

**AN EXAMINATION OF THE CHURCH'S GENDER SENSITIVITY IN
COMBATING HIV/AIDS AMONG WOMEN IN VIEW OF ISSUES OF
DEVELOPMENT AND GENDER; SPECIAL FOCUS ON 'SPRINGS OF HOPE
SUPPORT GROUP PROJECT' IN PIETERMARITZBURG**

BY:

JOHNSON GATUMA MBOGO

**A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT FOR THE
REQUIREMENT FOR THE DEGREE OF MASTER OF THEOLOGY (MTH) IN
THEOLOGY AND DEVELOPMENT IN THE FACULTY OF HUMAN
SCIENCES IN THE UNIVERSITY OF KWAZULU NATAL
PIETERMARITZBURG, SOUTH AFRICA**

JUNE 2004

SUPERVISOR: PROFESSOR ISABEL PHIRI

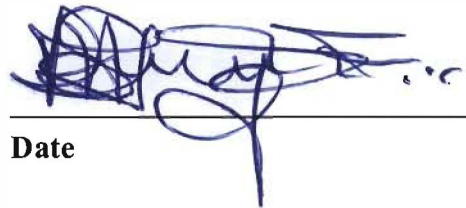
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DECLARATION

I hereby state that the whole DISSERTATION, except where specifically indicated to the contrary in the text, is my own original work:

Sign:

JOHNSON GATUMA MBOGO



Date

As supervisor I have agreed to the submission of this dissertation.

Sign

PROFESSOR ISABEL APAWO PHIRI

Date

DEDICATION

I dedicate this work to my sisters Waithira and Wacera, whose death provoked me to research on HIV/AIDS and to my wife Leah Wanjiku who has been a friend, wife, and classmate during this study.

ACKNOWLEDGEMENTS

Am grateful to Professor Phiri for guiding me through this study; Dr. de Gruchy for his insights; Ntombela and other interviewees for their time; and my editors Cori and Manase.

ABBREVIATIONS

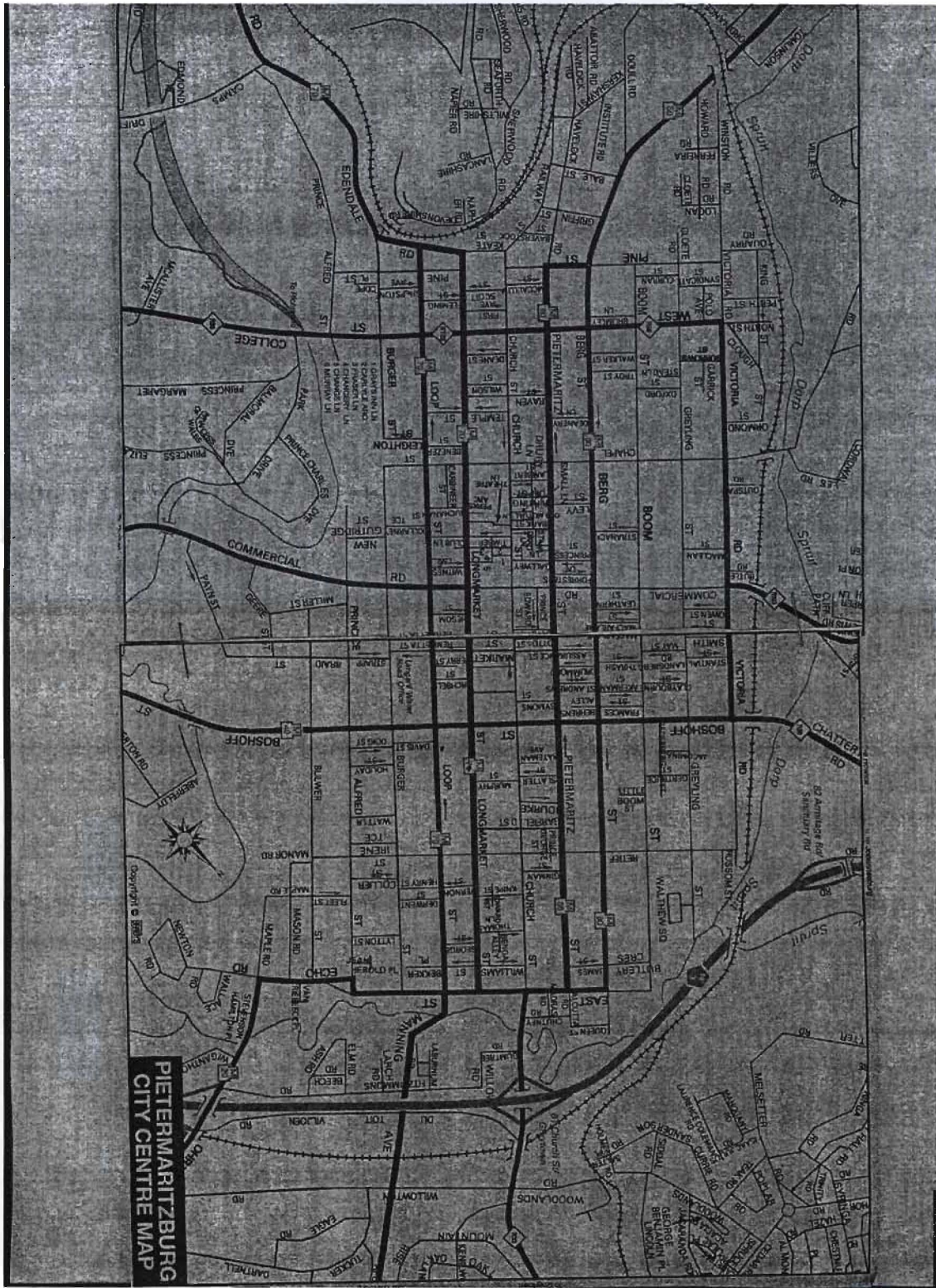
AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-retroviral Therapy
ATTIC	AIDS Training and Information Counseling Center
CSW	Commission on the Status of Women
DAWN	Development alternatives for Women In the New Era
ESSA	Evangelical Seminary of Southern Africa
HIV	Human Immunodeficiency Virus
ICASA	International Conference on AIDS and STDs in Africa
IMF	International Monetary Fund
MTCT	Mother to Child Transmission
NGO	Non Governmental Organizations
PLWA	People Living with HIV/AIDS
SABC	South Africa Broadcasting Corporation
SACC	South African Council of Churches
SOH	Springs of Hope Support Group project
STI	Sexually Transmitted Infection
SAP	Structural Adjustment Programs
TAC	Treatment Action Campaign
UN	United Nations
WB	World Bank
WHO	World Health Organization

ABSTRACT

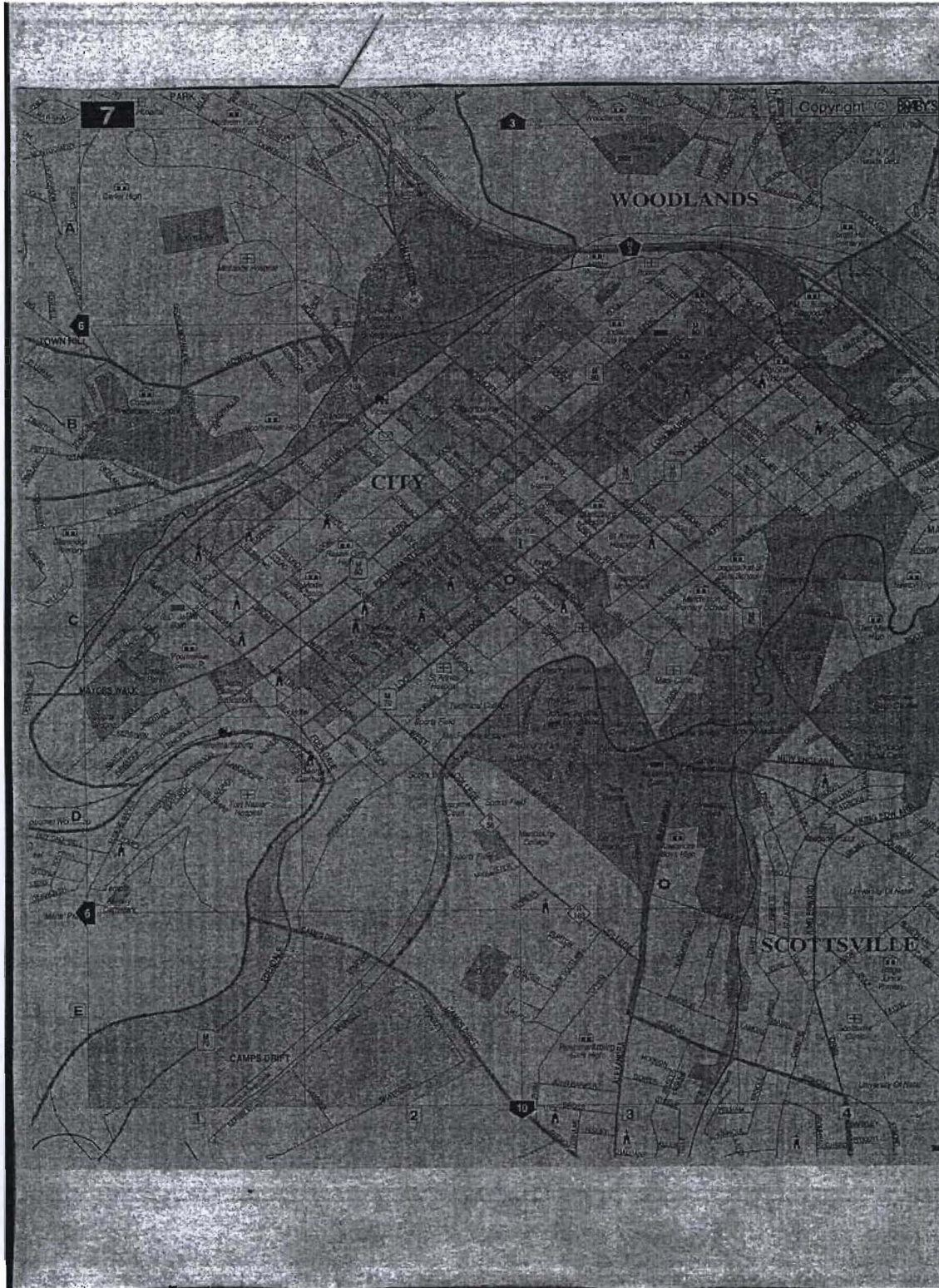
The dissertation seeks to investigate, examine, and critically analyse the reasons why Pietermaritzburg churches lack gender sensitivity in combating HIV/AIDS. The dissertation's focus is on Springs of Hope Support Group Project (SOH) - a support group that seeks to meet the felt needs amongst the HIV positive people around Pietermaritzburg. Amongst other motivations, the dissertation was undertaken as a contribution to the church in its fight against the spread of HIV/AIDS in South Africa. The methodology that was used involved field and library research as well as observations of other HIV/AIDS support groups. The primary source of this dissertation consists of interviews that were conducted among SOH members, NGOs workers, and Church ministers. Chapter one is an introduction to the whole dissertation and includes an introduction to chapter one, experiences of African women, the story of Ann Ntombela, the background of the study, statements of the problems and motivations, objectives of the study, research hypothesis/promises, significance of the study, the theoretical frameworks, critical reviews of existing literature, research methodology, research ethics, expected results, limitation of the study and a summary and conclusion. Chapter two deals with the negative effects of colonialism and failure of development on African women. Its objective is to unearth the factors behind the deplorable social, political, and economic position of African women before HIV was reported. It seeks to find out why the plight of African women has worsened since the coming of colonialism and the start of development efforts.

Chapter three deals with gender. It relates the effects of development failure to the plight of African women. Matters of marginalization, exploitation and oppression of African women are dealt with at length. Chapter four focuses on HIV/AIDS infection, transmission, prevention, cure and treatment. It also tackles the matter of the vulnerability of African women to HIV/AIDS at length by relating chapter two to the realities that facilitates the infection of the virus especially on women. Chapter five deals with the field research and formulation of a gender sensitive approach to combating HIV/AIDS. It also seeks to formulate 'a church based gender sensitive approach' as the way forward in combating the spread of HIV/AIDS amongst African women in Pietermaritzburg. This chapter elaborates on how the church should reposition itself in order to be relevant and effective to women who are HIV positive. Chapter six is the conclusion of this dissertation. It includes a summary, a theological reflection and conclusion of the whole dissertation.

Map of Pietermaritzburg city center



Map of central town and other residential areas



Map showing other residential areas

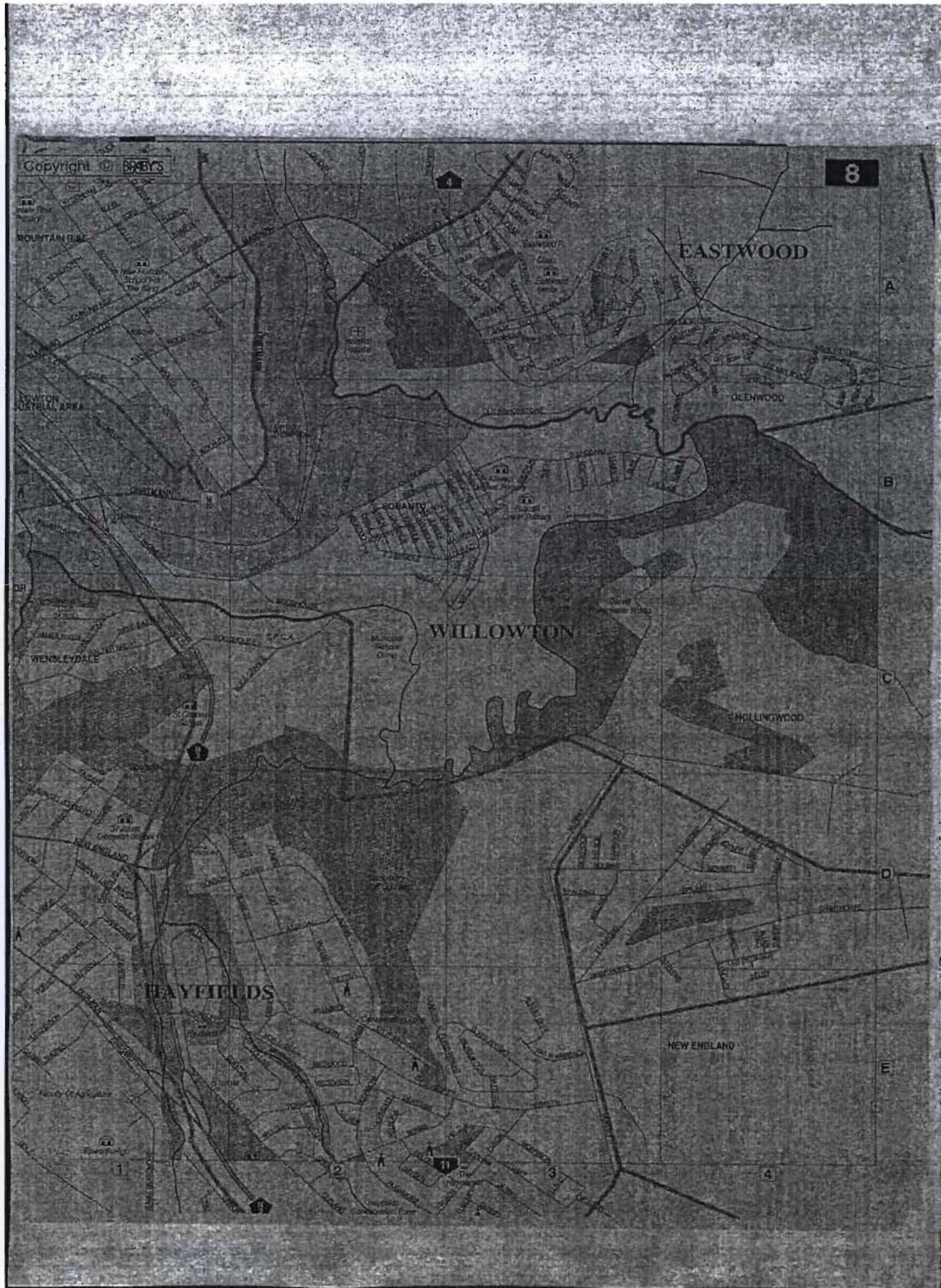


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Chapter One

GENERAL INTRODUCTION

1.1. Introduction

The dissertation seeks to investigate, examine, and critically analyse the reasons why Pietermaritzburg churches lack gender sensitivity in combating HIV/AIDS. The dissertation's focus is on Springs of Hope Support Group Project (SOH) - a support group that seeks to meet the felt needs amongst the HIV positive people around Pietermaritzburg. Amongst other motivations, the dissertation was undertaken as a contribution to the church in its fight against the spread of HIV/AIDS in South Africa.

The methodology that was used involved field and library research as well as observations of other HIV/AIDS support groups. The primary source of this dissertation consists of interviews that were conducted among SOH members, NGOs workers, and Church ministers.

Chapter one is an introduction to the whole dissertation and includes an introduction to chapter one, experiences of African women, the story of Ann Ntombela, the background of the study, statements of the problems and motivations, objectives of the study, research hypothesis/promises, significance of the study, the theoretical frameworks, critical reviews of existing literature, research methodology, research ethics, expected results, limitation of the study and a summary and conclusion.

Chapter two deals with the negative effects of colonialism and failure of development on African women. Its objective is to unearth the factors behind the deplorable social, political, and economic position of African women before HIV was reported. It seeks to find out why the plight of African women has worsened since the coming of colonialism and the start of development efforts.

Chapter three deals with gender. It relates the effects of development failure to the plight of African women. Matters of marginalization, exploitation and oppression of African women are dealt with at length.

Chapter four focuses on HIV/AIDS infection, transmission, prevention, cure and treatment. It also tackles the matter of the vulnerability of African women to HIV/AIDS at length by relating chapter two to the realities that facilitates the infection of the virus especially on women.

Chapter five deals with the field research and formulation of a gender sensitive approach to combating HIV/AIDS. It also seeks to formulate 'a church based gender sensitive approach' as the way forward in combating the spread of HIV/AIDS amongst African women in Pietermaritzburg. This chapter elaborates on how the church should reposition itself in order to be relevant and effective to women who are HIV positive.

Chapter six is the conclusion of this dissertation. It includes a summary, a theological reflection and conclusion of the whole dissertation.

1.2. Experiences of African women

Gender relates to a great extent to issues pertaining to development. It is important to understand what gender is, right from the onset. Smith and James (1994: 10-11) contend that: "The concept of gender refers to qualities, traits and activities collectively deemed to be masculine or feminine in any particular society...Gender is a categorization based not on physiological but on social attributes". This means that, though women and men are different in their physical, and emotional attributes, their femininity and masculinity are heavily influenced by the structures and systems of values, beliefs and practices that prevail in a given society. In Africa, as the stories on page 90 to 92 will attest, HIV/AIDS is a life and death battle because of its effect on the infected and affected. SOH interviewees told the stories of themselves as women who are affected by gender biases, HIV/AIDS, and development failure. Below is one such story.

1.3. Story of Ann Ntombela

I'm a Christian who married an ANC military soldier and anti-apartheid activist. Our age difference was 17 years. Our marriage was characterized by domination from him. He loved to party and had multiple relationships while we were still married. He would not allow me to socialize. We never used to discuss issues. He used to drink and come home

late. As we lived here in Sobantu, the community members used to support what he used to do. They said it is our culture. My husband never apologized to me when he was wrong. In 1992 I started seeing the symptoms of HIV infection in my husband. Because he was my only sexual partner I decided I should test for HIV. I tested positive. After much persuasion, he went for testing. He tested positive. We drifted apart. Months after discovering his status, my husband died. I talked with Christians about my status. I heard it said by some church leaders “If we start to do good things for HIV positive people, they will flock into our church. Then those who tithe will run away”.¹

1.4. Background to the Study

The above story is one of the many lived experiences of African women within the area of this dissertation’s focus. From these experiences, as the other stories in appendix A.1 on page 91 to 93 will attest, it can be deduced that the issues of development, gender biases against women and HIV/AIDS, are interrelated in such a way that they strangle development efforts. In particular, the spread of HIV/AIDS among African women has had a devastating effect on development efforts. The following three issues highlight this observation.

Firstly, since development failure and gender biases against women reinforce each other, the result is that the plight of African women is worsened. Therefore, HIV/AIDS amongst women poses the most serious threat to development. For example, Whiteside and Sunter (2000: 58) report that AIDS is taking away the most productive population. Such a serious threat should not be ignored by anyone who has the well-being of Africa at heart.

HIV/AIDS has resulted in huge depletion of human as well as economic resources as each story in appendix A.1 highlights.² The stories tell of deaths of productive people. Marcus (2000:6) contends that HIV/AIDS is “a life and death matter” because it “disinherits people of life”. Marcus (2000:7) goes on to point out that women are uniquely affected by this pandemic especially in view of African women’s social status

¹ See interview with Ann Ntombela. 5th October 2003.

² See also <<http://www.avert.org/worldstats.htm>>

that is characterized by gender biases and prevailing poverty.³ As long as women live in poverty, their contribution towards development will be limited.⁴ Since HIV/AIDS among African women affects the whole society, everybody ought to combat it.

It is clear from the above facts that development efforts are slowed at best, or thwarted at worst, by the effects of HIV/AIDS especially on women. If development efforts were to work well for women, their approach would have to be gender sensitive. Therefore, to combat the spread of HIV/AIDS without addressing the effects of the failure of development and gender biases against women is like trying to make a three-legged stool to stand on one leg because all the three issues are related.

Secondly, the church is creating awareness and promotes HIV/AIDS prevention methods. African women's unique vulnerability due to poverty is a challenge because of gendered power imbalance, as the grounds and environment on which both poverty and HIV infection thrives, is not addressed. A holistic approach has to address the root causes of these issues.

Thirdly, the failure of development and gender biases against African women has facilitated the spread of HIV/AIDS through vulnerability. This vulnerability is brought about by feminisation of poverty, and ill health; both of which are related to development failure. Therefore, combating HIV/AIDS should include addressing these areas equally.

1.5. Statement of the Problem

Specifically, the statement of the problem is: "To what extent have churches in Pietermaritzburg been gender sensitive in the fight against the spread of HIV/AIDS among members of Springs of Hope Support Group Projects (SOH)?⁵ This study will therefore address the following:

³ See interview with Zanele, 28th October 2003

⁴ See appendix A1 on page 91 of this dissertation

⁵ The word church can be used to refer to different aspects in Christian Believers life. It has different aspects such as spiritual, and physical (Frouisou 2002: 30). There is therefore a need to be clear with regards to the focus of this dissertation. What will be emphasized in this dissertation is 'church' as people who meet for many and different purposes. Richards contends that the word church is a New Testament theme and is a "meaning-filled word" that is derived from the Greek word "Ekklessia" which means "an

- a. What are the gender issues that influence the spread HIV/AIDS among SOH members?
- b. To what extent has the church been gender sensitive in combating HIV/AIDS among SOH members?
- c. How would a church based gender sensitive approach to combating HIV/AIDS be formulated?

1.6. Motivation

The author has been affected by the death of two of his sisters whose husbands had well paying jobs and provided for them and their children. Their husbands started engaging in high-risk behaviours after they were retrenched through the International Monetary Fund (IMF) driven Structural Adjustment Programs (SAP). Some years later, his sisters started getting sick and later tested HIV positive. Within a few months, they died. As one who is aspiring to ordination, how does he, as a male Pastor, help women who are infected and affected by HIV/AIDS? How can he, as a male Pastor who grew up in a patriarchal society and studied under male theologians, help HIV positive African women? How can a pastor, under a male dominated church structure promote the welfare of HIV positive women? These questions motivated the author in this research.

1.7. Objectives of the Study

- a. To examine issues of development failure, gender, and HIV/AIDS as the background information for examining the church's response to HIV/AIDS among members of SOH.

official gathering of the full citizens of a Greek city-state.”(1991:164-164). Richard further explains that Ekklesia was used by the early Christian Believers to refer to any number of Believers gathering at home, in the city or in a large geographical location. Church or Ekklesia, in this sense means a community of Believers. The purpose of the gathering, as the New Testament shows included prayer, breaking of bread (The Lord's table), sharing the word (preaching and teaching), fellowship and practically helping the poor members (Acts 2, 3 and 6). Today the word church is used in more ways than it was during the Apostles era. To most Christians, 'church' means a physical building where Christians gather for church activities. It also means an individual Christian, or a corporate group of Christians, or a church denomination amongst other usages. In this dissertation, this word will be used to mean Christians who gather as church denominations such as Methodist or Catholic, or Christians gathering from different denominations. It will refer to Christians who are organized and recognized by the government and the community as people who believe in God and do all they can to follow Jesus as their example in His teaching as found in the Bible.

- b. To examine the extent to which the church has been gender sensitive in its response to the spread of HIV/AIDS among members of SOH.
- c. To formulate a church-based, gender sensitive approach to combating HIV/AIDS among members of SOH.

1.8. The Research Hypothesis/Premises

This study is based on the hypotheses below, which will guide its arguments:

- a. Development failure, gender biases against women and HIV/AIDS among women are interrelated.
- b. Issues of gender biases against women should not be ignored in developing a gender sensitive response to HIV/AIDS among female members of SOH.
- c. The church response to the spread of HIV/AIDS among women members of SOH has not been gender sensitive.
- d. In particular the church should seek to empower and motivate women in combating HIV/AIDS in a gender sensitive way for the good of all.

1.9. Significance of the study

In Africa, most of the church members are women (Nasimiyu 1998: 63). Given that the church usually has a patriarchal leadership, issues relating to women are not adequately dealt with because women are marginalized even in the church (Mwaniki 2000: 54). For example, HIV/AIDS affects women more seriously than it does men, yet the church hardly employs a gender sensitive response to the spread of HIV/AIDS. This study will therefore attempt to formulate a gender sensitive approach to combating HIV/AIDS.

South African HIV prevalence among women was 26.5% by the end of 2002.⁶ The HIV prevalence among women in KwaZulu Natal was 36.2%, which was the highest compared with the other provinces.⁷ This study will endeavour to make recommendations

⁶ See <<http://www.avert.org/saficastats.htm>>

⁷ See <<http://www.avert.org/saficastats.htm>>

as to the way forward given the fact that women constitute the majority of those infected and affected by HIV/AIDS.⁸

1.10. Theoretical framework

Patriarchy involves men's domination and women's subordination (Haddad 2001: 42). It leads to women's subservience to men and therefore benefits men at the expense of women (Kinyange 1994:27; Ogundipe 1994: 30). It is evident in African societies especially when issues of land and property inheritance are in question. For example, as Haddad (2000: 99) contends, when land is inherited, it passes from one male to another as per patriarchal expectation. Since any effort to help HIV positive women can be hindered by patriarchal structures, this research will investigate how the church ought to combat HIV/AIDS within a patriarchal African setting by first addressing the same problem within its own structures and systems.

Most African women lack education. South African women may be worse off in the sense that in addition to being disadvantaged as women, 'Bantu education' system further made it harder for them to acquire an education that would prepare them for the challenges they are facing today especially regarding HIV/AIDS.⁹ An investigation will be done with a view to seeing how education could contribute towards liberation in order to overcome the spread of HIV/AIDS (Freire 1970: 67).

Cultural practices such as female circumcision, wife cleansing and wife inheritance as the stories in appendix A1 and A2 tell, contribute towards the spread of HIV/AIDS infections. For example, some cultural practices hold that motherhood is a woman's ticket to honour, respect, and esteem (Leshabari 1994: 34-38). Such religious beliefs and practices disfavour woman at the expense of development (Haddad 2000:99). Phiri (2003: 10) refers to this as putting the value of scriptures in a way that affects women negatively. To overcome this obstacle, the church should revise its theology with respect to prevailing cultural practices and norms that discriminate against women.

⁸ Note that these figures are for the pregnant women who attend antenatal clinic

⁹ Through his interaction with South Africans, the author has learnt that the 'Bantu system of education' was used by the apartheid government to keep the majority Blacks in a state of underdevelopment.

The Bible also contains some passages that bear evidence of patriarchal influence. One has to bear in mind that while the Bible was written by men who were inspired by God, they were from patriarchal cultures; and more importantly, it contains the gospel, which leads to our salvation, and is understood in our culture (Phiri 2000:17).¹⁰ In Islam, for example, women are given a lower status than that given to men. Men, therefore use the Koran to justify patriarchal domination. The Koran, however, does not support the exploitation of women although it is used that way (Getui 1996: 40-44). An examination of such religious beliefs and practices will be done with the view to seeing how the church should correct such religious biases against women (Nassra 1994: 40).

Finally, women's low level of participation in leadership negatively influences development efforts and combating of HIV/AIDS due to their being denied equal access to decision-making and positions in the church and society (Kanyoro 1996: 151). An examination of leadership in the light of gender sensitivity, and HIV/AIDS will be done so as to inform the church of the need to include and involve women leadership in issues of development, gender and HIV/AIDS.

1.11. Critical review of existing literature

Alan, Whiteside and Clem, Sunter (2000) in *AIDS: The Challenge Of South Africa* point out that the spread of AIDS in South Africa is unique because of the unique history of the past Apartheid rule. Apartheid rule affected among other areas in life, the family life. For example, Ntombela's husband, as the introductory story tells, left his family to go and live in exile as an ANC soldier and activist and later contracted the HIV infection.¹¹ Disruption of the family fibre is evident in many South African homes. Forced removal and migrant labour contributed a lot to this situation. For example the culture of violence that accompanied the apartheid rule and the Nationalist counter violence in the struggle against apartheid wreaked havoc on the families. In combating HIV/AIDS, the effects of apartheid era on the lives of African women should not be ignored.

¹⁰ This understanding came out during one of the sessions with Professor Phiri as the author's supervisor, as well as reading Phiri. A. I. *Women, Presbyterianism, and Patriarchy: Religious Experiences of Chewa Women in Central Malawi*, (Kachere Monograph: Blantyre, 2000) p.17.

¹¹ See interview with Ann Ntombela, 5th October 2003.

The World Council of Churches (WCC) (2000) in *Facing AIDS: The Challenge, the church response* addresses Christians and the Church and brings out the different perspectives on HIV/AIDS after explaining what the HIV pandemic is about. WCC explains the predicament of poor women, who, in spite of knowing the dangers of HIV/AIDS, engage in unprotected sex as a means of survival. How can the church address HIV/AIDS among women who are forced by financial predicaments to sell their bodies in the light of gender and development failure?

Philippe, Denis (2003) in “Sexuality and AIDS in South Africa” in *Journal of Theology for Southern Africa* starts by narrating a story that shows how a family set-up can allow or prevent the spread of HIV and how HIV affects the family. Children grow up without sex education and consequently have wrong information or myths about sex that may lead to early sexual experiences and possibly HIV infection. Silence on HIV/AIDS is the rule in most South African families in KwaZulu Natal. This may be the reason why most teenagers are reluctant to go for voluntary HIV/AIDS counselling and testing. Denis also points out that education on sexuality may be timely because it could help both men and women see the dangers arising from unprotected sex and unfaithfulness in marriage. He also cites the picture of South African Black cultural practices with regard to sex, marriage and *lobola*.¹² HIV/AIDS demands that the culture of lobola be critiqued in the light of the ‘multiple short lived relationships’, which accounts so much for the spread of HIV. Relaxing or reducing the lobola practice so that youth may marry is likely to save the family from the HIV/AIDS pandemic because it would reduce these short-lived relationships. Denis also mentions HIV/AIDS being a gender issue. He bases this argument on the existence of sexual violence in the lives of girls and women (2003:70-71). It is therefore clear that the church should address the issue of sexuality in the society so that it may shed light on how sex, marriage and *lobola* should be handled in view of HIV/AIDS.

1.12. Research Methodology

The research methodology that is employed in this dissertation is the one described by Philpott. Philpott explains two aspects of research methodology that are worth

¹² Lobola means dowry or bride wealth in Zulu

mentioning. These are the “process of the research” and “participatory research” (1993: 19-20). In the former, he quotes Huizer in explaining that one who undertakes research in a community needs to be aware of and accept one’s limitations, and relative ignorance. In this case one should strive to learn from the community concerned through one’s empathy and friendship and seek to participate in dialogue through small group discussions in search of answers to the community’s problems.¹³ In this case, the author used his earlier contacts that were based on the friendship he had with the founders of SOH.

Philpott also understands participatory research as different from the traditional method, which involves “objective measurements, classification, and interpretation of data in relation to hypotheses and theories” (1993: 20). He contends that although the traditional method requires one to maintain objectivity, the “social, political and historical forces that shape society influence the researcher”. The researcher in turn influences each phase of a research project (1993: 21). Participatory research method, unlike the traditional method, seeks to involve both the researcher and the community in which the research is located in the process of research for the benefit of both. Participatory research is favoured in this research due to this aspect.

SOH interviewees came from Sobantu, Kwapata, Hayfield, Grange, Imbali, and Central Town.¹⁴ They were chosen because they were deemed to have the necessary information for this dissertation. There arose a need later to interview church ministers and NGO workers in Pietermaritzburg. These church workers and NGO workers are actively involved in Pietermaritzburg.

The methods of data collection had two aspects. Primary data involved field research, which used a number of methods to generate data: Oral interviews were a face-to-face interview that employed the use of an audio recording machine and questionnaires that were used to guide the interview. As a way of Participant’s observation, the author was able to participate in discussion and conversation with the interviewees before and after the interviews, and other informal moments during some of the monthly meetings of

¹³ Huizer, G. quoted in Wisner, B.1988. *Power and need in Africa*. London: Earthscan, p273.

¹⁴ See the maps on page vii to ix of this dissertation

SOH. During those sessions, the author sought to verify the data. He was also able to observe how some churches in Pietermaritzburg are responding to HIV amongst African women when he attended some of the churches services.

Secondary data involved accessing published documents in different libraries in Pietermaritzburg in search of relevant literature. These libraries included the University of KwaZulu Natal library, Natal Society Library, and Cluster of Theological Institutions of Pietermaritzburg libraries. For unpublished documents, the author was able to access more literature from unpublished documents from the Internet and theses through the university of KwaZulu Natal library. Other such resources that were accessed were class handouts, newspapers, and TV.

The method of data analysis that was used in this dissertation is the one used by Phiri, A. I in “Domestic Violence in Christian Homes: A Durban case study”. The method is as follows: Data is collected from the interviewees by use of questionnaires and a recorder. This data is then transcribed. After transcribing the data, it is analysed. The analysis involves picking out the main issues that come out across all the interviews. These issues are then discussed in view of the topic of this dissertation.

This method was favoured firstly because it uses background information to obtain data. These were important data that helped to estimate the interviewees understanding of the matters arising from this dissertation and their ability to participate effectively in the research process (Phiri A. I in Muriithi 2000: 7). Secondly, it employs the method of dealing with matters that come out of all the interviews. Out of the many areas of concern that came from the interviews the author chose only those that he deemed important and relevant to this research. Thirdly, the author favoured this method because being a form of narrative it engages the interviewee’s mind and heart (Gourdet 2002: 8). This is crucial because HIV/AIDS among other areas covered in this dissertation is a sensitive matter that affects the whole person. Fourthly, it was favoured because it offers space for expressing and expanding information. As Gourdet (2002: 25) explains, an interview allows the interviewee to say what she or he thinks about a certain matter and also gives

room for the interviewee and interviewer to ask questions. This means that an interview method allows interaction that is needed for one to gather, confirm and discuss information. In this way, secondarily data was used to confirm the primary data.

1.14. Research Ethics

This research did not violate any research ethics. Integrity and honesty was kept. To this end, the author did not use anyone else's work without acknowledgement. Interviewees' permission was sought before an interview was conducted. After that, the interviewees were informed of the content of information and permission to use it was sought. All the information that came from the interviews is therefore used with the full permission of those concerned.

1.15. Expected results

This study will equip the author with adequate practical knowledge on development, gender, and HIV/AIDS. These areas are crucial in the church since they affect the majority in most congregations in Africa, most of who are women. He expects that the research would be of use in training for church ministry especially in relation to gender, development, and women. The fieldwork experience would benefit the author in terms of gaining skills, confidence and knowledge, as well as benefit society today and in the future. Finally there is hope that this research would act as a catalyst towards practical actions that churches may take towards combating HIV/AIDS in Pietermaritzburg and by extension, anywhere else in Africa.

1.16. Limitations of the research

Being a male and foreigner was a limitation because the research required dealing with the opposite sex and having to use English - a few of the interviewees are fluent in it. However, the first barrier was overcome by using the contacts that the author had established through SOH leadership. The second was overcome by choosing English-speaking interviewees. The second limitation was time. Travelling, organizing and conducting interviews were time-consuming activities. Time was also much spent discussing and confirming data. The third limitation is the location where this research was conducted. The location of this research is SOH Pietermaritzburg and deliberately

dealt with Black African women.¹⁵ This means that males and women of other races were excluded from the research. The fourth limitation was that the findings in this study were limited to Pietermaritzburg libraries and other resources. The interviews were limited to SOH members, ESSA Community AIDS Project (ECAP), Gender desk of The Institute of the Study of the Bible (ISB) School of Theology, and Pietermaritzburg Agency for Christian Social Awareness (PACSA).

1.17. Summary and Conclusion

In this chapter, the research problem and how the study was conducted have been explained. The stories mentioned here highlighted the problems and pains caused by HIV/AIDS to African women. This study attempts to contribute to the ever-increasing research on the pandemic but seeks to focus on this topic because to the author's best knowledge, no work has focused specifically on this area and location of research to date. In order to make the study practical and relevant, the author adopted the methodology discussed in this chapter. The stories referred to are attempts to ground the study on what is actually happening at the grassroots level and what respective role players in combating HIV/AIDS especially among African women are doing. The significance of the study can therefore be seen in the applicability of its findings, which have been discussed with SOH members amongst others as well as presented once in a conference where they received positive feedback.¹⁶ It was after this feedback that the author became confident to present the following library and field research work as well as findings, which comprise the following chapters.

¹⁵ See the map on pages vii to ix.

¹⁶ This happened when the author was privileged to be one of the presenters in a PACSA conference on 17th February 2004 in Pietermaritzburg.

Chapter Two

THE CHALLENGE OF DEVELOPMENT FAILURE TO AFRICAN WOMEN

2.1. Introduction

Development efforts of the past decades have been critiqued in the light of their effects on many areas of life such as the devastation of the economy and the environment of the recipients amongst others. Development failure came to be associated with many issues among which were the exclusion of women, debt burden and cultural invasion of the peoples of the South.¹⁷ Given that the North had its own development agenda, which the nations of the South were coerced to follow due to the Cold War situation, the word development must have meant different things to all concerned.¹⁸

It is therefore important for this chapter to discuss some methods that under-girded development in the decades of development failure and even later.¹⁹ Another matter that will be examined will be the beginning of development and will include an analysis of

¹⁷ See Wolfgang, S. 1993. "Introduction" in *The Development Dictionary: A Guide to Knowledge as Power*. London: Zed Books, pp1-5 and Gustavo, E. 1993. "Introduction" in *The Development Dictionary: A Guide to Knowledge as Power*. London: Zed Books, pp5-25.

¹⁸ Most of the nations that were colonized are the nations that are referred to as 'developing' nations today (Reddock 2000: 27-28). The terms 'south' and 'north' are here not used to refer to the geographical locations but rather the division of the nations of the world according to the economic distinction that arose from colonial subjugation and the economic agenda, as well as the result of development efforts by the 'developed' nations among the people of the 'developing' nations. This dissertation will use these terms in the way they are explained in Reddock's work, which means the economic subdivision of the world into 'developed' and 'developing' nations.

¹⁹ The common understanding of 'development' is actions or efforts towards progress. 'Development, in this sense, implies growth or progress' (Esteva 1992: 8). When something is said to develop, it means there is positive change. In its ordinary usage, 'development', according to Reddock (2000:24) is a noun that is derived from the verb 'develop' and implies movement from one level to another, usually with some increase in size, number, or quality of some sort. In other words, when we talk about development we are talking about qualitative change and growth that is evidenced in some kind of increment.

Issues that may bring about positive changes vary. For example, positive changes in a community may come about due to pressure from within or without and may not necessarily be motivated by good will towards the people in question. For example, the rise of colonialism and apartheid in South Africa brought about pressure on most African communities that resulted in changes that were negative, as was also true in most colonial African societies. The Africans' way of life in did not change for the better. The effects of colonialism and apartheid rule were therefore, in this sense, a negative development. This implies that even though development is about issues that bring about positive change, the motivation behind it differs and the results may not be desirable to all concerned. The word development can therefore be a controversial term. In this dissertation the word 'development' will be used to refer to the effort or efforts by the people in question with or without outside help in order to meet the needs of "the present without compromising the ability of future generations to meet their needs" (Reddock 2000:32).

women and gender relationships in the pre-colonial and colonial eras. This will provide the necessary background information on the early development efforts in Africa. Power will also be discussed in order to see its use and misuse with respect to the plight of African women. It is against this background that the phenomenon of the failure of development in Africa will be considered with a special emphasis on how it affected women. Since development came after colonialism, it will be appropriate to begin on African women's life before colonialism.

2.2. African women's life before colonialism

Before one addresses the matter of colonialism, there is need to highlight three aspects first. These are aspects that pertain to the reality of pre-colonial African society. The first is that African tribal life was pervaded by harmony and peace all the time. Rather, as our parents and grandparents narrate to us, there were tribal conflicts that involved raiding. Women, children and livestock were usually the targets of the raiding that took place between one tribal community and another.²⁰ The second has to do with Islamic penetration into the African inland. Regarding this, Phiri contends that Muslims "came to buy slaves and ivory in exchange for guns and gun powder" (2002: 135). Phiri's contention is that more than the violence that came with inter-tribal conflicts, African society experienced invasion as tribal leaders sought slaves to exchange with guns and gunpowder. The third aspect is European slave trade in Africa. An example is the Cape slavery that existed between the 16th and 17th century and ended up affected the South African KhoiKhoi and San people (Worden 1985: 4; Mason 2003: 1-36). Morton contends that slavery affected "remarkable panorama of South Africa's KhoiKhoi-San-, SeTswana-, Nguni-, and SeSotho- [sic] speaking peoples." Of importance is the fact that women slaves were largely treated just like their men counterparts if not worse because they were known to have the ability to do many tasks especially in their masters houses (Alpers 1983: 185-219). Colonialism came to Africa when the intertribal conflicts and slave raising and selling were going. The colonial powers, for example the British were

²⁰ As the author states here, he has to come to have this knowledge through the stories that have been passed down to him by his parent and grand parent.

also involved in the slave trade.²¹ Colonialism will here be given more space because of the relationship it had with the beginning of development as will be discussed later.

It is possible that African women's lives prior to colonialism were far much better than they are today.²² Rhoda contends that in many pre-colonial societies "women had greater power and autonomy and life was more in tune with nature and the environment, not based on its destruction" (2000: 40). Her view suggests that women lived and enjoyed a better life during the pre-colonial era. This is so especially in view of development failure, and HIV/AIDS. One theme that relates to the plight of African women is patriarchy.²³

²¹ See how Mugambi clearly points out how the European explorers, missionaries, administrators, settlers and traders all had the same goal – to exploit human and natural resources in Africa for the benefit of European and American industries (1988: 16-17). Even if colonialism did not necessarily take away human beings from the African continent, the results were similar to those of slavery given that African people continued to be exploited, marginalized and oppressed. These are the sufferings that African women endured throughout the period of slavery, colonialism and later development era.

²² Colonialism is the controlling, mostly through force or manipulation, of one nation or country, their economy and ways of life, to the disadvantage of another nation or people. The Cambridge International Dictionary of English (1996: 258) holds that "Colonialism is the belief in and support for the system of one country controlling another". This explains that the heart of colonialism is the control of the colonized nation(s) to the advantage of the colonizing country. America's present occupation of Iraq is an example of colonialism according to this definition. Reddock (2000:24-25) explains this more explicitly:

Colonialism refers in general to the extension of the power of one state through acquisition, usually by conquest of other territories; the subjugation of the inhabitants to a rule imposed by force; and the financial and economic exploitation of the inhabitants to the advantage of the colonial power.

In this dissertation 'colonization' will be used to refer to the act of taking control of peoples economy and way of life by another nation, as is historically documented by the above authors.

²³ This dissertation focuses on Black African women who, due to past history of apartheid, occupy a place of oppression. The reason being that although much has been done to address this history, the position of the majority of Black African women has not changed enough to alleviate all their sufferings. In explaining this situation, Mpumlwana (1991:379) contends: "Generally the majority of women are subjugated to threefold oppression: as women, as workers, peasants and black. Therefore their reality of oppression differs from that of the Whites. They see the God they worship through similar eyes as women, but different as blacks and whites in South Africa as the privileged and underprivileged". The term African women will be used in this dissertation to refer to Black African women who have experienced marginalization, oppression and exploitation as the introduction story and the other stories in appendix 1 express. Its usage however does not mean that other races do not experience the same challenges that are discussed in this dissertation.

While patriarchy is common in Africa, there are also cases of matrilineal societies. Phiri has explored the plight of the Chewa women who lived from 900 to 1889 AD. She demonstrates that though the Chewa Society is a matrilineal one, it was dominated largely by a culture of male domination before the colonial era (2000: 45-150). One of the examples she cites is that of female initiation ceremonies, which were done to please men (Phiri: 2000: 40, 47). This indicates as Price (1964: 120-121) contends, that women had some degree of freedom and autonomy to exercise leadership and authority.

Women were also free to practice as healers and mediums. The Zimbabwean pre-colonial Shona society allowed women to heal and communicate with spirits especially when there was sickness or calamities such as drought (Schmidt 1992: 24-25). Since healing and divination were important aspects of most African cultures, women healers and diviners had an amount of freedom and space due to the respect and benefit that accrued from these practices (Phiri 1996:151). It is therefore correct to conclude that, while women were political and religious leaders during the pre-colonial era, their plight worsened during the colonial era where they were denied the religious and political leadership that they had practised before.

Another area in which African women had freedom and autonomy was in family matters. Oduyoye explains how in matrilineal Akan (Ghana) culture, women enjoyed equal rights as men: "For the Akan, family meetings included both men and women", unlike women in the Yoruba (Nigeria) culture where "a wife is a member of the work force, her husband's house," but not one of the decision-makers (1995: 7). In this explanation, it is clear that most African matrilineal cultures had spaces for women's autonomy. Of importance here as Oduyoye further adds, "Added to this was my experiences of what British-style patriarchy had done to women in what we have come to call the modern sector" (1995: 7-8). In this expression, Oduyoye hints that the lives of Akan women during the pre-colonial era must have changed for the worse with the coming of British colonialism. Colonialism therefore played havoc with the plight of women.

Nurnberger (1999: 199-200), referring to the reason behind the above state of African society, highlights some consequences of traditionalism in Africa. First, there was a

‘willingness to share resources’. This meant that no one would be in dire need of basic human needs such as food, shelter, and clothing because communal life was knit together by the spirit of kinship (Moila 2000: 21; Getui 1998: 75).²⁴ The second consequence was a ‘social consensus’ kind of democratic leadership (Nurnberger 1999: 99). This indicates that though leadership and decision making was by consensus in most African societies, women were not very marginalized, for they had a voice especially in matters related to leadership. The third consequence was that communal priority overrode personal initiative because everyone shared and lived together without one person progressing above the others with the result that women in pre-colonial African society were not deprived of resources as we see in the situation of some today (Nurnberger 1999: 99). The fourth consequence was that change was not entertained because the traditional mindset was orientated towards the past rather than the future (Nurnberger 1999: 99). What this means is that when compared with later history, African societies were largely stable due to this approach that was inherently conservative and therefore did not make the plight of women worse or better. The fifth consequence was that since the belief in the Supreme God who controlled all reality dominated the minds of the African people, the chances of boldness and courage to face and change the future was limited (Nurnberger 1999: 99). On a positive note, this means that since there were no forms of progress such as industrialization, nature was rarely destroyed, as is the case today. The sixth consequence is that people were organized in small groups to form national entities because there was no national structure to bring them together (Nurnberger 1999: 200). This may mean that women lived and stayed within their family, clan, and tribal boundaries and as a result, their identity and belonging were not destroyed. Magesa suggests that African societies may not have experienced degrading economic, political and social upheavals as are known today although there were occasions when slavery and Islamic invasion disrupted the seeming stability as discussed above (2002: 13).

In most pre-colonial African societies, women occupied political positions as Hanson (2002: 219) reports: “Autonomous queens and influential queen mothers are the most obvious evidence that women in pre-colonial Africa had significant political power.” This

²⁴ ‘Ubuntu’ as Mabusa (2003: 54) explains means “‘I can only be human if I also consider your humanity.’”

implies that, putting the issue of slavery aside, some African women in some societies also held political leadership positions. Economically, women who lived in the pre-colonial African societies were well off when compared with most women in Africa today (Rhoda 2000: 40). Rhoda also explains that there were ways in which egalitarian practices were 'environmentally friendly'. If an egalitarian economy dominated the societies, then pre-colonial African societies catered for all people. This may imply that there was no systemic poverty or exploitation of one another because people also shared goods (West 1999: 35). It is important also to note that social life must have been more relaxed for African women during the pre-colonial era than it was later (Sahlins 1997: 12). This however does not mean that social life was static during the pre-colonial era. On the contrary, as Rhoda explains women managed to find enough 'space' and 'possibilities' for autonomy within existing structures of subordination so that socially, life was better for them than it is now (2000: 41, 42).

2.3. African women's life during colonialism

African women have been leaders in their own rights and ruled just as men did before colonialism. Sweetman (1984: 1-91) has recorded 12 portraits of women leaders in African history ranging between the 15th and 18th centuries. However, women leaders declined during colonialism. Eventually, African women lost the political power that they had before colonialism. An example of this is the case cited by Hanson of how the Baganda Queen Mother lost her political power: "What happened to women's political power in Africa? One valid explanation for its decline is that colonizing Europeans effaced women's political institution because they could only see and comprehend the political power of men" (2002: 220). With the presence of the patriarchal structures, the oppression of women must have increased when their political power was minimized or destroyed by the colonial powers. A good example is the Kikuyu woman chief - Wangu wa Makeri who was used by the British colonial powers as a political puppet (Kabira and Mutahi 1993: 6,7). As this example would show, the exploitation of females to oppress the colonized population meant that African women leadership lost favour with the societies on the pretext that women would become bad leaders as they were during the colonial period. This may be the reason why it has taken long for most African women to gain political power since colonialism.

Like their male counterparts, African women experienced social “disorganization and destruction” (Nurnberger 1999: 196). A clear example is the way most women in South Africa were affected by the colonial laws that required men to pay tax.²⁵ For example, marriages were affected by the later development of migrant labour because most men went to the cities, mining houses, and Whites farms as Graeme Bloch explains (1980:1-17). Most cultural and religious practices were also affected. For example, since most men would not afford *lobola*, they resulted to temporal relationships rather than a biding marital commitment (Coplan 2001: 189).²⁶ This deterioration of the women’s position during colonial domination is what Nurnberger contends “The dissolution of social cohesion led to the widespread anomie and breakdown of morality. Pervasive experiences of failure and dependency led to a loss of morale” (1999: 196). Without the morale to live, life must have been hard and less meaningful to most African women during colonialism.

The devastating effects of colonialism on the economic status of women began with the attitude of the colonizers (Reddock 2000: 27). Robbing women of their land was the most serious economic effect because it took away the basis of their existence and survival. When land was lost through forced removal, most South Africa women had to adjust from using enough land to using small portions of land in the ‘homelands’ or seek alternatives that were not acceptable at that time.²⁷ For example, some women would migrate to places such as mining towns to make money by engaging in economic activities such as commercial brewing and prostitution (Coplan 2001: 189).

Another economic setback among South African women was the loss of traditional technologies. Reddock (2000: 27) notes, “Thus the economies based on indigenous technologies were viewed as “backward” and “unproductive.” On the contrary, the destruction of ecologically sound traditional technologies, often created and used by women, along with the destruction of their material base is generally believed to be

²⁵ See Gwala, S. 2003. Class handouts “Deep Level Mining.” See also Bloch, G. 1980. “Monopoly Capitalism and Dependent Industrialization: The Development of South Africa’s Manufacturing Industry”

²⁶ Zulu word for dowry

²⁷ See Gwala, S. 2003 “Deep Level,”

responsible for the feminisation of poverty”. Without a sound economic system African women’s life must have worsened.

In South Africa, ‘female adulterous relationships’ came as a form of social disruption due to land seizures by the colonial powers (Barnes 2002: 165). Coplan (2001: 189-192) explains: “Among the consequences of this situation was the virtual institutionalization of not only male but also female adulterous relationships” which was uncommon before colonialism came (Coplan 2001: 192; Kendall 1995: 1-4)). As Coplan asserts, the majority of men who got involved with women in urban centres did not return home. This implies that their wives had to shoulder the burdensome role of being a mother and father single-handedly.

2.4 Development²⁸

Development has been a controversial debate especially when discussions involve the participation of developing and developed nations. This may explain the reason why Sachs (1993: 1-2) sees ‘development’ as a contested term. It is a contested term because it spells a number of different issues to different people (Esteva 1993: 25). Although, better living and better community life is a focus that developers have in mind, the means and method of development efforts are among the issues that are contested. Sachs relates colonialism and the beginning of development by referring to president Truman’s speech of 1947. In his explanation, he associates colonialism and development to the extent of implying that development replaced or took over from colonialism (1993: 1-5). Similar to the era of colonialism, the development era saw the lives of the majority of people in the developing world changing for the worse (Seabrook 1993: 224-250). This suggests that though the aim of development was supposed to make life better for the poor in the South, failure may have come due to the methods that were employed.

²⁸ Refer to the definition of the word ‘development’ on page 13. Development failure/negative effects of past development efforts comes about when the needs of some, or all, of the present generation are partially met or not met at all in the course of development actions (Korten 1990: 67). This is mostly due to, amidst other reasons, the approach employed to meet their needs. Failure may also include the results that come about when the methods employed meet the needs of the people but also destroy the environment to the extent that future generation’s needs are compromised. It may also include meeting the needs of the people concerned while invading and destroying their culture.

We need to remember that before ‘development’ began, Europe had undergone some changes, which influenced the beginning of development. For example, the enlightenment, as the Southern African Council of Churches (SACC) affirms, brought about “new understandings of time, progress, history, and human agency.”²⁹ Scientific progress, technological advances, individualism, secularism, racism, colonialism, imperialism, and capitalism followed this.³⁰ As a result, Europe sought to conquer other parts of the world. During this era, many European nations explored other parts of the world and ended up building colonies until the end of World War 1. During the World War 2, the relationship between the colonizer and the colonized changed to that of Developed Nations and Developing Nations (in here referred to as the North and the South respectively).³¹ The implications of these categorizations is that people from other parts of the world were considered undeveloped and in need of development without consulting them, or taking any consideration of their cultures or any other positive progress they had made on their own.

2.5. Development and colonialism

Capitalism influenced the beginning of development after it had taken root, first in America, and then in Europe. America initiated the development agenda in Europe. During the same period, Japan’s economy recovered from the effects of WW2.³² Europe and Japan therefore joined America in promoting capitalistic development.³³ However, there have been attempts to understand and define development in the South and in particular Africa as the SACC asserts:

It is important to note that there have been some alternatives to the dominant paradigm, many of which have emerged from the South, and from previously colonized people themselves. Africa has also given birth to alternative modes of development through leaders such as Amilcar Cabral, Kwame Nkruma [sic], Julius Nyerere, and Steve Biko. These modes of development have stressed the agency of Africans in their own

²⁹ <<http://www.hs.unp.ac.za/theology/ThisIsGodsEarth.doc>>

³⁰ <<http://www.hs.unp.ac.za/theology/ThisIsGodsEarth.doc>>

³¹ <<http://www.hs.unp.ac.za/theology/ThisIsGodsEarth.doc>>

³² See Bloch, G. 1980 “Monopoly capitalism, pp1-17.

³³ See Bloch, G. 1980 “Monopoly capitalism, pp1-17.

development, as well as the relationship between development and overthrowing the century's long legacy of slavery, colonialism, and ethnic conflict. Drawing on African cultural traditions, and often deeply influenced by Christian values, they have focused on issues of distribution and justice, rather than just on economic growth and free market idealism. Many of these alternative paths have flourished for a while, and then collapsed through the pressures of world political and economic forces, and lack of local capacity. Such failures have left African countries in a precarious position subject to global economic forces over which they have little control, growing debt burdens, and unfavourable trade rules. In recent months, African heads of state have sought to once again place Africa on the agenda of world development through the New Partnership for African Development (NEPAD). It is important to participate in discussions around NEPAD, exploring how deeply it may be rooted in the dominant paradigm, and how much it is influenced by alternative and African visions for development.³⁴

What the SACC is referring to are the past efforts made by African leaders in response to development failure. There have also been efforts by other thinkers from outside Africa to perceive development from a different angle. These include concepts that show the link between colonialism and development as discussed above.

It is important however to remember that development had some merits. Like a coin with two sides, development had negative as well as positive effects on African people. Science and technology meant an increase in individual choices as Kabeer (1994: 69) and Pearson (1992: 79) imply. For example, IMF and WB development efforts in Africa brought benefits such as medicine, machinery and quicker communication. The argument of this section is that the process and the methods that were employed ended up marginalizing and exploiting African women. Other concepts and perspectives on

³⁴ See <<http://www.hs.unp.ac.za/theology/ThisIsGodsEarth.doc>>

development have been sought based on the negative results development had especially on women.

2.6. Development and Power

Power enables us to do certain things. Organized people and organized money are two major power sources because one can accomplish many tasks with them (Jacobsen 2001: 39). Organized people are ‘power’ since leaders use them to achieve goals. Organized money means one has ‘buying power’. Power, therefore, has to do with the relations one has with others in the society since it relates to money and people (Jacobsen 2001: 38). Power is therefore a “generalized means” of pursuing and attaining a goal (Mann 1986: 6). It is the ability to master the environment to one’s advantage. Development employs power to achieve the intended goals. It uses one or more of the above forms of power. However, how power is employed determines whether development will be for the good of all or to the detriment of the majority. The SACC document holds the view that the challenge of development has to do with power and its unequal distribution in the world and in the society.³⁵ This being the case, development should involve a qualitative change of life from a state of powerlessness, poverty, and dependency to a state of interdependency, prosperity, and sustainability. Reddock contends that through development efforts the lives of the people must be improved and the benefit should be for all and not for the rich few as the case has been during the past decades of development failure (2000: 35-36). Holistic, sustainable, participatory, and equitable development brings about opportunities for all concerned and enables them to meet their basic human needs without compromising the prospects of future generations. Such development affects the lives of women in a positive way because their quality of life would be enhanced unlike in the past where they were invisible and marginalized (Kassilly 2002: 41). When adjustments are made, women will be equal and recognized participants with men, in changing their world and living their dreams of a better Africa.

A development approach that would address human problems in a holistic way has to be holistic in its concept, methods, and practices. Such is the approach that Gandhi had in mind, when he defined development as: “the realization of human potential... an increase

³⁵ See <<http://www.hs.unp.ac.za/theology/ThisIsGodsEarth.doc>>

in the capacity to influence the future” (Banana 1994: 40-41). It is important to bear in mind that human potential is multifaceted. Todaro sees development in this light when he argues for a development approach that is “a multi-dimensional process involving major changes in social structures, popular attitudes and national institutions, as well as the acceleration of economic growth, the reduction of inequality and the eradication of absolute poverty”(Banana 1994: 41). Given that human beings are multifaceted and that their needs are diverse, the development approach that will address their whole being has to be multi-dimensional. What Gandhi and Todaro are advocating for is a development approach that is holistic so that it can sustain life in all aspects - economic, environmental, and cultural. When all aspects of life are not taken into consideration in any development approach, what the individuals and community end up having at the end of the day is powerlessness rather than empowerment. This has been the case for a majority of women in Africa.

2.7. The challenge of development failure on African women

Development failure affected African women in different areas of life. While considering this point, one needs to remember that in 1947, the UN formed the Commission on the Status of Women (CSW) (Reddock 2000: 33). Reddock mentions that during the early decades of development efforts, women from developing nations challenged CSW by raising issues that affected them as women. It was as a result of this that the UN General Assembly reviewed the effects of its development efforts. What came out of that review as Reddock explains was that:

- It was found that the industrialisation strategies of the 1960s had been ineffective and had, in fact worsened the lives of the poor and women in Third World countries. The second development decade was therefore designed to address this and “bring about sustainable” improvement in the well being of individuals and bestow benefits on all.
- Evidence was brought forward in Ester Boserup’s (1970) now classic *Women’s role in Economic Development*. Boserup, an agricultural economist, used research data from Africa, Asia, the Caribbean and Latin American to highlight women’s central positions in economic life of these

societies, and she described the disruptive effects of colonialism and modernisation on the sexual division of labour through the introduction of international market economy. Among other things, this process drew men away from production based on family labour and gave them near exclusive access to economic and other resources. Boserup concluded that the economic survival and development of the Third World would depend heavily on efforts to reverse this trend and to more fully integrate women into the development process.

- The Feminist movement re-emerged in Western countries around 1968, alongside other social movements for civil rights. Although the movement's energies were, for the most part, directed internally, some Western women used their position to pressure their government's foreign-aid offices to ensure that grants to recipient countries supported women as well as men. (Reddock 2000:34).

This critique raises the issue of the relationship between gender and development. De Gruchy illustrates how development efforts failed women in Africa in this story:

The story is told of a development project near the edge of the Amazon forest. A trans-national company had been given the rights to harvest the timber, thus bringing economic development to the region. The community was indeed delighted that there would be work opportunities in an area of great unemployment. Given the nature of the work, the men in the community were given jobs - but everyone was happy that household income would rise, heralding a time of relative wealth and social progress for all.

Two years later, however, the reality was quite different, and the women in the community were in a far worse situation for two clear reasons. Firstly, the logging company had taken control of the forest, so that it was no longer a community resource. Women, who had traditionally collected wood from the forest, now had to walk much further to gather the fuel

needed for cooking. Secondly, household income had indeed risen - but that had not translated into a raised standard of living for all. Instead the men spent most of it on alcohol and cigarettes at the newly provided company canteen.

Many development initiatives proceed as if women are invisible, assuming that what is good for men or 'the household', must be good for women.³⁶

In addition to ignoring the power balance that exists between men and women in a given society, development planners, according to Haddad (2000: 96) took a liberal approach that insisted that the South should adopt a Western political style of leadership and the Western economic system, which was capitalist. Development was therefore seen to be synonymous with modernization. Haddad (2000: 97) further explains how women of the South were viewed by development planners as “the most ignorant and “backward” members of the society which were a stumbling block to modernity and ultimately to development... Consequently, women were ignored by development planners”.

Haddad opens a window that allows one to see some of the real issue behind the negative effects of development on the women of the South. Unlike in their view of women, which was that women are backward, development planners saw men as pro-modernity. The way development planners treated these two mindsets in the South; by correlating modernity mindset to men and traditional mindset women, must be the reason why after two decades, a Marxist critique of development decried that “international capitalism was not developing the world, but rather leading to further underdevelopment” (Haddad 2000: 96). This critique emphasis the same point in a different way; that a lack of gender sensitivity in development leads to marginalization of women rather than their empowerment.

During the struggle for independence, African women worked and suffered alongside their fellow men and hoped for a better life for all. As the last decades of development practices have shown, development has been top-down, growth-centred, and male

³⁶ See <<http://www.hs.unp.ac.za/theology/article01.htm>>

dominated in spite of women protesting (Reddock 2000: 33-34). These factors have been among other sources of failure for development in eradicating poverty and hunger especially among women.

2.8. Summary and Conclusion

People of the South still suffer the effects of colonialism and the kind of development that followed it. This is because the approaches and methods that were used replaced and destroyed many beneficial aspects of their life. The result is the reality we see today in which most African women's life has become worse rather than better. They face many faceted challenges. One explanation for this is that colonialism and development worsened the existing gender biases against women because both employed structures and systems that enhanced male domination. Sadly, the coming of independence did not rectify this situation because patriarchal rule continued to worsen the plight of women.

This is also a challenge for the African church to develop church structures and systems that are relevant to women and their problems. Such systems and structures have to be free from past colonial hangovers and western forms of structures and systems that do not adequately match the present challenges. The way forward therefore is for African churchwomen and theologians to act as catalyst for positive change in the church that will result in empowering African women.

Chapter Three

THE CHALLENGE OF GENDER AND DEVELOPMENT FAILURE TO AFRICAN WOMEN

3.1. Introduction

Development failure and gender need to be examined because both are central in the spread of HIV/AIDS among women. A study on gender will form the map that will guide our research on a church based gender sensitive approach to combating HIV/AIDS. The goal of this chapter is to examine the position of women from political, social, and economic terms in view of gender before the spread of HIV/AIDS began in Africa. The notion of power balance in relationships between men and women will be examined, in order to pave the way for a discussion on gender and development. The role and place of religion, patriarchy, education, health, leadership, and poverty will be discussed so as to see the factors behind the position of African women before the spread of HIV/AIDS.

This discussion will be centred on three areas namely marginalization, exploitation, and oppression of African women. The issues that will be discussed in each category interrelate and possibly reinforce each other. Under the marginalization of African women, issues to be discussed will include religious beliefs and practices, the lack of an empowering education, and the denial of health. Under oppression of women, the issues to be discussed will be patriarchy and denial of leadership. Under the exploitation of women, the issue to be discussed will be material poverty. In the previous chapter, it was noted that during the colonial and development era, the plight of African women deteriorated. The spread of HIV in Africa is worsening this situation in the sense that women have continued to be marginalized, exploited, and oppressed. This chapter will therefore consider gender biases against women as an issue that has been going from bad to worse since the time of colonialism.

3.2. Gender, African women and development failure

Since the Beijing UN meeting on women in 1995, gender has largely been seen to mean women or matters of women.³⁷ There is need to discuss gender in relation to how it has

³⁷ See <http://web.idrc.ca/en/ev-40029-201-1-DO_TOPIC.html>

been associated with issues pertaining to women. The most likely reason why the word gender is associated with women may be the fact that due to past gender imbalances, nowadays, women and their issues are given priority in matters of gender. Gender refers to the relationship between men and women that is influenced and informed by power balances between them in a given culture or society.³⁸ This means that members of the society construct gender. Construction here refers to the social conditioning of the identity of women and men (Reddock 2000: 36-39). Gender, in terms of identity, is based on the biological differences between men and women amongst other factors. Having understood gender this way, one needs to bear in mind that issues of homosexuality, which have been debated lately especially in relation to ordination of Gay to the priesthood, are not just about biological differences but also about scientific and social issues that have not been agreed on in regard to issues such as marriage and family.³⁹ This means that, beyond biological differences, gender construction stems from the relationship between men and women. How men and women relate in society, determines their gender relationships, the roles they play, and the subsequent positions they occupy.

Since the biological differences between men and women are a constant, the social interaction and relationship that exists between them are what concerns gender (Reddock 2000: 47). The interaction and relationship between men and women in a given society change over time and therefore affect gender (negatively or positively) because, in every community and culture, we have culture dynamics that influence, and govern peoples' way of life and hence their identity - as men and women. These cultural and social dynamics of power balances is seen in politics, economics, and education among other areas in life. Mfugale (1994: 77) contends that it is due to these dynamics that a female is

³⁸ There is need to discuss the meaning of gender. Though God created human kind as male, female, and equal, there is need to stress that men and women are different. This difference has been the centre of various debates with respect to how men and women attract or attack one another. Gender sensitivity is about the awareness of gender and the issues it raises in a given matter (Smith and James 1994: 10-11). Such issues may include inclusive language (use of 'she' and 'he' rather than using only 'he' to refer to both gender, code of conduct and human rights among others matters.) To be gender sensitive, therefore, is to be aware of the place and position of women and men and the likely consequences of such awareness. See also <<http://sachet.org.pk/gender/definition.asp>>

³⁹ Consider for example the ordination of Gene Robinson as the first Gay Anglican Bishop. See *Challenge*. No 75, December/January 2004 Issue, p.2-3,11.

not born a woman but is constructed to be a woman by the society, just as a male is not born a man but is constructed to be a man by the society. She further argues that, the family plays the initial and leading role of the construction of the identity of individuals. After a baby is born, society socializes him or her into becoming a woman or man according to the culture, religion, belief, and practices prevalent in society. This explains how the power balance between men and women in different African societies differs due to culture. It also points to the fact that due to culture dynamics, such power balances also change with time. Mercy Oduyoye has argued that the gender situation in most African societies can be likened to a bird with one wing developed while the other is not; and therefore it may not fly normally (Oduyoye 1990: 31-56).⁴⁰ Just like a deformed bird may not fly far and efficiently, development in Africa will not augur well if both men and women do not develop equally.

Ahikire (1994: 86) speaks of many organizations, government departments, and church groups that cater for gender issues. There are churches today that have not only women clergy but also women bishops.⁴¹ These efforts, though commendable, have not settled or eradicated gender biases against women. For example, Belina Mangena narrated how she struggled against the church hierarchies and systems when she was training for ordination and presently struggles when she is a full time clergywoman.⁴² Giving women leadership positions is a positive step that needs to be followed by grassroots mass action that would lead to gender inclusiveness and equality.⁴³ As Haddad explains, gender issues in South Africa are far from being resolved especially when one considers that some social institutions still discriminate against women (2000: 97-98).⁴⁴ Inequality is at the heart of gender biases. For example, as Runyan (1993: 5) explains, while women constitute half of the world population, they do two thirds of the world labour and yet are poorer than

⁴⁰ Oduyoye, M made this comment in her opening speech during the inauguration of the 'Gender and Theology' Program, School of Theology, University of Natal in June 2003.

⁴¹ One example is Purity Malinga who is the Bishop of the Methodist Church in KwaZulu Natal.

⁴² See interview with Belina Mangena, 1st November 2003.

⁴³ In South Africa, the "Spread the message campaign" of 2002 and 2003 was directed towards raising awareness of women and child abuse.

⁴⁴ E Television Channel News at 7pm on 29th November 2002 and most 7pm news almost everyday between 1st -16th December 2003 reported the activities that were carried out as ways of raising awareness on violence against women and children (these are the days that 'Spread the message Campaign' of 2003 were scheduled). It was also reported by all SABC channels and most printed media in South Africa during this same period.

men. Feminists have advocated the passing of laws that outlaw such discrimination against women. One area they have succeeded in is in women rights in the work place especially maternity leave and pay.⁴⁵ There is therefore need for gender theories to become practical realities in the lives of women all over the world to effect meaningful change.

3.3. Marginalization of women through religious beliefs and practices⁴⁶

One of the paradoxes in the church today is that while women are by far the majority in the church, very few of them occupy influential and leadership positions in the church (Runyan 1993: 5). Haddad (2000: 99) affirms that the church, like other religious institutions, has beliefs and practices that marginalize women at the expense of effective development efforts. Religious beliefs and cultural practices are seen to reinforce one another in institutionalising and justifying gender inequality. For example, Ammah explains that though a Muslim woman was accorded an identity during the pre-Islamic era, later developments have seen her become dependent on her husband (1992: 83). From her explanation, one may deduce how men use religion to justify oppression of women.

The marginalization of women in religions is related to power balance that is evident in certain practices and beliefs. Take marriage as an example. In the Muslim community for example, the power balance in marriage often disfavour women. A husband can easily give his wife a certificate of divorce if he does not like her (Mfugale 1994: 41). In this case, the interpretation of the holy writings is twisted to suit men. Behind such twisting of holy writings is an influence from the prevailing culture that is apparently anti-women in issues of marriage and divorce (Ammah 1992: 77). From this example, it is clear that

⁴⁵ See <<http://www1.umn.edu/humanrts/instree/women/engl-wmn.html#cedaw>>

⁴⁶ To marginalize is to treat something or someone as unimportant (Procter 1996: 865). This word can also be understood more clearly when looked at from the word 'margin' which means "the outer edge of an area" (Procter 1996:864). When the word margin is used to refer to people and their experiences, it refers to those who are treated as unimportant and therefore forced to occupy the outer position in a community or society. In this case, one would be talking of marginalization. A marginalized person is one who is treated as unimportant though he or she may be important. Another word that is used to refer to such an experience is discrimination. Procter explains that to discriminate is to "To treat a person or particular group of people differently, especially in a worse way from the way you treat other people because of their skin colour, religion or sex" (1996:392). In this dissertation, the word 'marginalized' will be used to refer to the experiences of women whereby they are treated as unimportant because of their gender.

men easily marginalize women because such beliefs and practices give men more power. Women are therefore marginalized as if they are not important in such marriages.

A balanced understanding of such passages of holy writings should involve an interpretation that considers the context in which these writings appear. There is need for women to challenge such misinterpretations because they are the ones who bear the blunt side (Wasike 2001: 202-213). For this to happen more and more women have to rise to the challenge of becoming theologically trained and well versed in their religious observances. The need to do so is urgent considering that when women are marginalized, they are unable to participate fully in religion and other spheres.

3.4. Marginalization of women through the lack of an empowering education

Most African women have had little formal or informal education.⁴⁷ As pointed out earlier, colonialism disrupted most structures and systems of African societies, with the effect that women were worse affected than men especially in areas such as education opportunities (Muchenji 1994: 81). The disruption means that even the traditional education that African women used to have was eroded at best or destroyed at worst. It is commonly said that 'education is power'. Women's lack of education therefore brings about poverty because as long as education is the only gateway to getting paying jobs, then women who are not educated remain poor and therefore powerless economically (Crocker 1995:184).⁴⁸ This however does not mean that women can only be well off materially through acquiring education; it means that education is a major factor in addressing poverty among women. For the plight of illiterate and poor women to change, development ought to address the causes of illiteracy among them. The lack of education amongst women, therefore, leads to their being marginalized economically.

The main factor behind the lack of education among most African women is male dominance that is evidenced in African cultures. Though this is the general trend, Phiri reminds us that there are cases when some men like Bongani A. Mazibuko have stood for the cause of women on issues such as education and employment. However, she shows

⁴⁷ To educate, according to Procter (1996: 442) is to "teach (someone) especially using the formal system of school, college or university or to give knowledge or understanding of a particular subject."

⁴⁸ See <<http://www.greenleft.org.au/back/1995/188/188p8.htm>>

that though many efforts have been made, the African society's perception of a woman and the value it puts on her education have not changed for the greater benefit of girls and women. In addition, a woman who pursues a university academic career faces more challenges than a man does, and so ends up being discouraged from further progress (Phiri. 2003: 416-430). It is therefore not surprising that more men are educated in Africa than women. This leads to the reality Africa is facing today - there are more poor women than men, hence the feminisation of poverty. The link is that gender inequality reinforces poverty and poverty leads to further the marginalization of women as financially powerful and educated men continue to dominate the social and economic space.

Such marginalization has been institutionalised in cultures and religious institutions as it was in Bible times (Chaney: 1993: 250-260). It is also justified and sustained by beliefs that elevate men at the expense of women (Wasike 1998: 60). Women are therefore systemically poor because men are (generally speaking), systemically rich (Mark 11-12: 37b; West 1999:35). Since the lack of education leads to poverty, which in turn affects women, development efforts that address poverty should also address illiteracy.

Illiteracy among women is a major drawback towards participatory development. (Escobar 1997: 90). As Mfugale (1994: 76) argues, providing literacy to women would enhance their survival. It can be seen, as was argued in chapter two, that men have generally benefited more than women have from development efforts because the methods that were used favoured them. The result is that development widened the gap that existed between men and women, because with better education, men continued to be more empowered than women.

3.5. Marginalization of women through denial of good health

Health is an issue that affects women more than it does men. Women's health is multifaceted and affects every area and aspect of the world's population.⁴⁹ Given that poverty can be rooted in gender issues such as patriarchy, addressing health problems among women should also consider the prevailing gender issues in a given case (Ngowi 1994: 69). One way of dealing with women's health holistically is to deal with the

⁴⁹ See <<http://www.greenleft.org.au/back/1995/188/188p8.htm>>

relationship that exists between issues concerning women and health. For instance, women's health and water are two related issues. Ngowi (1994: 66) contends that, "eighty percent of all diseases in developing countries are related to unsafe drinking water. Women are the most vulnerable to these diseases for they are responsible for carrying water in many societies and are in constant contact with polluted water." This shows that while the different causes of the marginalization of African women may be seen as isolated cases, they are related and require a holistic approach in which the community and all other role players are involved.

The marginalization of most African women due to the lack of good health is further worsened by the lack of birth control measures. The lack of family planning education leads to some women having many children without proper preparation or help from their husbands (Kinyange 1994:64). Women in such situations have to bear the heavy burden of bearing and rearing children without much support from their husbands and hence their health deteriorates (Nxumalo 1999: 62-63). Women, due to their health being undermined this way, end up losing opportunities for education, training, and empowerment. They also grow weak and lose health. Once in such a situation, African women may not participate in development efforts in a way that would better their future, and therefore they end up being further marginalized.

In Africa, lack of health facilities, and lack of a balanced diet affect women's reproductivity. In this way, African women encounter risks not only to their health but also that of their children (Laiser 1994: 70-73). A lack of good health means that such a family will struggle to raise children in a healthy and acceptable manner. Such women are therefore marginalized due to unavailability of health facilities, and risk being further marginalized in the future given the possible absence of good health in their children.

3.6. Oppression of African women through patriarchy

Patriarchy involves male domination over female on the one hand and female subordination to male on the other hand (Ackermann 1996: 95; Lerner 1986: 239). Lerner paints a scenario whereby men occupy the centre of a rotating wheel and women and children occupy the outer lines of the wheel. This means that everything revolves around

the male. In other words, patriarchy refers to the situation in which men are the final word in all matters of life. For example, land and property in most African societies pass from one male to another, because of the inheritance culture that is purely patriarchal (Haddad 2000: 99). Since women are unable to access such crucial resources, they continue to be disadvantaged and may lag behind in terms of economic progress. Lack of access to financial resources is a drawback for them and for their families; and in this way patriarchy works against African women, and by extension the family well-being.⁵⁰

Oduyoye sees the church and African culture as partners in the oppression of African women. To this effect, she contends, “On the whole, we can say that Christianity has converted the African people to a new religion without converting their culture” (Oduyoye 1995: 176). To become gender sensitive requires transformation from being patriarchal to becoming gender sensitive and inclusive in the way one treats both sexes. There is therefore a need to embark on educating the church on issues of gender sensitivity with respect to patriarchy and marriage.

3.7. Oppression through the denial of leadership⁵¹

As was pointed out in chapter two, during the colonial era, women leadership was still evident especially in the struggle for independence.⁵² An example is the way some South African women leaders led other women of all races in a march on the Union Building in Pretoria to protest against the pass laws.⁵³ However, women participation in development

⁵⁰ See <<http://www.focusinti.com/start1a1.htm> # 004>

⁵¹ To oppress, according to Procter (1996:991) is “to govern (people) in an unfair and cruel way and prevent them from having opportunities and freedom...to make (a person) feel uncomfortable or anxious, and sometimes ill.” Oppression is a negative word that expresses a form of suffering that one undergoes when another person does something that hurts, and disadvantages another person and or his or her interests. In this dissertation, the word ‘oppression’ will be used to refer to words said or actions done that lead to hurt someone or his or her social, economic or political interests. In particular, oppression will be used to refer to the experiences of women who are hurt emotionally and physically and denied opportunities and space in development.

⁵² Leadership refers to the act and ability to lead others. Atkinson (1995: 544) explains “leadership gives vision and direction to a group, and enables its members to fulfil its aims.” This means that leadership directs people towards their desires and according to set goals. Procter (1996:803-804) explains that to lead means “to control (a group of people); to be the person who makes the decisions or the most important person in a group...to influence (someone) to think or to do something in a particular way.” Leadership therefore involves the ability, character and action that lead people towards a given set of aims. In this thesis, the word ‘leadership’ will be used to refer to actions by women that direct people, especially other women, into certain directions within a given set of goals.

⁵³ See Evans, Anne 2002. “Saving the second sex.” Natal Witness August 26, 2002. p. 6.

was affected by problems associated with male dominance and male leadership (Ngowi 1994: 68-69). Ogunjipe (1994: 30) and Kisiga (1994: 27) suggest that is not the natural way of leadership where men lead and women follow unquestioningly. Since patriarchal leadership largely benefits men at the expense of women, it becomes counterproductive to development because the result is the furthering of the oppression of women.

For humanity to benefit from women's leadership, Nzomo advocates that women have to take the lead in fighting against "gender-biased recruitment structures, political violence, financial constraints, and low political socialization."⁵⁴ In doing this women will have thrown away the oppressive hand that hangs over their shoulders. The African church has partaken in the oppression of women in the area of leadership by using church tradition and African patriarchal cultural practices that hold the view that God did not ordain women's leadership. Muriithi (1997: 24-25) quotes Groothuis (1997: 190-198) and Phiri (1997: 141) in her contention that "...the Bible does not prescribe discriminative and oppressive practices of the church". As was argued in chapter two, African religious and cultural practices too had space for women's leadership. Lack of women's leadership in the church is therefore a deliberate action by men to oppress women.

3.8 The exploitation of women and material poverty⁵⁵

Many factors lead to African women's poverty. Poverty has many dimensions.⁵⁶ As Myers (1999: 83-86) affirms, among the causes of poverty are factors that are mental,

⁵⁴ See this information in Nzomo, M. 2002. *Daily Nation* Thursday December 5, 2002 issue.

⁵⁵ Exploitation may have two meanings, one of which will be used in this dissertation. On a positive note, it is used to "describe the more organized and efficient approach to harvesting the earth's resources (especially mining) which went hand in hand with the Industrial Revolution" (Atkinson 1995:367). To exploit therefore means to use something well to one's advantage. The word 'exploitation' will not be used in this sense in this thesis. It will be used in the opposite sense, that is, when one uses something or someone for one's advantage as Procter explains (1996:483). It will be used to refer to situations whereby women have been used or taken advantage of for the betterment of those who use them, especially men.

⁵⁶ The word poverty is used in varied ways. It may refer to physical as well as spiritual experiences. This word will be used to refer to the material as well as spiritual aspect. Atkinson (1995:678) holds that "the poor are those who barely survive. They struggle to obtain the necessities of life...the poor are those who are powerless to determine their destiny and meet their own needs". This view of poverty basically refers to the lack of material necessary for achieving a fulfilling life. Richards (1985: 489) explains the implication of poverty: "because of their powerlessness, the poor are easily robbed in any society (Psalms35: 10). Poverty strips the individual of rights, respect as a human being, and a place in society". In fact, what the Bible refers to as the blessedness of poverty, is a spiritual condition as Atkinson (1995: 678) explains:

physical, spiritual and social. When asked what poverty is, one man replied: "Do not ask me what poverty is because you have met it outside my house. Look at my house and count the number of holes (in the walls). Look at my utensils and the clothes that I am wearing. Look at everything and write what you can see. What you see is poverty."⁵⁷ Myers describes poverty as "deficit" and "entanglement"(Myers 1999: 63). These two words describe limitation and lack. This implies that poor women face certain limitations and lack. Poverty, therefore involves lack and limitations, but also goes beyond in such a way that it involves social organization and political processes. Myers quotes John Friedman who sees poverty as a lack of social organization and lack of access to the political process. Poverty and lack of freedom go together. Freedom and overcoming poverty therefore conversely go together.

Poverty also relates to the notion of freedom. Freedom is associated with power. Myers (1999: 69-90) quotes Jayakaran who sees poverty as a lack of freedom to grow. Freedom empowers people to grow and develop. This has not been the case for most African women. Poverty as material lack, physical weakness, isolation, vulnerability, and powerlessness characterizes many poor women in Africa. The implication here is that women who have known poverty experience many problems.⁵⁸

There is a dignity in poverty. Those who are Believers, albeit poor, appreciate and enjoy the riches of their inheritance in the kingdom of God. Poverty need not inhibit an exuberant and rich expression of Christian faith, "The gospel is received by those who are poor in spirit" (Matthew 5: 3). This is because they are not so self-sufficient as to imagine they can draw close to God in any other way. It is the same for the poor and rich alike.

This means that to be poor in spirit is a voluntary action and applies to all who desire to know God whether they are rich or poor. It contrasts with material poverty, which is not usually by choice (though there are those who choose to be poor due to their calling as noted among religious adherents such as the case of Catholics communities who take the vow of poverty that leads to their denouncing material possessions so that they can be free and available to serve God and humanity but is surrounded by social, economic and political factors.

In this dissertation, poverty will be used to refer to material lack as well as to the condition that leads a person to be receptive to God's kingdom. In particular it will be used to refer to the state of women who suffer poverty due to the effects of development failure among other factors.

⁵⁷ See Republic of Kenya 1996. The Second Participatory Poverty Assessment Study, Nairobi: Government Printer. (Unpublished document). p3.

⁵⁸ See <<http://www.worldbank.org/poverty/mission/up1>>

Lewis (1959: 16) argues that poverty creates its own culture, “One can speak of the culture of the poor, for it has its own modalities and distinctive social and psychological consequences for its members”. The experiences of poverty among women differ but lead to their exploitation (Lewis 1959: 43). The position of exploitation is like a dam that is fed by different rivers.

However terrible and dehumanising poverty is perceived to be, it is not incurable. Poverty is caused by many factors. Gifford quotes Otabil’s explanation of why Africans are poor and what they should do. He argues that poverty is not spiritual; that it has to do with the social structures in Africa and that those structures are the ones that need to be changed (Gifford 1998: 239-245; Mwaura 2003: 7).

Causes, just like cures, vary from place to place. Poverty among different women varies and is caused by many factors. Among them are gender issues such as discrimination. Haddad (2000: 98-99) contends that, though women face this obstacle throughout the world, it is worse for Black women because in addition to feminised poverty, racism challenges them. It is therefore clear that discrimination and racism contribute to poverty among most South African women.

3.9. Summary and conclusion

Gender biases are the main cause of most of the challenges that African women are facing today. This is evidenced in different forms of marginalization, exploitation and oppression that arise from patriarchal structures and systems. These structures and systems hinder African women’s full participation in development. African patriarchy should therefore be addressed. This should begin by providing African women with an empowering education in order to move from their position of powerlessness to a position of actualising their dreams and aspirations. Such education has to address the internalised wrong cultural and religious values. With such an education African women would be able to tackle issues of ill health, poverty, cultural and religious beliefs and practices. This also requires that African churchwomen work towards conscientizing the African church and mobilizing its human and material resources towards eradicating all forms of gender inequality.

Chapter Four

THE CHALLENGE OF HIV/AIDS TO AFRICAN WOMEN

4.1. Introduction

HIV/AIDS has become a pandemic that is affecting all people in all places. Though all people are not infected, all people in the world are called to fight the spread of this pandemic because no one is unaffected. Combating HIV/AIDS requires addressing all areas of life. One important area is gender. To combat HIV/AIDS in Africa requires a gender sensitive approach due to the position that African women occupy. There is a need to discuss what HIV/AIDS and how its spread was influenced by past development efforts, especially as it relates to gender and African women. HIV infection affects the body immune system. When one reaches the full-blown condition, death is forthcoming.

Since HIV/AIDS has such serious consequences, it worsens the plight of women whose situation is already worsened by the issues of gender as we have mentioned in the previous chapters. This is the precarious situation of many women in Africa. Their position can be illustrated by the following brief story. A boy was grazing his father's herd. He saw a leopard coming and started running for his life. Seeing no other option for a place to hide, he ran to the nearest tree that he could manage to climb. The tree happened to be near a river. He could jump into the water if the leopard happened to follow him further up the tree. Therefore, he climbed fast enough and the leopard did not catch him. Once he was up there, he felt relieved now that he was no longer in danger. After a few seconds, however, he cast his eyes up and saw that up on the branch he was sitting on was a big snake that was coming towards him and hissing. In a fraction of a second, he decided to jump into the water but he got scared when he saw a crocodile in the river. The only way out of the death-threatening situation was to climb down the tree. He turned his face down to see how to trace his way back. When he did so, he realized that the leopard had started to climb the tree. Whichever way he turned, there was no escape.

Though the situation of African women is similar to that of this boy, there is a way out. This chapter will examine how women have come to be in the situation in which they are

affected of colonialism, development failure, and HIV/AIDS almost on all sides. The first issue that needs to be examined is the pandemic itself. The second will be how it has affected women. Thirdly is how the church ought to employ gender sensitivity in its attempts to combat HIV/AIDS. Today, after decades of scientific research, we have no vaccine or cure for HIV. Unless the position and place of women change so that they are less vulnerable to HIV/AIDS, they will continue to be hard hit.

4.2. HIV infection

For one to become infected by HIV, the virus has to pass from the infected person to the blood system of one being infected.⁵⁹ Whiteside and Sunter (2000:1) and Webb (1997: 2-8) contend that HIV is acquired because it does not just happen. One has to get into contact with bodily fluids of one who is HIV positive in order for one to become infected (Webb 1997: 5). Once out of the body, the virus does not survive for long. But when one is infected, the process of virus multiplication begins (Siano 1993: 32). This is the initial stage of HIV infection and is followed by the asymptomatic stage, mild disease, moderate disease, and finally severe disease (Marcus 2000: 6). The final stage is full-blown AIDS when the body immune system is no longer able to cope with the viral multiplications. During this stage the CD4 cell count is so low that the immune system cannot fight any more. A normal person must have “1,200 CD4 cells per microlitre of blood. As infection progresses, the number will fall. When the CD4 count falls below 200, opportunistic infections begin to occur and a person is said to have AIDS” (Barnett and Whiteside 2002:32). Any attack at this stage will most likely lead to death unless treatment is done.

⁵⁹ There are two aspects of the acronym HIV/AIDS. They are HIV and AIDS. Marcus (2000:6) explains the difference between HIV and AIDS by pointing out that HIV stands for Human Immunodeficiency Syndrome, while AIDS stands for Acquired Immunodeficiency Syndrome, and that the former causes the latter (WCC 1997:6). The main issue here is that of the immune deficiency in a human being. HIV causes this deficiency. The virus is therefore referred to as Human Immunodeficiency - HIV or HI virus. When one has acquired the HI virus, one is said to be HIV positive. As time goes by, the virus multiplies and causes some complications known as AIDS - Acquired Immunodeficiency Syndromes. The acquiring here is not “genetically determined” (WCC 1997:6). The meaning of HIV/AIDS is that HIV is the virus that infects human beings, and causes the immune system to weaken, while AIDS is the complicated medical crisis that results from HIV. Marcus (2000:6) contends that HIV is the virus that is responsible for the death of many cells in the human immune system. Since the immune system is the one that protects the human body from attacks of sicknesses and diseases, its destruction by this virus is fatal to the life of the one being infected. This explains why HIV is commonly associated with death though scientifically, HIV does not cause death.

For HIV infection to happen, there must be an opening for body fluid to flow between the persons in question (Root-Bernstein 1993: 30 and Siano 1993: 34). If such contact(s) results in exchange of enough fluids from one body to another the results will be HIV infection (Siano 1993: 33). Webb (1997: 5) and Whiteside and Sunter (2000: 11) further explain how the virus uses body fluids such as blood, semen, vaginal secretions, and breast milk. Other body fluids such as cerebral fluid can also transmit the virus although contact with them is rare (Siano 1993: 33). Contact with semen or vaginal secretions of an infected person can happen during sex (whether congenital sex or rape among adults or children) because the genital organs have delicate membranes that allow the exchange of body fluids. Infection through breast milk, although it is not definite, is limited to mother to child only when an infected mother breastfeeds her child. The virus flows from the mother's breast milk into the child through the delicate lining in the intestines of the baby. Since infection can only come about through contact with such fluids, HIV can be avoided.

What makes the HIV/AIDS pandemic a tricky one is that the time between infection and the asymptomatic stage can be long. This length differs from person to person. Root-Bernstein (1993: 31-32) argues that even after several exposures, some people do not acquire the infection at all while some get it during the first exposure. However, one who gets HIV infection may take years before the Acquired Human Immunodeficiency Syndromes - AIDS shows up. Meanwhile, contact with fluids of such a person through any of the above ways may lead to HIV infection. This implies that when one avoids the above contacts, one may be safe from infection.

Once HIV is in the body, it multiplies quickly (Webb 1997: 5). Whiteside and Sunter (2000: 7) explain that when the HIV enters the human body, it multiplies rapidly and destroys the CD4 healthy cells - the cells that are in charge of overall body immune system (Siano 1993: 27-31). The result is that antibodies are produced (Whiteside and Sunter 2000: 1-3). This implies that when one is tested for HIV antibodies, the test would show the presence of the HIV in one's body even if there could be no sign of any illness. In this way, HIV infection is hard to notice immediately one is infected because there are no obvious signs.

When HIV infects someone, the body immune system starts to fight the invading virus. Normally the T4 cells, the 'soldiers' that fights against any attaches to the body system, fight against any attacks from diseases. In the process, the CD4 cells are destroyed in the process of protecting the body (Webb 1997: 2-5). Although the immune system fights the invading virus it gets weaker and weaker as the HIV multiplies and destroys more CD4 cells (Siano 1993: 30). As the body immune system weakens it becomes prone to many diseases. Unless some intervention is done to stop the weakening of the immune systems, one's body becomes so weak that one dies of diseases that one's body would otherwise have withstood.

The only intervention that works is taking antiretroviral drugs because HIV is a retrovirus (Siano 1993: 26). This intervention works as a slowing down process of the virus multiplications. This has to be clinically determined, given that not everyone across the board will evidence the slowing down process. Whiteside and Sunter (2000: 3) contend that "The treatment with antiretroviral therapy causes the immune system to recover, viral loads to drop and in many cases the clinical manifestations of AIDS disappear." This implies the reversal of the situation. HIV positive people can prolong their life if the antiretroviral drugs are taken as prescribed. Antiretroviral drugs are therefore essential for the survival of infected persons at the stage between symptomatic and severe disease because they reduce the virus multiplication.

4.3. Brief history of HIV/AIDS

There have been debates on the origin of HIV. To date, there has not been any conclusion as to the origin of HIV. Whiteside and Sunter (2000: 1) argue that the HIV/AIDS condition was first discovered in the United States of America (USA) in the 1980s. WCC (1997: 6) holds the view that it was discovered in USA in 1981 mainly among the Gay community. Perkel (1992: 1) contends that the first report of AIDS related symptoms was done in Atlanta Georgia. Later on these symptoms were reported among a growing number of patients, especially among drug users. This means that the spread of the virus may have taken place from one infected person to others who had body fluids contact with him or her before it was clinically discovered.

Doctors in the USA observed occurrences of a peculiar pneumonia (pneumocystis carinii) and cancer (karposis sarcoma) (Perkel 1992: 1-2; Barnett and Whiteside 2002: 28). HIV/AIDS in South Africa appeared in 1982, when two first cases of the Acquired Immunodeficiency Syndrome in male homosexual were identified (Whiteside and Sunter 2000: 47). Whiteside explains that though the first two cases of HIV/AIDS were found among White homosexuals, the disease later spread across all races. The infections have since continued (Perkel 1992: 2-4). Root-Berstein (1993: 1-56) explains how the debate on whether HIV causes AIDS or not is one that will take long to prove or disprove. In his explanation he mentions how HIV/AIDS symptoms have been observed in the past and that the virus may well have been in existence long before it was discovered.

From the above discussion, one can deduce that though instances of symptoms were noticed in various communities in the world, the discovery of the virus as a cause for the breakdown on the human immune system came later. However, rather than concentrate of the origin of HIV, which is not known yet, focusing on the transmission may help us to see the way forward.

4.4. Modes of HIV Transmission

Although during the early discovery HIV/AIDS was reported to be among drug users and Gay community, HIV/AIDS today is common among heterosexuals and among children who have not had any sexual experienced. More women than men are infected.⁶⁰ Babies too are infected through birth (Webb 1997: 5). Anyone can be infected with HIV through blood transfusion, sex with an infected person, sharing piercing instruments with an infected person, or breast milk as is the case of mother (who is infected) to a baby (Siano 1993: 33-34. 70-73, 2002) Since the origins of HIV/AIDS is yet to be known, it is hard to know whether it would help to discover a vaccine or a cure quickly.

4.4.1. Sexual transmission.

The commonest HIV transmission in Africa is through sexual intercourse (Root-Bernstein 1993: 30-31). Barnett and Whiteside (2002: 3) view sexual intercourse as the

⁶⁰ See <http://www.unifem.org/filesconfirmed/73/179_section1.pdf>

vehicle for the transmission of HIV/AIDS in South Africa and rank it as the one responsible for most infections. This implies that most people infected with HIV will have had a sexual experience with at least one infected person. The hardest hit group in this case is the sexually active. Sadly, sexual violence is on the increase in South Africa as Denis (2003: 66-71) and Webb (1993: 127-129) assert. Teenage girls, due to their physiological immaturity, are particularly vulnerable to HIV infection. Haddad (2002: 93-94) explains that the factors that are behind the escalating sexual violence in South Africa are problems in sexuality and gendered power imbalances between men and women. These two factors may explain how sexual violence accelerates the increase of HIV infection among girls and women because of the force involved that leads to the tearing of delicate on their tissues.

Sexually transmitted infections (STI) play a big role in the transmission of the virus because they result in the genital organs becoming more receptive to HIV infections. Root-Bernstein (1993: 72-73), Whiteside and Sunter (2000: 11) explain that when the skin or the membranes are cut or broken the virus easily gets into the blood stream. Once in the blood stream, the virus has already infected its host. This implies that unless STI are treated, they make it easy for HIV infection to take place.

Sexual transmission includes not only male to female vaginal intercourse but also male-to-male anal sexual encounters (Root-Bernstein 1993: 189). In the former, women are more at risk than men are, while in the latter both partners have equal risk. Oral sex is risky because in addition to involving the female or male genital organ it involves the mouth, which has delicate lining that can easily allow the virus to penetrate. Whatever the form of sex that is used, the fact remains that if it involves an infected party, HIV can be transmitted.

4.4.2. Mother to Child transmission (MTCT)

The second common way for the transmission of the virus is mother to baby when the mother is infected (Perkel 1992: 3). WCC (1997: 7) reports that up to 40% of infants born to HIV positive mothers get the infection. This infection can be in two ways. The first way is when an infant has body contact with its mother's blood during birth. The second

way is as Whiteside and Sunter (2000: 12) explain; during breast-feeding given the presence of high viral load in the mother's milk. These two modes of transmission also explain that a baby may not inherit the HIV, as it is the case with other diseases such as asthma, because HIV is acquired. However, the administering of particular anti-retroviral drugs to a mother before she goes into labour, and to the baby within 72 hours of birth can prevent some instances of MTCT.⁶¹

4.4.3. Blood transfusion, organs transplant, and sharing of surgical tools

Many unsafe health practices and events can lead to HIV infection (Webb 1997: 6, 21). Events such as accidents and unsafe health practices such as unsafe transfusion of blood are examples. Due to a lack of properly equipped and well-financed health institutions, the use of contaminated blood or blood products can lead to HIV transmission (Hope 1999: 3-5). WCC (1997: 12) advocates that in order to avoid HIV transmission through blood transfusion, blood should be tested and transfused only when necessary. Given that there are many clinics that may not have practiced such care before HIV was reported, many people may have been infected through such unsafe practices that could have been avoided.

HIV transmission through blood can also occur when more than one person uses same needles and other equipment before being sterilized (Root-Bernstein 1993: 235). At times, accidental contact with an infected person's blood can lead to HIV infection. Alwina believes that she contracted the virus when she was nursing her daughters who were HIV positive. It is highly likely that the opposite may have happened – the daughters contracted HIV from her given the possibility that she may be the one who contracted the virus earlier.⁶² Another example of transmission through contact is one case reported in 1990 that involved an Italian soccer player who was later diagnosed HIV positive after colliding with another player (Whiteside and Sunter 2000: 14-16). Such a contact must have involved blood contact mixing for the virus to be transmitted. There are also cases of nurses and doctors who are infected through amongst other modes, accidental contact with fluids from HIV positive patients, needle-sticks injuries or

⁶¹ See <<http://www.avert.org/motherchild.htm>>

⁶² See interview with Alwina M, 1st November 2003.

scalped cuts.⁶³ The point here is: in view of this danger, surgical equipment should not be shared.

Other different HIV transmissions involving instruments include equipments used to pierce ears, syringes and other tools such as those used to make marks on the body for traditional ceremonies and practices such as circumcision (WCC 1997: 12). The danger of HIV transmission when using such equipment lies in the fact that such practices are at times done without effective medical precautions. Since such practices are considered as important to cultural practices, HIV presents a challenge to those who practice them.

4.5. HIV prevention, treatment, and cure

When one drives from the centre of the City of Pietermaritzburg going to Northdale Hospital, one meets a billboard that reads, "Prevention is better than no cure."⁶⁴ There is no cure yet for AIDS (Whiteside et al 2000: 21). However, there are treatments that can facilitate a better living for those infected (Siano 1993: 26). The treatment of HIV/AIDS involves efforts at reducing the viral load when the CD4 counts starts to drop (Webb 1997: 3). Therefore, though there is no cure, HIV/AIDS can be managed.

The first non-medical treatment should be done when one discovers that one is HIV positive. It involves positive living. As Pekel (1992: 57), and Whiteside and Sunter (2000: 21) stress that positive living means healthy living.⁶⁵ This has two dimensions. One is that of eating healthily by consuming a healthy diet. The second is living healthy emotionally and involves dealing with all traces of emotional imbalances such as stress, depression, anger, and other conditions that contribute to emotional problems (Jacques 1999: 98). The two dimensions are important because both contribute to a positive lifestyle. The goal is to reduce the chances of weakening one's immunity.

⁶³ Moyo, D is one of the interviewees who is a nurse working in one of the hospitals in Pietermaritzburg and narrated to the author how some medical personnel are infected with the virus while providing medical services. See also interview with Moyo, D, 2nd November 2003.

⁶⁴ Northdale Hospital is situated between the formerly restricted areas for the Colored and the Indian communities residences in Pietermaritzburg.

⁶⁵ Ntombela, A. explained to the author that when she started taking the ART drugs, she was advised to make sure that her diet and her exercises were right in order to keep her body healthy.

The second treatment should be done when the CD4 counts is below 400. This treatment targets the presence of opportunist diseases such as Tuberculosis (TB) (Whiteside and Sunter 2000: 21). Opportunistic disease such as TB can kill because they attack the body of an HIV positive person when their immune system is weakened. After treatment, the HIV person can continue with life as normal as possible because the CD4 count can again begin to rise. Different HIV positive people would reach this stage at different times because their body's conditions and states are all different.

The third treatment involves antiretroviral drugs that fight the virus directly and can start when the CD4 counts goes below 350 (Whiteside and Sunter 2000: 21). Siano explains that in addition to antiretroviral treatment there are other treatment options (1993: 86-87). Antiretroviral consists of the consumption of one or more drugs. This treatment reduces the viral load and consequently enables one to live healthily again (Whiteside and Sunter 2000: 22). Antiretroviral drugs such as nevirapine reduces the chances of mother to baby infection. The only problem that the patient faces is the high cost of the drugs that are involved. There is also the fact that even if one can afford such costly drugs, the immune system will eventually fail, though after a long period. Also some people cannot take certain drugs and others develop a resistance to some drugs.

Prevention is the best approach to the spread of HIV because there is no cure. Even when there is an affordable cure, prevention is still a better option because the treatment of any disease costs time and money as Simbayi contends when referring to prevention and the situation of South Africa (1999: 153-154). When an individual dies, all who are concerned, experience loss. At the end of the day, efforts to prevent the spread of HIV are therefore less costly than those of treatment. And ultimately the only way of containing the virus is prevention.

Given that most HIV infections in Tropical Africa are through sexual encounters prevention ought to be the highest priority (Whiteside and Sunter 2000: 18-19).⁶⁶ The

⁶⁶ The term Tropical Africa is here used instead of Sub-Saharan Africa. Phiri explains that the former is derogatory in the sense that it associates the tropical African region with the Saharan desert which is largely unproductive. See Phiri, A.I. "Africa: Christianity and Other Faiths" in Mwakabana, H.A.O. (ed) Lutheran World Federation Studies: Multifaith Challenges Facing The Americas... and Beyond: Vol.

most important issue on prevention is practicing safe sex, which implies different approaches to different people. Using the male/female condoms during sexual intercourse (Perkel 1992: 9,15) is one common approach that works for those within and without marriage bond where one or both partners are infected. Condoms act as a barrier against infection during sex. Though condom use is encouraged, one has to bear in mind the need to educate people on its usage and its benefits because as Simbayi explains, there are many negative attitudes, beliefs, and stigmatisation that hinder its application (1999: 158). Since sex brings about body contact that leads to possible infection, the use of condoms reduces the chances of HIV infections for those who do not abstain. Abstinence therefore aids HIV prevention.

The other way of prevention involves a healthy sexual behaviour among those who practice sexual intercourse (Masopha 1999: 194-195). Safe sex is therefore about abstinence and, or safe sexual behaviour. Safe sexual behaviour involves sticking to one's spouse for those who are married and the use of condoms for those who may practice sex outside the marriage bond. Healthy sexual behaviour requires knowledge, change of attitudes, and change of behaviour. As Whiteside and Sunter argue (2000: 18), behaviours take time to form just as they take time to change. Though there are people who are infected due to risky sexual behaviour, developing a healthy sexual behaviour is a sure way of preventing of HIV infections especially among the sexually active people.

The ideals of the church are abstinence for those who are not married and the use of condoms for those who are infected and are married. The church discourages condom use by those who are outside the marriage bond and bases it on moral reason that sex (with or without a condom) should be for the married.

Thirdly, taking antiretroviral drugs, in some instances, ensures that though the mother is HIV positive, the baby will not get the infection and develop an HIV positive status through contact with the mother's blood or other body fluids during pregnancy or at birth. It therefore works for the baby and not for the mother. In South Africa, Antiretroviral drugs are now becoming available for men and women. Though this prevention method is

important, especially to pregnant women, the problem is that most poor mothers may not get access to it due high costs unless it is made freely available to them. The South African government's response to the spread of HIV/AIDS has been clouded by many controversial debates.⁶⁷ Whiteside and Sunter (2000: 119-120) explain the reasons behind it as being that South Africa was going through transformation since the 1994 multiparty general elections that led to many restructurings of institutions. There were also complications that came as result of politicking on the origin of AIDS among other HIV/AIDS related debates.⁶⁸

A fourth prevention method concerns avoiding and treating STI among those who practice unprotected sexual intercourse. When STI are treated, chances of other infections are reduced (Siano 1993: 281). Whiteside and Sunter (2000: 18) cite STI treatment as an effective control in the developed nations. Since treatment of STI reduces the chances of HIV infections, promoting STI treatment leads to preventing HIV infections to a certain degree, especially among sexually active populations. Banning and discouraging the use of unsafe methods and equipment is the fifth prevention method. Unhealthy traditional practices that lead to possible HIV infections such as circumcision, ear piercing and tattoo marking among others practices, must be discouraged (Webb 1997: 27). Hope argues that circumcision reduces seroprevalence (1999: 7) and concurs with Mafune (1999: 28) who contends that its absence in male and female contribute to prevalence of STI. The multi-use of syringes and injections among drug users should also be discouraged. In their place, there should be the promotion of healthy practices such as the use of well-equipped private and public hospitals for traditional practices and the spread of safe practices among drug users.

4.6. The challenge of vulnerability

The first challenge has to do with what women cannot avoid - the nature of their genital organs (Wood 1995: 50). Female genitalia differ from those of males in the sense that

⁶⁷ This understanding came to the author when viewing SABC 3 news of 7.00pm Friday 2nd April 2004. The government's role in combating the pandemic has not had a direct and positive impact MTCT until April 2004 when the role out plan was reported to be reaching a number of PLWA through government hospitals.

⁶⁸ This understanding came to the author through viewing the SABC news since 1999.

they can hold secretion during and after sex; the male one does not (Haddad 2002: 95). This is so because the female genital organ has a bigger surface area than that of a male (Baylies and Bujra 2000: 5). It also has a greater permeability of mucous membranes. Although, as Baylies and Bujra explain, it is believed that HIV concentration in semen is higher than that in the vaginal fluid, Root-Bernstein (1993: 33-38) disagrees and states that there is not yet any medical proof to that effect. Nevertheless, a larger surface area means that a woman is more exposed to the infection than a man ~~is~~ during sexual intercourse. Baylies and Bujra estimate that due to this fact “the probability of male to female transmission is estimated to be two to four times to that of female to male transmission” (2000: 5). This means that women, by nature, are more susceptible and vulnerable to the virus than men.

The second challenge is associated STI, which, unfortunately are not easily detected in a woman due to the above physiological factor. This may explain why “more than 50 percent of antenatal clinic attendees have been found to be infected with at least one STI” (Whiteside and Sunter 2000: 60). The presence of STI, and failure to treat them among women therefore increases their vulnerability to HIV infection. Since the STI are not easily noticed, and also the stigma associated with them, and lack of information about them especially among poor women, they are not quickly treated (Baylies and Bujra 2000: 5; Lesetedi 1999: 46-47). Once STI infections have torn and worn out the membranes of the female genital organ, HIV infection occurs. Conversely, as Barnett and Whiteside (2002: 329) contend, when the STI are treated, the risks of HIV infection and spreading through heterosexual intercourse are reduced. Sadly, women whose partners are not faithful end up contracting STI and consequently become vulnerable to HIV infection.

The third challenge concerns virgin girls being more vulnerable to HIV infections on their first sexual encounter with a man who is HIV positive than women who have had sex several times. As mentioned above, the physiological immaturity of teenage girls leaves them more vulnerable to HIV infection than older women as Haddad explains (2002: 97). Nicolson (2000: 10) explains that, due to male destructive attitudes and

behaviours, there has been an increase of the number of HIV positive female children. As Haddad explains, victims of such sexual violence contract the virus easily because of the bruises that result from the tightness of the muscles that results from that first sexual experience that is traumatic. This is true also in cases of incest and other forced sexual encounters. The entry point is bound to tear and increase the chances of the infection going into the blood system.⁶⁹ All the above factors show how a woman's sex organ is a major factor that contributes to her vulnerability.

The fourth challenge concerns heterosexual encounters (Perkel 1992: 5). Although sexual violence such as incest, rape, and other forms of violence may account for many HIV infections among African women, sexual encounters that involve long-term relationships may account for most HIV infections as Perkel contends. The determining factor is whether some form of preventative method is used (Simbayi 1999: 158). Sexual violence and the cultural beliefs and practices that empower men at the expense of women are factors that explain why there is less usage of condoms during sexual encounters (Haddad 2002: 95). Additionally, most women lack health information that is crucial in avoiding HIV infection (Lesetedi 1999: 47). To avoid unsafe sexual encounter is therefore a challenge to African women due to such factors.

Women who are less educated, poor and unmarried are more vulnerable than women who are educated, rich and married. These are the factors that Baylies and Bujra cite as being behind the creation of a vulnerability web that leads to HIV infection among African women (2000: 13). Additionally, intimate relations reinforce the physiological factors towards women's vulnerable to HIV (Baylies and Bujra 2000: 7).

The fifth challenge relates to gender inequality. It is helpful here to consider how African women grow up facing gender inequalities. One of the factors behind the increase of sexual violence is the way people are socialized. Gender biases against women are common in most communities (Phiri 2002: 24). These biases partly explain why some African men's attitudes about sex are destructive. Attitudes such as "men need, and are

⁶⁹ This understanding came through the author's contact session with his supervisor Professor Phiri, A. I. during the duration of this research in 2003.

entitled to, frequent sex with a variety of partners” are not only misleading but also dangerous in the sense that they endanger women (Nicolson 2000: 10). This is dangerous in the sense that coupled with male physical power, it is responsible for the sexual violence that is frequently broadcast in the media and involves men who violate girls and women (Haddad 2002: 96). The way boys and girls are socialized may contribute towards boys’ expectation that women should be submissive, and girls to some extent may expect men to dominate over them. This kind of socialization challenges women because it helps create their vulnerability to the virus.

This scenario is clearly a matter of a power as exemplified in sugar daddy relations where girls who are needy materially give in to the desires and lure of wealthy men (Baylies and Bujra 2000: 111). This is also true in other relationships involving a man who has material possession and a woman who is poor and therefore often unable to negotiate safe sex (Lesetedi 1999: 51). Phiri explains that in many marriages in South Africa there is male domination and female submission rather than partnership (2002: 24). Children who grow up in such an environment will most likely become socialized to behave towards the opposite sex in the same manner because “socialization into sexual matters, including the language used, and the way sex is approached, understood and valued, often varies as between males and young females. In consequence, women may be at considerable disadvantage in being able to exert equal influence over the nature and meaning of sexual encounters (Holland et al., 1998 in Baylies and Bujra 2000: 8).

The young girls and women therefore are infected by HIV because they have no power to determine the kind of sexual encounter or what the encounter means to them (Kaya 1999: 40). However, in casual encounters or commercial sex, women may have more ability to negotiate than in trust relations such as marriage (Baylies and Bujra 2000: 8). African girls and women who live under patriarchal cultures are likely to be exposed to the HIV infection because socialization has not prepared them to understand and negotiate safe sexual encounters. And even if they were prepared, sexual violence, which has been on the increase, is beyond their control to a large extent. HIV infections therefore thrive where gendered power imbalance favours men at the expense of women.

The sixth challenge relates to marriage. Marriage, which is understood to involve many elements in most African society, is another factor of women's vulnerability (Nxumalo 1999: 61). Wood (1995: 51-52) explains that at times men have sex with their wives as a way of conquering and subordinating them. This, he explains leads to the scenario where men make decision about women sexual behaviour, and remain the decision makers for them even in other areas outside the marriage bond. This approach to sex and marriage as well as other areas of life, creates vulnerability in women. Baylies and Bujra (2000: 8) quotes Carovano who explains:

Men and women engage in sexual relations for an array of reasons that range from the pursuit of pleasure, desire for intimacy, expression of love definition of self, procreation, domination, violence, or any combination of the above, as well as others. How people relate sexually may be linked to self-esteem, self-respect, respect for others, hope, joy and pain. In different contexts, sex is viewed as a commodity, a right or biological imperative; it is clearly not determined fully by rational decision-making.

(Carovano, 1995:3,4)

In such marriages, negotiations on safe sex are rare if not absent (Kaya 1999: 39-41). It means that women cannot protect themselves because they have no power to negotiate for safe sex. This is how issues of gender dis-empower African women to the extent that they are vulnerable even within marriages.

The seventh challenge is about culture. Atieno's story shows how cultural beliefs and practices such as wife inheritance and wife cleansing lead to HIV infections.⁷⁰ In South Africa such cultural practices may lead to HIV infections (Shisana 2002: 5). When women are not allowed by culture to negotiate for safe sex, they end up being in danger of HIV infection given that most African cultural practices as mentioned by Shisana, empower men to have an upper hand in sex matters. Baylies (2000: 5) explains this by saying "Such bias, riding both in the 'deep structures' of society and reflected in day-to-

⁷⁰ See this story in appendix A.2.5 on page 93 of this dissertation. See also <<http://www.aegis.com/news/ips/1999/IP990505.html>>

day behaviour, is embedded in legislation, official policy and practice, political and religious ideologies, and cultural conventions”. The most serious cultural belief that makes way for the infection among many African women is what Nicolson (2000: 10) refers to as the “belief that men need, and are entitled to, frequent sex with a variety of partners.” He further explains the context and repercussions of this:

Even if we can immunize against AIDS, even if we had a cure for AIDS, issues such as commercialisation of sex, the expectation amongst men that women have a duty to provide them with casual sexual gratification, the belief amongst young women that their worth is determined primarily by satisfying the demands of their partners, remain. Young girls are initiated into sexual intercourse before they are biologically ready for it. Rape and sexual violence are common in our society. Women are not given rights over their own body. (2000:12).

The eighth challenge is about lack of education. Ignorance on issues of HIV/AIDS can lead to infections (Kaya 1999: 37). Baylies and Bujra (2000: 6) associates lack of an empowering education among women with the limited access to knowledge about STI and HIV amongst women. This vulnerability is dangerous when women are living under a male centred and patriarchal culture in which male leadership and influences are not questioned (Kaya 1999: 40). While women may be hindered from access to health services by lack of knowledge, lack of well functioning clinics and hospitals means that even when they know what STI and HIV entail, they may not get treated when infection occur (Nxumalo 1999: 61-62). This lack of health facilities and education brings about women’s vulnerability to the virus.

The ninth challenge is on gendered power imbalance. Lack of power to negotiate safe sex due to gendered power imbalances in the job and employment market is common amongst Southern African women. Lack of education, training, and gender biases against women in the job and employment places leads to women being marginalized and their

Chapter Five
THE CHALLENGE OF HIV/AIDS AMONG AFRICAN WOMEN IN
PIETERMARITZBURG

5.1. Introduction

The aim of this chapter is to consider the field research that has been done among women members of Springs Of Hope Support group Project (SOH). During interviews with the HIV positive women, many issues in the church and church administrative structures came out. As will be evident in the field research, it was deemed necessary to interview church ministers and NGO workers so as to further clarify the information.

This chapter will present and analyse the data that came from the field research so as to gain an understanding of how a gender sensitive approach can be formulated. Data on the HIV positive women was collected using a different questionnaire from that of church ministers and NGO workers. Three questionnaires were used due to the need to focus on different aspects of the research. The information that came out of all the interviews was overwhelming and led the author to retreat briefly in order to regain focus.

The data proved helpful and challenged the interviewer to research further in the library for some clues on some issues. As will be evident in this chapter, the church has much work to do before it can be of effective help to African women who are infected with HIV. The point of departure will be some brief information on the city of Pietermaritzburg. It is the city that hosts the author at the moment and all the interviewees in this dissertation. A brief history of the Springs of Hope Support Group Project (SOH) will be done in order to inform our discussion on a number of issues. This will be followed by a brief explanation of the research process, data analysis on SOH interviewees, research findings on SOH interviewees, data analysis on Church and NGO interviewees and research findings on the same. After this, the findings will be used to formulate a church based gender sensitive approach to HIV/AIDS amongst women in Pietermaritzburg and suggestions on the way forward before a summary and conclusion of this chapter is drawn.

5.2. Pietermaritzburg

Pietermaritzburg city, which is 29.61 degrees to the south and 30.39 degrees to the east, is the capital city of KwaZulu Natal province and has both cold and warm weather. Its population, which comprises mainly Blacks, Whites, Indians and Coloured communities is close to half a million.⁷⁴ Dutch settlers founded it in 1838 (Raybould 1988: 9). Earlier it was known as 'Umgungundlovu' and was King Dingane's royal kraal (Raybould 1988: 44). It became the capital of the British Colony of Natal in 1856 (Raybould 1988: 90-92; Benyon 1988: 86-89). It is situated on the N3 highway; has a railway station and an airport. It is the commercial centre for Natal Midlands (Raybould 1988: 1). It is famous for its wattle industry among other commercial production.⁷⁵

The effects of apartheid and the colonial era such as economic inequalities and increasing unemployment are felt even today (Guest 1988: 120-128).⁷⁶ However, this city hosts the world famous Comrades Marathon and Duzi Canoe Marathon, which happen annually (Haswell 1988: 244-245; Mark 1988: 254-256). Pietermaritzburg is also the headquarters of University of KwaZulu Natal and other reputable institutions and organisation such as the Tatham Art Galley where the SOH meets. Most of these sites are historic and attest to events that have shaped this city and its inhabitants (Ruth 1981:159; Spiller 1988: 96-100; Camp 2001: 11, 15, 1729, 32, 75,131) The residential areas where the interviewees live can be seen on the map on page vii to ix of this dissertation (Ruth 1981: 137).⁷⁷

5.3. Springs of Hope Support group Project (SOH)

Ann Ntombela and Mbongeni Ncgoya, two young Christians who are living with HIV, founded SOH in 2003. The members, who are HIV positive, mainly from the Black community, come from different residential areas and different social and economic backgrounds. Registered members were more than 65 by the time of the interviews. Unfortunately, they have lost three members to AIDS. Already some members have started to receive training in different areas they are involved in, in order to be equipped

⁷⁴ <http://www.world-gazetteer.com/d/d_za_kn.htm and http://www.sacities.net/left/profiles_pmb.stm>

⁷⁵ <http://www.greatestcities.com/Africa/South_Africa/KwaZulu-Natal/Pietermaritzburg_city_regional_capital.html?redir=1>

⁷⁶ <http://www.sacities.net/left/profiles_pmb.stm>

⁷⁷ See Brabys. 2003. *Pietermaritzburg Directory 2003/4*. p. 2-3, 144-145.

for more work. The latest involvement has been with the Treatment Action Campaign programme in Pietermaritzburg (TAC). SOH's vision is to create a community where people that are infected with HIV, or affected by HIV, will be able to live comfortably without fear of discrimination. They do this by providing support and HIV/AIDS awareness and education. Their objectives include "To bring [sic] the love of Christ to the people infected and affected by HIV and AIDS, by giving them physical, spiritual and emotional support".⁷⁸

5.4. Research process

Before the field research was embarked on, the author met with the two founders of SOH and devised the list of 20 names of members to be interviewed. Before devising the list, the author made it clear that the purpose for the research was for academic purpose only and that it was not funded. It was also made known to the SOH leadership and members that the author does not intend to use the research findings for commercial purposes. The two founders briefed the author about the history of the SOH members, the Project's vision, and objectives. After this briefing, dates and places for interviews were suggested and discussed. The author later consulted those who were suggested. He consulted 15 out of the 20 members. 10 of them accepted the request to be interviewed. At the end of the field research 10 members had been successfully interviewed.

The first two interviews were conducted in town.⁷⁹ After conducting them, the first interviewee suggested that two of the next eight interviewees would require interpretation for the questionnaire into Zulu because she thought that the language used may not be easy for them to understand. To overcome this obstacle, one member who is well versed in English and in Zulu offered to help. The next interview was conducted in Sobantu and involved the two interviewees who needed interpretation. Both of them turned up together with the interpreter. Time was first spent on explaining and discussing the interview especially the issues of gender. One interviewee expressed that she could

⁷⁸These objectives and vision are found in one project proposal written by the founders as well as in the SOH constitution, and Ntombela's presentation of SOH project during PACSA's conference on 18th February 2003 in Cathedral of Holy Nativity Pietermaritzburg. The author attended this conference

⁷⁹One was done in MacDonald restaurant during a quiet evening. The other was done in the Court offices where the other interviewee is working.

Three of the interviews were marked by mixed emotions from the interviewees. One of them was struggling with her teenagers who at that time had been rebelling. The author had to first listen to the problem and gave encouragement and prayers before conducting the interview. The second interviewee was struggling with her husband who had taken a second wife. The third one was struggling to get enough money for antiretroviral drugs. The author offered encouragement wherever it was appropriate before the interview was conducted.

At times, even before asking any questions, some interviewees started telling the author how they felt when they discovered they were HIV positive. Most of them narrated how they felt emotionally. Those who have been HIV positive for more than two years would remember their emotional outburst. However, those who discovered their HIV status within the past two years seemed to be struggling with anger, stress and a bit of depression. They brought out these emotions while they explained what motivated them to go for the test.

After transcribing some of the interviews, the author at times needed to go back to the interviewees to clarify some information. The author has also had meetings with the founders and discussed the findings. This was deemed necessary to safeguard the security of some members whose family members may have desired that some information should not be used in public. The founders gave permission for the information to be used after they listened to the tape-recorded interviews. Of importance for this dissertation is that before handing in the final draft, each interviewee had given permission for the information to be used.

Since some of the information that came out of the interviews was depressing, the author used to debrief before the next interview or at times in the middle of the interview. It came to the attention of the author that the majority of the interviewees had counselling and pastoral needs that had not been expressed or solved. A good number of the interviewees had not disclosed their status to any of their close friends, family and church minister(s).

5.5. Data analysis of SOH interviewees

The interviewees who were successfully interviewed were ten. The youngest respondent is twenty-six years old while the oldest is fifty-seven years. The average age is therefore 27.2 years old. This age indicates that the average interviewee was mature enough to carry out a meaningful conversation during the interview.

Those whose education was below Matric were a quarter. Those whose education was above Matric were half the group. The other quarter had tertiary education. This indicates that the majority of all the interviewees had acquired enough education to facilitate a good grasp of the issues raised in the questionnaire.

The respondents who had had boyfriends were a third of the interviewees. Those who are married were two thirds. Those who had married and were later widowed were a third. This data shows that all the women at least had an experience of relating with a man. Of the two thirds who are married, most had experienced what it means to struggle with gender issues while the rest may have experienced the same in the short-lived or long-term lived relationships or when they were still under the care of their parent. This data therefore shows that all the women had been affected by gender biases in one way or another in addition to being HIV positive.

All the interviewees except one had given birth to children. All of them except two had given birth to children who survived. Those who had given birth and lost a child or children were a third. Those who had children older than ten years were two thirds. This shows that a majority of the interviewees knew parenting and especially on matters of the social construction of gender and identity.

A third of the interviewees were employed, two fifths were unemployed while a third were semi employed. This diversity indicates that all the interviewees had first hand experience of the struggles that women go through when looking for employment.

All the interviewees were church members in different church denominations. Those who are members in African initiated churches (AIC) churches were a three fifths, in charismatic and Pentecostal were one fifth and in mainline churches were a fifth. This

information reflects the fact that all the respondents know what the church is doing with respect to their plight.

5.6. Research findings

All except two of the respondents came from families that were dominated by fathers. They also remembered cases when their fathers were abusive to them and their mothers. Not only did they experience discrimination, based on sex but also knew of neighbouring families which experienced the same abusive treatment of women and girls. Most of those who went to school remembered a number of instances when boys were preferred to them, by teachers. They reported that roles were divided between boys and girls based on their sex just as they had known and experienced at home. This shows that most of the interviewees grew up in environments that were influenced by gender biases.

Interviewees who believed their husbands had infected them reported having experienced depression. All except one of them were shocked at the news that they were HIV positive, one was not shocked because she had already known that her husband was HIV positive. Those who discovered their HIV status before their husbands reported that their husbands expressed emotions such as sadness, shock, remorse, resentment, and denial upon hearing the news. Those who felt that they became infected through contact with body fluids of an infected person were not as angry with their partners, but they reported on bad treatment from their partners. Those who had discovered that their partners had had sex with other women before discovering their HIV status, felt not only shocked but also angry, depressed and stressed. One of them divorced her husband while another one refrained from any relationship that could lead to marriage and sex. This data shows that when some people discover their HIV status, they require counselling.

One fifth of the respondents felt they might have become infected through contact with other body fluids such as the vomit of HIV positive people whom they had cared for. This means that when some people believe they have not had a sexual encounter with an HIV positive person, they are not likely to go for HIV testing.

All except two of the respondents reported that they had been scared to tell their pastors that they are HIV positive. Most of them expressed fear of being discriminated against

because they had heard their pastor or a preacher associate HIV infection with immorality. A majority of them also expressed their unwillingness to disclose their status because of the stigma attached to HIV. Two fifths expressed that they felt they were given a cold shoulder by their pastors and church members when their husbands died of diseases associated with AIDS. Three fifths who disclosed to their pastors reported on having received encouragement, but met mixed reaction from their congregation. A third reported on having received encouragement and consolation from both their pastors and most members of their churches. The last third, reported that their pastors became cold towards them. In fact, one of them reported that before telling her pastors that she was HIV positive, she used to receive a warm reception from her pastor. After disclosing her HIV status, the pastor never visited her again and she left that church. This shows that even if churches may be open on matters relating to HIV, many people who are HIV positive do not yet feel free to seek help from the church because they perceive that they are not welcome to do so.

Most of the interviewees said that the church has discriminated against them by making them sit on a different side of the church. While sitting on different sides from men, women are not given tasks such as preaching or teaching. Three fifths said that no women are allowed to be pastors, teachers, and council members, board members or to hold leadership in their churches. One fifth of them said that few women contend for church leadership. One of them felt that men are ordained by God to be leaders in all areas in the church and that women are only allowed to participate but not lead. This means that most women do not feel at home in the church especially if they are HIV positive given that they perceive the church as a place for them to be seen and not to be heard.

More than half of them mentioned that they know that more women than men are infected with HIV. They expressed many reasons why they thought this is the case in Pietermaritzburg. These reasons include “men infect women by refusing to use condoms”, “more women are affected by violence that men do to them and so they end up having infection from such men”, “women have no power”, “Men have sex when they want even when they have HIV”, “we women have to give sex to men so we get HIV from them”, “If you refuse to have sex because your man is HIV positive, he beats you”.

The minority of them believed that men and women are equally infected but because women are the ones who go to the clinic and are tested, they are seen as the ones who are more infected. This later comment means that women are quite aware of the reality of HIV/AIDS with respect to gender. On the whole, it seems that most women blame men for infecting them with the virus.

When asked 'what makes a woman more easily infected by HIV than are men?' More than a half of them associated lack of financial, physical and mental power among women with such vulnerability. The minority believed that women are easily infected because of having immoral behaviours such as drinking and being loose with men. Only one of them associated women's physiology and social status as reasons behind women being easily infected. This shows that most interviewees have a fairly adequate knowledge of HIV transmission.

When asked 'do you think the spread of HIV/AIDS is influenced by what happens between men and women?' All except one of them responded with a yes and cited poverty, and powerlessness as being significant contributors towards vulnerability. This means that almost all the interviewees are aware of gender biases against women and its role on HIV transmission.

When asked 'what could be done to stop more women getting infected by HIV?' all except two of them advocated the idea of empowering women so that women are able to say no to men when being forced to have sex. One expressed the need for women to behave well and to be responsible. The other one said the only way out is to stop having sex with any man because chances of infection are reduced. Their responses indicate that the interviewees are capable of contributing positively in combating HIV infection because they have some ideas of what needs to be done.

The next question was 'has your church done anything to help women not to get infected with HIV?' to which a half of them reported that no effort has been made while the remaining half of them reported that their churches had raised awareness of HIV/AIDS

and given some moral and emotional support to HIV positive persons. This shows that the interviewees are aware of what the church is doing and, or not doing for them.

When asked 'What changes would you like to see happen in your church so that the church will treat HIV positive women the same as it treats HIV positive men?' all the interviewees expressed the need for the church to become gender sensitive. All except one of them suggested that the church ought to change from being passive and become an agent that creates awareness of HIV/AIDS, visits people living with HIV/AIDS, preaches messages that do not blame women, and does research on HIV/AIDS. Nevertheless, one of them felt that the church should not change or do anything because PLWA are able to cope with HIV without involving the church.

5.7. Data analysis on Church ministers and NGO workers

The field research on church and NGO was done after concluding SOH interviews so as to ascertain the data. This explains why the questionnaire was close to the one used above. The methodology that was employed was explained in chapter one. In some cases, the interviewees were so familiar and so willing to share the information that at times it was hard to guide the interview by use of the questionnaire alone. In this case, though the questions were followed and responded to, there were occasions when room was created in order to listen to other information that may not have come through by asking the questions. After each interview, each interviewee was requested for permission for the information to be used. It was explained that should the interviewees desired to be anonymous, the interviewer would respect such request. Except one interviewee who requested that the information that specifically came through her should be sent to her before being used in the final report, all the other interviewees allowed the author to use the information as it came forth.

Most church ministers were interviewed in their houses or in their offices because it was convenient. All the NGO workers were interviewed from the NGO offices. The responsibility of creating space and time for the interview was theirs. It took two weeks to successfully make convenient appointments with two NGOs workers. The reason for

this was that for most of the time when the author rang the two interviewees were out in the field.

The information was so much that it took long to analyse. At times, the interview took more than the intended period. This was because as noted above even after following the questions as a guide, other important information came out and provoked some discussions or some further explanations.

In comparison, the NGO workers seemed to have a greater grasp of what the HIV positive women were going through than the church ministers were. Given that most of them had been involved in the day to day life struggles of women, it was obvious that they were more in touch with women's issues on the grassroots level than church ministers were.

The interviewees came from three NGO. The church denominations represented were six. The Priests were six while the lay people were four.⁸² The length of the period those interviewees have been ministering in the respective communities was varied. The shortest period spent was one year while the most was fifteen years. The average period was 5.6 years. This indicates that all the interviewees had enough experience to understand the issues raised in this dissertation. Majority of them worked in churches while the rest worked in NGOs in Pietermaritzburg. The NGOs were: ECAP, Institute of the study of the Bible (ISB) Gender Desk, and PACSA gender desk. All of those working in the churches held the position of a Priest. All except one of them were in charge of their congregations and so worked full time while one of them was a supplementary ministers who was engaged in a different employment.

All except one of the respondents were married while one was single though with children. This data indicates that the interviewees were mature adults and had some life experiences that enabled them to understand the plight of the women, HIV/AIDS and gender.

⁸² The no-priests interviewees were men and women who were by then not ordained ministers

All the interviewees had attained tertiary education. Additionally they had attained some professional training in their respective fields. All of them had worked long enough to have sound understanding in the areas of gender, development and HIV/AIDS. Two of the NGO workers had at least a degree in sociology while another one has a diploma in theology. Two of them had researched and published some work. One had contributed some articles in a book. In matters of fieldwork and research, the NGO workers were of great help in clarifying many issues.

5.8. Research findings

Two of the three NGOs had done surveys that focused on women, gender, and HIV. They reported that they were prompted to focus on women, HIV and gender because of the many women who went to them for counselling especially after the death of their husbands or partners. They were aware that many women are infected with HIV due to various reasons that ranged between physiological and social. All were aware how gender biases against women had facilitated the spread of HIV/AIDS.

All the interviewees from churches reported that they had known many members of their congregation who had died of AIDS. Two thirds of them said that they were shocked by the news but were able to offer pastoral care and counselling because they were trained. The other third of them reported of first being unable to deal effectively with such members because of lack of training. All of the church interviewees expressed their fear that HIV had brought about challenges to the marriages and families of their congregation members beyond their ability to cope. They cited the increasing occurrences of child headed household arising when both parents have died and the squabbles surrounding inheritance that have followed the death of one or both parents. At such times most of them reported being unable to help those concerned.

The interviewees from the NGOs reported on initiating programs in the churches in order to raise awareness on gender, poverty and HIV/AIDS. They reported on using seminars, workshops and church services to provoke the church and Christians to action towards combating the spread of HIV/AIDS in Pietermaritzburg. They also reported that though

they have had extensive outreach among the churches, they have so far not yet evaluated their effectiveness.

All the interviewees from the church reported that their church leadership structures do not favour women because they are male dominated. NGO interviewees reported on having faced difficulties with church structures and systems while attempting to provide services to Christians from male leadership in the churches. Both respondents from the churches and NGOs also mentioned how they experienced frustration when doing gender awareness. Some of them mentioned how most black women are ignorant of their rights and struggle to improve their lives because they have been socialised to occupy a low economic and social status. One church minister however reported on having successfully helped women to become leaders and preachers in one church after a long period of teaching and challenging them.

Most interviewees recognised that gender biases against women have contributed towards the spread of HIV in Pietermaritzburg. Most of them said that the up hill task in the church has been to overcome the belief that HIV among women has been due to immorality among women.

When asked what they would like to see happen in churches so that churches may become gender sensitive in combating HIV among women most interviewees mentioned the need for the churches to accept women in all spheres of church structure and life. Suggestions such as the ordination of women, educating church members on gender and HIV/AIDS, the creation of safe spaces for women in church leadership, rereading the bible in view of gender and women, women rising to the challenge of becoming their own liberators, churches addressing women's vulnerability, and the church stopping victimizing women, were seen as the way forward by all except two of them of the interviewees. The two thought that the church does not have to do anything except to preach the gospel.

5.9. Formulation of a church based gender sensitive approach

“If you see a baby drowning, you jump in to save it; and if you see a second and a third, you do the same. Soon you are so busy saving drowning babies you never look up to see

there is someone there throwing these babies in the river (Wayne Ellwood)”(Korten 1990: 113).⁸³ In view of this quote, it is doubtful as to whether there are churches, government departments, NGOs and private businesses that are busy trying to stop whoever is throwing the babies (the spread of HIV/IDS amongst African women in our case) into the water. The first dimension in formulating a gender sensitive approach is a revision of church theology in view of the spread of HIV/AIDS. As Maluleke contends “we now need theologies that will help us deal with the challenge of HIV/AIDS” (2003: 64).

5.9.1. Revision of theology

An example of the need to revise theology is what is seen in the common theology among many Christians; it holds men to be superior to women, and women to be inferior to men. Musopole (1992: 203) contends, “I have observed that the church implanted feelings of dependence in women. Feelings of powerlessness and worthlessness make women unable to take hold of organising their own lives. Therefore they are forced to glorify their oppressors and allow them to dominate their minds. The oppressors look to the benevolent and powerful.” This dissertation suggests a revision of both written and unwritten theology in the effort of coming up with a gender sensitive theology that addresses women’s vulnerability to HIV/AIDS.

The church in Africa has apparently inherited the gender insensitive theology that the church Fathers propagated. Early church Fathers lived in monasteries and in institutions where they had little contact with women or a community with whom they would have tested the reality and truth of their perception and theories of who a woman is (Lloyd: 1990: 98). Additionally, their writings were influenced by earlier philosophers such as Aristotle and Plato who understood women as inferior to men and less capable in reasoning. Lloyd (1990: 96) explains further:

But like Augustine, Aquinas is committed not only to the naturalness of woman’s existence, but also to her subordination; and he sees it as grounded in the predominance of reason in the male: ‘good order would

⁸³ Korten quoted this from Ellwood, Wayne 1984. *Generating power: A Guide to Consumer Organizing* Penang: International Organization of Consumers Union. p.38.

have been wanting in the human family if some were not governed by others wiser than themselves. So, by such a kind [sic] of subjection woman is naturally subject to man, because in man, the discretion of reason predominates.’

Western missionaries, who planted churches in Africa, may have been influenced by this kind of theology, which justified the subordination of women to some extent. One has to bear in mind that there was 1000 years separating this kind of theology and the western missionaries who were influenced by the Reformation, the enlightenment, Industrial revolution, Evangelical revival and Victorian ethics.⁸⁴ Wasike (1999: 60) concurs: “The Fathers of the church came from patriarchal societies which viewed women as subordinate to men. Thus in quoting the scriptures the Fathers chose passages and texts which confirmed their cultural views on the subordination of women”. The point to note is that although western missionaries came from societies that had experienced all these events, they were still patriarchal and favoured male dominated church structures and systems. One also needs to remember that missionaries came to Africa when African cultures were largely patriarchal although disrupted by cultural imposition from colonialism (wa Thiong’o 1982: 2, 13). This implies that the missionaries’ view of women served to reinforce an already existing view of women as subordinate. However, one has to bear in mind that the diversity and variations in African culture - that alongside patriarchal settings there were also matriarchal settings that in one way or another upheld the respect, dignity and autonomy of women to a large extent, as was discussed in chapter two. Missionaries were also from diverse background and came from different parts of Europe and American and had differing theological and cultural backgrounds. For example, Bishop Colenso, “was a university man, a fellow of St. John’s College, Cambridge...A brilliant Mathematician” (Draper 2003: 101), unlike missionaries of his time, most of whom were “less intellectual and less educated men” (Githiga 2001:21). The church in Africa has to face the challenges that came along with Western Christian missionaries’ gender stereotypes and theological conceptions that reinforced the male dominated African cultural beliefs that dehumanise women. In South Africa for example,

⁸⁴ This point came to the author after de Gruchy read this work before its final copy was made.

as Mpumlwana (1991: 375) decries, “women are seen to be dirty because they are believed to be the ones who brought sin in the world”. Consequently, there is need to revise church theology.

There are two levels of theologizing that are needed here. One has to do with the church leaders and leadership while the other has to do with church members. Once again we come face to face with male domination in the leadership of theological institution and the male theology that is studied.⁸⁵ James contends that the Bible as the main text for theology has much to do with male domination because of the context in which it was written and in which it is interpreted and lived out (1996: 68-69). As James explains, there is lack of gender sensitivity in the church structure and leadership because men who come from patriarchal backgrounds get their ordination training in male dominated theological institutions. Of important is that fact that the theology they are trained in is also male dominated. Dube contends, “Is religion part of the problem?”; a question which she answers with a yes (Dube 1999: viii). It is a problem because of the theology behind it that is largely male dominated. Such church leaders preach a theology that lacks gender sensitivity. This is how religion becomes part of the HIV/AIDS problem rather than an answer. To become an answer, there is need to theologise on gender sensitivity amongst other issues that need to be addressed.

The other theologising has to do with what goes on among church members. This means that both the theological institutions and the church institutions need a theology that is engendered (Colvin 1999: 113-121; Porte 1999: 122-142; Maluleke 1999:59-76; Dube 1999: 10-23; Ruele 1999: 77-83). There is a need for a transformed theology that is gender inclusive to the extent that women are not marginalized, exploited and oppressed both in theological institutions and in the church where that very theology is preached and taught. Haddad, in her research amongst the Pietermaritzburg Cluster of theological institutions, contends, “For theological education to be contextual and relevant, it needs to be “en-gendered” (2003: 65).⁸⁶ This ‘en-gendering’, as Haddad argues, needs to

⁸⁵ Male theology here refers to the fact that most theological materials that are used and the curriculum that is taught in theological institutions consist mostly of works written by and about male theologians. This may be understandable given that it is males who largely dominated church leadership in the past.

⁸⁶ The cluster comprises ESSA, St Joseph Cedara Catholic Theological Institute and University of

involve both the transformation of the institutional structures from being male dominated to being gender inclusive (where the organizational structures uphold and maintain gender equality) and the transformation of the theological curriculum that should change from having no studies on gender to including courses on gender. These two developments of theological education cannot obviously take place within a day. This is why Haddad explains, “transformation of theological education is a process (Haddad 2003: 74). A process takes time. An example is how ESSA has taken time to include gender in the ‘Church and AIDS’ course. Gender was not included as a major course until 2001. Her understanding is that “strategic planning should include core courses that draw on the insights from the field of gender studies and directly address questions of power, authority and control” (Haddad 2003: 75). It is therefore hoped that though this may take long, at the end of the day, it will eventually be a positive development that will contribute to the church becoming gender sensitive. This will in turn impact on the combat against the spread of HIV/AIDS especially with respect to women.

5.9.2. Educating the church members and the society

Some men, in the belief that they will help cure HIV/AIDS, sexually abuse babies and girl children. As Phiri argues, when referring to this matter, “It also indicates how desperate people have become when faced with a life threatening disease” (Phiri 2002: 25-26). Phiri’s point also suggests that even when people know all about HIV, it is not a given case that they will refrain from infecting others. Women are afraid to disclose their HIV status in the church due to the fear of being rejected even by their church minister.⁸⁷ Education on HIV/AIDS would help to demythologise and de-stigmatise these myths and misinformation. It may also help the church to open its hands wide in order to lovingly embrace women who are HIV positive – so that they in turn will feel loved and safe enough not to infect others.

The church has to first set its house in order. The reason why the church should set its house in order is clearly echoed by Haddad who contends, “Of course such change will have to begin with themselves, as all too often church leaders themselves are engaged in

KwaZulu Natal School of Religion and Theology.
⁸⁷ See interview with Israel Ndlovu, 2nd February 2004.

sexual violence against women and children” (Haddad 2002: 102). Considering the recent media reports sighted by Haddad such as the reports on sexual abuses that has been perpetrated by the Catholic Church ministers among others, the church has to address practices that involve issues of gendered power imbalances in its own house as an urgent matter (Haddad 2003:102). As Haddad suggests further, the church’s theology “must become prophetic and ‘engendered’”. An engendered theology requires a critical analysis of the patriarchal nature of theology whether traditional, contextual, or liberationist. It needs to be cautious and critical in its use of the Bible as both source of oppression and liberation for women” (Haddad 2003: 104). This calls not only the church to examine its theology in relation to women but also what its ministers are preaching and teaching through their words and actions.

Against the commonly held view that women may not become priests and preachers, women’s ordination into priesthood has been happening in certain churches (Mpumlwana 1991: 375). Feminist theology has endeavoured to deal with women and their place in the church and has contributed a lot towards women ordination to some extent. One African Feminist theologian has said “we want to meet Jesus by theologising in our own way, as African women from our own perspective... or do we want to touch him because we genuinely need wholeness and life from him both for ourselves individually, for one another and for our people?” (Okule 1992: 229). There is a need for churchwomen to continue theologising on this issue for a number of reasons. The first reason is that in Africa, women’s ordination is still a problematic issue as Belina Mangena contends.⁸⁸ Men who have not yet fully accepted women’s ordination into the priesthood opposed Her journey to the ordained ministry. The experience of women with respect to ordination training is that, in most cases, they are excluded (James 1996: 70-72). There is therefore a need for the churches to not only accept women priests but also to educate the masses about women and their role and participation in the church.

One need to remember that though the church has ordained women into the priesthood, the church structures are still evidently male oriented and dominated to a large extent (Malinga 2002: 3-5). When she went for theological training, Belina Mangena found that

⁸⁸See interview with Belina Mangena, 1st November 2003.

the residences were “designed for male ordinands” (Mangena 2002: 14-15). One can see that if the church training institution is not ready for women to train in, the church may not have spaces for women’s participation. What is true of church training institutions is sadly true of many secular education institutes. As Phiri contends “universities were originally designed as a man’s world” (Phiri 2003: 429). That original design is still evident in many ways today. However, there are an increasing number of women who are managing to get through the male dominated structures and end up being ordained into the priesthood. The challenge that these women face is that of being allowed into the church ministry while the society and the church structures have not changed in order to accommodate them on equal terms with men. Malinga highlights the need for a transformation in the church that can accommodate both men and women ministers and suggests that women leaders in the church should spearhead such a transformation (Malinga 2002: 3-5). Malinga’s suggestion is timely though it seems an up-hill task for most women church leaders. Women leaders have to take the challenge of liberating themselves, their own fellow women as well as the church structure and the male leadership.

A church based gender sensitive approach cannot afford to be silent on sexuality. A theology of sexuality is urgent given that 90% HIV infections in Africa are due to heterosexual encounters (Denis 2003: 65). Issues of sex, sexual abuse, use of condoms and abstinence are some of the topics that the church has often times avoided to debate. It is right for the church to advocate abstinence as a moral principle. However, if the 90% HIV infection is associated with heterosexual encounters, there is a need to revise theology in our current context. Most HIV positive interviewees decried the culture behind “sex on demand” that characterized their relationships with their partners. Sexual violence is common in and outside marriages. Phiri contends, “Sexual violence is a result of patriarchy, which has made violence a power game” (Phiri 2002: 19). Haddad (2003: 95) concurs with this view and adds that:

Traditionally, women have little say over the kind of sexual practice they engage in. Cultural practices such as *lobola* and polygyny may also contribute to women’s vulnerability. Conversations with women indicate

that their husbands often treat them as if they were “owned” because the men paid *lobola* in order to marry them. This treatment extends to their sexual relationship with their husbands expecting sex on demand. Requesting the use of condom often evokes anger and suspicion, so all too often women feel unable to insist on its use during intercourse.

There is still some secrecy and stigma attached to any debate around sexuality. Khathide contends, “We often find that when we talk about sex in public, we are faced with comments like, “Don’t talk about sex in public, we are Christians” or “Don’t talk about sex, we are Africans.””(2003: 1). Such comments show that theologising on sexuality is perceived by most Africans as something to be avoided or to be confined to moral principles of right and wrong. Denis advocates that “HIV/AIDS calls on the churches to understand sexuality in all its dimensions: not only as an individual act, which can be right or wrong, but as a reality determined by social, economic and cultural factors” (2003: 75). Theologising on sexuality and addressing all sorts of other issues around it, would bring out the church’s position on sex education, the sanctity of sex, sexual violence, condom use, *lobola* and marriage among other areas. By theologising on sexuality, the church will arm its self, its members and by extension the society with relevant education of sexuality so as to reduce HIV infection that comes through heterosexual intercourse. This too will contribute towards a gender sensitive response because it will involve addressing issues of patriarchy and sexual abuse in and outside the marriage institution.

Patriarchy, polygamy, and *lobola* are cultural issues as discussed above. In justifying the oppression of women, most men refer to their culture and the Bible as sources of justification. Obviously, this use of the Bible and culture is selective. For example, while men quote the Bible to justify women’s oppression, they omit other passages that talk of equality and liberation for both men and women (Mpumlwana 1991: 375). The main issue in both is patriarchy, which Phiri (2002: 19) explains by quoting Nyambura Njoroge:

Patriarchy is a destructive powerhouse, with systematic and normative inequalities as its hallmark. It also affects the rest of the creation order. Its roots are well entrenched in society as well as the church - which means we need well equipped and committed women and men to bring patriarchy to its knees.

The church should theologize on culture and the gospel in order to address patriarchy and all its demerits (and merits if any) in view of the pandemic. Culture also includes people's beliefs. Phiri holds the view that beliefs such as "The man owns the woman", "being single is a curse", "when HIV infected men have sex with a virgin, they will be cured from the virus" promote gender violence (2002: 24-25). Therefore there is a need to theologize on such beliefs that promote gender violence, which in turn leads to HIV infection. Theologising on culture and the gospel would bring about the right perspective so that neither culture nor the Bible would be used to justify or reinforce attitudes and behaviours that lead to HIV infection.

5.10. Suggestions on how the church may combat HIV among women

The church has human and material resources that can be used in combating HIV/AIDS. Firstly, as De Gruchy suggests, "With our ordained clergy, we have a gift of trained leadership with a calling and desire to serve people. This leadership has - or should have - role models and symbols that point to a work of humility, service and even sacrifice".⁸⁹ This implies that those who work in the church are there not for the church and its members alone but also offer services to the community in which the church is located. Obviously, in this era of HIV/AIDS, they ought to avail themselves to all who are infected and affected. De Gruchy explains further "This leadership is also trained. Often we wish that the training were more extensive, but let us not underestimate the training our clergy have received in group dynamics, public speaking, counselling, programme preparation, conflict mediation and the like".⁹⁰ This kind of training means that church ministers and leaders can be effective in mobilizing the church and community's human and material resources towards combating HIV/AIDS.

⁸⁹ <<http://www.hs.unp.ac.za/theology/article01.htm#5>>

⁹⁰ <<http://www.hs.unp.ac.za/theology/article01.htm#5>>

The church also has men and women who are an “incredible gift of trained, skilled and committed lay people”.⁹¹ The church also has the “gift of moral vision, and a commitment to openness and transparency” which can help the church to “hold all people and all policies accountable”.⁹² This ability of the church may bring about effectiveness of HIV/AIDS projects especially where there are issues of accountability and transparency in resources. For this to be realised, women’s representation and participation in combating HIV/AIDS at all levels would be a must.

Secondly its material resources include such things as its money, its buildings, its equipment, and its land. In addition to this there are properties that the church uses on only a few occasions. These include halls, kitchens, and church compounds. Given that a number of HIV/AIDS support groups meet in the city centre, such property would be effective contributions to them. This means that in addition to human resources, the church would provide the materials needed to support HIV/AIDS projects.

Thirdly is the fact that one of the strengths of the church as an organization is that she has connections. De Gruchy sees this as “a gift of wider networks of information and support that help raise concerns at a regional, national, and global level”.⁹³ This of course applies to the church when seen as the body of Christ, which transcends geographical, cultural and ideological barriers in the world (Richards 1985: 166-167). Without such barriers, the local church can have access to all kinds of human and material resources from any corner of the earth. Today’s era of computer technology allows the local church to transcend most physical barriers in its attempt to involve other members of the body of Christ worldwide. An example of networking is how a number of African countries are learning how to combat HIV/AIDS nationally from the example of Uganda. Uganda is known to have reduced the rates of infections.⁹⁴ The church in Pietermaritzburg would do well to seek to learn from other churches locally or internationally on how to go about

⁹¹ <<http://www.hs.unp.ac.za/theology/article01.htm#5>>

⁹² See interview with Israel Ndlovu, 2nd February 2004. See also <<http://www.hs.unp.ac.za/theology/article01.htm#5>>

⁹³ See <<http://www.hs.unp.ac.za/theology/article01.htm#5>>

⁹⁴ See also <<http://www.aidsuganda.org/aids/>>

breaking the stigma and silence, how to introduce sex education, and to make a constructive stand on condom use.

The church should be more suited than any other institution to perceive the pandemic from moral and ethical perspectives. As an institution that deals with these two, the church is well placed to play its God-given call of being a prophetic voice. This role demands that the church advocates for more effective ways and means of dealing with the pandemic. Regarding this De Gruchy contends, “The Church has a prophetic voice to the national and international community.”⁹⁵ De Gruchy further explains that there is need to call development practitioners to evaluate their approaches so that they are relevant and effective.⁹⁶

Churches should be voicing the opinions and feeling of people living with AIDS in matters such as the Treatment Action Campaign (TAC) and the Basic Income grant (BIG). Of course there are the ecumenical agencies in South Africa that are actively involved in such areas. However, all the South African churches are not represented because most of them, especially a good number of African initiated churches, are not members. Apparently, the church’s prophetic voice in South Africa, with respect to HIV has been there but lacks unity. Unity is needed in the sense that in the past only a few church leaders have been on the forefront. Most denominations, especially the charismatic and evangelicals have not been audible if ever they speak out on HIV/AIDS issues. Even among the Anglicans, the voices that are heard are mostly from the top offices such as from the Archbishop Njongunkulu Ndungane and Archbishop Desmond Tutu.⁹⁷ There is a need for the South Africa churches to unite in a united prophetic voice and action given the magnitude of the pandemic, and the positive effect that the churches’ voices could have.

Issues of development such as poverty, women and employment, and economic

⁹⁵ See <<http://www.hs.unp.ac.za/theology/article01.htm>>

⁹⁶ See <<http://www.hs.unp.ac.za/theology/article01.htm>>

⁹⁷ The author has acquired this information after watching the daily news of SABC 3 and E News of the past four years. In this news, there are instances when the former archbishop Desmond Tutu and current archbishop Njongunkulu Ndungane have been reported as being actively involved in advocating for plight of the poor and especially for those infected and affected by HIV.

empowerment are also crucial to addressing women's vulnerability to HIV infection. Their situation is an opportunity that the church can use to embark on some development program would improve their lives. This requires that the churches go beyond providing food parcels and seek to empower women economically through endeavours such as facilitating the acquisition of skills that are marketable. To be gender sensitive in development therefore requires that the church address the lack of gender sensitive policies and structures in development endeavors in all sectors of the economy. It would be prudent for the church to start by addressing the effects of development failure in its policies and practices first before pointing a finger at others.

5.11. Summary and conclusion

Since 1994 political change, most Africans in Pietermaritzburg have enjoyed many privileges they did not have before. However, economic hardships still characterizes most African women in this city. Pietermaritzburg churches, as salt and light of the world have to combat HIV/AIDS in the context of 'social gospel', which primarily seeks to address hindrances to the reception of the gospel. Of course it is not the churches role to save people from the infection. But this dissertation advocates the churches' involvement in combating the infection as a way of overcoming the obstacles that it faces in proclaiming the gospel.

Pietermaritzburg churches should therefore evaluate their response(s) to the pandemic. They should also bear in mind that though the message on HIV may be heard and understood clearly, the hearers may want to see action in all that they (the churches) are teaching and preaching. Since the church cannot change peoples' morals overnight, there is need to continue advocating the use of condoms.

Since the church theology and leadership is not gender sensitive with respect to women, there is need for the revision of theology and reorganising of the systems and structures. Such changes are urgently needed if the church will ever become relevant to the plight of HIV positive women. The pandemic is only part of what the church is responding to – a symptom if you like, of the various ills besetting humanity.

Chapter six

SUMMARY, THEOLOGICAL REFLECTION AND CONCLUSION

6.1. Introduction

In this chapter, the author will relate the significance of the preceding chapters to the church's effort in combating HIV/AIDS among African women. This will be done first by summarizing the preceding chapters, and then followed by a theological reflection and a conclusion of the whole dissertation.

6.2. Summary

To summarise this study, the author will use the illustration of uprooting a thorn tree to illustrate the interconnectedness of gender biases against African women, negative effects of development and African women's vulnerability to HIV/AIDS. A thorn tree grows because a seed from a thorn tree has found an environment that is conducive for growth. When it grows and matures its fruit falls down and can grow to become other thorn trees. To deal with the fruits one has to eradicate the thorn tree itself. To eradicate the thorn tree, the best approach would be to uproot it from its roots so as to ensure that nothing is left to provide the thorn tree another chance to reproduce itself. In this dissertation, the roots of the thorn tree illustrate gender biases against women. The fruits of the thorn tree illustrate various forms of gender biases against women. Like an uprooted tree, the effects of the interconnected issues of gender, HIV/AIDS and development on women, although may linger, will become reduced if not cease to be, if a gender sensitive approach is applied in combating the spread of HIV/AIDS.

From this illustration, it can be deduced that gender biases against women reoccur in every generation because they are hardly adequately addressed from their root bases. In chapter one, an explanation was given concerning the research and study method employed in this study. This study focussed on African women who are HIV positive in an effort to unveil the root issues behind their unique vulnerability to HIV/AIDS. This dissertation suggested that in order to uproot the thorn tree, whose fruits have given rise to the gendered-power-imbalanced environment that are conducive for the spread of HIV/AIDS, there is need to dig deep into the issues of gender with respect to how it

affected African women during pre-colonial, colonial and post-colonial African society. Beginning in chapter two, this dissertation contends that although gender biases against African women were there even before colonialism, they were however worsened by the effects of colonial domination and the negative effects of development because both were largely biased against African women. The point of departure was the conditions of African women of pre-colonial African society and was followed by development and the effects it had on them. The thread that was followed throughout the chapter was how gender issues affected African women during those eras. Since African women were worse affected by these changes than men were, they were therefore ill positioned when development efforts were embarked on after independence.

In examining gender, religious beliefs and practices that inform people's attitudes and behaviours towards the opposite sex were discussed. As the interviewees pointed out that the cultures surrounding these relationships are dynamic, their effects on HIV/AIDS are dynamic as well. It was noted that even though gender issues in Africa were under-girded by patriarchal settings, colonialism, together with development failure worsened the plight of women. Since African patriarchal culture was the norm in most African societies, the disruption that colonialism brought left African women vulnerable to the capitalistic development forces that followed. Development failure, with respect to gender and women, should therefore be seen as an inappropriate approach that did not work for women and hence contributed to the worsening of their lives. This perspective helps one to see how the spread of HIV/AIDS was fuelled by the deplorable conditions that Africa has known for decades. The realities of poverty, ill health, illiteracy, patriarchy and poor leadership are some of the conditions that were conducive for the spread of HIV/AIDS. The significant part is that due to the inequality between men and women in Africa, which has always been in favour of men and to the detriment of women, HIV/AIDS spread unabated. This dissertation concerns itself with the fact that while the church stands for equality, dignity and respect of all, she has not effectively contributed towards alleviating the pains that HIV positive African women suffer. The major missing factor has been lack of gender sensitivity in the church's approach to combating HIV/AIDS. Within the church systems and structures there is lack of dialogue

between men and women. Effective dialogue requires that the church reorient its theology and its practices. Since the church ineffectiveness in combating HIV/AIDS has been fuelled by its male dominated structures and systems, gender sensitivity demands that the church re-examine every area in its life in the effort of becoming relevant to the plight of women.

To dig up and uproot the gender biases require that the church re-examine itself so as to reposition its systems and structures in view of the challenges HIV/AIDS is posing. Meaningful liberation requires that the present African church leadership play the role of facilitator rather than liberator. This means that she should walk with the African women in their endeavour to free themselves and their fellow men from patriarchal shackles that contribute to HIV/AIDS infections, amongst other ills. Gender sensitivity, in this sense means that the church allows women to participate in social and community development as equal partners with men in the effort of addressing the negative effects that past development practices had on women. This is important because when women are economically capable, they can say no to sexual encounters that bring about HIV infection.

Repositioning should include the church allowing African women to decide, design and implement their own liberation. It means whatever is thought, said or done about women should be thought, said and done with and by women for the good of humanity. Gender sensitivity should not be a change of sides between men and women but rather be a dialogue that involves both.

6.3. Theological reflection

God is a God of the oppressed, and the poor. Wherever people are oppressed, God takes sides with them so that God may deliver them. Given the poverty and oppression that African women suffer, the church should be just as concerned with their plight as God is. This is the first reason why it should develop a gender sensitive approach so that it is effective in responding to HIV positive women.

The second reason is that when God created male and females, God created them equal. This implies that women have equal rights as men in and outside the church despite some African cultural beliefs that put women second to men. The church therefore has a role to play in helping women to rise to this position.

The third reason is that God, by nature, is a God of practical love. Throughout the scriptures we witness situations where God provided, through the community of faith, to the needy. God's attributes of compassion, love, mercy, kindness, and justice, signify God's ability to reach out to the needy, which God does through the church. African women are seriously affected by HIV/AIDS especially in the area of material and emotional needs. The church, as God's ambassador should respond to these needs. Throughout the scriptures, God is portrayed as one who hears, sees and feels. Given that God, being the God of love is a sensitive God; the church has to employ a gender sensitive approach in combating HIV/AIDS amongst African women.

The fourth reason is that the church is called as the light and salt of the earth. It is therefore an instrument for social and community transformation.⁹⁸ The faith community is called by God to speak and act on God's behalf. As salt the church acts as a flavour to the world and preservative for the world. This constitutes words and deeds that bring about hope and well being to the people concerned. As light the church shows the direction as to what should be done to overcome social and community problems. Combating HIV/AIDS falls in this category of words and actions. Raising awareness is part of the church's response as the light of the world while providing the needs of those infected and affected is part of the church's response as the salt of the world. By doing so, the church becomes an agent of hope and preservation of the needy. This resonates with James' advocacy that Christians should be mindful of the less fortunate.⁹⁹ What this dissertation is advocating here is the church's mission in both proclamation of the good news and serving people in everyday life.

⁹⁸ See Matthew 5:13-16

⁹⁹ James 1:27

The fifth reason is that the church should follow the example of Jesus and the disciples who went beyond the cultural limits of their time in order to preach, teach and help the needy. The church should go an extra mile in responding to the pandemic. Jesus went beyond the religious and cultural limits that existed between the Jews and the Samaritans in order to preach and teach the Samaritan woman.¹⁰⁰ Jesus did the same when he healed the leper and when he healed on the Sabbath - no one was supposed to do any work on the Sabbath.¹⁰¹ The same is seen amongst Jesus' disciples. To sell one's property especially land, was not the norm during the disciples' era, but some of them did sell and the effect was that none of followers of Jesus were needy.¹⁰² Since Christ left an example to the church, the church should be concerned with the needy by starting with its women members who are infected and affected by the HIV pandemic. Employing a gender sensitive approach to combating HIV/AIDS in order to help African women is one way of going beyond the cultural and religious limits in order to do good. It is for this reason that this dissertation advocates for a revision of the church's theology, structures and systems in order to help the less fortunate.

The next matter to discuss is how the church should respond. In Luke 10:25-37 Jesus told the parable of the Good Samaritan. From a theological perspective, there are a number of issues that constitute steps that the church should take in responding to HIV/AIDS amongst African women.

HIV/AIDS prevalence should be viewed as an opportunity for the church to witness in a practical way to those who are suffering. We need to remember that when the disciples showed some indignation at the woman who anointed Jesus with very expensive perfume, Jesus disagreed with them and reminded them that they will always have the poor with them. This means that the church will always have an opportunity to respond to the needy (Matthew 26:11). People's lives should matter to the church to the extent that the church should focus on addressing the roots of their problems. The church in Pietermaritzburg needs to overcome the attitudes and beliefs that hinder it from focusing on the needs of the people affected by HIV/AIDS.

¹⁰⁰ John 4:1-26

¹⁰¹ See Matthew 8:1-4: 12:1-14

¹⁰² See Acts 4-5

From the parable of the Good Samaritan, the first step towards gender sensitivity is for the church to listen to the voices of African women who are infected and affected as well as to look out for ways to alleviate their pains.

The second step involves the church mobilising its resources towards African women who are infected and affected by the pandemic. The philosophy that seems to have guided the robbers is 'what is yours is mine'. In many ways, the philosophy of 'what is yours is mine' is common among many people in relation to women and HIV. Men violate women by abusing them sexually and robbing them of human dignity, respect, and health. But African women's vulnerability to HIV infection may not be blamed on men alone. The existing political, social, and cultural structures and systems have, to a greater extent, contributed to the exposure of women to physical, emotional, and spiritual abuses. Women have been exploited, marginalized, and oppressed by past colonial powers, and past development failure. In response to this, the church should first seek to address the areas in its theology, structures and systems that seem to promote the philosophy 'what is yours is mine'. On the same note, the church should seek to influence the government so that it can enforce the South African constitution that upholds the respect, rights and dignity of all women and men so that the same philosophy 'what is yours is mine' will become ineffective in all areas of life. The goal of the church in addressing these areas should be to turn this philosophy the other way round so that it becomes 'what is the church's and what is the government's and society's' become available for the good of African women. In this second step, the goal of the church should be to address gender insensitivity in its house as well as in the house of other role players. This would involve addressing all forms of teachings, preaching, policies, religious and cultural beliefs and practices in the church and society that are anti-women so that they become women friendly.

The third step should be for the church to address the conservative stand that is behind its leaders and members who watch from a distance, and do nothing to help African women to combat HIV/AIDS. Such church leaders and church members have to turn the theology 'what is mine is mine' into 'what is mine is yours'. This was the philosophy that seemed to guide the Priest. The church as a moral institution has been keeping its morals, its

theology, its material possessions and its influence to itself - 'what is mine is mine' in many ways. Given the importance of the church leaders' role in fighting the pandemic, churches that are actively engaged in combating the pandemic should seek to challenge all its leaders and members to join them.

The fourth step requires the church to respond to the spread of HIV/AIDS amongst women on three levels just like. The philosophy that seemed to guide the Good Samaritan - "what is mine is yours." Should guide the church on these three levels. The first level open to women just as the Good Samaritan was to the victim. Churches must stop talking to women and instead start opening to them by letting women know what the church can do for them. To be open to changes and challenges that HIV/AIDS brings to the church is the first action in adopting the principle 'what is mine is yours'. The second level is to respond to the plight of women in practical ways – just as the Good Samaritan responded to the victim in practical ways when he bandaged his wounds and poured oil on him. Practical involvement means that the church avails its human and material resources to address the spread of HIV/AIDS amongst women. The third level is long-term commitment to the cause of HIV positive women – just like the Good Samaritan committed himself to the cause of the victim. The spread of HIV/AIDS requires that the churches in Pietermaritzburg commit themselves to a long term action that will not just address the effects but also the root cause of the spread of HIV/AIDS among African women. To be gender sensitive requires that the church address the structures and systems that dehumanises women. 'Lobola' and the commercialisation of sex are examples of social and cultural structures that the church ought to address. Long-term action means that the church has to engage in dialogical action that humanise women. The church should do this by networking with other role players so as to combat the root causes of women's vulnerability to HIV/AIDS.

6.4. Conclusion

The church ought to have learnt from its past mistakes. Today, the plights of African women who are infected and affected by HIV/AIDS continue to worsen. Most churches in Pietermaritzburg are struggling to fit women and HIV/AIDS into its male dominated systems and structures. There is a need for new wineskins. A church based gender

sensitive approach to combating HIV/AIDS requires men and women with relevant and contextual theological understanding that match the challenges that African women are facing. The most appropriate theologians for this task are African women theologians who have been ignored to some extent, just like we read of Rhoda.¹⁰³ There is need for the development practitioners who have African women at heart to take the issues raised by the Circle and other development practitioners seriously especially with respect to the plight of the grassroots African women.¹⁰⁴ HIV/AIDS Support Groups need the help that development practitioners and the Circle can offer. Perhaps, the salvation of HIV positive African women may come from combined efforts from the networking amongst the churches, the Circle, development practitioners, and NGOs. The church may have to learn more about gender sensitivity if it pays attention to what other role players are saying and doing especially in relation to African women who are HIV positive. It may have to unlearn the old and outdated ways in order for it to become a new wineskin. Otherwise, the church may be left behind as it tries to conserve and maintain structures and systems that are not helpful to women and combating HIV/AIDS.

¹⁰³ Acts 12: 15.

¹⁰⁴ These issues are enumerated by Monohan, B. M, 2004. *Writing, Sharing, Doing: The Circle of Concerned African*. p. 13. <http://www.worldywca.org/news_items/archive/circle.html>

A. Stories of the experiences of women in Pietermaritzburg

A.1.1. Alwina

When I was mature enough to relate to men, I started a relationship with one man who loved me. Soon I conceived my first child who was a girl. My boyfriend could not afford Lobola, so our relationship continued without any recognized wedding. Later I conceived and gave birth to two more daughters and four sons. As the children grew they developed relationships with men. As in my case they did not marry. They engaged in boyfriend-girlfriend relationships. After some years in this relationship my first daughter's health deteriorated. One day she disclosed that she was HIV positive. After the death of my two daughters, I decided to go for an HIV test. I tested positive. I disclosed this matter to the church. The leaders told me they would be praying for me and for others who are HIV positive.¹⁰⁵

A.1.2. Diniwe

I worship at one City Harvest church. My husband used to work in an oil company. One day I heard that he had an affair with another woman. I hoped that he would be cautious enough to wear a condom when having sex with another woman. Sometime later I applied for a medical insurance. It was turned down. I became suspicious of my health and went for a HIV test. I tested positive. When I told him, he cried loudly. He said he had thought that he would not infect me. He was sorry. He and I started to cry. Our children joined us. At that time, he looked at our children and cried very much. As time went on, it seems he lost hope for living. Later he died. It took long for me to gather courage to tell my Pastor my HIV status. I had heard some pastors speaking badly about those who are HIV positive. They associated HIV among women with immorality. Since they had no room for an HIV positive Christian woman, I couldn't disclose my status.¹⁰⁶

A.1.3. Zanele

I was born in Sobantu where now I live with my mother and brother. I had a father who would not afford to pay Lobola. He could not come to live permanently with us. I used to stay with my boyfriend. My boyfriend used to get sick. One day he went to Greys hospital and was told that he was HIV positive. In May 2000 he passed away. Later in

¹⁰⁵ See interview with Alwina M., 1st November 2003.

¹⁰⁶ See interview with Alwina M., 1st November 2003.

2001 I went to Greys hospital for the test and tested positive. I felt angry. I asked, why God? I did not tell my Pastor. I told some church members who told me to pray hard until I am okay.¹⁰⁷

A.2. Other stories of the experiences of women

A.2.1. Poverty can result to death¹⁰⁸

Maria lives with a family of eight children in a small rural area called Mashabela. She works three days a week doing odd jobs in a farm five kilometres away from her home. For this she earns R20 a week plus a bag of sweet potatoes.

Her oldest daughter, who is unemployed, has a 3-years-old child. All the children in this family are not attending school due to the financial constraints, as Maria is the only one with a job.

One day, Maria as a Mother of everyone in the family, realized that there was no food for supper, so she took the 3-years-old child to one of the relatives nearby, and she warned everyone that there would be no supper except the porridge crust left over in the pot from the previous day. Maria then left home to go to the nearby farm where she usually works. Then chaos came when her relative brought back the child that Maria had left with them and then departed. The child was hungry and knowing where the crust of porridge was in the house, eventually ate all the porridge crust in the pot. When James, second-to-oldest child (12 years old), and the other younger ones in the family realized that there was no food for them, they grabbed the small child and beat him to death. Only after this horrific event have the authorities eventually realized that this family needed a social grant.

A.2.2. Innocent women's lives are devastated by HIV/AIDS

My husband used to work in Durban and came home only once a month. But a year ago, he came home and did not return to Durban because he was sick. I looked after him until

¹⁰⁷ See interview with Diniwe M, 2nd November 2003.

¹⁰⁸ This story was taken from a newsletter 'The Worker Sunday Campaign 2003' by Industrial Mission Network.p.3. The newsletter was prepared so as to help church leaders prepare for Worker Sunday 2003

his death. When I learned that he had AIDS, I cried knowing that I too was now infected. I am a member of the mother's union and I have not had sex with any other man. I am not sick yet but I am worried for our young children who are now, in my opinion, already orphans, (Sophia, South Africa).

A.2.3. Old customs can facilitate the spread of HIV/AIDS

After my husband died, the elders arranged for me to marry his brother. They all knew that he died from AIDS, but they said that it is our custom and we must do it. Since we are Christians, the pastor came home to pray for me to start the relationship with my brother-in-law who was already married. (Atieno, Kenya).

Some groups in Malawi have initiation rites for girls of 14. They have to be taken to secluded places where an older woman teaches them sex through songs and dance. Then a male adult has to demonstrate by having sex with the young girls. Although this ceremony has disappeared among Christians, it is still practiced by some groups in our country. (Mary, Malawi).

A.2.4. Poverty can lead to prostitution and the spread of the HIV/AIDS

It is God's will. The Bible says, "Blessed are the poor". We have been blessed since our daughter left for the city. She sends us some money in the post office. If she had not gone to find a job we would all be looking at one another. We are so pleased that she is now supporting us. Although we don't know what job she is doing, we pray that no ill luck will come her way. Maybe she can find a job for her younger sister who is in standard 6. (Rural Parents of a city Prostitute, Tanzania).

A.2.5. Some traditional practices and beliefs can lead to the spread of HIV/AIDS.

In some parts of the Volta and Greater Accra Regions of Ghana can be found a dehumanising traditional practice known as Trokosi, which means, "Slave wives of the gods". The practice requires that young innocent virgin girls be sent into fetish shrines as reparation for misdeeds of their family members. These women and girls suffer all forms of abuses. The abuse includes sex, physical molestation and violence, and gender discrimination. CIN, (Christian International Needs) Ghana is assisting to put an end to the "Trokosi" system and provide vocational skills to the victims. (Project 21 Ghana).

10. Your level of education
11. Are you working in the church full time?
12. What is the name of the church you pastor?

Gender and your life

1. Tell me about your life, your career, your family and your church
2. Did you feel discriminated against because you were a girl?
3. Was there a time when your brother(s) were preferred to you? If yes, when and how did it happen?
4. Did you observe inequality between your mother and father when you were growing up? If yes what inequality did you observe?
5. When you used to attend school, were you discriminated against because you were a woman?
6. Do you know of women who were discriminated against based on sex? If yes, where and how did it happen?

HIV status and your church

7. What prompted you to check their HIV status?
8. What do you think may have brought about HIV infection to you? How did it happen?
9. What was the reaction of the church members to your HIV status?

Some explanation of what gender is about

Relationship between men and women has not always been smooth. When we are growing up we learn from our parents and from our community how to be men or women. At times we learn to relate wrongly. Men are at times not willing to live and behave as equal with women. Our culture shapes our **thinking** so that we behave in ways that at times offend the opposite sex. Our religion and education shapes and strengthens our conduct and relationship with the opposite sex in a way that we do not live as equal. Men discriminate women just because women are different from men. Women accept to be treated not as equal with men because they are brought up to believe that it is all right to do so. Issues that affect women and men and lead to

inequality between them include violence against women, wife beating, inability to access health and education, men's domination over women, emotional abuse, rape, incest, among others. We were born biologically different, but we learn to relate with the opposite sex from what we learn from our society and culture. We are men and women because our culture and society taught us to behave like that. Men end up becoming more powerful in matters of leadership and access to most basic human needs because our culture and society approve that they are better and therefore deserve these. Women on the other hand accept to be denied those privileges because the society and our culture approve that their place and position is to submit to men.

Gender, and HIV/AIDS in Pietermaritzburg

10. Do you think the spread of HIV/AIDS is influenced by what happens between men and women such as discrimination against women by men in marriages, work place, church, and other places? If yes, why do you think so?
11. What makes a woman more easily infected by HIV than men are?
12. What is it in a woman that makes infection possible?
13. What could be done to stop more women getting infected by HIV?
14. Has your church done anything to help women not to be infected with HIV? If yes, what is it?
15. Do you think it is easy for women to be infected because they are women? If yes, what is it?
16. Does your church discriminate against women because they are HIV positive? If yes, in what ways?
17. What changes would you like to see happen in your church so that the church will treat HIV positive women the same as it treats HIV positive men?

A.4. QUESTIONNAIRE FOR CHURCH MINISTERS INTERVIEWEES

TITLE: AN EXAMINATION OF THE CHURCH'S GENDER SENSITIVITY IN COMBATING HIV/AIDS AMONG WOMEN IN VIEW OF ISSUES OF DEVELOPMENT AND GENDER; SPECIAL FOCUS ON 'SPRINGS OF HOPE SUPPORT GROUP PROJECT' IN PIETERMARITZBURG

Self-introduction

I am Johnson Gatuma Mbogo from School of Theology, University of Natal Pietermaritzburg. I am a Masters Degree student and am currently conducting a research on " an examination of the gender sensitivity of the church in combating HIV/AIDS among women on issues of development and gender with special focus on 'Springs of Hope Support Group Project' in Pietermaritzburg. The aim is to document the gender sensitivity of the church in its fight against the spread of HIV/AIDS. The research will equip me for church work especially as it relates to HIV/AIDS and women. It will also benefit other church workers who may want to deal with HIV/AIDS and women. This will go along with helping Pietermaritzburg African women in their struggle against the spread of HIV/AIDS among those infected and or affected. I would like to tape our conversation. Nevertheless, if it makes you feel uneasy I will only take notes. Can I now ask you some questions?

Date:

Name of Interviewer

- a. Name of the interviewee
- b. When were you born?
- c. Residential address
- d. Telephone number
- e. How long have you lived in this community?
- f. Where were you staying before you moved into this community?
- g. Marital status
- h. Year you got married
- i. Number of children.....Girls?.....Boys?
- j. Age of children

- k. Your level of education
- l. Are you working in the church full time?
- m. What is the name of the church you pastor?

Your life and gender

- 1. Are there some members of your congregation who are HIV positive? If yes, how many?
- 2. Did they find it hard to tell you (as their church minister) that they are HIV positive?
- 3. What was your response when you learnt that are HIV positive?
- 4. What was your reaction?
- 5. What was the reaction of the church members to their HIV status?

Gender, HIV/AIDS, and culture in Pietermaritzburg

- 6. What makes a woman to be more easily infected by HIV than men are?
- 7. Do you think the spread of HIV/AIDS is influenced by what happens between men and women such as discrimination against women by men in marriages, work place, church, and other places? If yes, why do you think so?
- 8. What could be done to stop more women being infected by HIV?
- 9. Has your church done anything to help women not to be infected with HIV? If yes, what is it?

African Woman HIV status

- 10. What is it in a woman that makes HIV infection possible?
- 11. What is it in a woman that makes it hard for her to live as a HIV positive person?

Church response to HIV/positive women

- 12. What was your church response to women who are HIV positive?
- 13. What is it in her as a HIV positive woman that makes the church not to act favourably?
- 14. What changes would you like to see happen in your church so that the church will treat HIV positive women the same as it treats HIV positive men?

A.5. QUESTIONNAIRE FOR NGOs INTERVIEWEES

TITLE: AN EXAMINATION OF THE CHURCH'S GENDER SENSITIVITY IN COMBATING HIV/AIDS AMONG WOMEN IN VIEW OF ISSUES OF DEVELOPMENT AND GENDER; SPECIAL FOCUS ON 'SPRINGS OF HOPE SUPPORT GROUP PROJECT' IN PIETERMARITZBURG

Self-introduction

I am Johnson Gatuma Mbogo from School of Theology, University of Natal Pietermaritzburg. I am a Masters Degree student and am currently conducting a research on “ an examination of the gender sensitivity of the church in combating HIV/AIDS among women on issues of development and gender with special focus on ‘Springs of Hope Support Group Project’ in Pietermaritzburg. The aim is to document the gender sensitivity of the church in its fight against the spread of HIV/AIDS. The research will equip me for church work especially as it relates to HIV/AIDS and women. It will also benefit other church workers who may want to deal with HIV/AIDS and women. This will go along with helping Pietermaritzburg African women in their struggle to against the spread of HIV/AIDS among those infected and or affected. I would like to tape our conversation. However, if it makes you feel uneasy I will only take notes. Can I now ask you some questions?

Details of interviewee

1. Name of the interviewee
2. Residential address
3. Telephone number
4. How long have you worked in this community?
5. Your church/church organization/NGOs name
6. Title of the position you occupy
7. How long have you been working there?
8. Marital status
9. Age
10. Your level of education

11. What is the name of the church you attend?

Your organization's aims and goals

1. What is the focus of the organization you work for?
2. What community is your organization focusing on at this time? Whites, Blacks, Indians, Coloured or a combination of one or more of these?
3. Are there particular problems in that community that motivate your organization to respond in the manner it is doing presently?
4. What prompted your organization to focus on women and HIV/AIDS?
5. What are the specific responses that your organization is making towards women who are HIV positive?
6. What has been the contribution of the churches in Pietermaritzburg towards combating the spread of HIV/AIDS among women?
7. What changes would you like to see happen in churches so that they will treat HIV positive women the same as it treats HIV positive men?

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4. Haddad, B., Interview with author. 24th October 2003.
5. Ingrid, B. G., Interview with author. 3rd November 2003.
6. Jaburani, M., Interview with author. 19th March 2004.
7. Mangena, B., Interview with author. 1st November 2003.
8. Mchunu, M. Interview with author, 2nd February 2004.
9. Ntombela, A., Interview with author. 5th October 2003.
10. Ndlovu, I., Interview with author, 2nd February 2004
11. Silondile, N., Interview with author, 14th March 2004
12. Zanele, N., Interview with author, 28th October 2003.

1.2. Names of SOH Interviewees

<i>Name</i>	<i>Date of Interviews</i>
1. Ntombela Ann	15 th October 2003 (Founder)
2. Alvina M	1 st November 2003
3. Bulisiwe	28 th October 2003
4. Moyo Diniwe	2 nd November 2003
5. Sitole Glorious	23 rd October 2003
6. Ngubane Nomsa	27 th October 2003
7. Ntombi Kanyisile	21 st November 2003
8. Masuka Popie	26 th November 2003
9. Ndavonde Silondile	14 th March 2004
10. Zanele	28 th October 2003

1.3. Church ministers and NGO worker Interviewees

<i>Name</i>	<i>Date of interview</i>
1. Mangena, Belina	1 st November 2003
2. Beverly Hadad	31 st October 2003
3. Bhekimpi, Mchunu	2 nd February 2004
4. Dumile Goba	3 rd November 2003
5. Daniela Gennrich	17 th November 2003
6. Ezekiel Ntakirutimana	27 th November
7. Jaburani Mabaso	19 th March 2004
8. Loraine Leonidas	12 th November 2003
9. Ndlovu, Israel	2 nd February 2004
10. Phumsile Zondi	11 th November 2003

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