women do and 15% saying both

do. Even though these women did attend church sometimes they admitted that they were not regular church-goers. This raises a question as to the accuracy of their observations since they did not have a clear idea about the church's day-to-day activities. Again the fact that 45% of the participants did not respond to this question raises questions about the extent of the church's involvement with people infected and affected by HIV/AIDS, especially pregnant women.

4.19.4 Participants' opinion on who should be decision makers in the church

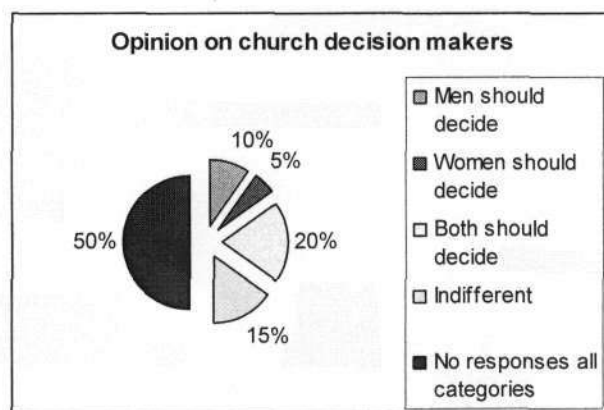


Figure 4.22 Participants' opinion on church decision makers

On the question of participation in leadership positions, all women denied any participation. On further enquiry as to why they did not participate, varied reasons were given like being new in the church and having no interest in such positions. All these answers emphasize poor relationship between themselves and the church.

The participants' opinion was sought on what they thought the church could do to deal with the issues of HIV and AIDS. Some of the responses showed concern about some church values that need to be reviewed. The following statement is an example of that:

*Akuyekwe ukulokhu kuthiwa 'no sex before marriage' ngoba akusebenzi!
Kunalokho kungcono kusaphothwane noma kwelulekwe ngendlela yocansi*

oluphephile. Ulusha lukhulelwa khona emasontweni ukukhombisa ukuthi lento eshunyayelwayo ayisebenzi.

[Stop saying 'no sex before marriage', it is not working! Instead be supportive or give counsel on safer sex. Young girls are falling pregnant right in the church to prove that what is being preached is not working.]

In other words they were saying that this value needs to be reviewed by the church. This is a challenge to the church's values on the issue and is forcing the church to urgently review these and to find meaningful alternatives that are feasible to the youth of today. Issues of infidelity were also mentioned as one of those things that the church dares not speak about and yet it carries the risk of spreading HIV infection.

Ngesinye isikhathi ophathina banezintombi eziningi wena ube ungazi abeseyichela kuwowonke lamadoda anganeliseki... Omama abadala bona bayithola kubayeni babo yibo abayiletha ekhaya.

[Sometimes the partners have many girl-friends and the woman does not know and then it is spread to all those men who are never satisfied. For the older women, if they get infected they get it from their husbands who bring it home]

Makukhuzwe amadoda angabi nophathina abaningi, kukhuthazwe omama ukuba babethembe abayeni babo kodwa kumele omama bagcizelele ucansi oluphephile.

[Discourage men from having multiple partners and encourage women to trust their husbands but emphasize safer sex.]

The above quotations from the participants' responses indicate that the church needs to focus on Christian values that may be disempowering women, and also on issues like the sacredness of marriage and the issue of infidelity, which is another area that needs to be reviewed to combat HIV infection among married couples.

4.20 Conclusion

This chapter has given data obtained in this study, its aims and objectives and the research process. Pie charts were presented to highlight the depth of the issues under exploration, using sub-categories of women according to their marital statuses. It is assumed that the reader has been constantly aware of the themes that came out of the study. The issue of economic dependency and the ambiguous communication between partners were highlighted as root causes for women themselves in compromising situations and behaviours leading to their vulnerability to HIV infection. Dependency upon partners made it difficult to exercise protection during sexual contacts and gender inequalities became obvious among the cohabiting couples, which made them even more vulnerable to HIV infection.

In terms of the study's limitations, the researcher feels that the sample size of the participants may not have been sufficient to encourage generalizing the expressed views as representing views of all pregnant HIV positive women in Soweto. The women that were interviewed were all of almost similar socio-economic standing, since the affluent and educated women attend antenatal care at private clinics or see private doctors. Most of the women interviewed were not committed members of the church, which means that they may not have given a true picture of what is happening in the churches in Soweto. The interview schedule also may not have been adequate to deduce what the researcher aimed at getting from the participants, possibly due to the phrasing of questions, especially in section on the role of religion, which seemed to produce varying answers that were difficult to group together.

In the next chapter an analysis of the above data will be done using the theoretical framework based on Sen and Phiri's theories on freedom. An effort will be made to engage the two theorists with the concepts raised in this chapter on women's economic freedom, cultural freedom, sexual freedom and religious freedom. The analysis will demonstrate how these contribute or do not contribute to the pregnant women's vulnerability to HIV infection.

CHAPTER 5

Critical analysis of research findings

5.1 Introduction

In the previous chapter a presentation of findings was made and important themes coming out of the data highlighted. In this chapter a critical analysis of the data will be made using the theories of Amartya Sen (1999), on Development as Freedom and Isabel Phiri, on theological perspectives on women's freedom as outlined in Chapter 3. The main components of their theories, namely, freedom in Sen's theory and women's freedom in the form of liberation, in Phiri's theological reflections, will be used to analyze themes that arise out of the data in an effort to understand the freedom or lack thereof that women have in their relationships, and how this did or did not contribute to women's vulnerability to HIV infection. In his presentation of Development as Freedom, Sen emphasized the need for the removal of substantial "unfreedoms" in order to bring about development. He further described the necessary instrumental freedoms (human rights) in order to enhance the capabilities that individuals are born with.

In addition to Sen's views on freedom, Phiri approaches women's freedom from a theological perspective with emphasis on women's liberation from the oppressive cultural and religious traditions that keep women in a subordinate status in society. This deprives them of the ability to reach their full potential. The data presented in Chapter 4 indicated areas that demonstrate "unfreedom" in the lives of the participants of the study. In the following sections, the researcher will analyze each area explored with regard to Sen's freedom and Phiri's liberation theology of women.

5.2 Demographic data

None of the participants was below twenty years of age and the oldest was forty-four, which means all of them were capable of making decisions about their bodies and their lives. However, educational, economic and social obstacles in their lives prevented them

from doing so. None of the participants had tertiary education nor possessed any trade or training in skilled labour. This meant that they were not marketable in the job market, which has implications for their financial independence. The issue of cohabitation seemed to be the solution in the problem of financial deprivation. Sen stresses the importance of enhancing people's capabilities and ensuring opportunities that allow them to function according to their capabilities. He believes that, "What people can positively achieve is influenced by economic opportunities, political liberties, social powers, and enabling conditions of good health, basic education, and encouragement and cultivation of initiatives." (Sen 1999:5) In the case of the women in the study, repercussions of the political history of Soweto played a role in depriving women of good education, as stated in chapter two on how learning for Soweto youths was affected after the political struggles of the 1970s to the 1990s. The age group of the participants attests to the fact that they were affected by such struggles.

Phiri (2000), in her study on domestic violence in Christian homes, found that wives of church leaders did not have a high level of education and as a result could only hold employment in the working class sector. Such jobs did not provide a significant income, which could make an impressive contribution to the family and in turn allow them to make a contribution in decision-making process within the family. The consequences of such deprivation of basic education, which Sen describes as substantial "unfreedoms", are seen in the lack of job opportunities for the women in the study. This argument will be further strengthened by the findings that unequal power relations exist in the study participant's relationships with the fathers of their unborn babies.

5.3 Unequal power in the relationships

Most of the women in the study described their relationship with partners as good. Their understanding of a "good relationship" was based on the material support that their partners were offering. A further analysis suggests that the women were dependent on their partners for material and emotional support. This dependency seemed to jeopardize the women's freedom to be who they wanted to be, or to object to things they did not like

lest they lose the support they acquired from the partners. This was again demonstrated during the exploration of the economic support received from the partners. The data presented in the previous chapter showed that most of the participants depended entirely on their partners for survival. Viewed from Sen's description of "lack of substantive freedoms", this finding translates to economic poverty, which robs people of the freedom to satisfy hunger and to achieve sufficient nutrition, especially in the case of HIV positive women who need good nutrition in order to boost their immune systems against the virus. Pregnancy further compounded their need for good nutrition.

The women in the study seemed incapable of generating their own income that would provide them with their personal needs as stated above. Sen argues that the issues of income can be relative when one considers the circumstances that might make what could be a good income not good enough, if for instance there is sickness in the household and a need for ongoing medication. The level of the progression of the disease was not established among the participants, therefore it is difficult to know if any of them were already requiring antiretroviral therapy. However, in their responses to the question of the economic support they were receiving from their partners answers did include transport fees to and from the antenatal care clinics and any medication required for minor ailments. Some study participants screened were resigned to helplessness, subordination and suffering, a mentality that Phiri argues, denies liberation. She encourages women to rise to the challenge of their situations and fight against structural deprivations in order to restore their dignity and well-being. This she sees as the eschatological hope for a world where equality becomes the order of the day and there is mutual respect for both women and men (quoted in van Klinken 2006:37).

Viewed from Phiri's understanding of the message of liberation, the women in the study are clearly poor and marginalized through both structural and gender injustice. In addition to this they are marginalized because of their HIV positive status, which predisposed them to discrimination and as a result some of them preferred not to disclose their status to their partners. In Phiri's terms, these women's situation required compassion from the church for healing in all aspects; healing of the body, mind and

spirit. They need a message of hope and the ability to live a full life in the midst of HIV infection and in demystifying death (quoted from van Klinken 2006:31). This suggests that freedom in the context of HIV and AIDS refers to freedom from sickness, emotional turmoil and freedom from the fear of stigma. The counselors in the prevention of mother to child transmission (PMTCT) programme at the Perinatal HIV Research Unit (PHRU) have noted during counseling sessions that people that are still asymptomatic usually present with emotional turmoil and fear of stigma as a major “unfreedom” they demonstrate. Most of the cohabiting women in the study did not disclose their status, for fear of being discriminated against. According to Phiri’s research with women, HIV and AIDS discrimination is rife. This suggests that the church needs to exercise both a pastoral and a prophetic duty (quoted in van Klinken 2006:39), to minister to the infected and the affected, and the prophetic duty to deal with the structural circumstances that promote oppression, stigma and discrimination.

Lack of equality in the relationships was also observed in the data, which suggested that participants were unable to negotiate safer sex, although when asked about their freedom to communicate with partners, they said this was not a problem. When issues of family planning and safer sex were discussed, the reality was that most women in the study could not negotiate for both safer sex and prevention of unplanned pregnancies. This finding raises a question of their freedom to make substantial decisions in the relationship about their own body and reproductive functions. In addition, the amount of support with household chores, gave the impression that women are still not enjoying joint effort with partners in taking care of the home, whether in a marriage or in a cohabiting situation. The women voiced the cultural tradition on gender roles during socialization as the cause for lack of sharing in household chores. This confirms Phiri’s findings that identify patriarchy manifested in gender, that involves the lack of ability to negotiate safer sex, as a key factor in fuelling the HIV and AIDS epidemic. This has implications for women’s freedom of choice and self-determination.

5.4 Freedom of choice and self-determination

Study participants were asked questions that sought to understand their ability to make choices and act on them. In addition to negotiating safer sex and family planning, was the question as to their ability to choose to have more children or not. The majority denied any need for more babies except for two of the twenty study participants. A contradiction in their statements was identified because, although they did not want any more children, they were unable to negotiate safer sex practices and prevention methods. This finding further substantiates the fact that they experience unequal power in their relationships with their partners.

Currently, from practical observation by the researcher in her work context, large numbers of HIV positive women who know their status, continue to fall pregnant. However, this issue was not explored in any depth. This research finding will be an area for further research. What this finding suggests is that despite the fact that further pregnancies speed up HIV progression to AIDS, women do fall pregnant. The finding seems to suggest that while women do make choices with regard to further pregnancies, their choices are not always in their best interests. If they do consider themselves and their well being, it does not seem that they are able to carry this choice into their day to-day issues.

In discussing women's agency, Sen places emphasis on women's well-being. As much as women can see their situation of low status, he encourages them to make use of their agency by participating in decisions that affect their issues. He argues that women should have the freedom to act in a certain manner when they want to and to refuse to act if they so wish (Sen 1999:190). Sen acknowledges what he terms the "ill-being" of women as something that is still alive in our society, and argues that this is a challenge for social justice through the review of instrumental freedoms (human rights). It is this perspective that would allow women to have a voice in their families and in society. The HIV positive women's need to have more babies poses a dilemma as to the issue of human rights and self-determination. This is so because the efficacy of the repeated use of

Nevirapine as a prevention method of mother-to-child transmission of HIV cannot be guaranteed. However, the availability of antiretroviral therapy might be a solution to this dilemma, although in South Africa there is a specific criteria used to select pregnant women who qualify to have highly active antiretroviral therapy (HAART).

There appear to be many contradictions and some ambiguity in what choices they have and how the women make these in the daily struggle to survive. While the church has a fundamental role to play in the freedom and liberation of women, it became clear that HIV positive women in Soweto had very weak links with the church, which raises a question on the church's role in ministering to HIV positive pregnant women.

These findings challenge churches in Soweto to engage more directly with HIV positive pregnant women. In their responses, the participants indicated that they felt that they would have better relations with the church if the topic of HIV and AIDS is openly spoken about. This would enable greater acceptance of HIV positive people in the church. They also highlighted the fact that if more people knew their HIV status the issue of stigma could be reduced. Clearly, the study participants do feel uncomfortable in the midst of church people. This suggests that churches need to find ways to enable HIV positive pregnant women to view the church as a place of solace and healing where they are accepted. It is the church's mission to bring healing and hope to the hopeless, oppressed and marginalized. The study has shown that this is the greatest challenge facing the church in the context of HIV and AIDS.

5.5 Conclusion

This chapter critically analyzed the findings of the study using the theoretical framework that was briefly outlined in the introduction. Data was analyzed according to various categories explored during data collection. The demographic section showed that poor education led the study participants to be economically dependent upon their partners. This confirmed Sen's theory that lack of substantive freedoms can affect other freedoms, in this case, the instrumental freedoms. The study participants were found to be having

unequal power relations in their relationships, which confirmed gender injustice which had been observed by Phiri on cultural oppression that is substantiated by both religion and cultural traditions, thus infringing on the women's liberation to be who they want to be. This chapter also identified inconsistencies between what women say about their freedom of choice and self-determination and the reality. This finding supports Sen's view on capability deprivation and the need for women's agency in his theory of Development as Freedom.

In terms of the objectives set at the beginning for this study, it does appear that the study showed unequal power relations; financial and emotional dependency from the participants' partners; inability to negotiate safer sex and prevention of pregnancies; absence of control in decision making about economic and sexual lives and the fact that religious and cultural traditions disempowered the study participants thus making them vulnerable to HIV infection.

The next chapter will focus on the implications of these findings in the HIV and AIDS epidemic.

CHAPTER 6

Conclusion: Implications for the church

6.1 Summary of the study

The findings of this study, as laid out in the previous chapter, indicate that the leadership of the churches in Soweto will need to address a number of challenges. Sen and Phiri's theories were confirmed in the study, meaning that, there is proven capability deprivation in the lives of the study participants in terms of economic status, sufficient education and instrumental freedoms that allow them to enjoy their human rights. Phiri's concern about the lack of freedom in women's lives that is perpetuated by the church's teachings and cultural traditions, thus exposing women to vulnerable positions to acquire HIV, have been confirmed as well. In broad terms these are the implications that the church leaders in Soweto need to grapple with and try to find solutions for.

Chapter 2 of this study introduced the reader to the context of the study, which included Soweto, one of the largest townships in South Africa. It highlighted the role of politics during the apartheid years, which brought about the existence of Soweto. A brief description of the lifestyle of the Soweto people followed, highlighting the social and political events that shaped the people's way of living. This included family life and how it was disrupted by the migratory labour system. This chapter also presented the political events that led to the 1976 student uprising with its aftermath. The latter showed irreparable damage to family life in terms of loss of parental guidance and loss of interest in education and learning in the Soweto schools. Other consequences of the political turmoil were the increase in the level of unemployment in that generation of students that had abandoned school during the struggle and the crime that followed.

Chapter 3 presented the reader with the two theorists, Amartya Sen, the economist and Isabel Apawo Phiri, theology lecturer at the University of KwaZulu Natal. Sen's theory was on Development as Freedom and Phiri's was on theological perspectives on women's freedom. The common thread in the two theories was the issue of freedom and

well-being of individuals in general and women in particular. This issue of freedom, as the basis for one to grow, was viewed from an economic point of view by Sen and from a theological perspective by Phiri. The two of them supported each other on common issues that contribute to the deprivation of such freedom which then culminate in ill-being or “unfreedoms” and therefore underdevelopment of the person. The choice of the two theories was based on their way of addressing individual freedom as the important variable explored in this study and as the prerequisite for the growth and development of an individual.

The focus in Sen’s theory was on substantive and instrumental freedoms that contribute to enhancing one’s capabilities to develop and reach one’s highest potential. However, deprivation of these, due to various social and political reasons, keeps one underdeveloped. In this theory special attention was placed on women’s “unfreedoms” and how these hold back growth and development of both men and women and the whole of society at large.

Phiri’s main thrust in her theory was the gender-based circumstances that prevent women from growing and being who they want to be. She highlighted gender-based oppressive cultural and religious practices, sexism and patriarchy as the major contributory factors to this. She based her arguments on the theological understanding of God and his love for mankind, hence the equality of both men and women in the eyes of God. She further advocated for social transformation with regard to gender injustices as the basic engine driving the spread of HIV in women. Phiri had done substantial work in studying women’s issues and used her findings as the basis for her arguments in her theological reflections.

In Chapter 4 the researcher described the process of research and presented the data obtained in the form of pie charts and tables where relevant. The variables explored in the data included the demographics of the study participants, nature of relationships they had with the fathers of their unborn babies, issues of disclosure of HIV status, safer sex practices and economic issues. The motive behind exploring all these areas was to

establish the extent of freedom or lack thereof that existed in the relationships. Data obtained was divided into three categories, namely, data obtained from the married group, the cohabiting group and from the singles group. Colour coding was used to highlight responses received for easy extraction of themes and trends emerging. Important themes that came out of the data were the issue of economic dependency due to poor education, unemployment, constraints in communication between partners, evidenced by difficulties in disclosure, difficulties in negotiating safer sex practices due to financial dependency on partners and the lack of interest in religion as evidenced in the loose links that the study participants had with the church.

Chapter 5 critically analyzed the data obtained against the background of the theories of Sen and Phiri. The focus of the analysis was on the freedoms or lack thereof according to the data obtained. The major areas analyzed were the demographic data, unequal power relations and freedom of choice and self-determination. It concluded by revisiting the objectives set at the beginning of the study, indicating whether these were achieved or not.

What this study showed was that the study participants expressed discomfort in declaring their positive status at the church not knowing what the reaction would be, since the HIV and AIDS issues are not openly spoken about there. This finding highlighted the need for the church to focus on strategies for dealing with stigma and discrimination, gender injustices and total dependency on partners for financial and emotional support. This raises a question about what the church can do to help positive pregnant women who need psychosocial support. It also raises the question on family values with regard to the extent of cohabitation noted in the study. The study also indicated that out of twenty HIV positive pregnant women only one was married. This suggests that there is a need for the church to revisit its values on marital issues as well as chastity issues. In the following section the researcher will discuss the needs expressed above in terms of theological and practical implications for the church.

6.2 Theological implications

The mission of the church as the body of Christ includes both pastoral and prophetic ministry. From the Greek meaning of the word '*missio*', meaning 'I send', the church is sent to reach out to the needy, the poor, the sick and the marginalized. The reading in St. Luke 4:18, recaptures the prophecy of the prophet Isaiah that says:

The spirit of the Lord is upon me...He has sent me to bring glad tidings to the lowly, to heal the brokenhearted, to proclaim liberty to the captives and release to the prisoners (Isaiah 61:1-2)

Jesus said that in his coming to earth, the prophecy has been fulfilled. As God's instrument the church is sent to fulfill this prophecy. The implications for the church leaders can therefore be summarized in the above quotation. The study participants need to feel accepted, and that they belonged and were welcome at the church. They need to feel the presence of God's Kingdom even in the midst of their suffering. The study participants are suffering physically as the disease progresses in their bodies; suffering emotionally as they think about death and that of their unborn babies daily, and suffering spiritually as they contemplate the fate of their life after death. This suffering challenges the church to find ways to engage these women in such a way that their suffering is bearable and to develop hope for the future. Currently they feel left out and not part of the people of God and hence cannot benefit from the graces enjoyed by the children in God's family. The church is challenged to draw them in through effective pastoral care that reaches them where they are. Their suffering challenges the church to demonstrate its prophetic ministry to people in their situation. Christ went out from place to place ministering in various ways to the people in need of his anointing. The church therefore needs to find practical ways to ensure that these needs are catered for. The next session therefore purports to highlight these practical ways of intervention by the church.

6.3 Practical implications

In section 6.1 above, it was indicated that most of the study participants were unmarried and almost half of those were in cohabiting relationships, and were entirely dependent on the partners, yet were not free to make their decisions. Firstly, teaching on family values and the role and relevance of marriage in the current HIV and AIDS context seem to need urgent attention. Secondly, the question of inequality is not yet sufficiently addressed by the church. It still needs to review socialization processes that determine the roles of men and women in society. The study has shown the adverse effects of the current socialization methods with regard to equality and power relations amongst couples and how this has fueled the spread of HIV infection. In addition the study highlighted the seeming lack of concern arising from the role the church plays in the lives of the HIV positive pregnant women.

The church leaders in Soweto are challenged by these findings to find ways of reaching out to where HIV positive pregnant women are, and to engage them in conversations that address their needs. The study participants demonstrated financial dependence for survival on partners. This finding suggests the need for the church to consider ways of finding shelter, provision of financial and material needs and possibly skills development that would make these women independent and ultimately not vulnerable to HIV infection through dependency on partners for survival.

The inequalities demonstrated by the study challenge the church to consider effective ways of dealing with gender injustice to prevent domestic violence and oppression in the church and in society. The researcher acknowledges that the number of women in the study was not sufficient to make generalizations and therefore suggests that a similar study will need to be considered on a larger scale. The next section therefore focuses on the specific areas that will need further research.

6.4 Suggested areas for further research

It is noticed with concern that the study focused on women without trying to establish how the partners feel about the concepts explored in the study. It is therefore suggested that:

- In order to generalize these findings in Soweto in a more comprehensive way, a larger qualitative and quantitative study will need to be done.
- Further exploration into the possibility of any relationship between unequal power relations between cohabiting couples and high rates of HIV infection.
- Exploration on what the church can do to hasten the process of dealing with patriarchy and its consequences seen in domestic violence.
- Exploration of ways of dealing with cultural and religious factors that disempower women in the church and in society.
- The church should explore available strategies of developing women and girl-children in order to enable them to be independent in terms of economic and social emancipation.

While medical researchers are focusing on finding the cure for AIDS or better ways of managing the infected and affected, the church can also make a useful contribution in the prevention of HIV infection by engaging women and girl children in discussions that can spell out how their vulnerability to HIV and AIDS can be reduced and what strategies need to be put in place to achieve this objective. These discussions can include what activities need to be carried out by the church to address gender injustices both in the church and in society that will translate into a reduction of HIV infections among women and girl children.

BIBLIOGRAPHY

- Adriaan van Klinken. 'Theologising life, even in the face of death,' University of KwaZulu Natal, Pietermaritzburg. 2006. Unpublished dissertation.
- Amoah, E 1994. "A living spirituality today", in Abraham, KC and Mbuy-Beya (eds) *Spirituality of the third world*, 50-54. Maryknoll, New York: Orbis Books.
- Beatrice Okyere-Manu. 'The livelihood challenges posed by the commercial Sex Industry to Christian concern for poor women in Pietermaritzburg.' University of KwaZulu Natal. Pietermaritzburg. 2005. Unpublished dissertation.
- Birdsall, K. 'Faith-Based Responses to HIV/AIDS in South Africa. An Analysis of Faith-based Organisations (FBOs) in the National HIV/AIDS Database' in Centre for AIDS Development, Research and Evaluation (CADRE), 2005
- Chauke, E. 2003. 'Theological Challenges and Ecclesiological responses to women Experiencing HIV/AIDS: South Eastern Zimbabwe', in Phiri et al. *African Women, HIV/AIDS and Faith Communities*. Pietermaritzburg: Cluster Publications. pp.128 – 148.
- Dunkle et al. 'Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa', *The Lancet* Vol 363 No. 9419 (May 2004), 1415-21
- Farmer, P. 'Pathologies of Power,' in Schmid, B. 'AIDS Discourses in the Church: What we Say and What we Do,' *Journal of Theology for Southern Africa* 125 (July 2006), 91-103
- Fukuda-Parr, S 2002. 'Operationalising Amartya Sen's ideas on Capabilities, development, freedom and human rights – the Shifting policy focus of the human development approach', in *Human Development Reports*. OUP. Delhi.
- Garret, J. 2004. 'Martha Nussbaum on Capabilities and Human Rights'. Based on *Martha Nussbaum, sex and social justice*. 1999 Oxford University Press. <http://www.wku.edu/~jan.garret/ethics/Nussbaum.htm>
- Garret, J. 2003. 'Amartya Sen's Ethics of Substantial Freedom'. Based on Sen, A. *Development as Freedom*. 1999. New York. Anchor House. <http://www.wku.edu/~jan.garrett/ethics/senethic.htm>
- Gennrich, D. 2004. *The Church in an HIV + World. A practical handbook*. Pietermaritzburg, Cluster Publications.
- Gray, G.E and McIntyre, J.A. 'Effect of HIV on Women' *The AIDS Reader* No.7 (July 2006) 365-377
- Haddad, B. "'We Pray but we Cannot Heal'": Theological Challenges Posed by the HIV/AIDS Crisis', *Journal of Theology for Southern Africa* 125 (July 2006), 80-90
- Hellman, E. 1971. 'Soweto: Johannesburg's African City'. Johannesburg: South Africa's Institute of Race Relations,' in Clapp et al. *The Effects of Adult Morbidity and Mortality on Household Welfare and the Well-Being of Children in Soweto. A Household Survey conducted in Soweto in 2002* by the Perinatal HIV Research Unit. Perinatal HIV Rsearch Unit, November 2004

- Holland, H. 1994. *Born in Soweto. Inside the Heart of South Africa*. Johannesburg South Africa.
- King, U 1996. Spirituality for life, in Mananzan, M J et al (eds). *Women resisting Violence: Spirituality for life*, 147-160. Maryknoll, New York: Orbis books.
- Lewis, P.R.B "A 'City Within a City' – The Creation of Soweto" an address delivered at the University of Witwatersrand on September 6 1966, published by Wits University', in Clapp et al. '*The Effects of Adult Morbidity and Mortality on Household Welfare and the Well-Being of Children in Soweto. A Household Survey conducted in Soweto in 2002* by the Perinatal HIV Research Unit. Perinatal HIV Research Unit, November 2004
- Mbuy-Beya, B 1994. African spirituality: A cry for life, in Abraham, K C and Mbuy-Beya, B (eds) *Spirituality of the third world*, 64-76. Maryknoll, New York Orbis Books.
- Magwaza, T. 'Conversations with women of the Shembe Church: self perceptions And the role of the Zulu culture in formulating their status', *Agenda* No. 60 (2004), 136-147
- Mfecane et al. 'The Practice of Masculinity in Soweto Shebeens. Implications for safe sex", in Gibson, D. and Hardon, A. (eds) *Rethinking Masculinities, Violence and AIDS*. Amsterdam, Het Spinhuis Publishers 2005, 88-109
- Maluleke, T. "Towards a New Theological Education Curriculum for the Twenty-first Century in Africa: HIV/AIDS and the New Kairos" Background Paper, in *Report on the HIV/AIDS Curriculum Development Consultation for Theological Institutions in Eastern and Southern Africa* 91-105, in Schmid, B. "AIDS Discourses in the Church: What we say and What we do". *Journal of Theology for Southern Africa* 126 (November 2006) 91-103
- Wesley Ndlovu, 'HIV/AIDS Programmes Report,' (Gauteng Council of Churches September 2006)
- Njoroge, N. J. 'A spirituality of resistance and transformation', in Njoroge, N. J. and Dube, M W (eds). *Talitha Cum! Theologies of African Women* (2001), 66-82. Pietermaritzburg: Cluster Publications.
- Oduyoye, M A 1996. Spirituality of resistance and reconstruction, in Mananzan, M J et al (eds). *Women resisting violence: Spirituality for life*, 161 – 171. Maryknoll, New York: Orbis Books.
- Phiri, I.A. 'Doing Theology in Community. The case of African women theologians in the 1990s' in *Journal of Theology for Southern Africa*. 97 (March 1997), 68-76
- Phiri, I.A. 'Domestic Violence in Christian Homes: a Durban Case Study' in *Journal of Constructive Theology*, 6/2 (2000), 85-110
- Phiri, I.A. 'Life in Fullness: Gender Justice. A perspective from South Africa' in *Journal of Constructive Theology*, 8/2 (2002), 69-81

- Phiri, I.A. 'Virginity testing? African women seeking resources to combat HIV/AIDS' in *Journal of Constructive Theology*, 9/1 (2003), 63-78
- Phiri, I.A. 'African Women of Faith speak out in an HIV/AIDS era' in Phiri, I.A., Haddad, B. and Masenya, M. (eds.) *African Women, HIV/AIDS and Faith Communities*, Pietermaritzburg: Cluster Publications 2003, 3-20
- Phiri, I. A. 'Dealing with the trauma of sexual abuse: a gender-based analysis of testimonies of female traditional healers in KwaZulu-Natal' in *Journal of Constructive Theology*, 10/2 (2004), 41-58
- Phiri, I.A. 'African women's theologies in the new millenium' in *Agenda* vol. 61 (2004), 16 – 24
- Phiri, I.A. 'HIV/AIDS: an African theological response in mission' in *The Ecumenical Review*, 56/4 (2004), 422-431
- Phiri, I.A. 'The Church as a Healing Community: Voices and Visions from Chilobwe Healing Centre' in *Journal of Constructive Theology*, 10/1 (2004), 13-28
- Phiri, I.A. 'The Circle of Concerned African Women Theologians. Its contribution to Ecumenical Formation' in the *Ecumenical Review*, 57/1 (2005), 34-41
- Richardson, N. 'A Call for Care: HIV/AIDS Challenges the Church,' *Journal of Theology for Southern Africa*. 125 (July 2006), 38-50
- Sen, A 1999. *Development as freedom*. New York, USA. Anchor Books.
- Schmid, B. 'AIDS Discourses in the Church: What we Say and What we Do,' *Journal of Theology for Southern Africa* 125 (July 2006), 91-103
- Sheila Clapp et al. 'The Effects of Adult Morbidity and Mortality on Household Welfare and the Well-Being of Children in Soweto. A Household Survey conducted in Soweto in 2002 by the Perinatal HIV Research Unit. Perinatal HIV Rsearch Unit, November 2004 Unpublished thesis.
- The Kairos Document. (South African Christianity) 1985.
<http://www.bethel.edu/~letnie/AfricanChristianity/SAKairos.html>
- Thomas, A. and Mabusela, S. 'Foster Care in Soweto, South Africa: under assault from a politically hostile environment. PubMed.1991.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=Pubmed&list_uids=20
- Walshe, P. 1995. *Prophetic Christianity and the liberation movement in South Africa*. Pietermaritzburg, Cluster Publications.

APPENDICES

APPENDIX A: STUDY CONSENT FORM FOR INDIVIDUAL INTERVIEWS

BEING A WOMAN AND HIV POSITIVE IN SOWETO: A CHALLENGE TO THE CHURCH

INTRODUCTION

Good day, my name is Zandile Myeni. I work for the Perinatal HIV Research Unit at Chris Hani Baragwanath Hospital. I am also a student at the University of KwaZulu Natal, doing a Masters degree in Theology and Development. I am asking you to participate in this short study in which I will be interviewing 20 women. Being involved in the study does not provide you with any treatment.

REASON FOR THE STUDY

South Africa has the fastest growing number of people infected with HIV. The majority of the people infected are women and here in Soweto thirty out of one hundred women tested for HIV, test positive. This includes pregnant women. The study therefore seeks to explore the extent of freedom, or lack thereof, that HIV positive women have in their relationships with the fathers of their unborn babies in order to understand the reason for their vulnerability to HIV infection. This will help in dealing with those issues that put women at risk of contracting HIV in the future. The information obtained in this study will be shared with members of the Gauteng Council of Churches and the Soweto Minister's Fraternal.

WHAT YOU WILL DO IF YOU AGREE TO BE IN THIS STUDY?

If you agree to be part of the study the following will take place:

1. You will be asked to tell us your age, for the purpose of ensuring that you fall within the age group selected for this study.
2. You will be asked to give us an hour of your time in order to answer the study questions.
3. You will be asked to respond to questions that will be asked and to answer them freely and honestly.
4. You have the right not to answer any question that you do not feel comfortable answering.

5. You have the right to discontinue with the interview whenever you feel uncomfortable and this will not affect the treatment you are receiving in this clinic.
6. Permission to use an audiotape will be obtained from you to ensure that all the information collected does not get lost. This tape will not be used for anything else except for the reason given and it shall be destroyed after the report has been written and submitted to the University. Your name shall not appear anywhere in the report.

BENEFITS OF PARTICIPATING IN THE STUDY

If you participate in the study you have an opportunity to express your ideas in a protected environment about the issues discussed. You have the chance to let people know about some of the issues that you think make you vulnerable to contract HIV. This will help the church understand these issues and find a way of assisting women to help themselves avoid similar situations in future and therefore reduce the risk of contracting HIV in their relationships.

CONFIDENTIALITY

We would like to assure our participants that all the information collected from them shall be held in strict confidence.

QUESTIONS

If you have any questions about the study, please ask them now and during the interview.

FREE PARTICIPATION

It is your choice to participate in this study. You will not receive any money for participating and you will also not be asked to pay any fee for participating. Should you need to get more clarification on this study, other people you can contact are:

Ms Zandile Myeni at Perinatal HIV Research Unit, 011 989 9851

Dr James McIntyre at Perinatal HIV Research Unit, 011 989 9700

Dr Beverly Haddad at the University of KwaZulu Natal, 033 260 6723

WHAT YOUR SIGNATURE MEANS

If you sign below, it means that you understand the information you have just received about the study and you are willing to participate.

I,have been informed by the researcher,
.....about the process that I will have to follow if I
agree to participate in this study. I have been given the opportunity to ask questions and I
agree to participate in this study on my own free will.

Participant:

Signature: **Date:**

Witness:

Name:

Signature: **Date:**

If you agree to have the conversation audio taped to ensure accuracy of the information obtained, please sign below:

I,agree to have the audiotape on during the
interview. I fully understand that the information collected through the audiotape will
only be used for the report writing. No one else beside the researcher will listen to the
recording made in the tape.

Participant:

Signature: **Date:**

Witness:

I,hereby confirm that the above individual has been fully informed about the nature and purpose of the above study and has agreed to participate in the interview with the audio tape on.

Signature: **Date:**

APPENDIX B: SEMI-STRUCTURED INTERVIEW SCHEDULE

Initials:

Age:

Level of education:

Nature of relationship with the father of the unborn child

- 1. Are you:
 - a. married
 - b. living with a partner
 - c. single

2. (If a. or b.) Is your husband/partner the father of your unborn child?
Yes/ No

(If c.) What is the relationship with the father of your unborn child?

3. How would you describe your relationship with the father of your unborn child?

4. How did he react when he learnt that you have conceived?

5. Have you told him your HIV status?
Yes/ No

6. If Yes, how did he react?
If No, what prevents you from doing so?

7. Do you know his HIV status?
Yes/ No

8. If Yes, how did you learn about it?
If No, explain how this is so?

Support received in the relationship

9. How would you describe the emotional support (such as caring and sensitivity to your needs) that you receive in the relationship?

10. How would you describe the practical support (such as assisting with clinic visits and household chores) that you receive in the relationship?

11. How would you describe the economic support (such as paying for food, medicine, and transport) that you receive in the relationship?

Capacity to negotiate safer sex

12. How many children do you have?

13. Are you planning to have any more babies after this one?

14. How do you understand safer sex?

15. Do you practice safer sex in your sexual relationship/s?

16. Who decides whether or not you will practice safer sex in your sexual relationship/s?

17. Did you know your HIV status before this pregnancy?
Yes/ No

18. If Yes, did you plan this pregnancy?
Explain your reasons.

If No, now that you know your HIV status, do you plan to have anymore children?
Explain your reasons.

19. Given your HIV status do you plan to protect yourself from re-infection and the baby from getting infected before birth, during birth and beyond?
Explain your reasons.

20. (Only for those who answered 1a or 1b). How easy is it for you to talk about sexual issues, including family planning with your husband/partner?

Extent of economic decision-making in the relationship

21. Are you employed?
Yes/ No

22. If Yes, Explain your employment.

Questions 23 -26 only for respondents who answered 1a and b.

23. How easy it is for you to discuss employment issues with your husband/partner?

24. How does he feel about you seeking work?

25. Who decides how household income will be spent?

26. In your opinion who should decide how household income will be spent?

Role of religion

27. How do you experience God in your life?

28. Are you involved in church activities?
Yes/ No

29. If Yes, explain your involvement?
If No, what prevents you from doing so?

Questions 30-35 are for those respondents who are involved in church activities.

30. Are you involved in leadership in the church?
Yes/ No

31. If Yes, explain your involvement?
If No, what prevents you from doing so?

32. Do men or women make the decisions in your church?

33. How do you feel about the way decisions are made in your church?

34. What do you think the church can do to ensure that women and girl children are listened to and respected in their families?

35. What do you think the church can do to reduce the level of vulnerability to HIV infection for both girls and women?

36. Any further comments.

Thank you for your time.