Church-Based Social Spaces and HIV/AIDS in Rural South Africa

By

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Declaration

I declare that the ideas contained in this work are the original views of the author and they have not been submitted to any university other than the University of KwaZulu-Natal. Ideas borrowed from other works have been duly acknowledged within the text and in the list of references.
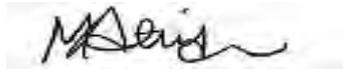
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Abstract

Primarily, this dissertation examined the extent to which churches have potential in preventing HIV/AIDS. Set in rural KwaZulu-Natal an area marked with both high levels of HIV prevalence and high religious participation, the study used the concept of social space as a framework within which the contribution of churches towards the prevention of further spread of the HIV infection can be understood. Unlike recent studies which have consistently shown that the contribution of churches in the prevention of further spread of HIV infection is likely to emanate from the churches' teaching on morality, this study has argued that the contribution of churches in minimizing risky sexual behaviours is likely to emanate from how churches balance their teachings on moral issues and the subsequent practice of social control on the one hand and the provision of social support on the other. This is particularly so because in African settings where behaviour is largely influenced by the prevailing circumstances within society, and where churches are significantly entrenched in the lives of individuals providing a variety of social support services, there is a strong likelihood that churches will have an impact on their adherents' behaviour as well. The social space concept, therefore, defines churches not only as institutions enforcing the moral code which churches emphasise but also as caring and integrating forces, providing social support for their members in time of need.

The study investigated four churches representing three Christian religious denominations: the Mainline, the Pentecostal and the African Independent churches. In investigating these churches, it used two types of data: The Africa Centre Demographic surveillance Systems (ACDIS) data collected between 2002 and 2004 and the Ethnographic data collected in 2006 consisting of a total of 96 in-depth interviews, 11-13 services of each church type selected, 6-8 church- related activities (or groups in each church), 3 informal discussions with community members and a set of 2 conversational data from each church. The analysis is done in two parts. The first part of the analysis (Chapter Five) focuses on the existing quantitative ACDIS data, examining whether there exists a relationship between church affiliation, participation in church activities and sexual behaviours. The second part uses ethnographic data in order to provide explanations of the observed relationship. Overall, the study found that unlike church affiliation which had no influence on individual sexual behaviour, individuals who participated regularly in church activities were less likely to

engage in behaviour that would put them at risk of acquiring the HIV infection. The study found, however, that there existed denominational differences and that churches where participation was high were the same churches likely to influence protective behaviour. The explanation provided from qualitative findings suggested that the ability of these churches to minimise risky sexual behaviour was found in the Intensive Social Spaces that churches and their members constructed. The study concluded that the ability of churches to minimise risky sexual behaviours resulted from an individual negotiating losing the benefits provided by fellow members of the church when she/he ceases to be a member.

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The completion of this dissertation has been a wonderful and enriching experience that I will never forget. However, this would not have been possible without the support, encouragement and guidance that I received from the start to the end. My initial interest in the general area of health and behaviour, and of recent religion and HIV/AIDS was stimulated by a number of people that have inspired me over years: Lynn Atuyambe from Makerere University, Professor Philippe Denis, Professor Eleanor Preston-Whyte, Professor Suzan C. Watkins, Chiweni Chimbwete, and Kobus Herbst, by whom I continue to be inspired. I owe a great deal of thanks to the staff of the Africa Centre for Health and Population Studies for allowing the use of the Africa Centre Demographic Information Systems (ACDIS) data, from which part of the findings are drawn. I am also grateful for their acceptance of the suggestion of collecting ethnographic data within in the DSS which substantially complimented the quantitative findings obtained from the ACDIS data. Special thanks go to Chiweni Chimbwete, Kobus Herbst and Katarina Hill for their initial guidance on the proposal and for the valuable comments they offered during data collection. I am particularly indebted to the Community Advisory Board (CAB) members who added critical but useful comments regarding churches in their local areas. Special thanks to Mdu Mahiliza and Mbongiseni Buthelezi for organising the board members and Thobile Ngwenya for taking part in the presentation. To all my research assistants, Bonakele wakwaMadela and Mthiyane Khumalo, you did a great Job. Special thanks go to the people who participated in the study. My special thanks also go to Reverend W. Ntshangase, Reverend Mdululi, Gumede, Reverend Mhlongo, Bishop Mdululi Msweli, Vincent and family, Ruth Mkwanazi and the late Vusi and his family.

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The staff members at the School of Development Studies deserve a special mention for their support during the trying times and for providing me with a conducive environment within which the conceptualization of the more significant ideas for this dissertation were undertaken. Priya Konan deserves a special mention for her unending assistance.

motivation I needed to complete this task. Above all, I thank God for keeping me in good health.

List of Acronyms

ACDIS .... Africa Centre Demographical Information Systems
ACESS .... Alliance for Children Entitlement to Social Security
AFM .... Apostolic Faith Mission
AICs .... Africa Independent Churches
AIDS .... Acquired Immuno-Deficiency Syndrome
ANC .... African National Congress
ARVs .... Antiretroviral Drugs
AZT .... Zidovudine
BSID .... Bounded Structure Identity
CI .... Confidence Interval
DSS .... Demographic Surveillance Site
EPMS .... Extra and Premarital Sex
FBIs .... Faith Based Institutions
FBOs .... Faith Based Organisations
HBECZ .... The Holy Banner of Ethiopian Catholic Church in Zion
HIV .... Human Immuno-deficiency Virus
HSE .... Household Social Economic
ID .... Identity
MGH .... Male General Health
NACCA .... National Action Committee for Children Affected with AIDS
NACOSA .... National AIDS Coordinating Committee of South Africa
NGOs .... Non-Governmental Organisations
OR .... Odds Ratios
PEPFAR .... U.S Presidential Emergency Plan for AIDS Relief
PMTCT .... Prevention of Mother-to-Child Transmission
RR .... Risk Ratios
SACBC .... The Southern African Catholic Bishops Conference
SOPs .... Standard Operating Procedures
SSA .... sub-Saharan Africa
STIs .... Sexually Transmitted Infections
TAC .... Treatment Action Campaign
UNAIDS .... The Joint UN programme on HIV/AIDS
USAID .... US Agency for International Development
WGH .... Women General Health
WHO .... World Health Organisation
ZCC .... Zionist Christian Churches

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CHAPTER ONE: GENERAL INTRODUCTION
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1.1: Focus of the Study and Background

In contemporary society, the challenges posed by the HIV/AIDS pandemic and the fluctuating yet high prevalence levels of HIV/AIDS have intensified the need for religious institutions to play a significant role in the prevention and mitigation of the epidemic. This need is acknowledged in national as well as international policy documents. For example, as early as 1998, the South African Department of Health produced a policy document entitled ‗Partnerships against HIV/AIDS: Political Commitment Campaign Spearheading New AIDS Initiatives‗. In this document, section 5 outlined several points which described religious institutions as having the necessary infrastructure in which HIV/AIDS related prevention and care can be achieved (South African Department of Health, 1998:9). Other countries echoed similar sentiments encouraging religious sectors among others to develop multiple messages that can effect behaviour change (Putzel, 2006:177).

At international level, similar emphasis is underscored in the United Nations Joint Programme on HIV/AIDS (UNAIDS), which has argued that churches are multifaceted and their work is diverse ranging from prevention, education in schools and communities, to the provision of home-based care, caring for orphans, advocacy, teaching about stigma, discrimination and many other activities[1] (UN General Assembly, 2001:8). Consequently, a number of funding agencies supporting HIV/AIDS programmes have come on board targeting faith-based institutions precisely because they see these institutions as effective social partners. For example, the U.S. Agency for International Development (USAID), one of the implementing partners of the U.S. Presidential Emergency Plan for AIDS Relief (PEPFAR) established in 2000, assists faith-based organizations including churches to apply for HIV/AIDS-related grants (Krakauer, 2004:10).

Part of this emphasis is not unfounded. Research in western countries has demonstrated clear associations between religion, mortality and health, including HIV infection, and there is some indication that these associations may hold for Sub-Saharan Africa (SSA) as well (Gregson

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[1]. UNAIDS continues to prioritize work with religious communities. It has approximately 60 partnerships with regional and national interfaith networks, religious leaders, and NGOs with religious affiliation. The aim is to deliver AIDS services in affected communities. http://www.unaids.org/en/Partnerships/Civil+society/religionAndAids.asp

et al., 1998:321; Hummer *et al*., 1999: 273-285). However, while the role of religious organisations and their respective churches in care and treatment is clear and well documented (Banda, 2001:50; Tiendrebeogo, 2004:1-3; Liebowitz, 2002:20-30), their role in prevention as emphasised by various bodies stated above is not well articulated. In fact, other than the Muslim countries in Africa where the HIV prevalence levels have remained low, HIV prevalence levels continue to escalate in regions that are predominantly Christian (The South African Census of 2001, The United Nations Statistics Division 2004)[2]. To highlight the magnitude of the problem, of the 33 million people living with HIV/AIDS in the world by 2009, 34 percent (11.2 million) live in 10 countries in East and Southern Africa, regions that are also predominantly Christian. (UNAIDS, 2010: 7, 28 [also see older documents for trends over time i.e. Department of Health, 2006a:23; UNAIDS/WHO, 2002:15; UNAIDS/WHO, 2006:20; UNAIDS, 2008:11-13]). This raises a more fundamental question of the extent to which Christianity positively influences HIV- related behaviour (Denis, 2008:3).

This study has investigated the potential role that churches play in preventing HIV/AIDS risk-related behaviour. It investigated four churches[3] representing three Christian denominations: the long established Mainline/mission churches, the newer Pentecostal churches and the dynamic African Independent Churches (AICs), examining not only their doctrines and formal lessons disseminated by the church leaders, but also the individual interactions found in the small groups which churches and their members construct. I argue that the potential of these churches in effecting behaviour change among their members is not only based on the Gospel teaching, nor does it lie in the ability of their leaders to discuss issues around HIV/AIDS, but is also found in the complex relationships between congregations as institutions with doctrines, rules and regulations, on one hand, and individual beliefs and needs within specified contexts, on the other. These relationships and processes are framed within what I refer to as church-based social space. I define church-based social space as a space within which members in a group accept, reject and negotiate those aspects that reduce or enhance their ties to the group, and that it is through these processes of negotiation that conformity to standards and rules can be enforced. I argue further, that it is within the interaction of members' relational space that sexual behaviour can be

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[2] The data provided looks at the distribution of the Population that is affiliated to any religion by sex, urban/rural residence and percentage taken from censuses of 1985-2004 : http://unstats.un.org/unsd/demographic/sconcerns/popchar/popchar2.htm
[3] Of the selected churches, certain branches were studied. These are referred to as congregations in this study.

understood since certain behaviour is expected and reciprocated by other members within the group.

The research on which this study is based was carried out in the Africa Centre Demographic Surveillance Site (DSS) located in Southern parts of Umkanyakude, in northern KwaZulu-Natal, South Africa[4]. Locating the study in South Africa and KwaZulu-Natal in particular, is of value for two main reasons. The first is that South Africa is regarded as a place where the presence of religion is significant. According to the figures obtained from the population Census 2001, approximately 84.5 percent of the total population have membership in one of the various religious groups in the country. Although other religious denominations including Islam (1.5 percent), Hinduism (1.2 percent) and the Jewish religious group (0.2 percent) do exist, Christianity is the predominant religious group accounting for over 79.8 percent in the country. In KwaZulu-Natal where the study was done, approximately 72 percent of the total population are affiliated to Christian churches (see chapter 2 section 2.2 for details). The distribution of religious denominations presented above relates to the earlier point regarding the effectiveness of religious groups and their respective churches in effecting behaviour change among the population. Since religion in general is a source of moral values, (encouraging abstinence and fidelity, both acceptable forms of HIV prevention) we expect that their role in shaping individual behaviour is likely to be significant. This brings us to the second reason why South Africa and KwaZulu-Natal are appropriate for this investigation.

Despite the high levels of religious affiliation, these places also have the highest levels of HIV/AIDS. To begin with, if we look at South Africa alone, current figures suggest that it is home to the world's largest population living with HIV (Department of Health, 2006:23; Department of Health, 2010: 20; UNAIDS/WHO, 2002:15; UNAIDS/WHO, 2006:20; UNAIDS/WHO, 2008:11-13). It is estimated that at least 5.7 million people are HIV positive. Table 1.1 below illustrates how HIV/AIDS has progressed overtime. Although the prevalence levels are beginning to stabilise as can be seen from the figure, they are still significantly high.

At provincial level, KwaZulu-Natal (the province where this research was conducted) has a prevalence estimate of 39.5 percent which is the highest in the country. Western Cape (18.5 percent) is reported to have one of the lowest HIV prevalence estimates. This is summarised in table 1 below.

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[4] Hereafter, the area of study shall be referred to as Southern Hlabisa unless a specific reference needs to be made

*Table 1: **National HIV Prevalence Trends in South Africa: Antenatal Surveillance, 1990-2010***

Province	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Eastern Cape	21.7	23.6	27.1	28	29.5	28.6	28.8	27.6	28.1	29.6
Free State	30.1	28.8	30.1	29.5	30.2	31.1	31.5	32.9	30.1	30.6
Gauteng	29.8	31.6	29.6	33.1	32.4	30.5	30.5	29.9	29.8	30.4
KwaZulu-natal	**33.5**	**36.5**	**37.5**	**40.7**	**39.1**	**39.1**	**38.7**	**38.7**	**39.5**	**39.5**
Mpumalanga	29.2	28.6	32.6	30.8	34.8	34.8	32.1	35.5	34.7	35.1
North West	25.2	26.9	29.9	26.7	31.8	29	30.6	31	30	29.6
Northern Cape	15.9	15.1	16.7	17.7	18.5	15.6	16.5	16.2	17.2	18.4
Limpompo	14.5	15.6	17.5	19.3	21.5	20.6	20.4	20.7	21.4	21.9
Western Cape	8.6	12.4	13.1	15.4	15.7	15.1	15.3	16.1	16.9	18.5
National Figures	**24.8**	**26.5**	**27.9**	**29.5**	**30.2**	**29.1**	**29.4**	**29.3**	**29.4**	**30.2**

Source: South African Department of Health, March 2011

Of course the context through which HIV/AIDS spreads is far more complex and cannot be understood from a religious perspective only, but includes a range of historical, social, economic and political issues. These factors are explored in more detail in the following Chapter.

In addition, if we examine the state of the epidemic three decades after the first cases of HIV/AIDS were diagnosed, we see that the concern now is not only on new infections and high prevalence rates. The concern goes beyond to issues which include care and treatment, as well as issues that emanate from increased number of AIDS-related deaths (Dorrington, 2001:7; Dorrington *et al.*, 2002:28). The impacts from these deaths are critical given that the majority of people dying are those still in their productive ages. Although the immediate impact observed is the loss of income at household and family levels (Barnett and Whiteside, 2002:196-221; Webb, 1997:80; Whiteside and Sunter, 2000:155; UNAIDS/WHO, 2002:18; Mturi *et al.*, 2006:327-348), these effects are far greater when a mother, a father, or breadwinner is lost in a household. Besides the social grants provided to the people, the support of churches to such households is the only alternative means from which these households survive. In such circumstances, how the churches respond to the challenges of HIV/AIDS may be the basis upon which we can understand their role in HIV prevention.

1.2: Problem Statement

Despite the high levels of church membership observed earlier, along with the churches' emphasis on pre-marital abstinence and marital fidelity which form part of the HIV prevention strategies, the prevalence of HIV/AIDS in the study area is still high. The problem lies in the manner in which the role that churches play in the prevention of HIV/AIDS has been viewed and

conceptualized. When churches are described as playing a critical role in the prevention of HIV/AIDS, they are often premised on the fact that religious institutions stress the importance of family values and are a key source of moral standard for many individuals. So, in places where religious institutions form a large part of the society's social structure, their respective churches will be essential in the formation of individual values and the related behaviour. As a result of the above conceptualization, we see a growing body of literature pointing to the role of churches as upholding moral values in society (Pickering, 1984:53), imposing a level of control on members' sexual behaviour. Such control, it is argued, is exercised through written rules which guide behaviour (Brandel-Syrier, 1984:13-18; Elision and George, 1994:46; Ellison *et al.*, 2001:215-249; Gifford, 1990:61; Koenig, 1994:233-50; Oosthuizen, 1997:8). And according to these scholars, controlling sexual behaviour acts as a protective measure against the HIV infection (Garner, 2000b:51; Gregson *et al.*, 1998:321-330; Kaleeba *et al.*, 2000:112; Liebowitz, 2002:20-30; Tiendrebeogo, 2004:1-3; Green, 2003a:33; legarde, 2000:2027-33).

Yet, conceptualizing the churches' role in the prevention of HIV/AIDS in this manner is defining churches in a western sense, which does not represent the churches' role in most African countries where people face a wide range of socio-economic difficulties that influence their sexual behaviour (Marks, 2002: 13-26; Farmer, 1995:3-28; Schoepf, 1991: 749-62; Hunter, 2004: 123-153; Hunter, 2007:689-700; Hunter, 2010:1-18, 179-201; Fassin, 2007: 1-273; Fassin, 2011:289-294). In such countries, churches and their members do not exist in isolation from the larger society in which they are embedded (Krause, 1998: 242-55; Nigosian, 2000:297; Krause, 1995:59-73). Instead, churches are constantly engaging in peoples' lives, supporting them with difficulties faced on a daily basis including social, financial or emotional stress. In addition, the rules and regulations stipulated by churches, which most researchers use as a basis for the churches potential role in HIV protection, are deeply interconnected with the different church structures (Seeman, 1996:442-51; Bandura, 1986: 120; Skinner, 1972:66-7). It is, for instance, difficult to argue that the churches' regulatory hand can solely be used to explain how these churches engage in prevention of HIV and AIDS mitigation without examining possible benefits that adherents obtain from these churches. Disregarding such a fact ignores the different forms within which we can understand the churches' role in HIV protection.

As we have seen, the above conceptualisation faces substantial criticism, and it is not hard to see why. Churches are seen as actively responding to those in need on the one hand,

while on the other hand are condemning and stigmatizing those infected by HIV/AIDS (Caldwell, 1999:1; Banda and Moyo, 2001:50; Garner, 2000:57; Smith, 2004b: 425-437). In mainstream media, the same strands of church influence are described, where churches are acknowledged for their work as service providers and as important sources of care and support, but are at the same time severely criticized for promoting moralizing discourses on questions of sex and sexuality (Krakauer, 2004:8-9). Furthermore, their opposition to condom use has led churches to be chastised for failing to understand the realities from which many people come from, realities which explain individuals' involvement in sexual activity, and HIV risk behaviour (Caldwell, 1999: 241-56; Pfeiffer, 2004:80-5). Failure to change this conceptual approach means that the role of churches in prevention will remain ambiguous.

What I suggest, however, is a different form of conceptualization. One that locates the role of churches in prevention in what I refer to as church-based social spaces. For example, within local churches, there are often smaller organizational structures in place where members congregate on a regular basis to hold discussions and participate in various church related activities. Although the focus may not necessarily be on HIV/AIDS, a part of their discussions and activities (explicitly or implicitly) impact on HIV/AIDS related behaviour. Extending a hand to members in need, visiting the sick, respect for each other and frequently encouraging members to abide by behaviour considered by their respective churches to be _good' are a few of the activities these churches engage in. Discussions on behaviour often encourage married men and women to refrain from sexual activity with partners other than their spouses, while encouraging the youth to abstain from sexual activity before marriage. Relevant support is provided to them when they encounter problems in their relationships. In these spaces, members are also given the platform to express their needs and from which assistance is provided. For ordinary poor people in rural communities, churches are the only well-established voluntary organizations through which individuals interact. Churches, therefore, offer congregants regular opportunities for social activity, social support, and provide grounds for friendship (Taylor, 1988:193-202; Campbell, 1990:330-51; Dozon, 1999:689-91; Elision and George, 1994: 52). But how do these aspects help us understand the role of churches in HIV protection? And what does this mean for regions with the highest HIV prevalence rates? These are the questions that this study has investigated in the course of this dissertation.

Influenced by the work of Robert C. Garner (2000a; 2000b [see chapter three for details] and using a similar model, I argue that it is through the social interactions in the small groups found in the various churches that the role of churches on sexual behaviour and ultimately in HIV/AIDS prevention can be understood.

1.3: Principal Objectives of the Study

The primary goal of this study was to examine how churches and the social spaces they construct influence responses to the AIDS epidemic in rural South Africa. In fulfilling this objective, the study has used mixed methods and multiple data sources. First, it has drawn upon the 2002 and 2004 Africa Centre Demographic Information Systems (ACDIS) data, a population-based cohort study data collected by the Africa Centre Demographic Surveillance site (DSS). From the ACDIS, this study has used the religious affiliation and participation data from the Household Socio-Economic (HSE and HSEIndiv) data and has linked it to the Women's General Health (WGH) and Men's General Health (MGH) data, which include information on sexual behaviour and partnerships to examine the relationship between church involvement and individual sexual behaviour. Second, the study has also used the Faith Based Institutions (FBIs) data collected by the author in 2006[5]. This dataset was collected using ethnographic methods and contains detailed information on selected churches, their members and the various church groups and church activities which members belong to and participate in regularly. This dataset is used to generate information on the type of church-based social spaces churches with their members construct. Altogether, this unique multi-level data set includes information on individuals, the churches and groups to which they belong, and church based activities which members engage in. The integrated data set is used specifically to:

a) estimate the extent to which individual-level dimensions of church involvement (e.g. affiliation and participation) are associated with HIV-related attitudes and behaviours;

b) map out the ‗church-based social spaces' as mechanisms which churches employ to control individual sexual risk behaviour. This is done by documenting institutional as well as informal characteristics of the churches on the one hand and the normative climate of the communities in which people live on the other. Specifically, the first part

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[5] It should be noted that data for this study was collected five years ago, and therefore a number of changes might have taken place since then.

investigates the variations in the doctrines disseminated by local church leaders (priests, pastors, prophets) and the teachings offered in selected churches. Topics of interest include explicit and implicit references to the AIDS epidemic and preventive measures such as the centrality of marital fidelity, abstinence and attitude towards condom use. It also examines the classification of churches by denomination, size and composition of members. Further the first part examines the nature and form of group interaction, and what form of social support, practices and activities churches as institutions and their members are required to engage in. The second part examines the extent to which the context itself, measured by HIV prevalence, HIV related deaths, importance of marriage and the lack of adequate resources shape the constructed church-based social spaces;

c) examine the associations between the church-based social spaces and behavioural outcomes of members, specifically, the association between the exhibited church social spaces and individual sexual risk behaviour.

1.4: Study Contribution

This study contributes to the body of knowledge on churches and HIV/AIDS in the following ways:

- With increasing debates around religious involvement in the prevention of HIV infection, examining the extent to which church affiliation and participation are relevant to the efforts aiming at reducing HIV prevalence has established empirically how churches and their groups contribute to the prevention of HIV-related behaviour.

- The study has contributed in profound ways on how churches play a role in reducing HIV/AIDS related behaviour specifically, using church-based social space framework on which no other work has been found.

- More importantly, the study has contributed towards reducing the distinction between research and programmatic interventions. There is a tendency for individuals who are HIV negative to be considered targets for prevention, whereas those who are HIV positive are in another group as targets for treatment and support. Church communities, however, bridge

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this gap. Through the prism of church social space, it is possible to view individuals more holistically, within their family and the community settings.

1.5: Structure of Dissertation

The dissertation is structured as follows; Chapter One introduces the study. This chapter provides a basis upon which the role of churches in the prevention of HIV/AIDS risk-related behaviour is examined. As an introductory chapter, it sets out the principal objectives of the study and the procedures taken to achieve them. It also introduces the concept of church-based social spaces and HIV protection.

Chapter Two, ‗Situating the Study within the Context of HIV/AIDS and Churches in South Africa: A Theoretical and Conceptual Background', not only contextualises the study by providing the historical and social context within which HIV/AIDS emerged and prevailed, but also reviews the literature on religion and health, and religion and HIV/AIDS. Throughout the review, the chapter focuses on examining the contribution made by existing knowledge as well as identifying gaps within the existing scholarly works. Following this review, the chapter ends by describing the concept of church-based social space as a conceptual framework in which this study employs. It also attempts to explain church-based social space within and outside of how the concept of ‗social space' has been used before.

Chapter Three, ‗The Churches in their Social Context', consists of a literature review focusing on Christian churches in South Africa. The chapter discusses the emergence and establishment of Christian churches and examines the extent to which churches may have been progressive social actors, as a basis for this study on churches and HIV/AIDS prevention. This chapter considers four selected Christian churches, namely the Roman Catholic, categorized here as a Mainline church, a Pentecostal church, a type of Zion-City and another church of Zionist-Apostolic, all examples of the African Independent Churches (AICs).

Chapter Four details the research methods used in this study. The chapter begins by describing the study area and the location where the actual data was collected. Since the study used both quantitative and qualitative data, the chapter begins by describing the quantitative data used, the selected variables and the analytical procedures employed. It then explains the qualitative data collected describing in particular the choice of the specific local areas selected for the study and provides the rationale for the selection of the churches and the research

participants. Subsequent sections describe the key data collection techniques used and the type of data sets obtained. The analysis techniques are also explained. The chapter ends with a discussion on methodological considerations that apply to this study.

Chapter Five, _Church Influence on Sexual Behaviour: Evidence from ACDIS Data', provides evidence which links church affiliation and participation to the individual HIV/AIDS-related behaviours, using the existing 2002, and 2004 quantitative data collected by the Africa Centre Demographic Surveillance System. The various sections in the chapter provide an analysis of how church affiliation and participation influence individual sexual behaviours such as reducing the total number of sexual partners, being abstinent and choosing to remain faithful to their partners. This analysis offered a foundation on which the qualitative and largely ethnographic data was collected to explain in more detail, the mechanisms churches employ to prevent such behaviours listed above

Chapter Six, _Mapping Social Spaces: Churches in Rural KwaZulu-Natal', provides ethnographic findings describing the characteristics of selected churches in detail. Across the four selected churches, it describes the nature and composition of members of these churches, the church discourse around sex and sexuality, institutional practices around social control, the degree of centralization, and the type of groups/gatherings or regular meetings within which members congregate. In describing these characteristics, the chapter provides an understanding of how church social spaces are constructed. Based on the findings, it highlights that two types of church-based social spaces were found: Intensive and Extensive social spaces.

Chapter Seven, _Linking Church-based Social Space and HIV/AIDS-related behaviour', builds on the previous chapter and describes the type of social space each church exhibits, and consequently examines the selected sexual behavioural categories within each church social space. This chapter also provides a discussion explaining the differential power of social space on individual behaviour and consequently building our understanding of how churches have the potential to minimize HIV/AIDS-related behaviour.

Chapter Eight, brings together the main discussion and findings of the study. The chapter concludes by highlighting that despite the constricting and often exclusionary qualities churches exhibit, and the gender differences perpetuated by these churches, the potential role of churches in the prevention of HIV/AIDS-related behaviour is found in complex relationships and processes captured succinctly in the concept of church-based social space

CHAPTER TWO: SITUATING THE STUDY WITHIN THE CONTEXT OF HIV/AIDS AND CHURCHES IN SOUTH AFRICA: A THEORETICAL AND CONCEPTUAL BACKGROUND

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2.1: Introduction

Until recently, the role of churches in influencing sexual attitudes and behaviour has been limited to demographic research examining fertility change and investigating in particular, whether religion is associated with contraceptive use and other family planning methods (Balasubramanian, 1974:15-8; Lesthaeghe and Wilson, 1986:261-92; Simons, 1982: 131-45; Fehring and Ohlendorf, 1998:398-416). Studies that have attempted to link churches and sexual behaviour directly, have examined it as covariate variable (Reiss, 1967:51; Heltsley and Broderick, 1969:441-43; Mahoney, 1980:97)[6] which does not explain the actual effect of churches in sexual behaviour. In sub-Saharan Africa, similar studies that have included the variable on religion have found that young individuals who are affiliated to religious groups are able to control their sexual behaviour than those who do not belong to any church groups (Preston-Whyte and Zondi, 1991:1393). Much of the existing research in the area focuses largely on the role of religion in health generally (Johnson, 1967:113; Elision and George, 1994:46-51; Idler, 1995:227; Oosthuizen, 1997:8; Schoffeleers, 1999: 410-15), and suggests that individuals who attend church services regularly tend to live healthier lifestyles than non-participants. There is some indication that this may hold for HIV protection as well.

The ability of churches to combat HIV/AIDS, however, is much more complex. In the first place, the churches' potential may be facilitated or hindered by the broader climate in which the churches are located. Also the concept of sex and sexuality, a spatially and culturally bounded arena, subject to the influence of a variety of social forces in which decisions about sexual partnering are made (Cahill, 2000:87; Parker and Eggleton, 2001:66), makes it even more difficult to tease out the actual extent to which churches affect the patterns of sexual behaviour that facilitate the spread of AIDS in South Africa and the broader sub-Saharan Africa.

In order to contextualise this study, this chapter presents the historical and social context within which HIV/AIDS emerged and prevails, and the extent to which churches may contribute

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[6] What these authors have found is that the effect of church attendance on sexual attitudes and behaviour varies by race. For example, attitudinal permissiveness and church attendance were not related for blacks, although they were for whites. What they found was that among the black communities, churches were a key source of emotional satisfaction rather than an inhibitory influence on sexual behaviour.

to the prevention of the HIV infection. The chapter is divided into three main sections. The first section sets the scene by looking at the epidemic in South Africa, examining in particular, the political and scientific controversies surrounding its progression and escalation. The second section frames the South African epidemic by looking at the contextual factors that have influenced the spread of the epidemic in the country. This section argues that sex and sexuality among men and women have a cultural, social, economic and political dimension. The section therefore, diverts from the individual approaches that view HIV/AIDS as a result of individual sexual behaviour to include other factors that create enabling environments within which the epidemic thrives. The third section looks at the role of churches in the prevention of HIV/AIDS in general and in South Africa in particular, examining how the churches' role in HIV protection has been conceptualised. In order to understand the church-based social space framework used in this study, this section reviews the literature which examines how historically religious institutions have played a role in health in general, and the extent to which this provides us with a background in which to examine the role of churches in HIV protection. Based on the reviewed literature, the chapter constructs a conceptual framework within which the role of churches in the prevention of HIV/AIDS is examined.

2.2: The HIV/AIDS Epidemic in South Africa

South Africa remains the epicentre of the global HIV/AIDS pandemic with the largest number of people (5.7 million) infected in the region and where the adult HIV prevalence is as high as 30 percent. As is typical of the epidemic in most of sub-Saharan Africa, the spread of the HIV infection in South Africa occurs mainly through heterosexual transmission (Abdool Karim, 2005:241-461). The other common mode of transmission – mother-to-child – has been significantly reduced with the roll-out of the Prevention of Mother-to-Child Transmission (PMCT) programmes to the extent that its impact in the transmission of the infection is now considered minimal (UNAIDS, 2010:10). Currently estimated at 30.2 percent, the epidemic in the country is regarded as stabilizing. In fact, in the last four to five years, the HIV prevalence rate has remained stable at an average of about 29 percent (Department of Health, 2010:28). In addition to PMTCT programmes now well established in the country, it is argued that the observed stability in the epidemic is due to the availability Antiretroviral (ARV) drugs (Statistics

South Africa, 2011:6), which at the time fieldwork for this study was conducted had not become a reality.

However, if one goes back in time, particularly the time when data for this study was collected, one finds that the progression and escalation of the epidemic in South Africa, like in many countries on the African continent corresponds with the political and economic history of the country, but reflects also the present political and socio-economic environment. But the actual progression of the South African epidemic is also characterised by unique circumstances when compared to the epidemics in other countries. In the beginning, the epidemic in South Africa was characterised by a government policy of denialism. In later years, significant shifts made in the same government policy have led to a scaled up roll-out of antiretroviral drugs impacting quite substantially, the social landscape of epidemic in the country. A brief recap in the circumstances surrounding the early years of the epidemic is necessary to contextualise the study.

Although the epidemic was diagnosed as early as 1982 and responses to the epidemic begun to surface then (for example, the creation of the National AIDS Coordinating Committee of South Africa (NACOSA) in 1992), a recognisable number of people infected with HIV/AIDS only became prominently known a few years after the country's transition from Apartheid to Democracy (Avert, 2010:3). This, however, is not to equate the transition to democracy with the onset of HIV/AIDS, but to highlight that in its early years, HIV/AIDS found a conducive environment in which it progressed. Early warning by the late Chris Hani of the threat posed by the emerging virus at the 1990 Maputo AIDS conference did not seem to have any impact on the subsequent government response to the rising infection (Fassin, 2007: 1). If anything, it appeared to have no impact at all. It has been suggested that the focus of the transitional government was not so much on the urgent need to prevent the spread of HIV/AIDS but on a path that would later characterise the South African HIV/AIDS policy as responsible for the escalation of the epidemic in the country (Avert, 2011:1-5).

While the HIV prevalence rate during that period (1990-1992) was as low as 2 percent, its rapid increase by ten-fold eight years later has led some scholars to argue that the conditions for the easy spread of HIV/AIDS including among others, rapid urbanisation, the apartheid policies on human influx control and the migrant labour system (instituted during colonial rule and adopted by the apartheid government) were already in place. Although this seems to suggest

that the course of the epidemic in South Africa might not have been any different, it is arguable that a direct and well-focussed intervention by the leadership would have made a difference. As it is often cited, the decline in the prevalence of HIV/AIDS in Uganda and Thailand is attributed, in part, to the government leadership along with some civil organisations (Denis, 2006:25; Putzel, 2006:171-184).

But in the critical stages of its progression, HIV/AIDS in South Africa was characterised by controversies and battles between government officials and HIV activists, scientists and other interest groups over a number of issues. The first to emerge was the controversy over the amount of money expended by government for the production of *'Sarafina II'*, a play aimed at creating awareness about HIV/AIDS. This was followed by the Viroden Po58 trial, a type of antiretroviral drug, which both the South African and international scientific community not only found to be a false discovery, but also was declared dangerous to the human immune system. Despite these warnings, it continued to get financial support from the government. During the same period (1996-1999), the government and the then Department of Health Minister (Nkosazana Zuma) began to question the safety of Zidovudine (AZT), a drug used to prevent mother-to-child-transmission among pregnant mothers, disregarding its success in other countries (Fassin, 2007:70; Avert, 2011:3). All these combined, not only created tension between the government and the medical professionals but also generated false hope, suspicion and resentment from the HIV activists and the people suffering from HIV/AIDS.

Perhaps one issue that generated a substantial amount of controversy regarding HIV/AIDS in South Africa relates to the dissident views expressed by President Thabo Mbeki when in 2000 he questioned the link between HIV and AIDS, but suggested more broadly that AIDS resulted from the poor living conditions in which most South Africans live (Fassin, 2007:6-17). Generally regarded as AIDS denialism, these views led to a national and international outcry especially among people who were directly engaged in the fight against the epidemic (medical professionals, HIV activists, donors and international organisations working on issues around AIDS). In the country, not only was this negatively received, but also it was viewed as a way in which the government once again shifted attention from the more important aspects regarding HIV/AIDS – prevention and provision of drugs to those infected – (www.avert.org; Kenyon, 2008:29-35). By the time Mbeki was holding debates with the so called presidential panel, the HIV prevalence rate had increased from 2 to 24.5 percent and for

the public something needed to be done immediately. The action taken against government by the Treatment Action Campaign (TAC) was in a way a response needed to get government to respond positively to the problem at hand. In 2001, the Treatment Action Campaign opened a court case against the government over the refusal to provide free ARVs to the people living with HIV/AIDS. With the court ruling in favour of TAC, South Africa saw the roll-out of PMTCT programmes in 2002 (only in some parts of the country) and the ARVs treatment programmes instituted in 2003. However, it was only in 2005 that proper programmes for the supply of ARVs were put in place.

Significant to note is that by the time these issues were put to rest, (that is from 1996 to 2005), the prevalence of HIV/AIDS (as measured by antenatal surveys) was as high as 30 percent. Figure 1 below presents the progression of the epidemic in South Africa and shows clearly that by 2005 the epidemic was at its highest. In some provinces like KwaZulu-Natal, the HIV prevalence rate was as high as 40 percent, even higher than the national estimate (see table 1, in chapter 1).

Furthermore, if one looks at the other HIV markers during the same period, one finds for example that life expectancy at birth dropped to an all-time low of 49.6 for males and 53.8 for females in 2005 when the HIV prevalence was at its highest (Statistics South Africa, 2005:6). In the general population, life expectancy at birth also declined from 55 to 51 years between 2001 and 2005 (Statistics South Africa, 2011:6). In the same period, the number of deaths increased from 272,221 in 1997 to 441029 in 2002 (a 62 percent increase) and would continue to rise to 80 percent in 2006 (Statistics South Africa, 2005:17; UNAIDS, 2010:15). Here also, the significant contribution of HIV/AIDS was noted. In fact, anecdotal information suggests that in rural areas, the number of funeral parlours increased substantially and several funerals would be held almost every other day. The number of orphans in the country was also rising (Anderson and Philips, 2006:25) and the phenomenon of child-headed households was beginning to be noted (see Lund, 2006:168, UNAIDS, 2010: 1).

While the gloom picture presented above falls largely in the period between 1997 and 2006, a time when the government policy on HIV/AIDS was characterised by several controversies, the change in the current government policy towards AIDS is marked by an increase in the number of people receiving antiretroviral drugs. Currently, South Africa has the highest number of people receiving ARVs which is estimated at 1.6 million (UNAIDS, 2011:15,

also see Statistics South Africa, 2011:4). The roll-out of ARVs has also had a significant impact in reducing the number of people dying from HIV/AIDS. According to Statistics South Africa (2011:6), the number of deaths due to AIDS declined by 1.8 percent between 2006 and 2007 and it was expected that the number of AIDS deaths reported annually would continue to decline. In addition, life expectancy at birth begun to rise from 2006 and has continued to rise. The 2011 figures indicate that life expectancy for South Africa now stands at 57 years (54.9 for males and 59.1 for females) (Statistics South Africa, 2011:6), a remarkable improvement from that presented in 2005. Elsewhere in the provinces, the prevalence has declined as well (see table 1, chapter 1) but remains high.

*Figure 1: **National HIV Prevalence Trends in South Africa: Antenatal Surveillance***

Between 1990 and 2010

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Percent	0.7	1.7	2.2	4	7.6	10.4	14.2	17	22.8	22.4	24.5	24.8	26.7	27.9	29.5	30.2	29.1	29.4	29.3	29.4	30.2
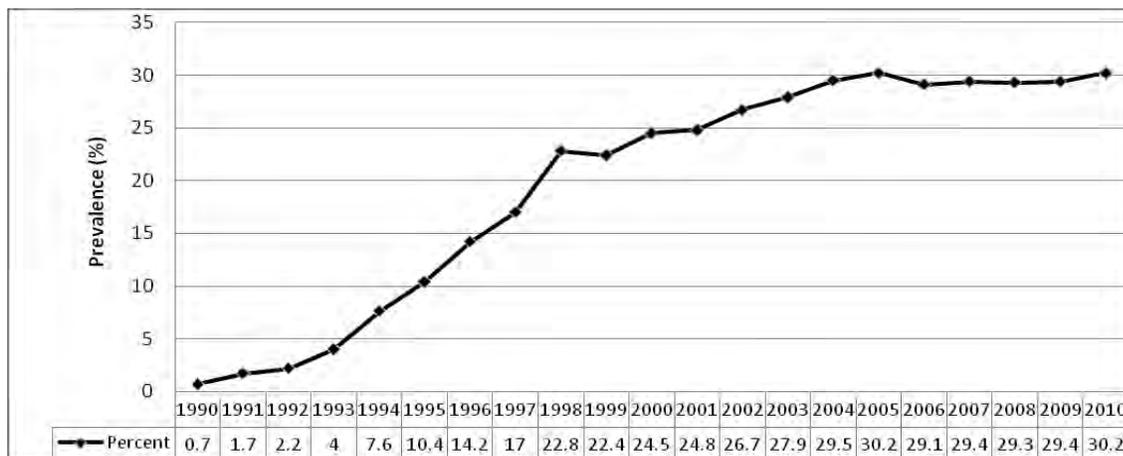
Source: South African Department of Health, March 2011

The picture above presented significant implications for churches as well. As already highlighted in Chapter One, the rapid increase in the epidemic urged policy makers to engage churches in the fight against HIV/AIDS precisely because churches are well integrated in most communities and are at the same time deeply involved in people's lives both as individuals and as a collective. Here, churches were viewed as well positioned to provide information about HIV/AIDS. But the implications of the rising epidemic for churches in South Africa were much more than that. As already indicated above, the period between 2002 and 2006 was marked by a significant increase in the number of deaths due to AIDS and AIDS-related illnesses. This was experienced much more in rural areas than in urban areas because most of the migrant workers

living in urban areas returned home (rural areas) to die (Welaga *et al*., 2009:1-8). A number of people, therefore, turned to churches not only to find answers to the rising problem (increase in the number of deaths) but also to find assistance during funerals, since the communities are so poor to provide the required assistance. Accentuated by the rise in unemployment levels and increasing poverty, churches became the centre of peoples everyday lives providing support (spiritual, financial and material aid) to those in need (see chapter 7, section 7.3.1.1).

Of course the escalation in the national prevalence rates observed above can neither be solely blamed on the poor government policy on HIV/AIDS, nor can it be understood from a religious perspective only. We know, for example, that the main mode of transmission[7] is through heterosexual relationships, often with multiple sexual partners (Epstein, 2007:170). However, many scholars agree that the sexual behaviours which lead to the observed high prevalence rates of the epidemic in South Africa, as in most developing countries, are not simply a result of individual choice, but include a set of social relationships that aid and abet in the spread or failure to alleviate the epidemic (Cahill, 2000:282-293; Preston-Whyte, 2003:89-94; Preston-Whyte, 2006:361-80, Barnett and Whiteside, 2002:124-159; Callahan, 1999:167-93; Scorgie, 2001:55-76; Susser 2000:1042-48). And perhaps Mbeki's statement which argued for the need to re-examine the living conditions of the majority of the South African people as a catalyst for the spread of HIV/AIDS in South Africa needs further attention. Scholars Hunter (2007: 689-700) and Fassin (2007:16) reiterate this view when they suggest that the current and changing political economy of South Africa framed within the country's history produces environments within which sexual behaviours linked to the spread of the epidemic in South Africa can be understood. This is explored in the section below:

2.3: Framing the South African HIV/AIDS Epidemic

In the early periods of the epidemic (1980s), the transmission and spread of the HIV/AIDS infection were understood purely from a biomedical and individual behaviour models. As a result, the information generated by social scientists and medical professionals in explaining the spread of the HIV infection was based on data from surveys of individual sexual behaviours, their knowledge, attitudes, perception and their beliefs on sexuality (Parker, 2001:164). Slightly

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[7]At the 4th South African AIDS conference, professor Abdool-Karim, Salim iterated the statement, 'knowing your ‗epidemic' as a basis upon which prevention, treatment and care, as well as social support can be understood. UNAIDS echoes similar sentiments. (See 4th South African AIDS conference, symposium session, ‗when treatment meets prevention: the potential of ARV-based prevention' 31st March- April 3rd .Durban South Africa)

different from the individual behavioural models, the biomedical models suggested that the transmission of the virus is far greater if individuals have STIs, or, if they engage in certain practices that caused lesions to their sexual organs. Subsequently, an explosion of prevention programmes which targeted individuals to change their behaviour and their sexual practices was noted. Despite the efforts made to prevent further spread of the infection based on the devised prevention programmes, the prevalence levels continued to rise, challenging the work of social scientists in general, and HIV/AIDS experts specifically. As now widely acknowledged, it was the failure to recognise that sexuality, especially in Africa, is powerfully influenced by political, social, cultural and economic factors, and was not an individual choice as previously understood. The work of anthropologists, sociologists, political scientists and historians around the issues of HIV/AIDS in Africa have added these missing pieces by exploring the broader social context within which the spread of HIV/AIDS infection in Africa in general and South Africa in particular, can be understood.

A number of scholars have attributed the spread of HIV/AIDS in Africa in general and in South Africa, in particular, to the broad notion of culture but more specifically to the interpretation of cultural meanings as a basis for understanding sexual transmission of the HIV infection as well as the ways to combat it (Daniel and Parker, 1993:223-48; Schoepf, 1992:225-42; Parker, 2001:166). Thus, in line with HIV/AIDS, the focus on understanding ‗sexuality through cultural symbols, meanings and the rules that organise it‘ were seen as central to the understanding of the sexual risk behaviour through which HIV spreads (Parker, 2001:167). To illustrate, people‘s behaviour may be influenced by cultural traditions which prescribe particular ways of conduct for people in society. Research done by Caldwell *et al* points to the ‗distinct and internally coherent African systems of sexuality‘, systems they argue are linked to HIV risk-related behaviour (1989:187; Caldwell, 1997:168-88; Caldwell, 1999:241-66). Viewing African sexuality as embedded in African social and cultural structure, Caldwell *et al* have argued that in many African societies, men are not blamed for having other sexual partners after the birth of their first child because their wives are sexually unavailable. They further argue that Africans have weak marriage ties and the frequency of polygamy explains the rise in the epidemic (1989:187). While these views on African cultural practices are debatable (counter arguments suggest that in societies where polygamy is the norm, the prevalence of HIV is low. In addition, African marriages are characterised by long processes which involve not only bridal wealth and

bridal price negotiations and exchanges but also involve key figures of the extended families and clans), their analysis points to the idea that practices which allow multiple sexual partnerships to occur create environments within which the virus is likely to spread (also see Epstein, 2007:66-91).

However, recent studies are beginning to show that it is not culture *per se* that leads to the spread of HIV/AIDS, but how culture is intertwined with the constantly changing political economy – massive unemployment and economic hardship accentuated by the impact of globalisation-modernisation– making conditions for most people unpalatable and in turn affecting individuals' everyday lives, gender identities and traditional practices (Campbell, 1997:273-81; Alonso, 2001:80-87; Klein, 1999:17-23; Hunter, 2004:124-132). Here for example, Hunter (2004:124-132) explores how the changing political economy in South Africa has affected the masculine identity, now linked to the spread of HIV/AIDS. In exploring these issues, Hunter uses the *Isoka* masculinity. Hunter begins by exploring the meaning of the notion *Isoka* as it was used in the pre-colonial period where the term *Isoka* was used to describe a man who had reached courting age and was, in a way, allowed by society to see several women with the intention of choosing a partner for marriage. He argues that this process not only involved looking for a hardworking and respectable woman but also meant regulating penetrative sex by practicing thigh sex instead, a practice considered to be safe. As described by Hunter, having penetrative sex was considered dangerous for both men and women because men would have to pay damages if a woman fell pregnant. Hunter argues that in those days, men were able to provide for the women and possibilities of building homes through marital unions were greater. Unlike in pre-colonial periods, the current political and economic environment which is characterised by high unemployment levels, men's ability to provide for their women has been significantly reduced. In addition, the possibility of marriage in order to create homes from which they would then be viewed as respectable and responsible members of the community has been minimized. Instead, men have been left economically powerless and are unable to have meaningful relationships. They now have relationships with several girlfriends but with no intention of translating that into a marriage. In turn, this has changed the meaning of *Isoka* to refer to a play boy, or Casanova where men have multiple and concurrent girlfriends and where full intercourse is associated with manliness (for a detailed discussion, see Hunter, 2004: 123-153). All together, these aspects have the potential to increase the spread of the HIV infection.

Further research examining the spread of the epidemic in developing countries goes beyond the cultural aspects to include the actual contexts within which the infection takes place. Scholars that have examined this aspect have argued that the socio-economic factors in developing countries produce environments and conditions of poverty, systems that see the dislocation of the family, as well as creating contexts that favour the growth of the sex work industry (Herdt, 1997a:46; Herdt, 1997b:81; Preston-Whyte, 2000:165-90). Much more recently, scholars have devised a term ‚structural violence' to describe a host of factors which offer an alternative explanation to the cultural understanding of risk sexual behaviours (Marks, 2002: 13-26; Farmer, 1995:3-28; Schoepf ,1991: 749-62, Hunter, 2004: 123-153; Hunter, 2007:689-700; Hunter, 2010:1-18, 179-201; Fassin, 2007: 1-273; Fassin, 2011:289-294). According to these scholars, structural violence not only refers to the interaction between factors such as ‚poverty and economic exploitation, gender power, sexual oppression, racism and social exclusion' but also how it links ‚vulnerability to a consideration of the ways in which such structural violence is itself situated in historically constituted political and economic systems (systems of economic development, housing. labour, migration, health, education and welfare), create the dynamic of the epidemic'(Parker, 2001:168-169). Shula Marks' article entitled, ‚An Epidemic waiting to happen: The spread of HIV/AIDS in South Africa in Historical and Social perspective' identifies similar issues (Marks, 2002: 13-26). Citing Zwi and Cabral, 1991, Marks outlines several factors in South Africa that are said to be linked to the spread of HIV/AIDS such as ‚impoverishment and disenfranchisement, rapid urbanisation, the anonymity of urban life, labour migration, widespread population movements and displacements, social disruption and wars, especially counter-insurgency wars', as factors that have ‚increased risk taking and reduced social concern about casual sexual relationships' (Marks, 2002:17).

Fassin's work also provides an in-depth look at how the exponential increase of the HIV/AIDS epidemic shortly after the transition from Apartheid to democracy is highly influenced not only by the current political and economic environment but by the ―past" in the ―present". His work ties in well with some of the issues that Shula Marks raises (2002:13-26). Fassin considers how in South Africa, the ‚social worlds as run through by a colour line, the interactions between men and women in matters of love and sex, the attitudes of employers to employees on the farm and mines, the norms of conduct people impose on themselves and their children (that is race, gender, class, inequality and generational relations) and how they are

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caught up in and shaped by particular experiences of time (inequality, violence and mobility)' (2007:1). His analysis of Puleng's story (a twenty nine year old woman living in Alexander Township, terminally ill with HIV/AIDS, who tells a story that in part explains some of the issues that led to her condition) and the controversies surrounding HIV/AIDS in South Africa, show precisely how the history of the country continues to shape the present. Fassin's analysis shows that HIV/AIDS in South Africa is linked to structural violence which he describes as the way in which _historically constituted social structures interfere with people's needs, capabilities, and aspirations'. He further adds that _it combines in various ways economic inequality, social injustice, racial discrimination, and diverse forms of denials of human and citizen's rights' (2011:293-294). HIV/AIDS has not only flourished in the conditions descried above, but also is intricately linked to the economies of resentment of the past and suspicion of the present (Fassin, 2007:170-172, Fassin 2011: 293-294).

Specific factors that form part of the structural violence concept have, however, taken the interest of many researchers in an attempt to provide an in-depth understanding of the issues leading to the spread of HIV/AIDS. In South Africa, many scholars have identified the history of apartheid and its migrant labour system as a key starting point to this analysis. Often examined as historical factors, scholars argue that just like the treading routes in Uganda and the cattle breeders in the lake Chad basin are responsible for the wide spread of the infection in those two areas, the migrant labour system initially deployed by the colonial and apartheid governments is viewed as one that created fertile grounds now responsible for the high prevalence of HIV/AIDS in the country (Epstein, 2007: 175; Hargrove, 2009:5-13, Sanders, 1991:16; Lurie, 2002:11-12; Horwitz, 2001: 103-123; Zoa, 2006:73-85). These authors argue that male adults migrated to urban hostels and, by law, were prevented from bringing their families along. This then created a culture of urban and rural wives and of sexual liaisons spanning the continuum from _town life' to _prostitute' (also see Whiteside and Barnett, 2000:147; Also see Hunter, 2007:690; Philips, 2001: 12).

In line with the above, available evidence in South Africa shows that provinces recognized as _migrant labour sending' have the highest prevalence rates. To be specific, of the 1,833,636 migrant workers in South Africa reported in 1985, 1,062,239 came from KwaZulu-Natal, Qwa Qwa, (formerly part of the Free State) KwaNdebele, (formerly part of the now Mpumalanga) and KaNgwane, (now part of KwaZulu-Natal and Mpumalanga) which are also

areas with high prevalence of HIV/AIDS (Barnett and Whiteside, 2002: 151; Lurie, 1997:17-27; Department of Health, 2010:23). By contrast, the Western Cape, a province where the least number of migrants were obtained, has the lowest HIV prevalence level (18.5 percent). The remnants of the migrant labour system are still visible in the form of large numbers of families whose children grow up without a household head figure, and, the high prevalence levels of HIV/AIDS.

Interestingly, when Marks engages in these issues, her starting point is not focussed on the migrant labour system on which South African industrialisation was based but is based rather, on the increasing mobile populations in the post-apartheid era. She argues that _once the coercive state apparatus began to give way from the late 1970s, the huge influx of the rural impoverished and unemployed into the urban shacklands intensified the poverty and further compromised the health status of thousands of people'(2002:19). Poverty among these new migrants intensified, diseases resulting from poor nutrition emerged, and communicable diseases were easily transferable including, STIs (2002:19). Shula Marks (2002: 19) concludes by indicating that the increasing HIV prevalence in urban informal settlements bears testimony to the increase in mobile populations in the post-apartheid era.

The recent work by Mark Hunter further explores the issue of post-apartheid movements and the rise of HIV prevalence. Like Marks, Hunter finds that the HIV incidence in urban informal settlements is higher than that found in formal urban areas and rural informal areas. In fact, HIV incidence in urban informal settlements is three times higher than in formal or rural areas combined. Using ethnographic material collected in urban informal settlements in South Africa, Hunter deduces that the current political and economic conditions in South Africa, characterised by high unemployment and inequality, are responsible because these conditions shape people's everyday sex and intimate relationships (2007:679-700). But unlike Marks, Hunter finds that the high unemployment levels are contributing profoundly to the rise in the phenomenon of small households not based on marital bonds as well as the increase in the number of women moving to urban areas (2007:697). Building on previous research, Hunter argues that men, most of them unemployed, are unable to marry and support their wives. With the low expectation of marriage, women, the majority of whom he argues are single mothers then migrate to urban informal settlements in search for means to support their children and other members of their families. Finding survival in urban areas very precarious, these women then

engage in intimate sexual relationships not with one but several men, and not as prostitutes but as regular relationships from which they are able to maintain their lives in the informal settlements and support those they left behind (2007:679-700; 2010: 179-201). And as we now know, sexual relations with multiple partners are recognised as the single leading cause of the high prevalence levels of HIV/AIDS observed in Africa.

Among the many social structural factors linked to the spread of HIV/AIDS in Africa and in South Africa in particular, is the issue of gender inequality. While scholars find that the link between gender inequality and the spread of HIV/AIDS is unquestionable, later alone debatable, they also show that the changes in the political and socio-economic factors and the manner in which the political and economic issues are intersecting with gender makes vulnerability to infection much worse than it was before. Historically, and stemming from the patriarchal system of social organisation, men and women were ascribed different roles which translated into specific expectations. Men were expected to economically provide for their wives (homes), and women are expected to be subservient to their husbands. This alone, created gender power disparities, where women had little say in decision making processes around the home, as well as matters of a sexual nature. In South Africa, but also widely on the continent, it is regarded as a sign of disrespect if a woman talks back to the husband. The Zulu concept of *ukuhlonipha* (respect) sums these issues well (Hunter, 2004:134; also see Dlamini, 1998:486, Varga, 2003: 163). Being silent over several issues especially in front of men is a sign of respect but this also means that women must be silent over a number of issues in order to be seen as respectful. Thus, different expectations of appropriate male and female sexual comportment encourage gender biased power imbalances, creating behavioural double standards. In many ways, the manner in which the concept of *ukuhlonipha* functions in South Africa resonates much more closely with the manner in which Foucault theorizes power (and power of sex) in his book, _*The history of sexuality'*. Foucault writes that:

> _Power.....whether one attributes to it the form of the prince who formulates rights, of the father who forbids, of the censor who enforces silence, or of the master who states the law, in any case one schematizes power in a juridical form, and one defines its effects as obedience (Foucault, 1949:84-85).

In the era of HIV/AIDS, and accentuated by women's dependency on men, _obedience' or _silence' which is equivalent to respect curtails women's ability to negotiate protected sex,

rendering them vulnerable to HIV/AIDS (Parker, 2001:163-76; Susser, 2000:1049; Gupta, 2000:3; Harrison *et al* , 2001: 69-77; Varga, 2003:163; Leclerc-Madlala, 2009:103-110). Gupta in particular, argues that women's vulnerability to the HIV infection is in many ways linked to their silence because society expects that ‗a silent woman around issues of sex is a good woman' (Gupta, 2002: 2-3).

The current political and economic climate has not changed issues around silence much, especially for rural women. Instead, it has complicated these issues even more by widening the gender inequality gap. As Mark Hunter has argued, women not only have one partner (labour migrant husband) as they did before but also have several regular sexual partners (2007:679-600) in the quest for survival. And the sexual negotiations often put what they can get from these partners first, and safety comes second. This phenomenon is not only observed in South Africa. Kammerer's work in Thailand demonstrates how the penetration of capitalism in a formerly traditional area led to the breakdown of the rural life, leading to the migration of young people into urban areas and forcing them into a life of prostitution (1995:53-78). Similarly, Schoepf's research shows that the spread of HIV in Zaire is ‗not due to the traditional cultural practices that people engage in but is because of many people's normal responses to situations of everyday life, such as dealing with substantial economic hardship and uncertainty' (1992: 225-42).

In South Africa, another issue relating to the aspect of gender inequality, that of gender-based violence, has been argued to be influential in putting women at risk of acquiring the infection. Like many other factors, its foundations are rooted in the current social, political and economic circumstances many people face. In exploring the roots of gender-based violence, Shula Marks attributes it more generally to two related factors: the political wars and pre-transition demonstrations, and the effect of migrant labour on men and women. In the former instance, Marks argues that in addition to low key wars and demonstrations observed in the last days of the apartheid system of governance, the political wars between the ANC and the Inkatha Freedom party supporters in KwaZulu-Natal present a better picture of the nature of violence experienced by some individuals. She argues that not only did these wars reduce social cohesion in society (a factor that has been considered to be linked with low prevalence of HIV/AIDS, see Whiteside and Barnett, 2002:91, 352), but also they led to what she has called the ‗sexual brutalization of women believed to be of the opposite supporters' (2002: 20). In the latter, she argues that the migrant labour system led to a crisis in the gendered ordering of African society.

On the one hand, the system created a breed of men desperate to reassert patriarchal domination in a rapidly changing world, and on the other hand, it led to a decline in the economic importance of women's fertility. As a consequence, women came increasingly to be regarded as _objects of male sexual gratification' (2002:20, citing Mager, 1995 and 1996). Citing Mager, 1995, 1996), Marks reports that as early as 1940s, and 1950s, court records for the rural Ciskei in the Eastern Cape show that in the mid-century, sexual violence towards women was escalating and was in fact becoming _like a war on women'. Even in the post-migrant labour system and in the new South Africa, sexual violence remains a common behaviour (Ramphele, 2000: 114; Campbell *et al*, 1997:124).

Finally, the role of HIV/AIDS stigma and discrimination in the spread of the HIV infection cannot be ignored. A number of studies that have attempted to examine its role in the epidemic argue that stigma, most generally, creates silences and denialism around the disease, stymieing their efforts to seek treatment (Preston-Whyte, 2003: 89-94; Smith, 2004: 432-434). Rooted in the theories around the need to avoid blame, especially if individuals perceive a situation (in this case a disease) to be a threat to others, HIV/AIDS stigma in South Africa presents similar patterns (Deacon *et al* , 2005:7). This is evident in the attribution of HIV/AIDS related illnesses and death to witchcraft in most rural communities (Ashforth, 2002:121-143).

From the above discussion, two key points are observed, i). That Africa and South Africa remain areas where social cultural factors characterised by social economic and political factors which are linked to the spread of HIV/AIDS remain powerful influences in shaping people's sexuality. And when they intersect with gender, race and class the effect is dire. ii) That these factors generally lead to a situation where multiple and concurrent sexual partnership occur, explaining the AIDS pandemic in the region. To sum, the spread of HIV/AIDS in Africa and in South Africa in particular cannot be fully explained by individual sexual behaviour in isolation of the complex meanings and powerful influences that lie behind the risk sexual behaviours. The manner in which these influences (political economic, social and cultural) mediate how sexual activity is done, with whom it is done, and in what circumstances, is useful in our understanding of how to respond to the epidemic and what might shape for example the prevention strategies employed.

Like other contextual factors that provide constraints and opportunities on issues of sex and sexuality, churches may have a similar effect. In addition, the effects of the churches on

sexual behaviour may be compounded by the fact that these churches may be operating through contextual influences as well. Therefore, and as I argue, understanding the churches' ability to create an environment where individuals can share not only their spiritual aspects but also their social and emotional needs is important in appreciating the effects of churches on individual sexual behaviour (Stark, 1984:272). In exploring these issues, it is important that we look at some of the existing literature in the area.

2.4: The Churches and HIV/AIDS

The literature linking churches and HIV/AIDS is relatively new. This is not surprising because until recently, most of the work on HIV/AIDS was investigated from a biomedical, epidemiological and anthropological point of view. However, the continued rise in the prevalence levels has necessitated an understanding of sex and sexuality beyond medical and epidemiological disciplines, to political economic and religious influences (Alexander, 2002:299-302; Crewe, 2002:228-9; Denis, 2003:75; Gupta, 2000:1-10; Parker, 2001:71; Schoepf, 2001:338).

Critical research linking religious organisations (including churches) and HIV/AIDS in Africa is limited and where such work is found, comparison is often made to earlier epidemics including syphilis, smallpox or the Spanish flu (Becker and Collignon, 1999:65-96; Denis, 2008:2, Setel, 1999:1-15). But as Denis has suggested, when religious organisations and churches are referred to, it is done in a piece meal fashion (Denis, 2008:2 [citing Becker and Collignon, 1999:65-96, Callahan, 1999: 176-193; Chirwa, 1999: 143-66; Illife 2006: 1-20]). Recently, however, articles or chapters of books dealing specifically with churches and HIV/AIDS in Africa have begun to appear including Epstein (2007:1-326) and Gunsman (2009:67-86) for Uganda, Garner (2000:41-69) Scorgie (2008: 55-76) Prince and Denis (2009: v-vxiii), and Haddad (2011: 1-430) for South Africa, Schoffeleers (1999:406-41), Trinitapoli (2007:1-360), Watkins (2004:673-705) for Malawi, Smith (2004a:223-35; 2004b: 225-37) for Nigeria, Parsitau, (2009:45-64) for Kenya and Dilger, (2009:89-110; 2008:1.29; 2007:59-83) for Tanzania. Their work begins to provide more details connecting churches and HIV/AIDS.
This rising literature focussing on the potential of churches in the prevention of HIV/AIDS often sees churches as essential in providing information to their members in communities that are inaccessible to government and other non-governmental organisations (NGOs) (Liebowitz,

2002:1-2; Gusman, 2008:1-7; Smith, 2008:1-3). Common threads found in these studies suggest that ‗religious institutions and traditional healers contribute to the ―networks of explanation‖ or ―signifying processes‖ at work during the epidemic because they are in close contact with the people affected by it. They add meaning to the epidemic and mediate the prevention messages' (Denis, 2008:2). Much of what has appeared in support of this view provides evidence based on the work of Faith-Based Organisations (FBOs)[8], established purposely to fight against the epidemic. The majority of the FBOs provide health education, focusing on abstinence and faithfulness. They also disseminate information about the disease aiming at increasing awareness. Uganda, Senegal and Malawi are some of the countries where FBO programmes have been established and reported on in various research (Liebowitz, 2002:1-2; Gusman, 2008:1-7; Smith, 2008:1-3). In general, the assumption is that when people are exposed to education programmes, they are less likely to engage in behaviour that puts them at risk than those who are not involved. But religious leaders, especially in rural communities where HIV/AIDS stigma is rife, hardly engage in questions around HIV/AIDS. In instances where they have attempted to talk about HIV/AIDS, it is suggested that they often give mixed messages lessening their involvement in HIV prevention and questioning the extent to which churches in general engage in prevention (Frederiks, 2010:112-118).

Perhaps the most significant aspect of churches in the prevention of HIV/AIDS, one that has generated considerable debate is a focus on moral and ethical standards emphasised by most churches (Campbell, 1990: 33; Elision and George, 1994: 48; Foster, 1994:18 Garner, 2000:62; Gomo, 1995: 12; Green, 2003a:10; Gregson, 1999:190; Marshall, 1991: 21; Maxwell, 1998: 358; Tiendrebeogo, 2004:1-3; Watkins, 2004:673; Agadjanian, 2005:1530; Odimegwu, 2005:126). Accordingly, churches worldwide advocate premarital abstinence and marital fidelity, both preferred forms of HIV protection. Despite churches posing as barriers to condom use, their role in HIV protection is deduced from their emphasis on abstinence and marital fidelity.

Already, empirical associations between religion, mortality and health of individuals, including HIV have been demonstrated. Gomo, looking at preliminary results of a HIV sero-conversion study in Chidrezi in Zimbabwe, found that HIV prevalence among male members of the Apostolic churches was as low as 16 percent compared to 32 percent for non-Apostolic males

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[8] FBOs in this study are differentiated from churches. FBOs are defined in this study as organizations with religious affiliations, which are established – in most cases with special funding – purposely to provide services or work on programmes linked to HIV/AIDS. FBOs are strictly not part of this study.

in the area (Gomo, 1995:12-16). Using 1996 antenatal data and data on religious affiliation in Zimbabwe, Gregson *et al* found that ‚spirit-type' churches (mainly African Independent Churches) had lower odds of HIV infection than those in other churches (0.45 to 1). In both studies, the explanation put forward for the reduced HIV risk-related behaviour and the observed lower HIV prevalence is limited to the fact that belonging to morally strict denominations like Pentecostal churches and African Independent Churches (AICs) compared to mainline churches may exhibit lower HIV infection due in part to their reduced likelihood of having extramarital partners. Other studies have begun to emerge (Garner, 2000: 41-69; Cleland *et al*, 2004:ii1-ii7; Odimegwu, 2005:126) and they have argued that possible mechanism of such a correlation is the differential institutional practice on social control. While the Pentecostal and Evangelical churches impose punitive sanctions on non-complying members to the point of suspension, the mainline churches may only require their members to engage in an act of private confession.

But the same social control exerted by churches which the above scholars argue to be the reason for the observed change in sexual behaviour for church adherents than non-church affiliates may also result in negative consequences. Some philosophers and sociologists alike view social control, in general, in a negative light. Foucault for example, has argued in parts of his *Discipline and Punish* book that extreme social control and surveillance do, in fact, produce delinquents (1977:265-6). Critical work analysing the Foucauldian model of social control and surveillance argues in similar vein suggesting that social control exerted by institutions in particular, fragments society as it attempts to isolate *say* the good from the bad, resulting in ‚social identities and ideotypical situations of threat that are subject to the broader social stratification' (Lianos, 2003:415). In the same way, social control exerted by churches and the leaders to their adherents may have similar effects. Not only does it create labelling and finger-pointing between members, but also the exerted control around issues of sex and sexuality may not always produce the desired results precisely because this type of control continues to individualise sexual behaviour and generally disregards the broader sexual context within which such behaviour occurs. As seen in the section presented earlier, such behaviour may be influenced by age, unemployment, gender power relations, to mention (also see Fredericks, 2011:121; Denis, 2011:60-1). And although the majority of the people can be considered as religious, and despite the degree of surveillance and control exerted by their churches, HIV/AIDS is now endemic in within the population

Further, counter arguments demonstrate, in fact, that the moralizing discourses which churches directly or indirectly feed into are responsible for the increasing levels of HIV/AIDS (Paxton, 2001:4; Banda and Moyo, 2001:50; Williams, 1991:47; Manda, 2011:202-205). Here, churches often blame loose morals, especially among women, for the spread of STIs including HIV/AIDS (Lyons, 1999:97-117 [for Uganda], Chirwa, 1999:143-166 [for Malawi]) and this blame has created silences and secrecy around HIV/AIDS (Manda, 2011:203). Smith's work in Nigeria captures this well when he argues that the churches' emphasis on monogamous ideas create what he terms as denialism of any relationships which adherents view as outside of what is acceptable by the church. Thus when individuals have sexual relations with sugar daddies, prostitutes or with those considered as non-regular relationships, they intentionally do not disclose to their regular partners, putting them at risk of acquiring HIV/AIDS (2004: 432-434). Similarly, the role of churches in prevention of HIV/AIDS remains questionable especially when one considers their highly criticised view on the use of condoms. What most churches argue is that condoning condom use is equivalent to accepting promiscuity.

It should be noted, however, that there is variation in the manner in which churches emphasise these issues. Compared to most protestant churches, the Roman Catholic Church is perhaps unique as it has consistently refused to accept the use of condoms. In other churches, emphasis may not be so much against the use of condom but their teaching maybe interpreted by adherents that condoms are acceptable in certain types of relationships (relationships with prostitutes or non- regular partners). But such teachings are sometimes confusing and adherents' interpretation of them may put them at risk of acquiring HIV/AIDS. Smith's study among Nigerian youth explains this particularly well. Studying Pentecostal churches Smith identifies that these churches are fundamental in shaping and framing the youths' understanding of what is regarded as acceptable and non-acceptable behaviour, and therefore, the majority of the youth explain risk from the point of view of their churches' teachings. And in their view, having one sexual partner is regarded as less risky, and therefore, in such relationships, the use of condoms is not a requirement. But here, and as Smith argues, ‚social forces and religious values collide in ways that push the youth toward premarital sexual relationships, while at the same time inhibiting condom use' (2004:434).

A few other studies have argued that the contribution of churches and other affiliated institutions to prevention lies in their ability to provide a sense of self-worth to their members.

Examining the role of religious-based organizations in the prevention of HIV/AIDS through SAFE, an organisation linked to churches in Malawi, Banda points out that the youth who belonged to this organisation were less likely to engage in sexual relations (2001:51). This was due to the added confidence they obtained by being members of these organisations. This resonates with socio-psychological theories of self-esteem which suggest that enhancing one's self esteem transforms negative attitudes leading to positive outcomes. However, critics argue that most of these programmes fall under individualistic approaches which view sexuality as an individual choice, a condition not plausible in African countries ravaged by extreme poverty, and where circumstances are simply not conducive to giving credence to the argument that sexual activity is an individual choice (Burchardt, 2008: 1.23). Unless these organisations are able to move beyond the simple teaching on self-confidence, to provision of certain necessities required by the youth, it will remain hard to see how behaviour change will occur. Even then, such effort requires extra strength of the organization, stronger influence in the community, ability to handle internal dynamics and ability to secure funding for such additional activities (Liebowitz, 2002:16).

The extensive literature review conducted for this study reveals that only the study by Garner has explored the mechanisms through which churches influence behaviour (Garner, 2000: 41-69). According to Garner, prohibiting sexual activity will depend to a large extent on how a particular church will put into effect the following factors: indoctrination, socialization, religious experience and exclusion. However, the small sample on which Garner's study was based makes the reliability of these findings questionable. A few other studies have suggested that some practices found in certain churches, including circumcision can explain reduced prevalence (Szabo and Short, 2000:1467) among church goers versus non-church goers. This argument has gathered support from Muslim countries (Mali, Senegal, Niger and Mauritania) a factor that is currently receiving attention from other studies, although this emerging literature also suggests that this factor needs to be treated cautiously because when considered alone, it will not lead to HIV protection (Gary, 2007:33-44).

Unquestionably, attitudes of the churches toward sexually transmitted diseases involve a quandary. Integral to the understanding by churches of their role in society is the proclamation of an uncompromising standard of morality on the one hand. On the other hand, they have an equally clear historical and doctrinal mandate to care for the ill and advocate for the poor and

marginalised in society. The dilemma is especially heightened in context of the AIDS pandemic, where it may appear that in order to accomplish the latter task, churches must relinquish the former. As it would seem, so long as churches remain adamant that certain types of sexual behaviour are inappropriate, they will inevitably obstruct efforts at prevention and care by attaching stigma to people who are infected with HIV through sexual transmission routes. But this is not necessarily the case because the two aspects married together may, in fact, provide ways in which we can understand the churches' role in prevention, a thesis put forward in this study.

Surveying the growing literature on religion and HIV/AIDS prevention in particular, leaves one with a sense that a number of issues still need to be investigated. First, the manner in which the literature on the churches influence of individual sexual behaviour has been presented creates room to speculate as to whether certain aspects are examined while underplaying others. What becomes clear is that research tends to focus on the proscriptive role of the churches, focussing on their ability to denounce certain behaviours. However, and as I emphasize in subsequent chapters, such aspects are only part of a whole, and for the full effect of churches on sexual behaviour to be understood, they have to be examined in their entirety. Therefore, to obtain a composite picture of the role of churches in HIV protection, the proscriptive role of religion ought to be examined in relation to the ability of churches to facilitate and build networks of friends which assist and support members to cope with the various problems they face every day.

Second, while there have occurred fundamental shifts in the conceptualisation of factors that affect the spread of HIV/AIDS infection, factors that move beyond the medical and epidemiological conception of HIV/AIDS to approaches that take into consideration the context, prevention continues to be viewed in an individualistic way. Quintessentially, what is important and commonly missed is the understanding of the extent to which churches today are helping members negotiate social, cultural, political and economic environments, which have become complicated and where family networks, kin and society at large are unable to assist. Churches are creating environments, shaping what I call _church-based social space'- where material and cultural aspects are negotiated - creating contexts within which individuals view the world and in which people function. But what do we learn from the historical material on the role of religion in health in general, and to what extent can this historical background help us in formulating the

church-based social space framework employed in this study? These questions are addressed in the next section.

2.4.1: Tracing the role of Churches in HIV protection to the Historical Role of religious beliefs in health

The literature on the churches as social agents suggests that churches in general have the ability to contribute to social change. This literature contends that churches have political connections which effect change from above and that their ideological power over a large number of adherents effect change from below (Brain, 1997:209; Borer, 1998:4; de Gruchy, 1997:167; Garner, 2000a:311-43). Part of the reason why churches also form such an important part of social change is that they are an essential component of the social-cultural context within which individuals function, shaping their attitudes and ideas, as well as helping individuals to cultivate solidarities and networks (Hart, 2001:89; Oosthuizen, 1997:8), one of the avenues through which change occurs. This makes churches particularly important points of analysis.

When it comes to the questions of HIV/AIDS protection, there is almost an instant shift from viewing churches as bodies that create networks that facilitate change, to viewing churches as moral gate keepers and vehicles of social control. This is partly understandable because the predominant mode of HIV/AIDS transmission is through sexual activity particularly with multiple partners, which suggests a breakdown in moral standards. The question to ask is, does this approach provide all the answers? And since HIV/AIDS falls in the general area of health, the historical material on the role of churches in health provides a good background to the churches' response to diseases in the past.

Certainly, the relationship between religion and health is not new and can be traced as far back as the beginning of the ‗manipulation of medicine, understanding magic, prayers and sacrifice' (Yinger, 1957:102). Although religion has often been viewed as having the ability to engage in a wide range of social issues including care and social support, as well as maintaining social order, it also has been concerned with ill health problems in many cultures across the globe. In Africa, the literature on health and religious beliefs and practices makes it vividly clear that concerns for health and fertility were greater in African religious ideologies than in many regions of the world (Faron, 1967:227-38; Furer-Haimendorf, 1967:238; Hammond-Tooke, 1989:24-30). In fact, it is argued that when it comes to religion, people in Africa are very pragmatic as reflected in the duality of their membership – traditional vs. Christian religions -

and in the diverse nature of religious groups that reflects people's needs (Berglund, 1976:78-119; Ngubane, 1977:1-36; Evans-Pritchard, 1976:69; Evans-Pritchard, 1965:14; Hammond-Tooke, 1989:26; Idler, 1987: 226; Idler, 1995:641; Moila, 2000:7-8). The conversions from one religion to another and the popularity of certain religious denominations are often a result of health related benefits which are expected to be obtained by virtue of their church membership (Schoffeleers, 1999:438-40).

Although health questions featured prominently in the literature on religion, the manner in which health was viewed and conceptualized, and consequently, the focus of discussion has evolved over time. The earliest critical literature on the link between religion and health is found in anthropological research. In this literature, a rather mechanical definition of health was devised. Health was seen as _the adequate functioning of all particular parts of man, while disease and illness was the non-functioning of these parts' (Tillich, 1967:7). Healing, therefore, was the removal of the disease in some form or _removal of the diseased part' (Tillich, 1967:7). The interpretation of illness, however, had a religious connotation to it. In what some anthropologists refer to as _primitive period', illness was understood as being caused in three ways: a) Illness and disease were seen to be caused by a _human agency', in which case, illness was inflicted on an individual by another, in the form of witchcraft, poison or injury;. b) Illness and disease were also seen to be caused by spirits, or by supernatural forces. Common in this category were diseases such as possession of spirits, having a foreign object in one's body, accidents and premature deaths, loss of a soul, punishment by ancestors and intrusion of an evil spirit;. c) Illness and disease as resulting from natural causes (Ackerknecht, 1965:396; Rivers, 1924). In all the above, except one, the cause of illness was either a spirit or a sorcerer. A number of scholars have articulated similar ideas suggesting that in the pre-modern period, people's cosmologies revolved around the supernatural, witchcraft or magic and this was the only form of rationalisation on aspects that had to do with human illness, pain and death (Ackerknecht, 1965:396; Beattie, 1967:255-8; Buxton, 1973: 128; Callaway, 1965:340-44 ; Cannon, 1965: 321-8; Furer-Haimendorf, 1967: 327-38; Evans-Pritchard, 1965:14; Rivers, 1924: 24; Yinger, 1957:102; Malinowski, 1965: 102-112). These ideas are present in modern religion, particularly in the African Independent Churches (AICS).

The conceptualization of disease in this manner served two functions: First, it provided a platform within which treatment was understood and sought. In a sense, diseases that were

caused by supernatural forces had to be treated likewise (Cannon, 1965: 321-8). Methods of healing, therefore, included exorcism, contacting spirits, purification and soul hunting. Other methods included blood-letting, massage, baths and magical drugs (Rivers, 1924:2). A question that is of importance is whether this type of treatment was effective and in what way. Ackerknecht explores how and why such treatment, or what has been called primitive medicine, was successful. Three points were noted. 1) Use of herbs and other physical actions sometimes relieved pain and were a cure. 2) That healing was sometimes psychological and the belief that once the cause of the problem was identified, the patient believed that whatever was provided would alleviate the problem. 3) That being part of the magical system, highly entrenched in the cultural system, satisfied individuals because the supernatural always intrigued man more than modern medicine (1965: 394-402).

The second reason and fundamental to this study is that not only did this type of conceptualisation make religious beliefs powerful in explaining illness and disease; it also provided meaning to people, as to why illnesses happened. Explanations rooted in religious interpretation cultivated a sense of values and moral standards to which people were supposed to adhere to if they were to prevent further illnesses. This historical role of religion in health appears to have permeated into modern society, where certain illnesses are regarded as resulting from transgressions of the general norms by individuals.

A critical analysis of the above historical background suggests that even in the early literature on religion, health and well-being was characterised by an element of interrelationship between religious-based moral views and health, as well as the ability of religious beliefs to influence human behaviour through a set of intricate taboos, rituals, practices and symbols. Most often, failure to adhere to expected norms was linked with misfortune and illness, an aspect that has featured in the literature on churches, HIV/AIDS and stigma. The second aspect that emerges from the above literature is that religion has always been a source of meaning and hope for people. This is subtly important for behaviour change as people tend to remain within the bounds of church teaching in anticipation for a response to their petitions. Issues such as marriage and fertility are often the main prayer requests and in many rural communities today, these issues continue to form part of what people ask for (Interview with a Nazarite Baptist church leader, 2006). In addition, the religious approach to health took into consideration other aspects that

people face including cultural, social, economic and spiritual aspects in an attempt to provide relevant assistance.

The literature linking religious beliefs and practices to health and well-being presented after the second half of the 20th century for example cite a number of illnesses where religious beliefs and practices were employed. The emphasis during this period was mainly in explaining mental health (also called _peace of mind'), which was seen to be a result of _psychological and emotional stress caused by fear, guilt, anger or by a frustrated desire' (Johnson, 1967: 143). Accordingly, these were issues that were often handled effectively in church settings where social interaction is a common feature, and therefore, being a member of church projected lower likelihood of individuals suffering from mental health disorders. Durkheim's classical work on suicide among Catholics and Protestants, which showed that suicide rates were higher among the predominantly Protestant areas in Europe, is the first of its kind linking religious beliefs and practices to mental and physical wellbeing (Durkheim, [1897] 1951:157-160).

Several other studies focusing on church involvement and mental health provide evidence which shows significant differences in health among those patients affiliated to church groups from the non-church affiliates (Idler 1995:227). Elaborating on a set of direct, mediating, and moderating links between multiple dimensions of religious involvement and psychological distress and well-being, Ellison and Idler found that attending church services and activities frequently, has positive associations with well-being, particularly because of its ability to boost social interaction and self-esteem (Elision and George, 1994:51; Idler, 1995:30).

Similar findings connecting church involvement and mortality have found that unacceptable moral values were often reduced among individuals who attended churches regularly than the non-church-goers. Some of the reasons put forward for this difference include simple things such as having members of their local church visit them, prayers, religious explanation of health, illness and death hence reducing their level of stress (Troyer, 1988:1007)

More recently, scholars have devised more refined theoretical constructs aimed at explaining the religion-health connection than those suggested in previous sections of this chapter. Based on a review of research in the area, Ellison and George (1994: 46-61), Ellison and Levin (1998: 700-720) and Sherkat and Ellison (1999: 363-94) explore a number of theoretical constructs within which religion is influential. These include: (a) _Religious involvement may promote mental and physical well-being by regulating personal behaviours in ways that decrease

the risk of disease'. Such behaviour may include alcohol use, smoking and substance abuse, and failure to adhere to the rules may lead to exclusion and excommunication of members. Although this may positively influence health behaviour, it can also yield negative effects. (b) _Religious organizations offer regular opportunities for social activity and interaction, as well as informal social support, emotional assistance and instrumental aid to those in need'. (c) _Religious groups foster a sense of community, leading members to feel valued and cared for'. These scholars emphasize that _religious support may be particularly effective because of shared norms of altruism and reciprocity and common beliefs about suffering and helping. The last two aspects point to the idea of the ability of church members to form networks and based on church norms, such networks might be more effective in comparison to ordinary networks. The relative weight of these possible influences is not yet well understood. Strikingly, however, in all the theoretical constructs and the historical background material presented above, the churches role in health in general has been conceptualised and defined in terms of the moral values and standards churches put in place, but well integrated also in the systematic support networks that churches provide, of which the latter has been omitted in the literature on religion (churches) and HIV/AIDS

2.4.2: The Conceptual Framework: the Concept of Social Spaces

In examining how churches are responding to the AIDS epidemic in rural South Africa, I carefully examine churches as institutions with doctrines, rules and practices, connecting them to their adherents who are born and live in contexts that are characterized by a set of demands (HIV prevalence, cultural traditions upheld in a modern and global world of increasing social exclusion, poverty, illness and death). I conceptualize and define churches as _Social Spaces' that influence both individual attitudes and behaviour relevant to prevention, not by focusing on abstinence and marital fidelity alone, but also on how these are systematically integrated into the organizational structure of the local churches, their practices, and the needs of their members. As defined earlier in Chapter One, church social spaces are, therefore, reciprocal spaces where members weigh the benefits of belonging to a church and their respective groups in the uncertain world. In most rural communities this conceptualization fits well because churches are a group property, and through this, people accept, reject or negotiate those aspects that enhance their ties to a group (Stark 1996:164). It is through this process of negotiation, that religious practices shape individual behaviour including HIV-risk related behaviour.

It must be said that the concept of social spaces is not new. However, although different from how it has been employed here, how it has been used in the past and the context within which it has been developed and applied offers some useful theoretical ideas. Scholars who have used the term social space all emphasize that social space involves a process through which individuals negotiate everyday life through their lived experiences, and within contexts that define their boundaries (Bourdieu, 1989:14-25; Buttimer, 1969:417-27; Lefebvre, 1991:31-40; Wilson, 1979:198-217). The use of the concept of social space in this study, however, follows Bourdieu's understanding, which encapsulates three important aspects:

- The first suggests that social space is defined by both social (cultural, religious or political movements) and physical boundaries

- That within these boundaries lay practices, symbols and rules which guide individual or group experiences and interaction.

- That individuals' behaviour and actions are a function of their lived experiences and interactions within the boundaries which they live, be they social or physical (Bourdieu, 1989:14-25).

And according to Bourdieu, it is by examining people's interaction in the social space that one understands individual behaviour. This is possible precisely because social space sums up their lived experiences, knowledge of practices, symbols, and rules which guide individual interaction as well as the various process of negotiation they engage in.

Although there is virtually no research that has directly examined church-based social spaces and HIV/AIDS, a few studies have used the concept in other contexts. The work of Ilcan is one such study that employs this concept in an attempt to understand marginalised communities – strangers or strangeness. In her study of the micro politics of differentiation, Ilcan provides accounts within a social space analysis of how strangers (tourists, migrants, in-marrying-women, but may also include similar communities, those who stand on the periphery, such as people living on the streets) or strangeness in a given community is not only about self and the other, or the insider/outsider points of view, but also includes perceptions, practices and the politics of space. She argues that while our views of the ‗other' re-articulate who we are in the space of others, our views also have to do with our perceptions, boundaries, knowledge of the practices that the other is not part of. In linking this argument to the conceptual framework

developed in this study, ideas around boundaries and location of an individual within a social structure become important and begin to define concepts such as _us' and _them' (Ilcan, 1999:243-56)

The closest work to this study involving churches and social space is by Wilson (1979:192-272), which examines the desire of migrant workers to maintain and reproduce a _rural self', when they find themselves in unfamiliar urban environments. He concludes that migrants maintain a rural self by participating in the Community Black Church, which provides them with a social space in which new networks, friends and communal gatherings are obtained.

Observations made by Smith in his work with Pentecostal churches in Nigeria, indirectly points to the conceptual framework being developed here. Smith argues that the Pentecostal movements in Nigeria assist people either as individuals or in groups to negotiate social, cultural, political and economic environments in modern day world where family ties, kinship and society at large are unable to help, while at the same time contributing to society's changing political economic and moral environments (Smith, 2004b:428; Smith, 2008:7). Smith's work contributes immensely to the conceptual formulations of the church-based social space thesis developed in this study, particularly when he defines Pentecostal churches as enriched with symbolic actions, customary ceremonies, prescribed forms of rite that manifest belief in the divine through patterned and closely regulated social means. The implication is that Pentecostal churches construct a form of _social space' for its adherents from which people view the world around them. I argue in this study that the created social space also has behavioural implications.

The antecedent to understanding the ability of church social spaces in influencing behaviour in general requires one to understand the pre-existing conditions and the structures which shape them. Pertinent to this is the understanding of the circumstances likely to influence their behaviour. In the case of church based social space, a look at the aspects of traditional religion (ancestral worship, witchcraft, traditional healing) are important because they shape peoples cosmology which in turn shapes their behaviour (Vilakazi, 1986: 22; Berglund, 1976:1-20; Ngubane, 1977:30-45). Also, the normative climate is an important consideration as it describes what the needs, practices and beliefs of the people are. Together, these construct what I refer to as church based social spaces.

2.4.2.1: The Application of Church-based social space in this study

The conceptual and analytical framework employed in this study has been developed in close dialogue with the work of Robert C. Garner on Religion as a Source of Social Change in the New South Africa (2000:311-43) and his subsequent paper, ‚Safe sects? Dynamic Religion and AIDS in South Africa' (2000:41-69). In both papers, Garner describes at length how churches have an impact on social change or in this case individual sexual behaviour, but that their effects are likely to be more pronounced in some churches than others. Unlike other scholars, however, his work contributes to this body of knowledge by locating his analysis in an ‚ideological power model' where he argues that ‚across four Christian denominations, churches which possess the four variables: Indoctrination, Religious Experience, Exclusion and Socialization will have the power to affect the behaviour of their members, even when the behavioural ideology it promotes runs counter to perceived self-interest or cultural norms' (2000:48, 2000b:330).

In describing these variables, Garner defines indoctrination as the biblical teaching approach churches use. Issues of focus here may include sexual norms. However, emphasis on these issues may vary from church to church. In his second identified variable - Religious experience- he identifies the importance of the degree of commitment of the individual member in churches to which they are affiliated. In the third and fourth variables i.e. exclusion and socialization, Garner is looking at boundaries which identify members from non-members to either an individual church or groups within these churches. And what he is looking at here includes how these boundaries are defined (in the case of exclusion) and maintained (in the case of socialization). Arranged along two axes to form a diamond, and an area created which describes the degree of power exercised by any ideological group, Garner argues that high scores in each variable define the largest possible area, implying a high degree of power.

Garner based his findings on a year's ethnographic research which included a survey of 334 households, 78 in-depth interviews and 10-20 visits to churches of each type. When analysing the data, Garner finds that only Pentecostal churches were able to have an impact on extra and premarital sex (EPMS), something achieved by attention to each of the four variables. That, ‚Indoctrination characterizes EPMS uncompromisingly as displeasing to God, a view reinforced by high levels of teaching and bible reading. To stray from this code is to imperil salvation, and to risk exclusion from the community of the saved' (2000:62). Garner further finds that in Pentecostal churches, ‚the young member's primary social network, the youth group,

offers the reciprocal support of other group members, who also monitor each other's behaviour, and the spiritual resources of a charismatic experience assist the maintenance of this counter-cultural behaviour' (2000:62-3). Similar findings were not obtained from mainline, Zionist and Apostolic churches.

My study, although uses a similar model and a related line of thought, contributes to this small but growing body of knowledge by arguing that the ability of any particular church to affect individual sexual behaviour depends on the type of social space it constructs for its members. In examining church-based social space, I take Garner's model a level further by looking at the quality of socialization in various groups found in selected churches, and how this might impact on HIV related risk behaviour. The quality of socialisation or what I refer to as church-based social space is defined by four factors: a) individual commitment, b) Individual needs and relevant social support provided, c) frequency and type of group meetings and d) action taken when implementing church discipline. It is implied that those groups where the four factors are present are regarded as possessing closely knit relationships, and where two or more of these are missing, are regarded as having relationships categorized as weak.

Generally, however, the four factors are overarched by the churches' Teachings and Doctrine (see figure 2 below). The teachings and Doctrine of the churches as an overarching factor are essential because they affect the churches' ability to impart their doctrine on their members and to ensure that their members understand and follow the prescribed aspects of the doctrine. It also refers to which of the four aspects the churches focus on. For example, are the churches focusing on spiritual and faith related aspects of the doctrine such as prayer? Are the churches focusing on care and compassion as well as providing social support? Is their focus on sexual and moral conduct? What in the taught doctrine ensures that whatever is taught is followed? Does their teaching encourage the setup of informal groups, through which the taught doctrine can be further discussed on a one on one basis? In other words, the teaching of the doctrine is about the church's ability to impart its doctrine within a holistic approach, ensuring that its members understand the central tenets of the church and the related practices. It is argued that the type of socialisation therefore will be influenced by the actual teaching of the church and the differential commitment certain churches have on certain issues. Figure 2.below demonstrates the conceptual framework more precisely.

Figure 1.1: Garners Conceptual Framework (The four variables)

Indoctrination

Exclusion

Socialization

Religious Experience

Figure 2: This study's conceptual Framework: Church-Based Social Space

Teachings & doctrine

Individual Commitment

Practices of Discipline

Quality of Group Interaction

Needs & Social Support
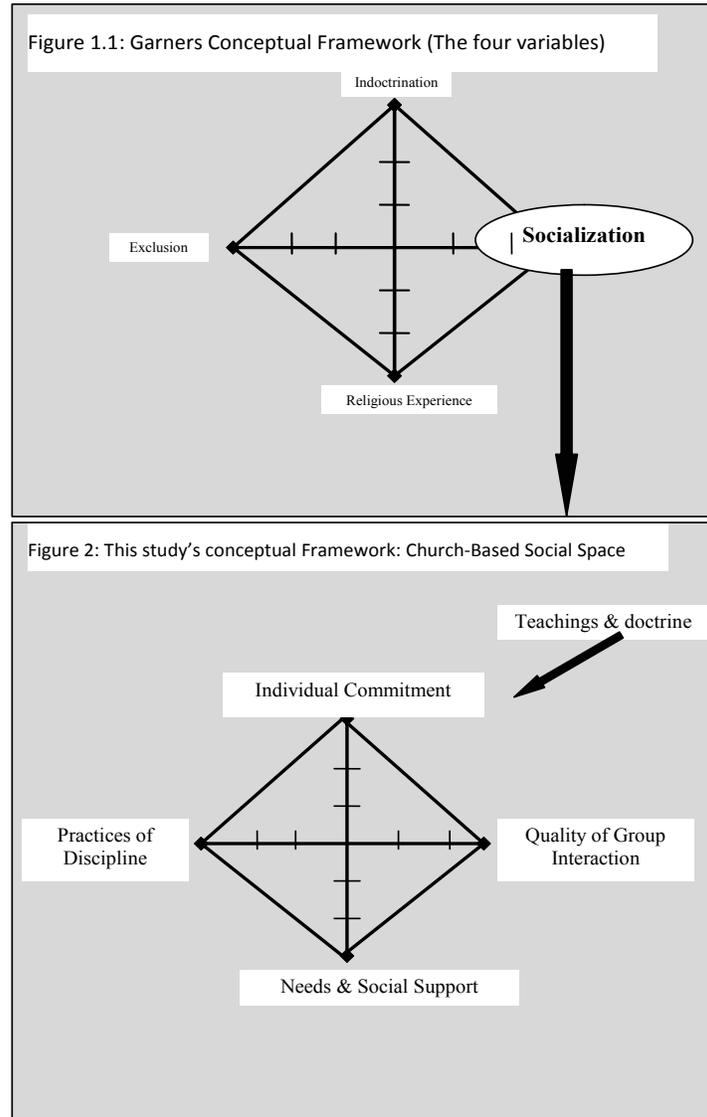
In this framework, I argue that social space is a negotiated space and therefore the variables from which it is composed are interdependent on one another, and depending on the degree of integration. For example, individual commitment is very much influenced by the social support and relevant benefits provided to an individual by the various churches and their members. But the type of social support provided is dependent on the extent to which the individual is a regular participant at church services and the different church groups. The social support may, however, be withheld if a member violates church rules regarding behaviour. These variables are described below:

Individual commitment: This factor describes the extent to which the individual takes part in church activities including church services and engages in church groups such as bible, prayer and cell groups. In most studies related to health and mortality outcomes, attendance at church services has been the most commonly used and robust indicator of church involvement. Church attendance serves as a general indicator of one's commitment to his/her religious belief and to a religious community: a network of individuals who act as a source of instrumental support, social resources, and behavioural norms. I expect this indicator of individual commitment in particular to be a significant variable defining church based social space and associated with lower reported risk behaviours hence a lower likelihood of HIV infection.

Quality of group interaction: Linked to the above, this factor involves examining the frequency of members' interaction, as well as the quality of interaction. This is examined by looking at the type and number of gatherings and small groups held within the selected churches. In some churches, the members find themselves spending more time with each other than in others. In other churches, the participation in Sunday service is all that is required of them. In some churches, certain activities are individual activities that do not require the presence of others. Across the four churches, the groups include prayer groups sometimes, but not always, distinguished on grounds of age, gender and marital status. It is argued, that it is in such groups or space with others that doctrines are emphasized and sometimes reinforced. Regular meetings also suggest that they get to know one another and involved in each other's lives, thus influencing behaviour that runs counter to what is expected (Agadjanian, 2005:1532-4; Garner, 2000:62; Gregson, 1999:190). This may have implications for HIV/AIDS protection.

Social support provided: As one of the important variables, social support as a factor included here takes cognizant of the societal context within which people are born, raised and are initiated to sexuality. This context is characterised by increasing urbanisation under conditions of high unemployment and poor development infrastructure. It is also characterised by a pattern of sex roles and expectations within society: inequities of gender roles and power, expectations of marriage and child bearing. Accompanied by faith and belief in the power of God, members are hopeful that belonging to the church will enable them to achieve some of these expectations. This factor also describes the extent to which the churches engage in a range of social support activities initiated either by the churches at the institutional level, or by the church members themselves. Across the board, at least two types of social support are observed. In some

churches, social support activities target more broadly members in the community, including taking care of the sick through home-based care programmes and through offering prayers and assisting, mainly with funeral services. This is what I refer to as ‗generalized social support‘. In some churches, support of their members can be classified as ‗expected‘ or ‗entitled social support‘ where members know that by virtue of being members of the church, such support would be accorded to them. But the type of support is only limited to social and physical needs and, to some extent, includes the financial needs. In other churches, a more ‗localized social support‘ is provided. In this case, social support is first and foremost to members. Secondly, the social support offered is tailored to individual needs. Here, the type of social support goes as far as assisting members to deal with their emotional, financial, social and physical problems. The varieties of social support offered to members were observed through the manner in which members participated in wedding celebrations and funerals. It was also observed in the manner in which churches involved in members‘ private lives and in the decisions they made. In this case, the churches and their members became more like an extended family.

Church discipline: This examines the extent to which the churches enforce discipline among their members. It also looks at the institutional practices regarding discipline. In other words, what punitive measures do churches have in place for aberrant members? In some churches, punitive measures include the exclusion of members who are believed to have behaved contrary to the prescribed rules of the church without necessarily excommunicating them from the church itself but from partaking in certain church activities. In other churches, the mechanism of enforcing church discipline is to encourage their members to weaken their ties with those who are not members of the group (Maxwell, 1998:353). One way in which this is done, as already highlighted above, is through having numerous congregational activities in which one is expected, even if not required, to participate. Through regular meetings, members get to know one another and are involved in each other‘s lives, and thus are able to take action or report any form of wrong doing by their fellow members.

Altogether, these factors explain the ‗church-based social space‘ and the ability of church-based social space in altering individual behaviour will emanate firstly from its ability to create boundaries or social distance which distinguishes churches from other institutions, and to a certain extent, from broader society (e.g. cultural traditions, negative influences resulting from social and economic aspects) (Bourdieu, 1989:14-25). This is achieved in the first instance

through the churches' doctrine and teachings by which rules, expectations and ways of life are set out. A central axis to the main issue to be addressed in this study (churches and HIV risk behaviour) is the churches' doctrinal emphasis on ethical and moral conduct, from which their sexual norms are outlined, and by which they expect their members to live. In the second instance, the created boundary generates a sense of belonging and identity for those who are members, through forming networks of friends and ties based on kinship diminish (Maxwell, 1998:353-355), and generates a sense that individuals will be taken care of should they be faced with any eventuality

This, however, needs to be understood within the context of what churches in South Africa are, including their doctrinal focus, organizational characteristics, and social focus. It also entails looking at how churches in south Africa were established, the circumstances under which they emerged and some of the issues they have been engaged in, as a basis for understanding, first of all, how churches construct church-based social spaces, and secondly, how they might engage in HIV protection. These are the issues discussed in the next chapter.

CHAPTER THREE: THE CHURCHES IN THEIR SOCIAL CONTEXT
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3.1: Introduction

Religion has often been recognized for its ability to contribute towards social change. For example, the development of capitalism in Western Europe, and its idealist flavour is believed to have been spear-headed by a religious influence, as articulated in Weber's theory of the Protestant Ethic and Spirit of Capitalism (Weber, 1930; Collins, 1986:19; Lachmann; 1989:49 [citing Weber, 1922(1978): 1086; Tawney, 1926:49). Undoubtedly, religion has made similar contributions in Africa. In particular, early Christian churches played a significant role _as a channel of westernization through education and co-option of indigenous peoples into the market economy' during the colonial period (Garner, 2000a:313). Churches' contribution towards the overthrow of Apartheid by opposing racial policies and speaking against Apartheid is a more recent example of a religious influence (Brain, 1997:203-4; Garner, 2000a:313). The question, however, is, can similar lessons be drawn for churches' involvement in HIV/AIDS prevention? To answer this question qualifies an understanding of churches in general and churches in South Africa in particular.

In this chapter, I examine the churches in South Africa. Focusing primarily on Christianity as the dominant religious group, I provide a general background relating to the emergence and establishment of Christian churches. The chapter briefly looks at the extent to which churches have been progressive social actors as a basis for this study on churches and HIV/AIDS prevention. I then narrow the discussion down to four selected Christian churches: the Roman Catholic (a type of early mission churches), a Charismatic church (one that falls under the newer Pentecostal churches), the Nazarite Baptist as well as the Holy Banner of the Ethiopian Apostolic church in Zion (both of which are African Independent Churches (AICs), describing the differences across these churches with a particular focus on their organizational characteristics, doctrine and institutional practices.

3.2: Christianity in South Africa: A General Overview

As a general background, religion on the African Continent is diverse, but broad religious categories may be identified. The first, Christianity, is far more prominent in Eastern and Southern Africa. The second, Islam, predominates in the Northern and Western parts of Africa.

The third, classified as Traditional Religion is observed mainly in the Southern region of the continent, accounting for a small proportion (9.7 percent) of the population.

Table 2: *Percent Distribution of Religious Affiliation in South Africa*

Religious Affiliation:	Comparing two Censuses in South Africa	
	2001a	1951b
Christian	**79.8**	**68.0**
• African Independent Churches (AICs)	31.8	13.0
• Protestant (Mainline)	25.5	46.0
• Pentecostal	7.6	0.2
• Catholic(Mainline)	7.1	5.4
• Other Christian (mixed)	7.8	3.4
Muslim	**1.5**	**1.2**
Hindu	**1.2**	**1.9**
Jewish	**0.2**	**0.9**
Non-affiliated/DK	**15.1**	
Other	**2.2**	**28.0**

a. Archived at http://unstats.un.org/unsd/demographic/sconcerns/popchar/popchar2.htm
b. Archived at http://www.census.gov/ipc/www/idbnew.html

Percent distribution Comparing Religious affiliation in selected sub-Saharan countries

Selected Religious groups	Selected countries in sub-Saharan Africa:2001					
	Uganda	Zambia	Swaziland	Malawi	Kenya	South Africa
Christianity other than AICs	84	83	**60**	80	88.	**48**
Muslim	12	1	1	13	7	1.5
Others	2	3	9	7	3	3.6
AICs	1	4	**30**	N	0.3	**31.8**

N= not mentioned
A proportion of those not affiliated is in some countries not reported but is also not reported here
Source: www.unhcr.org/refworld/topic464db4f52,46a711da2,48d5cbbe8,0.htmlUnited

Other religious groups which include Hinduism, Bahai and Buddhism remain small and are concentrated in countries with a relatively high Asian population (Barret, 1982: 620-7; Zwemer, 1924: 29-37; Hastings; 1979:228-9). Table 2 above presents the distribution of religious categories in South Africa, and its neighbouring countries. Christianity is the dominant religious group, with the largest proportion of the population (68 percent in 1951, and 79.8 percent in

2001) belonging to a variety of Christian religious denominations (Goodhew, 2000:347-55; Census SA, 2001:38).

Christianity is also predominant in neighbouring countries. The difference, however, is that a substantial number of Christians in South Africa (31.8 percent) are members of the African Independent Churches. Apart from Swaziland, figures on AICs in other countries are in fact negligible[9]. Although South Africa is predominantly Christian, there is significant variation in membership across the different Christian groups.

Figure 3: *Trends in Religious Affiliation in South Africa*

Source: South African census reports compiled by Statssa, Goodhew 2000, Garner 2000
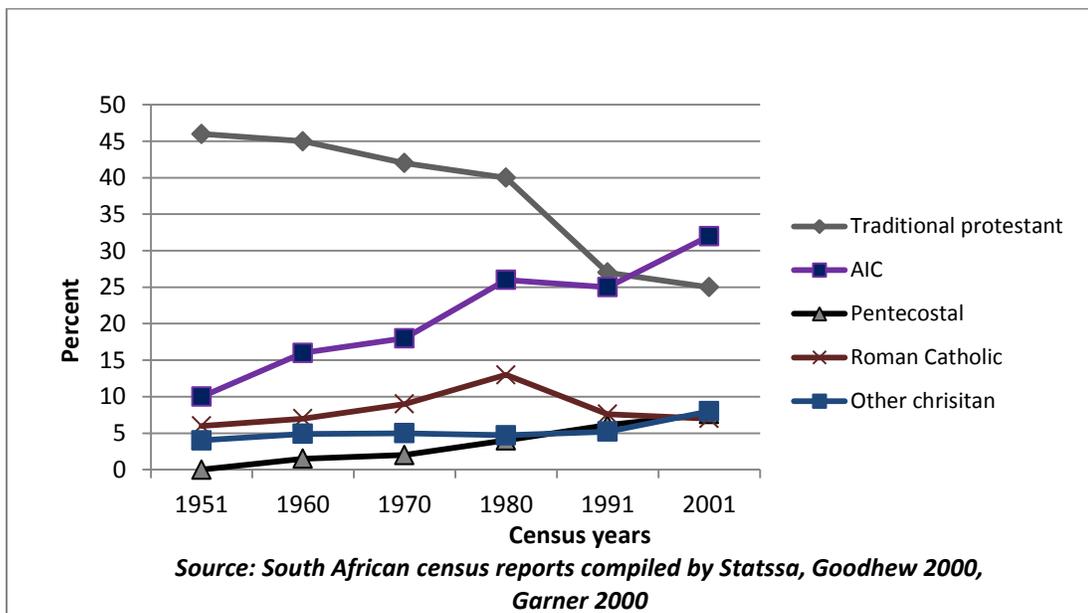
Also significant, is the manner in which membership has fluctuated over time, a trend illustrated in figure 3 above on selected Christian groups. The figure shows that in the early years, membership in mainline churches identified as belonging to the protestant tradition (Anglican, Dutch Reformed, Presbyterian and Methodist) was as high as 46 percent by 1951. But from 1980 onwards, membership began to decline and was in 2001 recorded to be as low as 25 percent (Statistics South Africa, 2001; Goodhew, 2000). From the figure, we also see that the Roman Catholic Church saw significant growth but like the other mainline churches declined after 1980. The African Independent churches on the other hand, (Zionist and Ethiopian) portray a different

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[9] Further information on the distribution of churches is obtainable from the Bureau of Statistics figures of 1960 report (Bureau of Statistics, 1960:27), the South Africa Census website (www.census.gov) the United Nations Statistics Website (www.unstats.un.org)

growth pattern. By 1951, the AICs were recorded to account for about 13 percent of the population. Membership in these churches has since grown making them the largest Christian group in the country. Currently, AICs account for 32 percent of Christian adherents (Goodhew, 2000:356). Similar trends of growth are observed among the Pentecostal churches (note that there is an overlap between AICs and Pentecostal churches, but what is considered in the percentages provided only includes what Anderson refers to as western Pentecostalism discussed in later sections), although they account for only 12 percent at present (Goodhew, 2000:359).

The composition of members in the different Christian denominations is often related to aspects of race and ethnicity. For example, members of the AICs are mostly black South Africans. Pentecostal churches report to have a mixture of all racial groups, but have the largest Indian population compared to other religious groups, while mainline churches, particularly those in urban areas, continue to be composed of a largely White and Coloured population (Goodhew, 2000:346-48).

Social status and differences within provinces also play a considerable role in denominational identity. Kiernan highlights that Zionist churches are predominantly composed of large numbers of people who are regarded as poor. By contrast, mainline churches have an urban feel, with a large number of educated, middle class adherents (1990a, 21-23). Correspondingly, the Eastern Cape, a province classified as the poorest, has the majority of its people affiliated to both Methodist and Zionist churches. Rural KwaZulu-Natal hosts the majority of the AICs, especially the Apostolic and Zionists churches. The majority of the people in the Western Cape are affiliated to the Dutch Reformed Church (Goodhew, 2000:346-48).

The mosaic in which Christianity in South Africa is presented is overarched by political and economic influences, explored in the historical overview of churches in South Africa below.

3.2.1: An Historical Overview of the Christian Churches in South Africa

Churches in South Africa emerged and developed in an intricate web of social, economic and political relationships. Their prominence, however, was shaped by the manner in which they navigated through these relationships. The history of Christianity in South Africa is long and cannot be fully described here. However, catalogued in four main periods, a brief summary is provided. The first period (1652-1850) was dominated by mainline Christian churches. Their infiltration and prominence in the region was largely shaped by colonial and commercial interests, as well as political and theological differences. The second period (from 1851 to 1900)

was characterized by the development of African Independent churches – mainly the Ethiopian churches – as secessions from mainline churches (Sundkler, 1961:38-49; Chidester, 1992:xiv). Chidester goes further to suggest that these churches emerged primarily to ‗assert black equality with whites in matters of religious leadership' (1992: xiv). The third period (1901-1960) saw the birth of yet another category of African Independent churches – the Zionists and Zionist-Apostolic. It also saw the beginning of early Pentecostal churches. The fourth period, (1960 onwards) saw the growth of newer Pentecostal churches, coinciding with the current global phenomena of religious revival in Christian churches, referred to as Pentecostalism. It is reported, however, that in South Africa, the last two periods were also characterized by ‗loss of land, economic deprivation, and endemic poverty reinforced by South African legislation' (Chidester, 1992: xiv). The churches that emerged around this period, therefore, capitalized on providing ‗small enclaves of spiritual purity in a defiling and dehumanizing world' while others promised to recover the lost land (Chidester, 1992: xiv).

It is important to note here that the use of the term mainline churches is contentious. Many authors look at mainline churches from the perspective of mainline Protestantism, which essentially excludes Catholicism (Hart and Maguire, 1980:77; McKinney, 1998:59). During the time of the Reformation, Protestantism is said to have emerged in direct opposition to some of the principles of the Catholic Church and emerged with an intention to doctrinally reform it. By contrast, within the American context, when the term mainline church is used, it refers to protestant churches established in America during the period of European immigration' (McKinney, 1998:58), and is often linked with other terms such as ‗mainstream', ‗liberal', ‗established', ‗old-line', and ‗ecumenical'. In Africa, and South Africa in particular, a more inclusive term – mission churches – is used, interchangeably with mainline churches, to describe the Christian denominations established by early missionaries. This definition is inclusive of all early churches, both Roman Catholic and those of the protestant tradition. In some recent literature, however, Pentecostal churches are also referred to as mission churches. To avoid the confusion, I will use the term ‗Early Mission Churches', to describe churches established by early missionaries, unless when making a direct quote from a specified source.

David Chidester's work on *Religions in South Africa*, published in 1992 and the 1997 book *Christianity in South Africa: A Political, Social & Cultural History*, edited by Elphick and Davenport, are a few of the scholarly materials that provide a historical overview of Christian

churches in South Africa. According to these two documents, the earliest Christian churches in South Africa were of ‗Mainline' denomination. These were mainly churches established towards the end of the 15th Century and at the beginning of the 16th Century. They include the Anglican, Methodist, Lutheran, Dutch Reform, Presbyterian, Roman Catholic and Baptist churches.

Reflecting back and using historical material, Chidester highlights that Christianity in South Africa can be traced back to the visits by the Portuguese explorers in 1488. However, both Chidester and Gerstner agree that ‗a more permanent Christian presence began with the establishment of a refreshment station by the Dutch East India Company at the Cape in 1652 and its rule over the Cape Colony until 1795' (Chidester, 1992: xiii; Gerstner, 1997:xx). The earliest Christian Church was the Dutch Reformed. Disregarding indigenous religions particularly among the ‗Khoikhoi' who were its earliest converts, the Dutch Reformed Church imposed its theology based on salvation by faith to which some authors suggest leaned towards that of the Calvinist tradition (Gerstner, 1997:xx; Elbourne, 1997:33).

The Dutch Reformed Church dominated then, precisely because it was the only legitimately recognized church by the then political leadership. Other churches whose theology differed from that of the reformed tradition[10] were not given the opportunity to establish their missions. It was only until religious pluralism was permitted in 1800 that a number of churches, mainly of the protestant tradition emerged. Even then, it is argued that these were only accepted, if they had similar characteristics with the Dutch Reformed Church (Elbourne, 1997:33). In the first category (protestant category) were the Moravians and Lutherans who established their missions in the country between 1774 and 1795. In the second category were the Anglicans (1806), and then Methodists and Presbyterians (1816). By 1824, these denominations were fully established. The last to receive recognition was the Roman Catholic Church despite having established pockets of their missions as early as the fifteenth century with the arrival of the Portuguese. Full recognition for the Roman Catholic Church was granted in 1817, and was able to establish its mission with the first bishop (Patrick Raymond Griffith) in 1838 (Elbourne, 1997:33; Etherington, 1997:89-106; Denis, 1998:70). Nevertheless, the dominance of the Dutch Reformed Church continued to be felt because of the continued financial support from the Cape

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[10] The reform tradition is derived from the reform period where some church leaders sought to "reform" the church and return it to its proper historical beliefs and practices, focusing mostly on the Bible rather than tradition; and faith rather than works or ceremonies

Colony and subsequently, from the National party government established in 1948 (Chidester, 1992:xv).

The period between the end of the 19th century and the beginning of the 20th century is reported to have been characterized by the expansion of capitalism and worldwide industrialization (Chidester, 1992:xiii). In South Africa, the discovery of gold and diamond fields was a typical example of this phenomenon. Significant here, is that ‗Africans were increasingly incorporated into new economic relations of power‗ (Chidester, 1992: xiii), but without any significant responsibilities. Awarding of what I refer to as ‗fake power‗ was also common in early mission churches and most black Africans found this unfair. The unequal treatment of Africans in this regard and the failure of these churches to encourage and bring about equality among congregants strengthened and led to the popularity of the early African Independent Churches (Etherington, 1997:1000; de Gruchy, 1997:167).

Although there had emerged some Congregational and Methodist AICs off-shoots such as the Tembu Church, the first cohesive African Independent Church, – Ethiopian – emerged in the early 1890s. This emerged primarily with a vision to see Africans doing things for themselves (Sundkler, 1961:38-59; Venter, 1999:106). Sundkler describes how the ‗Ethiopian movement raised concern as an African movement aiming at ousting the white man from South Africa‗ (1961:13). Pretorius and Jafta summarize the reasons for the rise of the Ethiopian movement as (a) the desire of Africans to become church leaders, (b) the colour prejudice practiced by missionaries, (c) their failure to live by the Christian brotherhood they proclaimed and (d) the availability of Scripture as the basis for a critique of the mission Christianity‗ (1997:213). These authors lead us to conclude that ‗Ethiopianism was a direct expression of resistance against the missionaries, white settlers and the colonial government‗ (Pretorius and Jafta, 1997:213).

The key distinguishing characteristic of the Ethiopian churches from early mission churches is that they ‗exhibited anti-racist and Pan-African tendencies‗ (Venter, 1999:106; Bompani, 2008:667). The Ethiopian churches are also different from other AICs because unlike other AICs, they retained the organizational characteristics and doctrines of the white-dominated Protestant churches which they broke away from (Sundkler, 1961:38-44). Although Ethiopian churches still exist, they are not as prominent as they were, because when they started, the majority of their adherents were mainly of black middle class, and so were their leaders. Today,

their support has waned down because they cannot find support in rural communities, which are predominantly poor (Kiernan, 1990a: 21-23), and where most of the AICs have a large base.

The end of the 19th century and the beginning of the 20th century saw the birth of yet another type of African Independent Churches. These were the Apostolic and Zionist churches. In contrast, the Zionist and Apostolic churches in South Africa are not break-away groups from early mission churches as the Ethiopian churches, but rather have their historical origins from the Apostolic Faith Mission Church, made up of members of the Christian Catholic Apostolic Church in Zion of John Alexander Dowie, and the members of the Apostolic Faith Mission Church influenced by the Azuza street revival (Owens, 2001:381-414). Because of the connection with Pentecostal churches, however, clear distinctions between Pentecostal, Zionist and apostolic churches is unclear (Sundkler, 1961:49; Anderson, 2004:106). Sundkler attempts to clarify this by indicating that although Zionist churches had been established then, they only focused on baptism by immersion in water and divine healing but not Pentecost. It was only when some African church leaders were baptized in the Holy Spirit that a whole series of churches with an added aspect of ‗Pentecost‗ started. Key figures were Paulo Mabilista (started the Apostolic Church in Zion), Daniel Nkonge (Christian Catholic Apostolic Holy Spirit Church in Zion), J.G Phillips (Holy Catholic Church in Zion) Elias Mahlangu (Zion Apostolic Church of South Africa) Fred Luthuli (seventh day Adventist with Zionist tendencies) (Sundkler, 1961:48). But with their connection to African traditions, these churches do not qualify to be called Pentecostal churches.

Further schism and succession disputes led to a variety of Zionist congregations in the early periods of the 20th century including one of the largest Zionist Churches, Zion Christian Church (ZCC) established in 1925 after seceding from the Zion Apostolic church of South Africa. Other Zionist churches prominent today include the St John‗s Apostolic Faith Mission established by Christina Nku in 1932/33 (also referred to as Ma Nku), as well as a more nativistic Ibandla lama Nazaretha (Nazarite Baptist Church) started by Isaiah Shembe in 1911 (Thomas, 1997:65-89; Anderson, 2001: 95-9; Sundkler, 1961: 308; Chidester, 1992:132; Korner, 2002:133-4).

The same period also saw the birth of the first wave of Pentecostal churches classified as Classic Pentecostals. Although there is a great deal of overlap between early Pentecostal churches and AICs, there are also some differences. The early Pentecostal churches for example

emphasize baptism in the Holy Spirit, healing by the Holy Spirit and evangelization (Anderson, 2000:xx). Over 11,000 denominations are recorded as falling under classical Pentecostals, the largest being Church of God, Apostolic Faith Mission, and Assemblies of God (Synan, 2001:xx). Although Pentecostalism in South Africa can be traced as far back as the early 1890s-1909 when early missionaries from Europe and America introduced what has been referred to earlier as classic Pentecostals, the current wave of the Pentecostal movement is recorded to have begun in 1960[11]. This period is marked with newer forms including Neo-Pentecostals also known as Charismatic churches of Pentecostal type. Some of the aspects of neo-Pentecostal church doctrine are also found in the established mission churches as charismatic renewals (Elphick, 19971-17; Nigosian, 2000:297). Like other Pentecostals, the neo-Pentecostal or Charismatic churches emphasize spiritual gifts such as speaking in tongues. Examples of these are many and include a variety of Vineyard Community churches under the Vineyard Movement, and Eternal Grace. The third and last wave – Neo-Charismatic – emphasize _signs and wonders' (move and act in the spirit of God), but are reported to have disdained labels such as _Pentecostal' or _charismatic' (Anderson, 2000:14). The largest in South Africa include the Rhema church located in Johannesburg and Durban Christian Centre in Durban (Sahliyeh, 1990:108).

3.2.2: Churches as Progressive Social Agents

How have churches engaged in critical issues in South Africa? Examining these churches as progressive social agents provides a historical and social context for this study on churches and HIV/AIDS prevention in South Africa. Equally important, it also offers a framework within which we can understand churches' reluctance or willingness to engage in critical issues at hand. The case of Apartheid in South Africa provides a good benchmark on which to explore the extent to which churches in South Africa took an active role against Apartheid policies.

Based on the existing literature, it would appear that churches were not uniform in the manner in which they opposed racial policies imposed by the state. Borer (1998:4) argues that early mission churches, as institutions, did not become involved in opposing racial segregation

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[11] In the late 1960s and early 1970s, Christians from the Mainline Churches began to accept the idea that baptism of the Holy Spirit is available for Christians today, even if they did not accept other tenets of formal Pentecostalism. Charismatic movements began to grow in mainline denominations. Such as Charismatic Episcopalians, Lutherans, Catholics, and Methodists, and during that time, Charismatic was used to refer to similar movements that existed within mainline denominations. In recent decades many independent charismatic churches and ministries have formed or have developed their own denominations and associations such as the Vineyard Movement(Synan, 2001:xx)

policies imposed by the state until the 1980s. When they attempted to oppose these policies, ‗their resistance to the state was limited to defending human rights and voicing sympathy with anti-apartheid activists, rather than overtly challenging state legitimacy' (Krakauer, 2004:12). It is further reported that even within these churches, there were traces of racial divisions and that these churches did not make any effort to overcome them, to the extent that black church leaders appealed to the South Africa Council of Churches to rid the mission churches of racism, threatening to create ‗breakaway churches' if the situation did not change (Walshe, 1983: 88; de Gruchy, 1997:167; Krakauer, 2004:12). A few mission church leaders took it upon themselves to actively engage in opposing state policy, often working with other institutions such as the Christian Institute and the Council of Churches (Krakauer, 2004:13-14).

More than the Anglican and Methodists, the Roman Catholic Church in South Africa shifted towards a more subversive role, and challenged the status quo. By 1960, Catholic missions in South Africa had made significant strides in handling racial issues, which had characterized churches as either exclusively white or black. As a result, many more black Africans found refuge in the established Catholic Church compared to any other mission Christian churches. Higgins reports for example, that ‗of all the churches in South Africa, the Catholic Church came closest to reflecting the countries racial composition in its membership' (1971: 147). On a similar note, Brain also remarks that that the ‗Roman Catholic Church in South Africa had many more back adherents than any other Christian groups and as much as half the people of all the other Christian groups combined' (1997:2009). This increased their membership substantially. By the late 1980s, mission churches in general began to lose popularity as a result of passively engaging in anti-segregation policies.

One would expect these churches to be at the forefront in the opposition of racial segregation policies that negatively affected a large proportion of their members. Existing literature provides a number of reasons explaining why mission churches at the time did not oppose the status quo. As it would appear, these churches had to be pragmatic in navigating through the issues at hand. Summarizing the literature, Krakuaer identifies three main reasons that are directly related to mission churches' reluctance to oppose state policy. In the first instance, he argues that the composition of their members was predominantly white and was, therefore, not prepared to take a more active role (2004:13; see also de Gruchy, 1997:160).

Specific examples point to the Dutch Reformed churches whose membership and leadership was predominantly Afrikaner. These are reported to have supported Apartheid instead.

Secondly, Krakauer argues that mission churches were navigating through difficult political terrain characterized by state repression, and therefore had to think carefully about the consequences of opposing the state. For example, the state's introduction of the 1953 Bantu Education Act which ended state funding to mission schools and separated education programmes on racial grounds, as well as the 1950 Group Areas Act, along with the Native Laws Amendment bill of 1957, which prevented black members from attending worship in white dominated areas, were clear indications that the government then, cared less about passing legislation that would negatively affect churches directly (2004: 13; Also see Chidester, 1992:158; de Gruchy, 1997: 161; Brain, 1997:204). The state showed no remorse about banning church affiliated institutions, and perpetrating atrocities against progressive leaders (Chidester, 1992:152).

In the last instance, Krakauer identifies the issue of timing. By the 1980's, four years after the 1976 student riots, the state was receiving intensified opposition both nationally and internationally. It was only then, that mission churches were also able to take part. _The Catholic Bishops' Conference, for instance, called for economic sanctions and the removal of the state from power', (2004: 13; Also see Borer, 1998: 78). There were, however, many other mission church leaders, who working through surrogates contributed to anti- Apartheid sentiments (Krakauer, 2004:15).

The manner in which the churches contributed was not uniform. Like mission churches, however, the impact of Pentecostal churches on racial policies in their early years of development was limited. The early Pentecostal churches such as the Apostolic Faith Mission and the Full Gospel Church, are in fact accused of doing nothing about racial segregation. It is recorded, for example, that one of the Pentecostal church leader stated that _…..we do not suggest that there is equality among whites and natives, and do not support higher education for natives' Anderson and Pillay, 1997, 238-239). It is further reported that these churches agreed to white people's demands regarding baptism where natives were only allowed to be baptized after their white counterparts. This was all possible then precisely because _white members determined the constitution, and power was vested in all white executive council' (Anderson and Pillay, 1997:234).

Scholars, however, agree that the more recent and successful growth of Pentecostalism as a global phenomenon, particularly in Africa, is _explained by its capacity to offer to its followers the symbolic resources for understanding and acting upon the consequences of modernity such as unemployment and poverty' (Burchardt, 2009:340). Meyer sees Pentecostal churches as preaching the Gospel of health and wealth, attracting a good number of the _elite' population in rural areas (1998:182-208). Other scholars have argued in similar vein, suggesting that Pentecostal movements offer members a sense of security and solidarity (Gifford, 1994: 513-8; Dilger, 2007:68; Maxwell, 1998:354). As a result, members are able to forge a sense of self aided by the doctrine of _personal conversion' that enables them to articulate the contingencies and uncertainties of modern life (Burchardt, 2009:340). Evidence suggests that by the turn of the 20th century, the influence of American and British Pentecostalism attracted migrant labourers living in South African cities whose working conditions were poor and faced problems such as transport and clothing on a daily basis (Pretorius and Jafta, 1997:213). With their Gospel of personal conversion, they helped people in South Africa to navigate through the problems at hand.

In other parts of the world, similar observations have been made. In Brazil, for example, the rise of Pentecostalism was suggested to have been due to similar reasons, only in this case, neo-liberal ideas and structures created a proportion of the population classified as poor and unable to navigate the new environment (Garner 2000a: 314, citing Lehman, 1996)

Like the Pentecostal churches, the AICs took a supportive approach to those in need. They _created channels for leadership, they functioned as voluntary associations and as mechanisms of adjustment to urban society' (Kiernan, 1999:6-7). Leading scholars on AICS in South Africa including Sundkler (1961), West (1975), Comaroff (1985) all agree that the wider economic, social and political environment, characterized by increasing urbanization, industrialization and migrant labour system resulted in a _large number of people who found themselves poor and in estranged unfamiliar surroundings, and without adequate social institutions to provide for their needs' also see Kiernan, 1990a:6). Kiernan's research on Zionist churches in South Africa highlights for example that Zionism helped the majority of Africans to cope in hostile conditions characterized by _afflictions, poverty and powerlessness' (1990a: 6). In times of hardship, the Zionist churches in particular, encouraged their members to believe that the Holy Spirit will help them navigate through the problems they faced. Zionism therefore,

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became another form of expression in which people were able to escape into, in the face of adversity, and from which members organized and helped one another.

Today, the Zionist churches have the largest following compared to any denomination in South Africa, which they owe for their appeal to the poor. _What Zionism holds out to the poor and despised is self-respect, economic and social support, a healing service and a general sense of security' (Kiernan, 1990a:22). Zionism, however, offers a form of subtle resistance to dominant structures. The work of Comaroff (1985:261) among the Tshidi Zionists is in agreement with the work done by several other anthropologists on churches in the 20th century, including Sundkler 1976, West 1975, and much more recently, Kiernan (1990b), suggesting that Zionism is a movement of resistance which is visible in its rituals and practices.

Similar views are further echoed by other scholars examining AICs in other contexts including Jules-Rosette (1989: 147-162; 1997:153-196), Fogelquist (1986:175) and Daneel (1987: 130; 1974:164). Accordingly, these churches provide networks from which people are able to find answers to ensuing problems.

From the above, we can deduce that the contribution made by churches was not monolithic. Some churches sided with dominant views, supporting state policies, with only sections of the church attempting to change the status quo. Other churches, particularly the dynamic churches subtly revolted against repressive order by supporting the poor, offering members a sense of security and solidarity. This, therefore, leads us to believe that the churches' contribution to HIV/AIDS might also vary as a result of these differences which churches exhibit.

3.2.3: Variation across Selected Christian Churches in South Africa

Christian denominations are characterized by a number of aspects. But what is considered to be critically important in this study are their doctrines (disseminated in sermons, as well as in the informal lessons), their organizational characteristics and their institutional practices or mechanisms in which they enforce expected behaviour. There is, however, considerable variation across churches in all these aspects, and these differences are critical in shaping the social space in each denomination and hence the behaviour of their adherents. Even within churches in the same denomination, say the mainline, the differential institutional commitment to issues such as premarital sex, marital fidelity, healing, social support exists although not as different as one

finds across denominations. The selected churches are independently discussed below while at the same time providing the rational for their selection.

The Roman Catholic Church (Mainline)
Accounting for about 8.2 percent of the total population in South Africa (over 3.3 million people are Roman Catholics, of which 2.7 million are black South Africans (StatSA, 2001)), the Roman Catholic Church is selected to represent mission churches. Although there are a wide range of similarities, when compared to other churches of the mainline denomination such as the Anglican, Methodist and the Dutch Reformed churches, one finds that the Roman Catholic Church's emphasis on matters of sex and sexuality is more conservative, suggesting limited engagement in HIV prevention. To be specific, the Roman Catholic Church as an institution follows a set of doctrines regarding moral responsibility. Like most Christian denominations, they share common principles regarding sexual conduct, where sex before marriage and marital infidelity are against the acceptable moral conduct (Marshall, 1991:25; Maxwell, 1998:353). Condom use is widely discouraged. In practice, however, these rules are not strictly implemented. Instead, it is upon the individual not to deviate from expected norm. The practice for aberrant members is to engage in the act of private confession to a priest or personal confession. At the same time, the Roman Catholic Church has a much wider and well-connected network at both national and international level, giving it a fair advantage on issues of support and care (Agadjanian, 2005:1529), and this may very well explain its contribution to HIV/AIDS prevention making the Roman Catholic Church suitable for this study.

Another key distinguishing characteristic of the Roman Catholic Church from other mission churches is its degree of centralization of power with regard to its organizational structure. The Catholic Church clergy is organized in distinct ranks, and attached to these ranks is a form of power, in which the lower ranks are answerable to the higher ranks in the hierarchy. Put simply, the head of the church is the pope, and in principle, he has control in deciding on matters of faith and moral conduct. In making these decisions though, he is assisted by a body which is made of cardinals from all over the world. The second level consists of an archbishop who heads a metropolitan or an archdiocese. The archbishop is assisted by bishops who make up the third level in the hierarchy heading smaller territories than an archdiocese, called _diocese'. The difference between an archbishop and bishop, however, is only by degree of experience. No special training is required for example for one to be an archbishop. And although bishops work

closely with the archbishop, the ultimate call of action comes from the pope. The fourth level is that of priests. These head the smallest geographical unit in the hierarchy: the parish. Here, the parish may have outstations in the form of small local churches affiliated to the parish. The priest is answerable to the bishop in his diocese, and to the pope who is the head of the institution. Falling under the priest level are deacons, who are either student priests or permanent deacons that assist in the outstations. The last level in the hierarchy is that of the laity or the congregants. The laity consists of the catechists, who assist the priests in a parish (Standish and Standish, 2000:53-54).

The leader of each local Roman Catholic congregation is integrated into this hierarchy and this is the same for all Roman Catholic churches around the world. The Catholic Church in South Africa falls under the same structure. There are 5 Archdiocese in South Africa (each headed by an archbishop), 21 dioceses (each headed by a Bishop) and 1 vicariate (SACBC, 2010, 1-10). Each archbishop in South Africa has administrative responsibility to the diocese and to the parishes. He is, however, accountable to the Vatican (headed by the pope). There are a number of bodies known to perform a number of charity work. The Southern African Catholic Bishops Conference (SACBC) is one such body through which a number of activities, projects and programmes are operated. As an illustration, a simplified Roman Catholic Church organisational structure is presented in figure 4 below. Adjacent to this is a generalised and simplified structure of other mainline churches. It should be noted, however, that the detailed organisational structures of these churches vary widely.

Such a structure, I argue, has implications on existing issues. To a certain degree, this type of hierarchy suggests that there is minimal flexibility for local religious leaders in which to deviate from denominational doctrine. Correspondingly, however, such a structure, with international recognition suggests financial support and funding from various institutions and hence enhancing its operation.

Several other key features characterize the Roman Catholic Church. Typically, the church observes Sunday as a day of worship. Existing literature suggests that the church is characterized by a formal liturgical ceremony, where priests follow a specified format, often foreign to the worshippers (Garner, 2000a:318; Pretorius and Jafta, 1997:223).

Figure 4: *Organisational Structure of the Roman Catholic Church*

Simplified illustration of the Organisational structure of the Roman Catholic Church.	Generalized and simplified illustration of Organizational Structure of Other Mainline/Mission Churches.
The Pope → College of Bishops The Pope → Archbishops (archdiocese) → Bishops (diocese level) → Parish Priests (parish level) → Deacons /Permanent deacons → Laity and Congregants → Different groups	Archbishop/Synod /presiding Bishop/general assembly → Diocesan council/Bishops → Priests/ministers/deacons → Laity and congregants → Different groups
Hierarchical in nature: local churches not independent	The organization structure takes the form of the Episcopal (but can vary widely) form of governance, where the authority lies at the level of a synod or bishops

Compiled by author from sources including Standish and Standish, (2000:53-54)

Priests wear ceremonial garments or vestments, distinguishing them from ordinary members. Further, Catholic missions around the world are founded on the doctrine of faith, which articulates that the Supreme Being is God, who via reincarnation came into the world through his Son Jesus Christ, died but resurrected from the dead and ascended into heaven. They also teach of the second coming of Jesus as articulated in the Catholic Creed. Linked to the doctrine of faith, and like other mission churches, the Catholic Church is Trinitarian, emphasizing the doctrine of unity in the ‗Father', ‗Son' and ‗Holy Spirit, three persons in one God. Thus, baptism is conducted in the name of the ‗Father', ‗Son' and the ‗Holy Spirit' (Pretorius and Jafta, 1997: 221).

Entry into the church is ‗a function of heredity, via infant baptism' (Garner, 2000a:318). Confirmation into the church is done, once individual members have undergone through a

process of catechism (level of teaching about the church). By contrast, Pentecostal churches and AICs emphasize adult baptism (Pretorius and Jafta, 1997: 221).

Like some of the other mission churches, the Catholic Church recognizes the communion of saints as an integral part of the teachings, but disregards the veneration of ancestors, a practice common among AICs (Pretorius and Jafta, 1997:222-3; Vilkhazi *et al*, 1986:22).

In addition, the Roman Catholic missions are characterized by a number of institutionally recognized church gatherings and religious events. Aside from weekly Sunday masses, the church has regular gatherings marking special religious events such as Easter, Christmas, and several other days which the church recognizes as Holy. Over and above these institutionally recognized events, local congregations organize other events during the week in which prayer and Mass is celebrated. Attached to these are also small groups where members meet. These include women, youth, choir practices and bible study groups.

Despite being a western import, the Catholic Church in South Africa, to some degree, attempts to be relevant to contexts in which it operates. With the second Vatican Council (held from 1962 to 1965) openness to diversity, and an emphasis to confer a Catholic liturgy, a cultural form of worship that is native to the local community was suggested (Brain, 1997:206). But attempting to be relevant often translates into congregations taking up the role of service provision, which has become typical of Catholic churches worldwide. Like all mainline churches, Catholic churches all over the world are well known for their role in caring for the disadvantaged. With support in the form of funding, they often partake in caring for the homeless, sick and the orphaned. They also take part in disaster relief programmes (SACBC, 2009:1). The Catholic Church in South Africa continues to play such roles. Under the Southern African Catholic Bishops Conference (SACBC), it has several pastoral care programmes which target the migrants, and other underserved populations. It also has an AIDS office which primarily functions as a networking agent for HIV/AIDS related issues. Through the office, a number of other activities are also performed. These include ‗accompanying more than 100 AIDS projects; assisting with project management; facilitating healing retreats and various training and networking workshops; involvement in advocacy networks such as the Treatment Action Campaign, Alliance for Children Entitlement to Social Security (ACESS) and National Action Committee for Children Affected with AIDS (NACCA), with special emphasis on children and access to treatment‗ (SACBC, 2010:1-10)

The Newer Pentecostal Churches (Pentecostalism)

Among the dominant Christian denominations in South Africa is what Anderson classifies as western Pentecostalism. The Pentecostal movement is generally seen as a renewal movement within Christianity characterized by an emphasis on evangelistic outreach (Anderson, 2000:1). Although the Pentecostal movement traces its origins to North America (with F. Parham a former Methodist minister, whose students began speaking in tongues as a sign of having received the Holy Spirit), its basic theology comes from three British religious movements formed between 1766 and 1875. These were the Methodist Holiness movement, the Catholic Apostolic and the Deeper Life movements (Simons, 1971, 56; 1997: 27-52). Modern-day Pentecostalism is considered to have emerged from the Azusa Street Revival meeting held by Joseph Seymour, where thousands of seekers were baptized in the Holy Spirit and where the doctrine that tongues were the biblical evidence of baptism in the Holy Spirit was articulated, following Fox Parham's claims in 1901 (Goff, 1984:226-237; Synan, 2000:89-97).

Pentecostalism has, however, evolved over years and is generally divided into three categories: Classic, Neo-Pentecostals and Neo Charismatic, divisions referred to earlier in section 3.2.1, on the emergence of Christian churches in South Africa (Burgess and van der Maas, 2001: xvii-xxii).

South African Pentecostalism is difficult to define. Anderson argues that if one takes the definition of Pentecostalism in a western sense, one will leave out those churches which have similar characteristics to western Pentecostal churches but _many of which arose quite independently from western Pentecostalism' (2000:12). Some Zionist AICs in particular, can suitably be categorized as Pentecostal churches if one focuses on characteristics such as healing through confession, adult baptism, revelation by the power of the Holy Spirit and wearing of ceremonial vestments (2000:12). Notwithstanding these similarities, Anderson (2001) attempts to create a distinction between western Pentecostal churches and the Pentecostal churches found in South Africa by creating a category which he refers to as _western Pentecostalism'. Despite the ambiguity in definition, it is reported that about 12 percent of the population belong to Pentecostal churches, and that every one- in- ten urban dweller belongs to a Pentecostal church (Anderson, 2001: 93).

The lack of clarity in defining Pentecostal churches generally, and in South Africa in particular, also means that there is no single organizational structure that defines the Pentecostal

churches. In South Africa, the organizational structure varies and is largely dependent on the historical origins of the church.

Figure 5: *Organisational Structure of Pentecostal Churches*

Simplified Illustrations of the organisational Structure of the Classical Pentecostal churches	Simplified illustrations of the organizational structure of The newer Pentecostals
Superintendent /Bishop /Synod /assembly → Bishops at diocese level → Pastors in local churches → Members of the church → Various groups	Body to oversee Churches' work → **Pastor as head of church** ↔ **Members of the church**; → Other leaders in church e.g. youth and Cell leaders → Cell group, Youth, Men & women
Independent and decentralized: Follow the protestant line of organization to which they are linked: Episcopal type of Organization.	Pastors are the heads often answerable to a body and work with a few leaders within their local church: A congregational type of organization.

Source: Summary of organizational structure compiled by author from (Synan 2000: 44-5; Maxwell, 1998:354; Anderson and Pillay, 1997:227-41; Interviews with leaders: 2006)

In general, local church organizations are described as more egalitarian, and are thus likely to have considerably more doctrinal flexibility than the Catholic Church organization. Synan (2000: 44-5) highlights that classical Pentecostal churches such as the Assemblies of God tend to follow the Methodist organization structure which is almost similar to the Episcopalian type of organization because they have a Methodist heritage, where there is a superintendent or archbishop at the national level, bishops at the diocese level and pastors for the local churches (Maxwell, 1998:352). The newer Pentecostal churches employ a congregational type of governance where every church is autonomous. But these churches are also loosely integrated into a form of organisational structure which characterises most new Pentecostal churches where by churches often fall under specific types of ministries overarched by a body which oversees their activities, and, have a council of elders who assist with decision making. Nevertheless, each church has its own autonomy, where the leader of a local church congregation often the head and is answerable only to his members. He/she makes decisions with his/her members and the

members have a right to fire and hire its own leader. These churches also manage their own finances (Standish and Standish, 2000:54). Examples of the types of organizational structure found in Pentecostal churches are summarized in figure 5 above.

As can be observed from the diagrams, the hierarchical structure of the Pentecostal churches is much thinner in terms of the levels of power between ranks as well as the geographical spread than that of the Roman Catholic Church. In most Pentecostal churches, the head of a local church has ultimate control over his church. This organizational structure varies substantially from that of the Roman Catholic Church where the hierarchy spans from international to local level.

A typical Pentecostal church is characterized by a number of key features. Other than the Seventh day Adventists churches, the other Pentecostal churches observe Sunday as the day of worship. Classic Pentecostal churches such as the Assemblies of God will often wear vestments. The newer Pentecostal church leaders wear similar ordinary clothes as their congregants (Maxwell, 1998:354).

Unlike Roman Catholics, entry into the church is through adult baptism. For the newer Pentecostal churches (selected for this study), once baptized, it is believed that the individual has been anointed by the Holy Spirit and therefore has been _born again‘. The person then goes under a process of _personal and social rebirth‘, a central theme in Pentecostal theology (Marshall, 1994:215). Accordingly, this process requires a revision of one‘s consciousness, where an individual is _brought into the community of the saved, and has to strive to maintain a state of purity necessary to receive the Holy Spirit‘ (Maxwell, 1998:353). To maintain this state, members are subjected to unending rounds of bible studies, prayer meetings, fellowship cells, choir practices and concerts, revivals and evangelistic activities (Maxwell, 1998:353). Thus, deviation from expected behaviour is met with strict measures such as exclusion from church activities (Garner, 2000b:51). The new member also has to be re-socialized, a process that requires what Brigit Meyer refers to as _a complete break from the past‘ or personal transformation thus abstaining from what is described as traditional: rituals and practices (Meyer, 1961: 198-200; also see Martin, 1990:163-221; Maxwell, 1998:353;Van Dijk, 2001: 226; Casanova, 2001: 423; Robbins, 2004:127; Robbins, 2003:222) and disconnecting from the surrounding social worlds. Gifford (1990:65-66) highlights the fact that that Pentecostal churches emphasize personal healing, and that this often diverts attention of the adherents from the social

ills. How the new members are then integrated into the church is useful in understanding their role in HIV/AIDS protection.

Like in the mainline churches, some Pentecostals churches are Trinitarian. However, what distinguishes Pentecostal churches from mission churches is the emphasis placed on the power of the Holy Spirit and not on the ‗Father' and the ‗Son'. For the Pentecostal churches, the Holy Spirit is the central ‗figure' who leads and guides individual's work (Gregson, 1999:190; Maxwell, 1998:351-356; Anderson 2000: 12; Anderson, 2005:31).

Pentecostal churches also celebrate Christian events such as Christmas and Easter. Members of Pentecostal churches, however, hold frequent meetings, which according to Garner are often ‗long and energetic, with plenty of lay participation' (2000b:51). During sermons and teaching, Pentecostal churches are also characterized as being more persuasive in their teaching than the established mission churches because they are more proficient in connecting with their audience through narratives of personal experience that draw on local idioms, situations, people and places and so gain the immediate attention of their audience (Marshall, 1991:30; Mijoga, 1997: 445-50).

The Zionist African Independent Churches (the AICS)

As presented in section 3.2.1, the African Independent Churches include a wide array of churches ‗born of the interchange between Africa and the West' (Pretorius and Jafta, 1997:211). Broadly, these are classified into two types, namely the Ethiopian and Zionist Churches. Today, the Zionist churches, more than the Ethiopian churches have the largest following. To elaborate further, while the African Independent Churches account for about 31.8 percent of the all Christian churches in South Africa, the Zionist churches alone account for over 27 percent of all the AICs (Census Report, 2001:18). However, the manner in which they are organized often makes them less visible. Anderson suggests that there are between 4000 and 7000 smaller Zionist churches, some of which are ‗house churches' (2000:17), and these are often left unidentified during enumeration

As seen earlier, the Zionist churches are characterized by both Pentecostal and traditional African features. The emphasis placed on the power of the Holy Spirit is a feature that symbolises their Pentecostal heritage. But their organizational structure, theology and practice are fluid, and are, therefore, infused with indigenous customs. Based on existing literature, the Zionists churches are characterized as syncretistic because they incorporate traditional African religion concepts into their worship such as the use of visions and dreams in worship, the

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relationship between body and mind revealed in healing by prayer and liturgical dance. Traditional customs such as polygamous marriages are also common in these churches (Anderson, 2001:95-7). In addition, ancestral spirits are believed to be significant in mediating between the Supreme Being and human beings (Pretorius and Jafta, 1997:222).

For most Zionist churches, like the Pentecostal churches, entry into the church is through adult baptism after confession of sin. Even here, the power of the Holy Spirit is emphasized and believed to manifest in charismatic gifts received after baptism, and expressed in the form of visible signs and powers, such as the ability to perform exorcism. In addition, leaders in Zionist churches are charismatic, a sign that they have been chosen by the Holy Spirit to lead the church. Pretorius and Jafta describe this as the indwelling spirit, which accordingly _seizes and posses the person concerned' (1997:222). In addition to the emphasis placed on the power of the Holy Spirit, these churches also recognize _the spirits' who appear in dreams to convey messages for the living'. These spirits are said to guard the families against all sorts of danger and give advice. They also offer solace and support in terms of unpleasant circumstances (1997:222). The presence of the spirits offers _an unbroken continuum between past present and future. That one's community stretches from the past through the present into the future; the future, as part of the unending cycle, belongs to the past' (1997:222). This distinguishes the Zionists from Pentecostals who emphasise a complete break from the past (Meyer, 1984).

The most profound aspect characterizing Zionist spirituality is their healing ministry (Venter, 1999:106). Accordingly, healing is conducted within the traditional African view of the world which is permeated by both good and bad spirits. Thus, alongside prayer, these churches also use other medicinal resources including water, mixed herbs, plants and salt. A key feature of the healing ritual is also the burning of *impepho* (incense) to invoke the presence of the ancestors (Pretorius and Jafta, 1997:223; Scorgie, 2008: 83-106).

These churches are rich on symbolism. For example, some Zionist churches practice the removal of shoes as a ritual to preserve the purity of the _Holy Place' (in this case a _church'). Burning incense and candles have a significant meaning attached to them. Resources such as water, mountains, trees, stones, and clothes provide special meaning to the majority of the Zionist churches. Wearing of distinctive uniform is common, often in different colours: Kakhi, Red, White, Green and Blue. These colours, also offer different symbolic meanings to members of these churches (Venter, 1999:106).

Zionist churches are characterized also as churches that provide economic and social support, giving a general sense of security to their members who are often the poor (Kiernan, 1990a: 22). Sundkler highlights the fact that Zionists, for example, portray a common sense of uniformity, prompted by the fundamental needs and aspirations of their followers (1961:50).

Lastly, these churches are characterized by a livelier liturgy compared to mainline churches. Pretorius and Jafta highlight that the liturgy is characterized by dancing accompanied with the use of drums and other symbolic instruments during their worship. This makes their worship different from that of the mission churches. (1997:223).

While most Zionist churches can be characterized by the features described above, these churches are broadly classified under two types: Zion-City and Zionist-Apostolic churches.

(a): Zion-City Churches
Zion-City churches according to Pretorius and Jafta, are churches which not only trace their origins to the Zion-City church in Illinois, but also follow Alexander Dowie's model of worship (divine healing, adult baptism by immersion in water, and imminent return of Christ) (Sundkler, 1961:48). Unlike the Dowie model, which emphasized the Trinity like in the early mission churches (Wacker, 1985:496-511; Pretorius and Jafta, 1997:221), the emphasis in Zionist churches is on the Holy Spirit and less on the Son and Father, although these are acknowledged. This is for example witnessed in the Nazarite Credo which omits the Son. Vilakazi explains this by highlighting the fact that in the Zulu culture, a son is not equal to his father and is superseded by the Spirit (Vilakazi, 1986:22; Pretorius and Jafta, 1997:221).

They also include typical Zionist characteristics such as wearing of robes, bare feet, and having in possession holy sticks (1997:218). Examples of Zion-City churches today include Zion Christian Church (ZCC), Ibandla lamaNazaretha (Nazarite Baptist church), Ibandla lika Krestu (Church of Christ) of James Limba, and Church of God and Saints of Christ. Examples of early Zion-City churches were Church of Christ (1910), Church of the Light (1910), Zion Apostolic Church of South Africa (1911), Church of the Saints (1919), Christian Apostolic Church in Zion (1920), Church of God and Saints of Christ (1921) and the Zion Apostolic Faith Mission of 1920, from which the ZCC seceded in 1925 (Sundkler, 1961:37-59; Pretorius and Jafta, 1997: 218).

Scholars that have investigated questions around the Zionist churches describe these churches as having emerged in a harsh period characterized by the effects of the two world wars which saw the spread of capitalism and modernization. As a result of these effects, many people were found economically dependent on a few capitalists who exploited these individuals by subjecting them to hard labour with pay which was often not enough for them to survive (West, 1975:190; Kiernan, 1990a: 21-23). In a chapter written by Pretorius and Jafta, it is highlighted that ‗most urban workers were living in mine compounds, overcrowded locations or slum-yards, and majority of Africans in rural areas had limited access to land' (Pretorius and Jafta, 1997:219-220). New churches (Zion-City) that emerged offered support to the struggling people.

Despite having emerged out of similar circumstances one finds variation within Zion-City churches with regard to the emphasis placed on their teachings and doctrinal issues. There is substantial variation between say, the Nazarite Baptist Church and the Zion Christian Church. The Nazarite Baptist Church in particular, has some unique features which distinguishes it quite significantly from the other Zion-City churches. And for that reason, it is selected for investigation in this study

(ai): The Nazarite Baptist Church (Ibandla LamaNazaretha)

The Nazarite Baptist (Ibandla lamaNazaretha) Church which is classified under the Zion-City churches was founded by Isaiah Shembe in 1911. The main difference between the Nazarite church and the other Zionist churches, is that the Nazarite Baptist Church has made a ‗transition from spirit-type to as a book-type church. Book-type churches are those in which the founder has canonized his teachings, thus securing a legacy for himself. He remains a central figure even after his passing,' (Krakauer, 2004:73; also see Kiernan, 1990a:9). Spirit-type churches, however, depend on the prophet's ability guided by the power of the Holy Spirit to lead the church (Kiernan, 1990ba 9-11).

The second distinguishing factor as Sunkdler points out (1961: 49), is that the Nazarite church is highly nativistic, incorporating Zulu traditions such as the Zulu dance, leadership structure and cosmology into their religion and way of worship (Sundkler, 1961:158). Shembe's intention was to create a church for the Zulu people in order to ‗respond to the breakdown of the Zulu social structure in the face of colonialism and urbanization (Vilakazi, 1986: 22) and to restore the dignity of the Zulus' (Kau, 1999: 82). The retention of Zulu traditions made the church especially appealing to the rural poor. Although it is increasing in popularity, its

following is mainly in KwaZulu-Natal, with over 1 million members in both northern KwaZulu-Natal and Inanda near Durban. Data from Statistics South Africa indicates that at least 0.6 percent of the total population belong to the Nazarite Baptist church (Census SA, 2001).

Like in the other Zion-City churches, succession in this church is designed in such a way that it makes the bishopric the inheritance of the Shembe family, often sawing divisions among members. After his death, Isaiah Shembe was succeeded by his son J.G Shembe (Shembe II), who was later succeeded by his brother Amos Shembe (Shembe III). Since then, the church has experienced succession conflicts which have divided the church into several branches. Only two are known and widely acknowledged. These include the main group currently headed by Bishop Mbusi Vimbeni Shembe (Shembe IV)[12] and the breakaway group headed by Londa Shembe, son of JG Shembe (Oosthuizen, 1981:10-11). In this study, however, I focus on the main Nazarite Baptist group. Despite these factions, the church's strict hierarchy is patterned after the Zulu system of rank, where there is a king, chiefs and the people, and although not autocratic, the king is everything (Sundkler, 1961: 179; Kau, 1999:75, Pretorius and Jafta, 1997:218). Under the bishop/prophet are successive layers of bureaucratic control: Reverends, evangelists, preachers, and group leaders. This chain of command ensures order and uniformity within the church.

Figure 6 below summarises the organization structure of the Nazarite Baptist church in relation to that of the other Zion-City churches. Based on the figure below, the organisational structure of the Nazarite Baptist church follows a more hierarchical, similar to papal form of governance, than the rest of the Zion-City churches.

Like the Catholic Pope, Shembe is the recognised leader of Nazarite Baptist congregations found in other countries including Mozambique, Swaziland and Zimbabwe. Referred to as the prophet, Shembe is at the top of the hierarchy and occupation of this position is by inheritance, although his call must to some degree reflect some supernatural abilities (Sundkler, 1961:144). The prophet is assisted by a council of elders which is composed of selected ministers (reverends, evangelists and preachers). The Nazarite Baptist church leader (currently Shembe IV) has the authority to select ministers for churches across the country and beyond. Selection, however, is argued to be the work of the Spirit, who helps the prophet as to who the best candidate is, based on their experience in the church (Sundkler, 1961: 145).

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[12] At the time this research was done Bishop Mbusi Vimbeni Shembe was the head of the church but he died in April 2011. Deputes over his replacement were already beginning to rise but were at the time still very mute.

Ordination is then finalized during the pilgrim to Nhlangakazi, the holy mountain. Preachers in the local congregations select the women leaders, and leaders of the various groups.

Figure 6: *A Simplified Organisational Structure of the Zion-City Churches*

Nazarite Baptist Organizational structure

- Prophet /head
- Council of elders
- Reverends and Evangelists
- Preacher at local church
- *Abakhokheli*/women leaders
- Members
  - Men
  - Married women
  - *Amakhosazana* Virgin girls

Independent and decentralized: Follow the protestant line of organization to which they are linked.

Other Zion-City Organizational structure

- Leader/Prophet/ who inherited the churched
- Senior officials/*Baruti*
- Pastors/ministers for local churches
- Prophets
- Members
- A variety of Groups

Pastors are the heads often answerable to a body and work with a few leader within their local church as below

Compiled by author from sources including Sundkler, 1961: 170; Kiernan, 1990:140-150; Oosthuizen, 1981:10-11; West, 1975:50; Pretorius and Jafta, 1997: 220)

Similar to the other Zionist churches, the Nazarite Baptist Church is characterized by the Zionists features identified above. In addition, the following characteristics are commonly found in Nazarite Baptist Church. As opposed to most of the Zionist churches, the Nazarite Baptists are a type of Zion-City Churches who observe Saturday as a day of worship. Its temples are outdoors, simply demarcated by a circle of white stones. Other significant church gatherings and religious festivals include several pilgrims taken during the year to different places of worship including going to the Holy Mountain of Nhlangakazi (Fernandez, 1973:32-53; Oosthuizen, 1997:8; Vilakazi, 1986:15-30). The church has also legitimized small groups along the lines of

age and marital status which members belong to and where meetings are held every month (Muller, 1999:171).

Like in other Zionist churches, veneration of ancestors is given a special place in the Nazarite Baptist Church (Vilakazi, 1986:20-22). Similarly, significant importance is placed in the power of dreams as a way in which God communicates to mankind.

On the questions of moral obligation, the church teaches and places strong emphasis on abstinence for the young unmarried girls. In order to retain ritual purity, each Nazarite girl and young woman has to remain a virgin, in order to obtain special blessings (Miller, 2000: 161). Polygamous marriages, though not entirely recommended, are acceptable. The church strictly forbids drinking, smoking and eating pork. It also forbids keeping dogs as pets. Shaving of beards and hair is forbidden for both men and women, and married women practice head covering. When members are at the temple, they must be bare footed, a practice taken from the biblical reference to Moses at the Holy Mountain. As part of their practices, faith healing especially for women characterizes the church. Shembe, using a black veil, heals women who are said to be frustrated of not having children, or those who are seeking marriage.

(b): The Zionist-Apostolic Churches

The Zionist-Apostolic Churches are similar to the Zion-City churches in most of the characteristics identified above, but have a strong emphasis placed on healing. Like the Zion-City churches, the Zionist-Apostolic churches although influenced by the circumstances under which most of the black working class were living including lack of food, poor working conditions and inadequate municipal services, their support for their members _took the form of small healing bands gathering in a room or garage as their temple' to heal the suffering masses (Pretorius and Jafta, 1997:219). Zionist-Apostolic churches are also churches that lay claim to apostolic succession, in which the authority of leaders is seen to derive directly from Christ's Twelve Apostles (Sundkler, 1961:38-59; West, 1975:190). In addition, as opposed to Zion-City churches that often legitimize themselves by identifying a central place or a sanctuary, to which gatherings and pilgrimage are made annually, a typical example being the ZCC who congregate at Moria in Limpopo, and the Nazarites at Ekhupakhameni, in KwaZulu-Natal, Zionist-Apostolic churches are often small _in-house churches' with no proper land marked as a their sanctuary (Sunkdler, 1961:166). Examples of Zionist-Apostolic churches include the St John Apostolic

Faith Mission Church, Apostolic Holy Messenger, Emmanuel Church of God, Galilee Apostolic Church, the Holy Banner of Ethiopian Apostolic Church in Zion and Holiness Union Church among others. In South Africa, the largest known Zionist-Apostolic is the St John's Apostolic Faith Mission Church (Korner, 2002: 133).

(bi): The Holy Banner of Ethiopian Apostolic Church in Zion

Selected to represent the Zionist-Apostolic[13] category of churches is the Holy Banner of the Ethiopian Apostolic Church in Zion (HB). This church was selected because it differs significantly from the Nazarite Baptist Church and other Zion-City churches in general. Although influenced by Pentecostal churches, Zionist-Apostolic churches including the HB also tend to adopt the life styles of the people in their respective communities, prompted by the fundamental needs and aspirations of their followers (Sundkler, 1961:50). Although found to be widespread in the study area, the Holy Banner of Ethiopian Apostolic Church in Zion is not well documented. Even the leaders and members cannot provide adequate church history and church related information. According to one of the bishops of this church interviewed during fieldwork, the first mission of the Holy Banner church was established in Alexandra in Johannesburg in 1933, by a man called Mokoena. The church's constitutional document indicates that the headquarters are now in Daveyton Gauteng, and the current leader is L. T Bukhali[14]. Both the time when it began and the place it is reported to have begun suggest that the church started as a result of the prevailing conditions in which most Zionist churches were established.

Like most Zionist-Apostolic churches which have strong links with Pentecostal churches, people are encouraged to speak directly to God and to deliver their testimony and petitions. But their AIC characteristic is observed in their interest in the healing ministry which is performed using water purification rights. Buckets and bottles of water are often prayed over and those in need of treatment are required to drink it. The Holy Banner Apostolic churches go as far as using the water in smaller services, where ritual bathing and the controlled use of enema and vomiting are administered as part of the rites in healing ceremonies performed by an *umthandazi* (Scorgie, 2008:89). Across the country, the Holy Banner of Ethiopian Apostolic Church in Zion is

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[13] These are African Independent churches with a strong emphasis on healing (Pretorius and Jafta, 1997:219).
[14] I have not found information to corroborate this except for the bits and pieces I obtained from the church constitution

identified by the blue and white uniform members wear and their colour-full churches painted in the same colour.

Similar to Pentecostal churches, the wide array of Zionist-Apostolic churches, often established by charismatic leaders, makes it difficult to point to one form of organizational structure. Leading scholars on Zionism in South Africa do not agree on any single organizational structure mainly because of the ambiguities in identifying clear boundaries between these churches (Sundkler, 1961: 110-116). This, however, makes the Holy Banner and the St John AFM churches different from most of the Zionist-Apostolic churches in a sense that because they tend to have a large following, they also have an identifiable organisational structure in place.

In these two churches and other large Zionist-Apostolic churches, the organizational structure revolves around a leader, who in most cases seceded from a particular church. He/she is often succeeded by a relative. This has been the case for most of the Zionist churches which broke away from the Apostolic Faith Mission at the beginning of the 20th century. From here, a variety in leadership hierarchies can be observed, ranging from archbishop, president, vice president, ministers, deacons evangelists and preachers. On the lower level, one finds a steward and a woman leader (West, 1975:70). But scholars argue that the Zionist-Apostolic churches are relatively more autonomous than the Zion-City churches (Sundkler, 1961:166-77). For example, when disagreements among members arise, breakaway churches consisting of between 7 and 20 are formed, with a minister or a prophet as the ultimate head (Sundkler, 1961: 170; Kiernan, 1990b:140-150).

What these scholars point out is that there are a variety of congregations which ‗operate as quasi-independent units enjoying a large measure of local autonomy from the centre' (Kiernan, 1990b:146). In such cases, a hierarchy as that identified above becomes irrelevant. Because of these regular schisms in these churches, there are overarching bodies or organizations which oversee their activities. The best known organization today is the Council of African Independent Churches, affiliated to the South African Council of Churches (Pretorius and Jafta, 1997: 220).

In general, however, typical examples of the Zionist-Apostolic Church organisational structure resemble the ones constructed below.

: *Simplified Organisational Structure of the Zionist-Apostolic Churches*
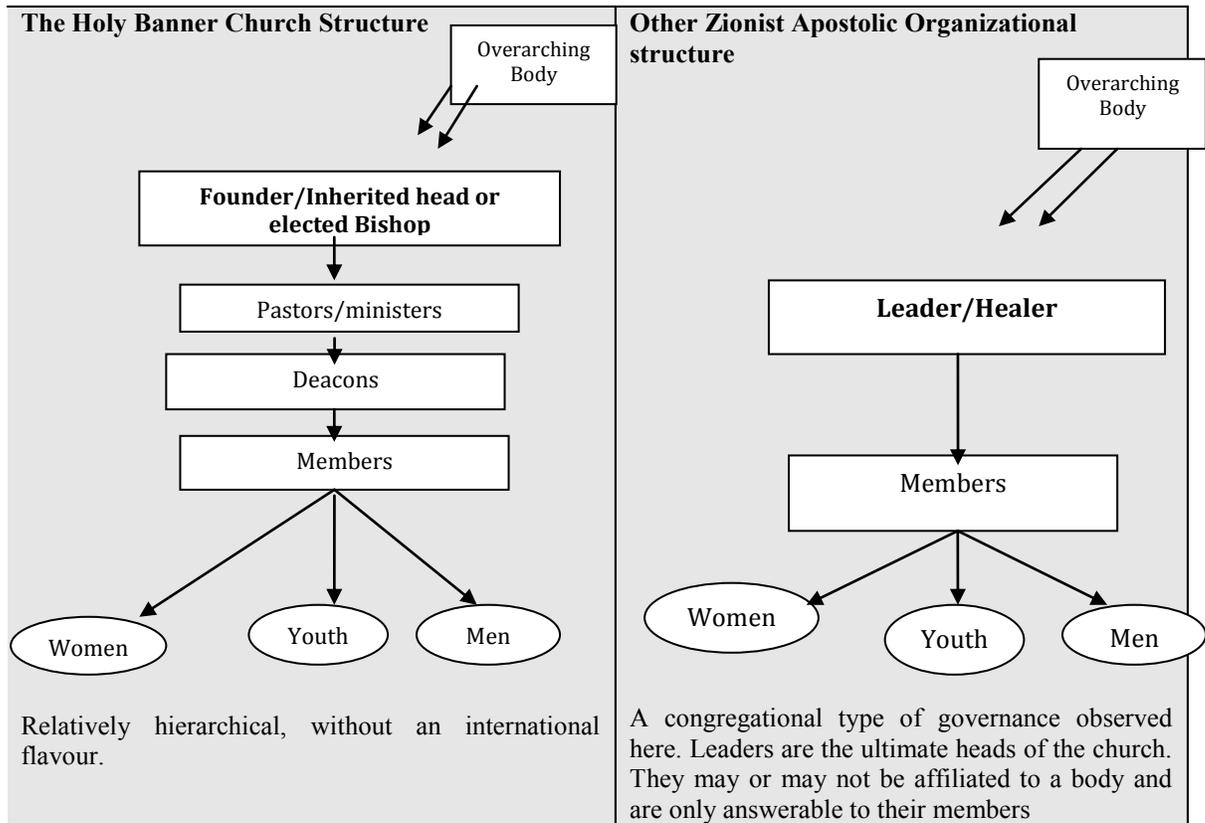
Source: Summary of organizational structure compiled by author from sources including Sundkler, 1961: 170; Kiernan, 1990:140-150; Oosthuizen, 1981:10-11; West, 1975:50; Pretorius and Jafta, 1997: 220): All present a level of hierarchy but some are flatter than others

Compared to mission churches, the Zionist churches attempt to maintain a strong link with traditional customs. Consequently, they appeal to a large number of people in South Africa and this has led to their increase in membership. Table 3 below summarizes the key characteristics of churches presented above. A wide variation can be observed across churches in terms of their organizational characteristics, doctrine, and institutional practices.

In summary, the different characteristics described here shape and distinguish one church group from another, which may influence how their congregants behave and interact. The amount of time adherents spend with each other in some churches will affect how they view one another. A common characteristic seen across churches is that churches have been strong in assisting members to deal with existing problems. The establishment and progression of some churches resulted from the needs of the people at the time, and their goal was to help individuals to cope with the problems they were facing at the time. Their main aim, however, was not to

uphold the moral code that is strongly expressed in the literature on churches and HIV protection.

Table 3: *Organisational Characteristics, Doctrine and Institutional Practices of selected churches*

Selected characteristics	Selected Christian religious groups			
	Roman Catholic	Pentecostal	Zion-City (Nazarite Baptist)	Zionist-Apostolic (Holy Banner ECZ)
Type and Organization • Type of Religion • Denomination • Structure	Christian **Early Mission** Hierarchical with high level of centralization of power	Christian **Pentecostal** Horizontal, and local churches autonomous	Syncretistic **AICs** Hierarchical	Syncretistic **AICs** More horizontal
Key characteristics • Day of worship • Leaders dress code • Worship also includes	Sunday Leaders wear vestments No dancing	Sunday Not always Dancing	Saturday Leaders wear vestments Dancing	Saturday & Sunday Leaders wear vestments Dancing
Theology and Doctrine • Trinitarian • Baptism • Creeds • Conversion • Biblicism and focus • Syncretism	Trinitarian Infant Baptism Belief in the Creed Not emphasized Recognized (OT&NT) NO	Mixed Adult baptism In Some Conversion Both Emphasized NO	Non Trinitarian Adult baptism Diff. Creed exists Term not used (OT) Yes	Non Trinitarian Adult baptism No creed Term not used (OT&NT) Yes
Practices • Speaking in tongues • Healing by faith • Food taboos • Marriage • Church group focus	No Not emphasized No Monogamous Exist but not strongly emphasised	Yes Yes No Monogamous Strongly emphasised and frequent	No Yes Pork Accept polygamy Strongly emphasised and frequent	Mixed Yes Pork Accept polygamy Exists with some degree of emphasis
Notes[15]				

These particular aspects may in one way or another, suggest useful ways in which church-based social space and the varying consequences on societal aspects including HIV/AIDS prevention maybe understood.

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[15] Trinitarian: belief in Father, Son and the Holy Spirit, Biblicism: High regard for biblical authority, Conversion: being born again , OT: Old Testament, NT: New Testament, Other Mainline churches do not employ this structural model

CHAPTER FOUR: METHODOLOGY, DATA AND FIELD TECHINIQUES
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4.1 Introduction

Examining the role of churches in HIV/AIDS prevention required careful consideration of the methodology, field and analytical techniques employed. To achieve this objective, this study has utilized both qualitative and quantitative methods and has drawn upon multiple data sources: the Africa Centre Demographic Information Systems (ACDIS) dataset collected by the Africa Centre Demographic Surveillance Site (DSS) and the Faith Based Institutions (FBIs) dataset I collected specifically for this study. This chapter begins by looking more generally at the study area describing its context, resources and its people. It then describes the Africa Centre DSS specifically, as the actual area where data was collected. The chapter then provides descriptions of the datasets employed, analytic strategies, and key outcome variables of interest. However, detailed descriptions of the construction of the specific variables utilized in the analysis presented in chapter Five are provided in that chapter.

Careful reflection on the process of investigation led me to believe that given the diversity of churches in the country, using an already existing dataset on churches and sexual behaviour would be useful for several reasons: first, it would provide figures which would give us an idea not only on the different churches in the area but also on other characteristics such as size and membership. This was particularly relevant to this study as it was assumed that a church with a large following also meant having a wider effect on members' behaviour. Second, linking the questions on churches and sexual behaviour would provide an indication of some of the relevant questions to ask during field interviews.

In addition, existing literature has led me to expect that churches play a significant and different role in the lives of individuals who live in rural areas than in urban areas. In rural areas, churches are part and parcel of the members' lives as it is the source of all forms of social engagements. In urban areas, individuals are more likely to see churches as a source of networks in an environment where an individual has no family and friends, but may enjoy other social services and social networks. As opposed to urban areas, there are limited social services in the rural areas and churches are likely to be the only organisations from which these services are obtained. Churches are often good sources of health care and health information. Churches as institutions also set up schools, care for the sick and provide and set special funds to help those

in need. Thus, the data obtained had to represent a rural context. So the actual investigation into this question started with an analysis of the Africa Centre Demographic Information Systems (ACDIS) data collected by the Africa Centre Demographic Surveillance Site (DSS), located in rural northern KwaZulu-Natal. This dataset included questions on churches as well as individual reports on sexual behaviour.

The Africa Centre Demographic Surveillance Site (DSS) is also the same location where subsequent collection of the qualitative and largely ethnographic Faith-Based Institutions (FBIs) data was collected.

4.2: Study Area

The actual study was done in the Africa Centre Demographic Surveillance Site located in Southern Hlabisa, in Umkhanyakude district in Northern KwaZulu-Natal. To understand the data collected by the Africa Centre DSS requires an understanding of the area in terms of its context, resources and its people, as briefly described here. Southern Hlabisa, with a population of approximately 115 000 people is the most populous area of Hlabisa local Municipality. Its inhabitants are predominantly Zulu-speaking people who live in multi-generational homesteads of varying size (1-100 people and a large variation in population density (0-2,660 people per km^2) (Solarsh *et al*, 2002: 213-220). Therefore, on a demarcated plot of land where a house is built, it is common to find about three to four small houses, whose occupants are often members of the extended family.

Southern Hlabisa is predominantly rural. Although served by pockets of urban settlements such as the small towns of St Lucia, Mtubatuba and KwaMsane, the largest proportion of the population (54 percent) lives in rural areas. This type of settlement reflects a pattern common in many rural areas in KwaZulu-Natal, whereby areas close to the main road (N2 Highway to Hluhluwe) are densely populated. Houses are close together, with a balanced mix of both permanent and semi-permanent houses. There are also a handful of well-built houses, which boast of modern day architecture. Away from the main roads, the settlement pattern changes drastically whereby homesteads are clustered, but far between. A good number of homesteads are made out of dried-mud buildings or wooden plunks, are either circular, straw-roofed huts or rectangular, metal-roofed houses, with an occasional well-built house found in the area. A common feature around these homesteads is a traditional ancestral hut called

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Uguqasithadaaze/Iqugwana, where ancestral rituals are performed. Even with the current government provided houses (formerly provided under the Reconstruction and Development Plan (RDP) a programme curtailed in 1996) currently being built in the area, the settlement pattern remains the same precisely because the RDP house is constructed on the same plot of land.

It would be unfair to categorize the area as poor given that people have access to land, a place to live (communal land), and have electricity (at least 50%) and water nearby (boreholes distributed in area). There is also an occasional DSTV dish found on some homesteads in the area. A considerable number of people also have livestock. Nevertheless, a good proportion of the population continue to live below the margin characterised here as having little food to survive on. For this group of people, access to water and electricity is limited and varies widely.

The best way to define this area is that it is underdeveloped and is characterised by poor infrastructure. Roads are dilapidated, and access to health services is often a problem, with few government clinics found in the area. People often have to travel long distances to access these facilities. There are limited social services to assist the people. The only visible programme, often fraught with long bureaucratic procedures and corruption, is the government social grants programme which gives roughly (R1000 per month) to the old people, a child grant of approximately R260 per month, and a disability grant (R1000) given to the physically impaired individuals and recently to people suffering from AIDS. These are only provided if people are registered and have a South African ID book.

The lack of development in the area as is in many rural areas in South Africa appears to coincide with the fact that this was historically part of a traditional tribal area created under the Apartheid-era Bantu Authorities Act of 1951, during which a dual system of governance was established (Nstebenza, 2005:85-6). This is a system where an institution of traditional leadership composed mainly of chiefs worked in Bantustan areas alongside the National Government, although upwardly accountable to the government. According to Nstebesa (2005:85-7), the democratic elections of 1994 did not change much of this system. The new government continued to recognize the traditional authorities' leadership although they play a very minimal role. What is clear, however, is that these traditional authorities have the right to administer communal land as stated in section 81 (1) (a) of the Municipal Structures Second Amendment Bill 2000. As such there is land under the Zulu tribal authority (formerly part of a

homeland) and an urban area under municipal authority, formerly for Black residents (Hosegood *et al*., 2007:1250 citing Crankshaw, 1997).

The so called ‗democratic decentralization system', and the ‗undemocratic institution'[16] (often fairly democratic than the former) of traditional leadership operate in such a way that land under traditional authorities – the *Ingonyama trust land* is divided into traditional authority areas each under a Chief (*Inkosi*). The chief then assigns responsibility for local areas called *Izigodi* (plural of Isigodi) to the *Induna,* the chief's deputy. Land is administered by the traditional authority and allocated to residents by the *Induna* (Reader 1966: 245). In the same area there are local ward councillors who are affiliated to the democratic government system. The traditional area social boundaries do not coincide with the ward boundaries. In legal matters, the *Induna* settles property disputes, while the government handles criminal matters. Therefore, while the traditional system's relationship to the state is not a volatile one, it is not a smooth one either (Nstebenza, 2005:85-6). Negotiations over possible developments require adequate engagement and discussion between the various leadership groups thereby slowing down the process of infrastructure development in the area. Most common land uses in traditional council areas include settlement (*imizi*), grazing, limited agriculture, and limited commercial and community facilities.

As a result of the system described above, there are no major industries in the area. Large scale farming is also difficult because of the dry and rocky soils. Commonly observed, however, are the small maize and sugarcane gardens from which people harvest for small scale trade, and for home consumption. Correspondingly, formal employment opportunities are limited, other than the Africa Centre, schools, clinics and a few government offices. The majority of the people are engaged in informal trade of goods such as cloth, shoes, bags, herbs (*umuthi*), radios and food. These are found in the markets in the nearby town of Mtubatuba, and in a few small trading centres found in the area. There are also roadside markets selling largely foods items. The picture below shows some of the items sold in the area.

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[16] The so called democratic decentralised system is not as democratic as the name suggests. In fact, it is not more democratic than the traditional leaders system of governance.

(a)Sell of traditional healing Herbs (Imithi): May 2006   *(b)Fruits and Vegetables: May 2006:May 2006*

The area is also characterised by a highly mobile population, where the majority of skilled and semi- skilled individuals move to neighbouring towns (Richards Bay and Empangeni) and to bigger cities (Durban and Johannesburg) searching for employment. These individuals return periodically and maintain social relationships with their households (Hosegood *et al.*, 2007: 1251; Lurie, 1997:17-27; Lurie, 2002:11-12).

This pattern of movement (circular migration) is believed to be one of the main contributing factors to the high HIV/AIDS prevalence observed in the area (Lurie, 1997:17-27). Over the years, antenatal data collected from Hlabisa district has consistently shown the prevalence of HIV to be high and this is synonymous with provincial figures. For example, antenatal surveillance data collected by the Department of Health showed the prevalence to be as high as 38.7 percent in 2008 (Department of Health, 2009). In the actual area of study, similar data collected by the DSS showed that more than 27 percent of women between the ages of 15-49 and 14 percent of men between the ages of 15-54 are infected (Hosegood *et al.*, 2007:1250). High HIV prevalence also means increased morbidity and mortality due to HIV/AIDS. Although there is increasing availability of ARVs, uptake of these drugs is still low because people have not tested for HIV (Atujuna and Preston-Whyte, 2009:20-47). It is observed for example that at least 3 out of every 4 (75 percent) deaths is due to AIDS or TB (Herbst, 2008:22). The increasing number of deaths due to AIDS have put extra burden on support networks of families, friends, and with limited social services in the area, churches have become the main voluntary organisations through which support resources are mobilised.

4.2.1: The Africa Centre DSS

It is in the area described above that the Africa Centre Demographic Surveillance Site (DSS) is located. Approximated at about 435 km^2 in size, the Africa Centre DSS lies between the N2 to Hluhluwe, and the Umfolozi nature reserve in the tribal area of KwaMpukunyoni, the southern parts of Umkhanyakude district, northern KwaZulu-Natal. It is also demarcated by large perennial rivers and commercial farmlands on all but its northern boundary. The surveillance site is fully representative of rural areas in KwaZulu-Natal although it may not represent other rural areas in the country on a number of aspects (Nyirende and Newell, 2010:162-3; Hosegood *et al*, 2006:44). Figure 9 below presents a map showing the location of the Africa Centre DSS, where field work was undertaken.

Figure 9: *The location of the Africa Centre for Demographic Surveillance Site (DSS)*
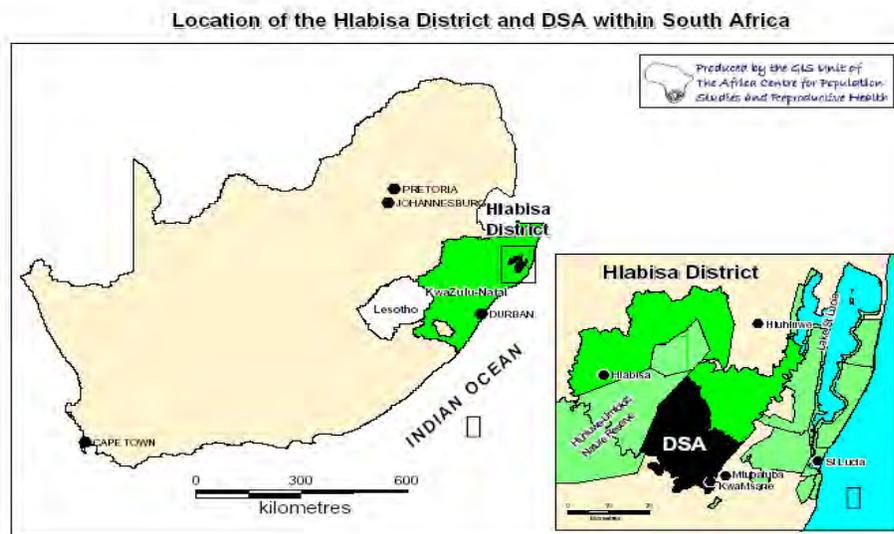
Established with a mandate to monitor the demography, social life and health patterns of people living in rural settings, the DSS collects population-based cohort data on a regular basis. It collects a wide range of datasets which include information on social economic well-being of the households and their members, general health, HIV/AIDS, and sexual behaviour and partnerships. All together, these datasets form what is called the Africa Centre Demographic Information Systems (ACDIS). Data collection began on the 1st of February 2000 with an approximate population of 86,000 residing in approximately 11,000 households as a defined study population (Nyirende and Newell, 2010:162-3; Hosegood *et al.*, 2006:44; Tanser *et al*,

2007:1-6). Of the 85,000 individuals, 33 percent are non-residents but continue to keep ties with their family members who live in the surveillance area.

The sampling strategy employed by the DSS was not designed to be representative of the national population, although the sample characteristics closely match the characteristics of most rural populations in South Africa. Thus, in the area covering 435 km^2, each household[17] (also called a homestead) was given a special ID number during the first census of households and individuals. Subsequent collection of data follows the same population, sampled in the first cohort, and updating existing information that was collected when the first visits were made (Tanzer *et al*, 2007:1-6). In the data collected between January 2002 and August 2004, questions on the churches were included (rounds 8-12) with a specific aim of investigating the extent to which churches influence individuals on a range of social aspects including HIV/AIDS.

4.3: Description of the Datasets used

4.3.1: The Africa Centre Demographic Information Systems (ACDIS) Data

My work on the nature of church affiliation and the possible associations between churches and individual sexual behaviour began by exploring two of the existing ACDIS datasets which I combined into one dataset for this analysis. The first dataset was generated by the Household Socio-Economic module which collects data at the household and individual levels. At the household level, the data collected contains information which can be used to establish the socio-economic status of the household. Such information includes source of drinking water, type of toilet facility, type of floor, wall, and roofing materials and ownership of various durable goods (radio, cars, television, bicycles, cattle and other assets). At the individual level, additional information exploring the socio-economic status including employment status, income earned, and educational level was collected. It is also in this module that the once-off church involvement data was collected. The information on church involvement used in this analysis was generated from questions on the type of church individuals are affiliated to, the number of hours spent in church activities per week and whether members are ‗born again'.

The second dataset comes from the Women and Men's General Health modules (WGH and MGH) which collected information on AIDS-related attitudes and behaviour. From these

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[17] According to the Africa Centre, a household is a defined as a social unit which is headed by one head or owner of the dwelling unit. In this analysis, I define it as a group of members who more often than not live under one roof and share the same meal.

two datasets, information on an individuals' general health and their reproductive health (for women aged between 15 and 49 years) is obtained. Information on sexual behaviour including types of sexual relationships (conjugal), sexual partners (concurrent, premarital, and causal partners) and age at sexual debut is also collected. In addition, questions on HIV/AIDS, including use of condoms, knowledge of HIV/AIDS/ STIs, and knowledge of sources of HIV/AIDS-related material are available in these two data sets. For this study the Individual Household Socio-Economic data and the two MGH and WGH datasets were subsequently combined forming one dataset from which associations between church affiliation and participation, and HIV-risk related behaviour are examined. Although the ACDIS is a panel data, the most relevant data used in this analysis was the one collected between January 2002 and August 2004, because this is the wave which included questions on church involvement. The unique availability of detailed information on churches and church involvement, as well as information on sexual behaviour, makes the ACDIS the ideal data source for exploring some of the research questions guiding this study.

After combining the three datasets excluding the multiple memberships to different households by individuals in the DSS (a common characteristics of ACDIS data), the number of individuals came to 43,841. However, not all these individuals are eligible for this analysis. Hence, the exclusion and inclusion criteria used in this study followed limiting the number to only individuals aged 18 years and above (as the eligible sample in the church data) and, selecting only those individuals who responded to the question on sexual involvement (ever had sex). Using the above criteria, the number of cases was reduced from 43,841 to 12,265 individuals. Therefore, the total number of cases in this analysis is 12,265, although this may vary in some of the variables.

4.3.2: The Faith Based Institutions (FBIs) Data: A qualitative Study

Following results obtained from a preliminary analysis of the ACDIS data, and what is found in the existing literature on the churches[18] and HIV/AIDS, it became clear that the subsequent method of data collection employed had to be comprehensive enough to be able to provide more

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[18] Studies on churches and health in general have suggested that churches contribute towards health because they are able to regulate behaviours that may cause certain illnesses such as drinking and drug abuse (Koenig *et al* 1994:240, Troyer 1988 cited in Sherkat and Ellison, 1999: 373, Goldschneider 1999:310-330). It is also argued that religion may provide social support for those in need and hence prevent them from engaging in such behaviour (Taylor and Chatters, 1988:193-202; Ellison and Levin, 1998:700-720; Sherkat and Ellison, 1999: 373-4; Portes 1998:3-5).

information that would explain the patterns and associations found. Therefore, the methodology designed to obtain information from participants about the potential role the churches plays in the prevention of HIV/AIDS required considerable care and thought if success in collecting this data was to be ascertained (Bailey, 1982: 9; Neuman, 1997: 63, 106). The approach had to answer one key question; in what ways do the selected churches enforce their sexual norms, and what mechanisms are employed to ensure that members adhere to the expected behaviour?

Care also had to be taken, given that this study was conducted in the community in which the Africa Centre had been working for almost a decade. This meant two things: that the participants might gladly take part in this study due to their existing relationship with the Africa Centre, or, that they may refuse to participate in the study due to research fatigue. Despite designing an acceptable and scientific study, however, I also had to take into consideration that this study should not disrupt the existing Africa Centre studies. Thus the approach had to be different from the current approach used by the Africa Centre, and questions had to be sensitively and diplomatically framed. There were moments when it was advisable to ‗chat' to people on completely different subjects to those in which I was interested in, in order to make them amenable to participate. The research assistants and I engaged in the exercise of simply chatting to people about their families when we visited households, asking, perhaps, what people in the household did or were doing or, simply asking where family members worked. In other instances, when my team and I participated in church activities, we often engaged in their work, assisting for example with weeding and cleaning gardens around church buildings, or helping during church functions. In short we spent time getting to know people, showing a broad interest in them, and, indeed, becoming friendly with them.

The qualitative, and largely ethnographic methodology I adopted in the study was made up of both observation (some of it approaching participant observation, especially during church services, and church activities) and in-depth interviews guided by a set of broad open ended questions designed to provide a rough, but not constraining list of topic areas to explore (Neuman, 1998: 207, Schensul *et al*, 1999:91-120). I left, in addition, more than enough time for our participants to air their own opinions and voice their views on what their leaders talked about regarding HIV/AIDS, and how HIV/AIDS was viewed in the community. As Schensul points out, the use of ethnography as a method of data collection was advantageous since it has the potential to investigate social and contextual patterns, meanings attached to a variety of actions,

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as well as understanding the social setting (1999:1). With this added advantage, this methodology was ideal for exploring the views different people held with regard to the behavioural expectations of the different churches to which they belonged. It was also appropriate in detailing what is spoken about during church services. I aimed to begin to understand the critical aspects of churches that shaped individual behaviour, and behaviour specifically linked to the risk of contracting HIV. Finally, and importantly, I aimed to get to know what people were talking about in relation to HIV/AIDS and religion (in general) in the area, and what issues predominated in their gossip about these two topics.

4.3.2.1: Field Techniques

Fieldwork began in February 2006 and ended in December of the same year. Field work was initiated by making exploratory visits to the general area in order to get to know more about the area. This was done by simply driving around and making general observations. During this observational phase, a number of potentially important aspects were noted: the general layout of settlement, including the infrastructure available, residential and commercial areas. I also noted a variety of churches (in terms of physical structure). At the same time, I observed information provided in the area in the form of billboards that were HIV/AIDS related, and used these as a rough indicator of the extent to which the people living there had been made aware of, and were possibly sensitive to, HIV/AIDS.

After sketching the area, the collection of data was eventually undertaken in five selected local areas (known as *Izigodi* (plural form of *Isigodi*). These areas are KwaMsane town, Nqopheni, Ogengele and KwaMyeki. KwaMsane Township –a peri-urban area – and a comparatively semi-rural part of KwaMsane called KwaMsane reserve together formed a semi-urban area, characterized by a number of administrative offices and trading centres. Although the two cannot be distinctively classified as urban, on the whole, they have better infrastructure than areas classified as rural. Nqopheni, Ogengele and KwaMyeki are classified as typically rural areas, distinctively characterized by a sparse population and scattered residential houses as well as poor transport infrastructure.

Identifying Churches

As highlighted earlier, finding churches was done in two ways: First, it took the form of simply driving in the area and identifying the churches physical structures. Once a church structure was identified, observable details including the name of the church if written outside was noted

down. Although not always available, we also looked for any available notices that would give us more information on meetings and other activities. As I was later to find out, such information was often communicated to people in the form of announcements during service or by word of mouth. We also noted down what the Africa Centre calls a _Bounded Structure [19]ID' (BSID). This is an identification number given to all houses or similar structures found in the DSS by the Africa Centre. With this number, tracking these churches for further research was easy. This was an added advantage because the areas selected were far and wide apart. If, however, no BSID number was found, a nearest BSID was taken and used to locate the existing church. Second, I used the ACDIS mapped data, where by maps which showed locations of churches in the area (mapped in 2000) with their corresponding BSIDs were obtained. Following these directions, churches were identified.

Table 4: *The number of churches found, visited and the selected congregations*

Number of churches found	Found	visited	selected	main denomination
Roman Catholic Churches	4	3	1	Mainline
Pentecostal churches	15	5	1	Pentecostal
Nazarite Baptist churches	14	7	1	Zion City AICs
Holy Banner	20	5	1	Zionist Apostolic

The table (4) above provides a summary of the churches found, visited and subsequently selected for investigation (see Appendix L for a detailed table on churches found in the area)

Subsequent follow ups were made mostly on Sundays' when services were being held. On reaching the targeted area, we would each go to different churches and ensure that we speak to the leader about our work and once the leader consented in speaking to us, we would then set up an appointment to meet the leaders and members. Four Christian churches: Roman Catholic, Pentecostal, and two types of Zion AICs (Nazarite Baptist and the Holy Banner of Ethiopian Apostolic Church in Zion) were then selected. The criteria used for selecting a specific congregation in the study, was based on the composition of members and size of the congregation. This was determined once actual visits were made to these congregations and the

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[19] A bounded structure is essentially any constructed physical structure – house, church, shop – found in the DSS demarcated area. Bounded structures fall under two categories; those that are usable, that is, those currently in use, and the unusable. In this case, these are often broken down and are not occupied.

actual size determined following informal conversations with their church leaders. Once the four churches were selected, four services in each church were attended.

Selecting Participants

Selecting participants including church leaders and congregants for the study was largely based on purposive sampling (Neuman, 2006: 220). The actual selection of members into the study took the following forms: the first was similar to the approach used to find churches. In using this approach to select research participants for in-depth interviews, I obtained maps which located households using BSIDs and Week Blocks. The maps were then given to the Data Manager, who obtained the list of participants with information that included the BSID, week Block, Names, Sex, Age and local area. Through this, I was able to identify participants by age, sex, as well as places of residence. To ensure that research assistants did not merely interview the next available household and their members, in cases where the targeted participants were not available, a sampled list was provided. No information was provided regarding the participants type of church. These questions, however, formed an important part of the interviews. In cases where targeted participants were not available to take part in the study at the time of our first visit, appointments were made to return on a later date.

The second method was through the church leaders. This method had a snowball effect. In this approach meetings with church leaders following appointments made after church services led to leaders identifying for the research team relevant members within their churches. The interviews held with the participants identified for the research team by the church leaders were crucial in a sense that the individuals identified tended to be the ones with ‗adequate‘ knowledge about the church, and how things within in the church worked. This approach was also advantageous in selecting individual who were leaders of small groups within the churches, such as cell groups.

Aware of the potential bias this could cause, another approach of selecting participants was used. This was mainly through the team‘s network efforts, where conversations during and after church services resulted into networks of people who were later contacted for interviews. As one of the dominant methods used to select research participant, this approach was successful and ensured that the selected individuals provided information to the best of their knowledge.

Once the participants were identified and agreed to talk to us, we met them at their homes. This we decided was ideal because it enabled us to make follow-ups where necessary. On

reaching these homesteads, the normal procedure adopted by the Africa Centre researchers was followed. We used the home entry Standard Operating Procedure (SOPs), including the consent form.

Observation as a Technique of Collecting Data

As entailed in its definition, participant observation proved to be valuable in providing information that contributed immensely towards learning the perspectives held by the participants (Schensul *et al*, 1999:91-120). It allowed the understanding of the interaction and the relationship between the context within which people live, and the churches to which they are affiliated. During fieldwork, attempts were made on all possible occasions to observe members interactions and behaviour towards one another within the church settings, in church activities and during group interactions.

During church services, participant observation provided the opportunity for listening to the teachings, noting, in particular their leaders' reference to HIV/AIDS related information, the extent to which the leaders are/were open to HIV/AIDS related aspects as well as noting congregants responses. Participant observation also enabled me to observe in some churches, what congregants did immediately after the service. In some churches, as soon as the service ended, people dispersed and went home. In others, they had activities such as dancing and meetings, prior to the commencement of the next service. In such circumstances, participant observation was successful in providing information on aspects such as size of the church, composition of members and the level of interaction among members. For example, it was easy to observe gender differences among the congregants judging from the seating arrangements during church services. Through the use of this technique, we were able to determine the extent to which members had weak or strong interactions especially in those congregations where members left the church premises when the congregants attending the next service were coming in. It was noted that the church venue was almost like a meeting place, where people would meet their friends.

Participant observation also enabled the researcher to participate and gather information from groups outside the regular Sunday or Saturday church services. It was during this time that participant observation as a method of data collection was successful in providing information that I would not have obtained through interviews. I obtained information which linked people's context, with their religious behaviour.

Table 5*: Church activities observed during fieldwork*

Churches Selected		
	Activities attended in selected churches in the study area	**Number**
Roman Catholics	Women's Day celebrations 3: Home visits Youth meeting Prayer meeting	6
Pentecostal	2 Cell group meetings Prayer meeting Youth Day celebration 2 Home Visit 2 Weddings	8
Zion-City: Nazarite Baptist	A Wedding A pilgrimage November Gathering of members Construction of the church building Informal discussion with a group of members A home visit A cleansing ceremony A prayer group meeting	8
Zionist Apostolic: HB	2 Funerals A Healing service and receiving of a child in church Healing and prophetic services Pre cleansing ceremony- **Bethesda** Church Mothers' day celebration Prayer meeting (St. Johns and Ncgwesa's Church	8

Source: From the FBIs data collected by author, 2006

This was obtained by participating in activities such as weddings, funerals, cleansing ceremonies, where I was able to observe how religion and cultural aspects are intertwined, as well as understanding the place for religion in an environment where cultural issues are central to these aspects. Participant observation also enabled the researcher to observe at first hand the body expressions and body language among members within these groups. Ultimately, participant observation provided information that complimented information obtained from in-depth interviews and the ACDIS data. Table 5 above summarises the type of activities we participated in during fieldwork

The disadvantage with this method was that the presence of researchers would in some form interfere with the manner in which members behaved. This was, however, lessened in some congregations mainly because our attendance of services was seen simply as the attendance of

occasional members. But in most of the congregations, were asked we were asked to introduce ourselves. Most of the time, leaders welcomed us during the service. What we noted after introducing ourselves, was that in some of the smaller congregations, members expected some form of support, mostly in monetary terms to re-construct their dilapidated church buildings. They also anticipated building some networks with us from which they hoped to access some funds.

Also, although churches do not normally exclude people from attending services, attending the group activities for some of the churches is only allowed if one is a member. As a result, there are some churches where the researcher and the assistants were not allowed to participate in their group activities.

In-Depth Interviews

A total of 96 interviews, including interviews with non-church affiliates, were conducted. As one of the predominant data collection techniques, in-depth interviews were used in order to understand the role that the churches play in the prevention of HIV/AIDS. In-depth interviews also served as a tool by which a wide range of information on the topic was collected. They covered issues such as what the churches and their leaders talk about in relation to HIV/AIDS, the organisational structure and composition of the churches, as well as issues of social support and social control. In-depth interview were also useful in providing a better understanding of the local congregation in the midst of the broader context. Conducting in-depth interviews with individuals in the area did not only provide information about the context within which people live, but also how they perceive the churches' influence on prevention of HIV infection, as well as what the churches do which is directly linked to preventative behaviour. On the whole, in-depth interviews were used largely to obtain information which put into perspective the meaning people attached to teachings from their local church leaders, and how this shaped mundane activities.

While interviews were for the most part successfully accomplished, organising the collection of the interviews presented some difficulty. There were instances where some congregational members felt uncomfortable discussing matters relating to their church. These instances were, however, not common and when they happened, they were often as a result of tensions already present in particular congregations at the time, which made members cautious when talking to outsiders.

Interviews were conducted at people's homes, sometimes in the presence of other members of the family, which made the participants slightly uncomfortable. In some instances, especially where one of the spouses was being interviewed, the other tended to remain and take part in the interview, by answering some of the questions. Table 6 below shows the number of group activities and services attended and, in-depth interviews gathered during fieldwork.

Hearsay Ethnographies and Document Sources

Following work carried out by Watkins and Swindler (2009:1-31) an attempt was made to use ‗conversational interactions ― the voices and actions that constitute the relational space among actors' – to try and capture some of the issues that people were raising around religion, HIV/AIDS, fertility and witchcraft. During the course of fieldwork, researchers attempted to collect this kind of information from a variety of sources, both within the communities where research was being conducted and from surrounding areas. This was in the form of listening to people conversing in their natural settings and writing down what the conversation was about in their free time. Such information was obtained in taxis the assistants travelled in to and from home or work, in the areas in which they lived and when they visited congregations. While this method was effective for capturing the main points from conversations round the topics above, it was noted that this would have been even more effective if we had a much longer time in the field. It also required a relatively large number of people collecting information in the different settings.

An analysis of existing documents including newspaper clippings, television documentaries and organizations' reports and newsletters was carried out. This was done in order to explore the extent to which the churches supported preventive measures such as condom use, abstinence and fidelity among spouses as well as examining the extent to which the churches in the area and across the country were engaging in matters related to the HIV/AIDS epidemic.

The complete study was based on observations and interviews from twelve churches representing the three selected religious groups. Then, in each church, efforts were made to identify and subsequently attend sermons, church-based activities or take part in the small group meetings (bible study, prayer groups, and cell groups). Participation in these small groups, however, depended on the availability of such groups within the selected congregation, and when permission was granted. Effort was also made to ensure that within each congregation a relatively equal number of services were attended. The intention was to find any information

based on gospel teaching that was explicitly or implicitly geared towards prevention of HIV risk behaviour. By the end of the period, 50 instead of 72 services had been attended. This was because in some churches, services were replaced by prayers for the sick, funerals, or as a result of planned pilgrims and conferences organised outside the usual meeting places.

Table 6: *Services attended, group activities and interviews conducted.*

Churches Selected				
	Number of congregations, activities attended and interviews held			
	Congregations (N)	Services Attended	Church-Based Activities	No. of Interviews held
Roman Catholic churches	3	13	6	18
Pentecostal	3	13	8	18
Nazarite Baptist	3	11	8	18
Holy Banner	3	13	8	18
Non-church affiliates				24
Total	12	50	30	96

Source: From the FBIs data collected by author, 2006

4.3.2.2: Types of the Ethnography Data Collected

Three complimentary types of data were collected: Institutional, Individual and Network/groups data.

Institutional Data: As Garner (2000:31-43) describes at length, churches have been fundamental in leading social change in society. Garner alludes to the fact that understanding how this change comes into effect requires adequate understanding of the institutional organisation. This involves looking at its history as well as the organisation of local congregations. Institutional data is aimed at building a picture of the key aspects that define the various churches, and how these aspects shape congregants attitude and behaviour regarding a variety of issues within the community. In collecting institutional data, three aspects of churches were particularly relevant for this study (i) church doctrines and how these were disseminated in sermons (ii) their organizational characteristics including leadership, membership and composition in terms of age and sex were all important characteristics in framing the general understanding of a particular congregation. (iii) Prayer meeting, time of service, and various

other activities held within or outside the churches were also fundamental in building a composite picture. In linking these aspects to the broader questions of HIV/AIDS, special attention was directed towards examining the content of sermons in particular, and whether these sermons explicitly referred to AIDS related behaviour such as marital infidelity and use of condoms, or implicitly addressed AIDS questions using the church teachings on marital fidelity, abstinence and moral obligations of members of the community (Watkins, 2004: 673-705).

Individual Data: Interviews with individuals in the selected churches were central in obtaining information on their current and past religious affiliations as well as reasons for any changes made. They were also fundamental in attempting to understand how individuals interpret and agree with the doctrines disseminated by church leaders, and how this influenced their everyday life. For instance, churches in general have been known to refer to questions around fidelity and abstinence. It was thus important to try and understand whether individuals agreed with these teachings and explore how these shaped their behaviour. Pertinent to this study was the need to explore the ways in which churches provided general and, in relation to AIDS, specific types of social support, as well as mechanisms of social control that may be linked to regulating risky behaviour.

Group Data: In obtaining information on groups or group interactions and related networks, in-depth interviews with individuals provided information which is useful in exploring relationships (networks). These interviews were also useful in examining whether these interactions and networks were a product of church affiliation. Attending group activities provided data on the nature of interaction among members. Specifically, I looked at whether members had close ties or weak ties based on the manner in which they related to one another when they were together, through body contact such as hugging, seating arrangements, and things they talked about during such events. Activities such as funerals and weddings were particularly significant sources of information relating to what people spoke about regarding HIV/AIDS, as well as whether the church leaders spoke about HIV/AIDS for example at funerals or weddings. Altogether, this data helped in defining the type of social space and how the constructed spaces were linked to sexual behaviour.

4.4: Key Study Variables

The analysis of the possible associations between church involvement and individual sexual behaviour required careful consideration. It required finding those variables which adequately represent the people in the area of study, and at the same time relevant to the current study. The key selected variables for this analysis are as follows:

Sexual Behaviour

To assess the church influence on individual sexual behaviour in rural South Africa, the study uses self-reports of sexual behaviour, specifically those considered most relevant to HIV risk. There are, of course, drawbacks in using this type of data. Most notable is that self-reports of sensitive issues around sexual behaviour may be less reliable than is optimal, and it is likely that high-risk behaviours are underreported in the data utilized here (Cleland *et al*, 2004: ii). There are other studies, however, which have argued otherwise, and where the use of self-reports has produced consistent and reliable information (Deheneffe *et al*., 1995:1171-75), making this data plausible for analysis.

Church Affiliation and Participation

The key independent variable for this analysis is church involvement. In the analysis, I examine the extent to which church involvement has an impact on several of the sexual behavioural variables presented above. Framed within the social space conceptual framework, however, and following previous scholars who have examined the role of religion in health and well-being, (Koenig, 1994:233-250; Shekart and Ellison, 1999:263-294; Ellison and Levin, 1998: 700-720; Garner, 2000a:311-343), it is assumed that belonging to a church group or actively participating in one will have an impact on individual behaviour. In the ACDIS data, two questions were used to provide information on church involvement and included church affiliation and participation in church activities. This is elaborated in detail in Chapter Five

Individual Socio-economic and Demographic Characteristics

Taking cognisance of the fact that the decisions around sexual behaviour are not based on a single factor, and that being a member of a church makes these decisions even more complex, the examination of the above orientations requires a sufficiently broad spectrum if the existence and intensity of the role of church involvement is to be ascertained. Thus, this analysis also looks at other factors including individual demographic and socio-economic factors such as age,

marital status, gender, income, material status and level of education which are believed to broadly influence one's behaviour (Filmer, 1998:121-125). In studies on religion and health, scholars argue that not only do other factors have an impact on sexual behaviour, but also they are correlated with religion. This therefore, makes it difficult to determine the relationship between churches and sexual behaviour. To examine the net effect of church involvement on sexual behaviour, therefore, these factors have been controlled for.

4.5: The Analytic Approaches

Quantitative Analysis
In examining the influence of church involvement on sexual behaviour, multivariate analysis is employed to estimate the effect church involvement, and, other factors have on HIV-risk behaviour or the selected measures of sexual behaviour. The multivariate approach employed serves to answer two key questions. The first is to understand whether there is substantial variation in HIV related behaviour across the selected churches. The second is to understand what factors are linked with sexual behaviour, specifically examining whether church involvement in itself is an important factor controlling for other individual variables. Answering these two questions has to take into account that there is some interclass correlation. In other words, that some of the individuals participating in the study are drawn from the same churches and therefore, may share some unobserved characteristics, I obtain robust standard error estimates (Huber and White sandwich estimators) to reduce the bias that might result from observation clustering. This discredits the assumption that individual observations are independent of each other, but that some of the effects observed could be emanating from the varying contexts within which people live

The sexual behavioural indicators (premarital abstinence, number of non-marital partners, life sexual partners, and age at sexual debut) selected for this analysis require different multivariate techniques because of the manner in which they are operationalized. Premarital abstinence is a binary variable and therefore a logistic regression model is employed to assess the probability that these selected factors may impact on premarital abstinence(Jones, 1997:77), and is adapted to deal with clustering of unobserved clustering. For ease of interpretation, exponentiated regression coefficients (odds ratios) are presented in the tables, along with standard errors and a variety of fit statistics to assess model fit.

The other sexual behavioural indicators (number of non-marital sexual partners, number of life sexual partners and age at first sex) are all count variables. Therefore, I employ a negative binomial regression model to estimate the relative risk using Risk Ratios (RR) that certain factors may reduce or increase the occurrence of these outcomes.

Figure 10 below illustrates the actual modelling strategy employed. In the diagram, model 1 is a base model which examines the effect of church affiliation and involvement, on HIV/AIDS related behaviour. In this model, no other factors are included. This is shown with a solid line connecting the pathway.

Figure 10: *A range of multivariate analysis models employed*

Model 1: risk perception forced into model

Model 2: All variables set in the study objectives are included in this model
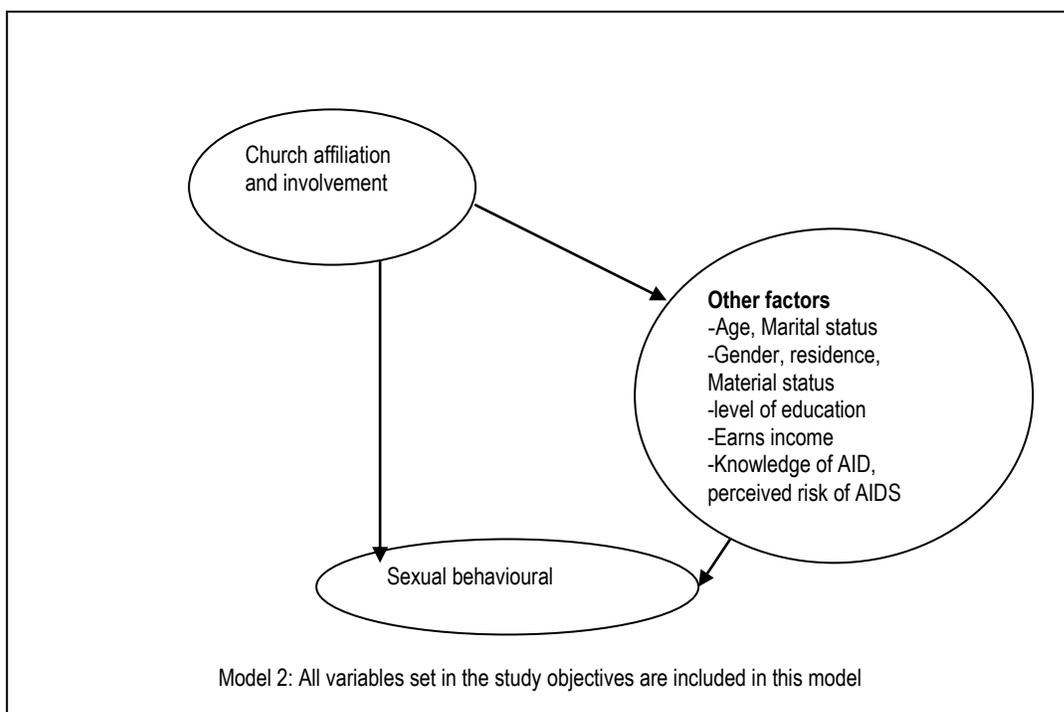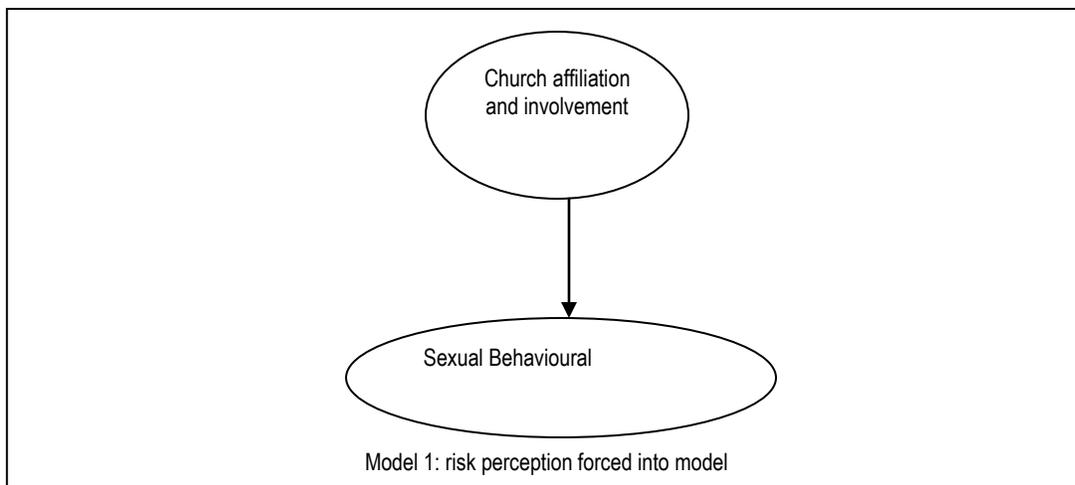
Model 2 is a parsimonious model of the variables which were theoretically assumed to have an effect on sexual behaviour. The solid lines indicate that these variables were those that were significant and strongly related to the outcome variable. STATA 11 was used for the analysis (Stata Corp, 2011).

Qualitative Data Analysis
In the initial analysis of the ethnography data, content analysis of transcripts of data was used. Transcripts were manually read and similar statements which appeared frequently were extracted. This was then used to generate the first line of thematic codes. The text within each theme was read again to develop further lines of codes. The pieces of text were then compiled across all interviews under specific codes and sub-codes. Meaning from these codes was formulated to produce clusters of themes. These were then inputted into Nvivo for further analysis (Miles, 1994:311; Weitzman and Miles, 1995:1-5).

A problem in interpreting qualitative research data is how much weight to give to each individual comment, and how to assess diverse opinions. The format of our analysis therefore leans towards a grounded theory, where evidence produced here and meaning attached emerged from interviews with participants (Glaser, 1978:17).

4.6: Practical Considerations

4.6.1: The Question of Definition and Measurement of Variables
Defining variables for analysis as well as providing accurate forms in which those variables are measured needs to be examined in context. For example, the use of variables such as premarital abstinence and marital fidelity is problematic because it assumes that marriage is the norm. But in contexts where marriage is argued to declining as a result of the generalised poverty makes these measures almost inappropriate for such an analysis. While this problem is acknowledged in this analysis, re-examining the issue of marriage in the area where the study was done (see section 5.2 in chapter five) suggests more generally that marriage is important to the people and is not obsolete as demonstrated in table 7. Figures in the table show that marriage among women only declined by 4 percent in 2006 from 35 percent in 2000. Among men, the results were not very different. Marriage declined from 28 percent in 2000 to 23 percent in 2006. The conclusions drawn from the figures presented are that while marriage rates are generally low in the area, marriage continues to exist. It is on this basis that the variables employed in this analysis are

selected. It is further important that one considers the type of population group in which certain variables are most applicable. For example, measuring abstinence among younger individuals generates fewer errors than if older individuals were included in the sample. Taking these issues into consideration, distinct samples that examine certain behavioural measures (abstinence among unmarried adolescents only; faithfulness and concurrency among married respondents; number of sexual partners thus far, among the sexually active groups) were created. Similarly, an analysis of marital fidelity is only relevant when examined among a population of married individuals.

Appropriate definitions of marriage are even more relevant in analyses which include churches. For example, while it is common in many current studies to define marital status to include officially married members and cohabiting partners, it would be misleading in analysis where churches are concerned since cohabiting relationship are discouraged by churches. But under the circumstances where marriage is low, the churches might prefer cohabitation to multiple sexual partnerships. In the study area, however, emerging literature has found that cohabiting relationships are not as common as they are in other countries and this applies also to other rural communities in South Africa (Budlender, 2004:6; Mertson *et al,* 2009: 69). The problem that needs to be acknowledged, however, is not for couples to be married or not (cohabitation versus formal marriage). The problem is that the majority of women do not have stable partners, as evidenced by a considerable proportion of children born to South African women and whose fathers are absent (Garenne *et al*, 2000: 47-54). In line with the above, we consider an analysis of the number of sexual partners thus far (sexual partner turnover) and assume that sexual partner turnover is likely to be lower among church adherents than non-church goers.

4.6.2: Methodological Considerations

A few caveats with regard to the datasets used also need to be pointed out. First, the study of churches is almost equivalent to a study about women. This is precisely because the majority of the congregants are women with a predominantly male leadership. The implication is that this may introduce biases in the results obtained because there are substantial disparities between men and women in terms of how important decisions are made. The effect of such a disparity on sex and sexuality is that the control and disciplining of sexual behaviour is only directed at women. While we acknowledge this deficit especially in most of the group events we attended,

we attempted to address this issue by obtaining a close balance in number of participants of both men and women for the in-depth interviews. Of the 96 in-depth interviews collected, 46.15 percent were males including religious leaders, and 53.85 percent were females (including women leaders as well). A more balanced sample of participants was easily obtainable from Pentecostal churches and Baptist Nazareth AIC than the Roman Catholic Church and Zionist AIC. This is because the composition of congregants in these two churches was balanced. Such composition was also found in their events that we attended.

Second, several social science research studies which examine sexual behaviour as outcome variables report facing methodological problems resulting from a social desirability problem. Depending on the type of population group, misrepresentation is likely to occur where more information is reported on some aspects than others. For example, men are more likely than women to report having more sexual partners, creating unreliable data (Cleland *et al.*, 2004: ii1-ii7; Nnko *et al.*, 2004: 299-310). Furthermore, because sexual behaviour is self-reported, it is prone to problems such as misreporting resulting from the failure to chronologically remember the events as they occurred. There are, however, various checks that can be used to increase data reliability, and one of the checks is to use variables that clearly represent the population. But the more important question emerges when one attempts to explore these issues around sex qualitatively, precisely because in the African context discussion around sex and sexual behaviour is almost a taboo topic. Collecting information around sexual histories even in ethnographic research is not easy because most people view discussions around sex as a private matter. In some contexts like the one where the research was done silences around sexual behaviour or sexuality are embodied by silences which are a result of what people view as respectable (see chapter two, section 2.3). Women many thus choose not to discuss any of their sexual behaviour, current or in the past, as a sign of respect for their current relationships. In our case, what we tended to find is a case where participants viewed it as a sign of disrespect to have researchers younger than themselves asking them questions about their sexual behaviour. Prior to our in-depth interviews, participants often indicated that ‗If you have come to ask me how many times I have sex in the week, I will not answer your questions'. They argued that they found it disrespectful to have to have to speak to young researchers about issues as intimate as sex, hence presenting difficulties around accessing people's sexual life with a degree of accuracy. To address this, our in-depth interviews asked questions around church discipline or the churches'

control on individuals' sexual life. Here, we asked about churches teaching on sexual behaviour and the mechanisms in place if such behaviour were to occur. We asked about premarital pregnancy and the mechanisms in place if that were to happen. We also asked about the controls in place for extra-marital affairs including the behaviour of leaders as well. In response, participants answered the questions directly, stating the existence of or the non-existence of church discipline. Participants went further to highlight how this was implemented within their churches. Some participants, however, gave their own experiences, telling us stories of what happened when they engaged in behaviour counter to their church's teaching. While we use these stories where applicable to explore how churches have varying ways in enforcing compliance with church rules, we also use the mechanisms churches put in place to enforce their norms as well as how they are implemented, to show how churches are able to control HIV _risk related behaviour'. Therefore, while this study appreciates the importance of peoples' experiences and the use of their own voices in describing their sexual life in the context of their church teachings, the results presented lean more to the institutional approach of control on their congregants' sexual life.

Third, studies on religion and sexual related behaviour have received a number of general criticisms. First, that research on sexual behaviour and religion face a selectivity problem in the sense that individuals may move from one church to another if they find for example that their church is too strict (Trinitapoli, 2007:68). Although this is not unlikely, one has to consider also that within these churches, people build networks of friends, creating sort of extended families for themselves. Therefore, changing their church membership completely to another is likely to be reconsidered unless these networks can be easily replaced. Second, it is argued that people who are regarded as members of any religious group are likely to mis-report their sexual behaviour, especially if it contradicts what is taught by their churches. While this may be true, certain datasets may limit the frequency and intensity of such problems because of the manner in which data is collected, as is the case with the ACDIS datasets. Because information is collected in different modules and at different times (i.e. the Household Socio-Economic and the WGH and MGH modules) and by different researchers, it is impossible for a participant to ensure that the information provided in different modules match. To clarify this question further, the data on which this study is based was simultaneously collected in three distinct rounds over a period of seventeen weeks each. For example, HIV surveillance would be collected in one round while

WGH and MGH, and HSE were each collected in the other two remaining rounds. These then were rotated and by the end of the year, each household and individual in the DSS was interviewed on all the three. Since questions on church involvement contained in the HSE are not asked at the same time as the questions on sexual behaviour, it limits the individual being interviewed to connect information they previously provided on their churches with information collected on sexual behaviour. In addition, differently trained fieldworkers collect these distinct datasets. There are type B fieldworkers who are trained to collect the seemingly sensitive questions on MGH, WGH and HIV, while type A fieldworkers collect information for the HSE module.

But a more critical methodological issue that should be highlighted is the conflicting role of churches [religion] in society especially around issues of sex and sexuality and how sex and sexuality are shaped in contemporary society. The role of religion and in particular churches in society is unquestionable. And specifically for this study, religious beliefs and practices could influence behaviour that may be relevant to HIV prevention strategies. This expectation is consistent with sociological research that attests to the centrality of religion in influencing several aspects of social behaviour (Durkheim, 1951:119) and its influence on health behaviour outcomes are provided (Ellison and Levin, 1998:700-720; Krause, 1995: 59-73;). But the influence of churches on sexual behaviour summarised in the moral discourses and upon which the potential of churches to partake in the prevention of HIV/AIDS should not be too easily equated with prevention of HIV/AIDS. As described in the earlier chapter, the controls exerted on sexuality by the exclusive promotion of adult marital sexuality sought in the penitential practices, or rather in the dual series constituted by the obligatory exhaustive and periodic confessions imposed by some churches, and the suspension and exclusion of members from church activities by other churches suggest that churches fail to understand the circumstances under which many people live and continue to view the resultant behaviour as a result of individual choice. The complexity in this study further emerge when we consider the influence churches have on society when it comes to defining what is considered as risk behaviour especially in the era of HIV/AIDS. Here again, we encounter terms such as _multiple sexual partners' to be dangerous in the spread of HIV/AIDS. While these terms are embodied in the church teachings in pursuit of establishing monogamous marriages as the norm, we find the same terms are used in public health discourses of risk. The difference lies in how the latter considers

the influence of the broader context in which these risk behaviours occur. In that context, the underlying assumptions in this study are that although churches may not doctrinally vary significantly around rules regarding sex and sexuality, in practice churches may vary in the manner in which they emphasis these teachings as well as the sexual control exerted on their members. The same goes for the extent to which their members actually follow what their churches leaders tell them to do. It is also assumed that in churches where there is higher discipline placed on matters of sex and sexuality, such discipline may be commensurate to the close interactions among members. Through these interactions, churches may be able to provide emotionally, economically, socially, where other institutions have failed to provide for the people and hence influencing how people choose to follow church rules. In other churches, such discipline may be less pronounced, allowing members to choose between what is right from what is wrong. Yet, in other churches, such control may be counterproductive. This is explained in more detail in what we define as Church-based social space in the previous chapter.

There are also a number of practical limitations with the qualitative and largely ethnographic study that should be mentioned. First, we found that data collection was time consuming. This was partly so because there was initial resistance, suspicion and mistrust particularly around having interviews where a recorder had to be used. This required a fair amount of convincing of participants. While this was eventually successful, it required using different techniques in order to understand a particular aspect.

Second, data collection took less than a year. While locating it within the Africa Centre DSS was advantageous, the use of research assistants previously employed by the Africa Centre, and with skills that various other studies conducted by the Centre required, was problematic in a sense that these assistants tended to consider taking up other positions before fieldwork for this study was complete. As we came towards the end of fieldwork and hence the end of their contracts, research assistants tended to go for studies which were offering long term contracts. This required looking for new people to fill the gaps, and who did not fully understand the study.

Third, most of our respondents did not speak good English and therefore most of the interviews were conducted in *isiZulu*. Even though I had employed two research assistants who lived in the area and spoke the language, there were some interviews that would have yielded more information had I conducted them myself. There were also those interviews that I conducted and felt that the respondent would have given more information had the interview

been done in isZulu. Despite attempts to carry out three-way-interviews (participant, interviewer and interpreter), they were often time consuming and did not yield successful results.

Fourth, although it was important to collect information on a variety of church based activities such as weddings, funeral, prayer meetings, women's groups and youth groups, it was impossible to find similar activities in each of the selected churches. Attendance therefore depended on availability in selected congregations.

Finally, being based in the Demographic Surveillance Site meant that we depended on the Africa Centre in logistical terms. As a result, we followed more less their work schedule. For example, due to security-related issues, no vehicles were allowed to go to the field at the end of the month. Unfortunately for this study, it was often at this time that more exciting services and other activities took place. This meant that we could not attend some of these activities. We however, followed up on these activities through interviews with our participants.

CHAPTER FIVE: THE INFLUENCE OF CHURCHES ON INDIVIDUAL SEXUAL BEHAVIOUR: EVIDENCE FROM THE ACDIS DATA

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5.1 Introduction

Several studies have already begun to examine the relationship between churches and HIV risk behaviour. But when questions on sexual behaviour in relation to HIV/AIDS prevention are considered, two strands of argument emerge. The first one suggests that by opposing the use of condoms, the church doctrine and teachings are barriers to HIV/AIDS prevention (Caldwell *et al* 1999: 241-56). Yet, the opposition to condom use not only varies across churches, but also it is unlikely to be the only religious strategy of importance to individual efforts to prevent HIV. The second line of argument counteracts the former suggesting that churches emphasize premarital abstinence and marital fidelity, both preferred forms of HIV/AIDS prevention, making churches effective in HIV prevention. The only difference is that the churches' emphasis on these issues may vary widely.

For example some studies on evangelical churches have argued that the leaders of these denominations make marital fidelity a central aspect of their religious identity (Marshall, 1993: 214-46; Maxwell, 1998:350-73; Smith, 2003:343-72). A study of Born-Again preachers in urban Malawi describes them as believing that to ‗abstain from drinking, smoking, running around with the girls is considered the *sine qua non* for maintaining and enhancing not only the status of being Born Again but also the personal empowerment and protection it offers' (Van Dijk, 1992:166). In South Africa, Garner‗s study of peri-urban Edendale also suggests that there is substantial variation with regard to how churches influence individual sexual behaviour (Garner, 2000:41-69). What this implies, is that without supporting condom use, the churches' role in HIV/AIDS prevention remains a relevant question.

Taking into consideration the second strand of argument, several concerns are raised. The first is the importance churches place on marriage as an institution within which premarital abstinence and marital fidelity are viewed. Churches continue to emphasise that marriage should be the only space where sexual activity takes place, and even then, it should be between two individuals, a man and a woman. But the question is what happens if marriage does not occur? The implication in this case is that people will engage in premarital sex, and yet, these churches seem not to be putting any efforts in finding a solution to this ‗problem'. The above also raises a

second and fundamental question for studies (including this study) that examine marital fidelity and premarital sex as sexual behavioural indicators. And the question is whether these sexual behavioural indicators are relevant for analysis. The third concern is about the importance of marriage in general. Some studies have indicated that marriage is in fact a risk factor for HIV/AIDS transmission (Morris and Kretzschmar, 2000, Gorbach *et al*, 2005 [cited in Epstein, 2007:55-65]). Surveying the transmission of the HIV infection in Uganda and in Thailand, these studies found that married women in Uganda were at risk of acquiring HIV not because they were unfaithful but that their husbands had other sexual partnerships, while in Thailand married women were at risk because their spouses often had sexual relationships with prostitutes. And if that is the case, where does that leave the churches and their emphasis on marriage?

This chapter sets out to examine the extent to which HIV-risk related sexual behaviours are influenced by the involvement of the churches (church affiliation and participation), using the Africa Centre Demographic Information Systems (ACDIS) data described in the previous chapter. It is divided into two main sections. The first section considers the question of marriage as a backbone for some of the sexual behavioural indicators examined in this study. The second section provides a description of the variables employed in the analysis. The subsequent section is an analysis of the effect of churches on selected sexual behavioural categories. The analysis begins by identifying the overall patterns of church affiliation and degree of participation in church activities. Here, the analysis assesses how sexual behaviours linked to the spread of the HIV infection are distributed across the three types of Christian denominations, namely: the long established Mainline churches, the newer Pentecostal churches and the more dynamic African Independent Churches (see chapter 2 for details). The analysis then progresses by looking at the effect of church affiliation and participation on four measures of sexual behaviour including premarital abstinence among unmarried adolescents, non-marital partners among married individuals, number of sexual partners individuals have had in their lives so far (sexual partner turn over), among married and sexually active individuals and age at first sex. Variation across churches with regard to how they impact on individual sexual behaviour is also considered in this analysis. The summary of finding and concluding discussion sums up the chapter in the last section.

5.2: The importance of Marriage

Marriage is an important contribution to developing a more meaningful understanding of the AIDS epidemic in the context of religion in South Africa (Epstein, 2007:184-201; Reiners, 2003:175-206). Highlights from some of the studies by Epstein and Reiners suggest that marriage as an institution provides insights into the spread of the epidemic because much of the transmission, particularly in sub-Saharan Africa, occurs within stable unions. The role of churches in the prevention of HIV/AIDS is important here by focusing their teaching on marital fidelity and abstinence before marriage. This, however, is only relevant if marriage is the norm. This chapter considers sexual behavioural indicators that influence the spread of HIV/AIDS but argue that some of these need to be understood in the context of low marriage rates. This argument is even more fundamental in the context of religion precisely because churches motivate reproductive behaviour through a set of values relating to gender roles, sexuality and family life framed within the institution of marriage (Goldscheider, 1999:310-30). In this study, this can be understood if located in the historical context of marriage among the Zulus, the people among whom the study was conducted.

In pre-colonial Zulu tradition, _marriage served to establish alliances between kin groups with different clan names (*Isibongo* Plural *Izibongo*) and the transfer of property through the male lineage' (Muller, 1999:201). Accounts by Muller (1999: 201) show how marriage was a custom which involved a friendly exchange of bride wealth (*lobola*) from the groom to the bride's father. But more than being viewed as payment for the daughter, about to be lost in the family, the *ilobola* was viewed as a gift to the father of the bride and related also to the value in agricultural production for her natal family. Accounts of how marriage was a process through which _good relations were facilitated from one clan to another through a series of gift-giving ceremonies' once marriage had been consummated abound (Krige, 1950: 120-22). Only when the woman gave birth to her first child did the exchange of cattle occur, because this revealed the woman's fertility (Krige, 1950:157).

In addition, because women were essential in the production economy meant that marrying several women was an advantage for the men. Women were engaged in the production of food for domestic consumption and in the production of milk products, while men looked after livestock. This meant that the more women a man had the more agricultural production output he had for his home (Guy, 1990:34-38).

These cultural practices and views around marriage were, however, transformed by the colonial leaders and Christian missionaries who viewed polygamy and *lobola* payments as enslaving women, and contradictory to the religious teachings, in particular the teaching on monogamy and marital fidelity. It is suggested that Zulu traditional marriage was transformed when the Natal Native Law of 1891 was enacted changing marriage from a social process that it was to a legal contract, where marriage could only occur once the man had paid all the cattle to the bride's family. The number of cattle to be paid was also standardized to ten herds of cattle (Muller: 1999:201-3). It is arguable as to whether this was the onset of the phenomenon of low marriage rates in South Africa precisely because men were simply unable to pay the required amounts and, therefore, lowered the prospects of marriage in these communities. Indeed, and as Muller shows, many women were unmarried and since the only form of stability, both economically and socially, that women obtained by virtue of being married was removed, a number of them turned to prostitution for survival while others turned to menial jobs in order to earn a living.

For the churches, the focus was not so much on the abolition of *lobola* payments but on the issue of polygamy. Christian missionaries argued that marriage should be between one man and one woman, where the central tenets were love and fidelity (Muller, 1999:212). They also encouraged women to abstain from sex before marriage as a precursor for a good marriage. Today, churches continue to preach the same message. And at local level, one gets the sense that this message is over emphasised as suggested in the excerpts below:

> No, what we teach the young girls or young boys is that they must remain the way they are, they must not fall in love with each other, they must not sleep around, and they must not have sexual intercourse before they are married. That was what was taught before this thing (disease) came to be known. There is no need to talk about condoms because the primary rule is that no sex before marriage. The men must be faithful, if they have two wives or [more] many wives, they should only sleep with their wives and then there is no need to use a condom. Because the rules say, you must not. So that is why we do not talk about the condoms even to the young ones because they are not allowed, according to the rules of the church to sleep with anyone before they are married: (Interview with Dumisani, Lay preacher in Nkosinathi congregation: March 16, 2006)

> I would not do that I must be frank because mainly we are teaching abstinence and that people must definitely abstain and those who are married must remain faithful. And therefore, there is no space for the condom there, not unless they are aiming for

preventing pregnancies, within marriage: (Interview with Dube, the leader of the Pentecostal church: May 30, 2006)

In our church, they say you abstain. We must not use condoms and the reason for that is that they want to preserve the chastity of the people. They must ensure that they do not engage in sexual activity: (Interview with the leader of the local Catholic Church: July 31, 2006)

The churches' emphasis on questions of marriage raises two different but significant issues. The first one is, is marriage a protective factor against the transmission of the HIV virus? Reponses to this question vary widely. For example, Reiners (2006:vii [cited from Trinitapoli, 2007:108]) suggests that ‗both men and women in Sub-Saharan Africa make strategic marital decisions, aiming not only to improve their livelihoods but also to deliberately avoid HIV infection‗. He further argues that aside from the ‗abstinence and condom use which are both unrealistic and impractical, and faithfulness which is often beyond an individual's control, particularly because one has to rely on the spouse's faithfulness, marriage is an important aspect because individuals use it to avoid HIV infection by engaging in positive selection (partner choice) and negative selection (divorce of an unfaithful partner) to avoid the infection‗.

Conversely, other studies have shown that marriage is in fact a risk factor for HIV/AIDS transmission, and their evidence lies in the inability of spouses to remain faithful, as well as having multiple and concurrent partners (Epstein, 2007:66-91). And in contexts where spouses are forced to live apart for long periods (including KwaZulu-Natal where circular migration is predominant) the risks of transmission from either partner would be very high (Lurie and Harrison, 1997:17-27). But the importance of churches can be realized here, particularly if they are able to enforce their teaching on fidelity and premarital abstinence. Then marriage would serve as a protective factor.

The second issue of concern is that marriage is low. Evidence on the status of marriage in South Africa has shown that marriage is generally low and is on a decline (Budlender *et al*, 2004:6; Merston *et al*, 2009:68-69; Hosegood *et al*, 2009:279). Using October household surveys, Budlender *et al* report that by 1999, the already alarmingly low marriage rates declined from the 35 percent reported in 1995 to 30 in 1999. The same study provides information which shows that a new pattern is emerging where more people choose to simply live together (Jones, 1999: 13-27; Merston *et al*, 2009:68-69; [also see Denis, 2006:4]) Although this phenomenon is

not observed in rural settings (Hosegood *et al*, 2009:299), it does not rule out the fact that individuals are engaging in sexual activity, and yet these individuals have membership in the various churches across the country, despite the religious teaching against premarital sexual relationships and marital unfaithfulness.

In the area of study, the same trends of declining marriage rates observed at the national level abound. Based on a longitudinal population based data collected by Africa Centre demographic surveillance system, Hosegood and others found that the portion of women who had ever been married (a category that includes the currently widowed, separated, divorced and currently married) declined from 35percent in 2000 to 31 percent in 2006. For men, this declined from 28 percent in 2000 to 23 percent in 2006 (2009:291). Strikingly, a large number of these individuals are members of the various churches as shown in later sections. The table below provides some detail on marriage in the area.

Table 7*: The Distribution of Marital Status by Sex, ACDIS 2000 and 2006*

		Women			Men			
		2000	2006		2000		2006	
	n	%	n	%	n	%	n	%
Never Married	16544	65	18328	69	15370	72	16919	77
Ever Married, *of which*	8919	35	8086	31	5783	28	5054	23
Currently Married	5240	59	4502	56	5357	93	4680	93
Widowed	3297	37	3362	42	296	5	307	6
Divorced	104	1	67	1	31	1	11	0
Separated	278	3	115	2	99	2	56	1

Source: Hosegood et al, 2009:291

A crucial aspect that needs to be considered in the analysis done in this chapter and in contexts where marriage is low is the issue of increased number of premarital sexual partners. What is often found is that in communities where marriage is low, the age at first marriage is higher. This has been the case in Umkhanyakude where the age at first marriage is as high as 28 years. However, because the mean age at sexual debut (18 years) (Bakilana, 2001:1-5; McGrath *et al*, 2009: 49-55) is much lower than the age at first marriage, this increases the gap between sexual debut and age at first marriage hence increasing the time individuals spend single while sexually active. This then creates room for increased number of premarital partners, increasing the risk of acquiring HIV/AIDS (Mertson *et al*, 2009:69). Examined within a religious context, this

challenges the central tenets of the churches' teaching on sexual behaviour, although there might exist substantial variation between churches, as well as between church goers and non-church goers with regard to how people respond and act when such teaching on sexual behaviour is provided. Some rather interesting findings on the status of marriage in the area have suggested that despite the decline in marriage rates, marriage was more likely to occur among individuals affiliated to certain churches (Hosegood *et al.*, 2009:292).

The second crucial aspect to consider is whether in context of low marriage rates, concepts such as premarital abstinence and non-marital partners are relevant. Although it would make sense to argue that these concepts need to evaluated, one has to consider that marriage is not completely obsolete. On the contrary, it is still promoted as the preferred family institution by contemporary tribal, religious and legislative structures. But more significant than that is for individuals, marriage _remains a highly prized life-event - one that is desired and anticipated by young adults' (Hosgood *et al.*, 2009:299, citing Preston-Whyte and Zondi 1992). Therefore, their sexual behaviour is likely to be defined by the hope and anticipation of marriage in future, making a case for the analysis of premarital abstinence. And because churches promote abstinence, the expectation is that abstinence is likely to be more predominant among church affiliates and regular participants. In addition, although there are clear indications that marriage is on the decline in the study area, one finds that _around half of all women and men 45 years and older have been married. Also, _a large number of couples continue to embark upon the process of *ilobolo* or become engaged, going on to marry in both traditional and civil ceremonies' (Hosegood *et al.*, 2009:299). Therefore, with the evidence provided above, and within this particular context, I argue that concepts such as marital fidelity and premarital abstinence are relevant and will be explored in this study.

The analysis below asks one main question, is there a relationship between church involvement (affiliation and commitment) and HIV risk sexual behaviour? I begin the analysis with characteristics that describe the context, providing a picture of how churches might navigate through the context to prevent these risk sexual behaviours.

5.3: Data Employed

The analysis presented in this chapter employs three of the Africa Centre Demographic Information Systems (ACDIS) datasets. First I use the Household Socio-Economic I and II

(HSEI & HSEII) datasets which contain information on the household characteristics, and individual background and demographic characteristics, as well as information on church affiliation and involvement. In order to assess the degree to which church involvement influences individual sexual behaviour, I link the HSE datasets with the Women's General Health (WGH) data and the Men's General Health (MGH) datasets which contain self-reported information on sexual behaviour.

5.3.1: Measures

5.3.1.1: Dependent Variables

Premarital Abstinence: Abstinence, in this case refers to refraining totally from sexual activity until marriage. However, this required to be examined in context, particularly because data collected in the area shows that there are high rates of non-marital relationships (Africa Centre-Population Studies Group, 2003:np). This, therefore, raised the question of how long individuals wait before engaging in sexual activity if marriage is not a common feature in the area. Selecting individuals aged between 18 to 19 years means that the analysis includes only young unmarried adults. All participants were asked if they have ever had sex and they were required to answer yes or no. Abstinence as a variable is coded as _1' if individuals have never had sex and, _0' if individuals have had sex. It is assumed that members who are affiliated to churches are more likely to abstain because of the churches emphasis on abstinence than those who are not affiliated to any church.

Non-Marital Sexual Partners: This variable considers those individuals who have other sexual partners besides their spouses. This variable is considered as a necessary measure of the extent to which individuals engage with other sexual partners especially in this area where a considerable number of people migrate to cities in search for jobs. Because of the type of migration –circular – it is likely that engaging in sexual relations outside of their regular relationships will occur. This variable is also included as a good measure of marital infidelity. It is derived from the questions _sometimes men/women have more than one relationship at the same time. How many sexual relationships do you consider yourself to be involved in at the moment?' In response, participants gave the actual numbers of sexual partners they were involved in at that time. In the analysis, this is kept as a count variable.

Total number of sexual partners/high turnover of sexual partners: A related variable, _number of partners individuals have had in their lives so far', provides information on the total

number of sexual partners people have had in their lives thus far regardless of whether these have been regular or non-regular, premarital or extramarital. Although this may be affected by age, it is expected that church goers will have fewer partners than non-church goers. This variable is derived from the question ‗How many different sexual partners have you had in your lifetime?‘ In answering this question, participants provided a response on the actual numbers, hence this is also a count variable.

Sexual debut: This variable examines the age at which individuals started engaging in sexual relations. In South Africa and in the area where the study was done, age at first sex is generally reported to be as early as 18 years (McGrath et al, 2009:44-55). Since churches teach and encourage their members to remain abstinent until marriage, it is expected that members affiliated to churches groups will report a later age at sexual debut than non-church goers. During data collection, individuals were asked to report ‗how old they were when they first started having sex‘? The response is given in actual numbers representing their age at first sex.

5.3.1.2: Independent Variables

The key independent variables of interest are the respondent‘s report of church affiliation, and their report of church service attendance. Church service attendance is a reliable and traditional measure of the public and collective expression of religion that captures the extent of one‘s church participation and commitment across cultures. Thus the attendance measure (participation and commitment) is derived from the question ‗How many hours per week do you spend in church activities?‘ The participants then provided the answer by reporting the actual number of hours they spent in these activities. In the analysis, the mean number of hours spent in church activities is utilized in some models and this is specified whenever applied. This variable has also been grouped into four categories including ‗0 hours‘, ‗1-3 hours‘, ‗4-6 hours‘ and ‗7-30 hours‘.

Participants were also asked about the church to which they attend. In response, they named a church in which they are affiliated to or are members of. After careful consideration, a number of names for churches given were grouped into five main categories, four of which form part of the selected churches under investigation. These include the Mainline (Methodist, Anglican, Presbyterian and the Dutch Reformed Church) and Pentecostal (African Evangelical Church, Assemblies of God, Full Gospel, Church of God, Faith Mission, Pentecostal Holiness Church, Universal Church of God, and Seventh day Adventist) churches. The varied group of Zion-City AICs included churches like the Nazarite Baptist Church, Zion Christian Church,

Church of Christ, Zion African Church, Church of God and Saints of Christ, while the Zionist-Apostolic included churches such as the St. Johns Apostolic church, Apostolic Holy Messenger, Emmanuel of God, Ethiopian Church, Galilee Apostolic Church, Holy Banner, Holyness Union Church, Nkanyezi Apostolic Church, Opasheni, Isiqhano (see chapter 3). Some responses appeared in broad classification such as Zionist, and thus were difficult to classify under the two Zionist AICs categories provided above and were categorized as ‗Other Zionists'. A category of those who reported not to belong to any church referred to in this study as ‗Non-church affiliates' was also derived from the responses given.

The analyses presented here include a series of control variables including sex, age, material status, education level as described below:

Age of respondent: Respondents age (age at last birthday) as a social and biological factor (physical growth and development) has an effect on sexual behaviour. Depending on what age group an individual falls under, variation in terms of behaviour is noted. Based on literature, indications are that sexual behaviour, particularly with number of partners, reduces with increase in age (Filmer, 1998:121). Thus, in this study, the analysis seeks to confirm if the observed sexual behaviour is influenced by an individual's age.

Marital Status: This includes a category of individuals who are married. The various categories which solemnise marriage are considered, including church marriage, traditional marriage and civil marriage. This does not include individuals living together since churches teach against this. Besides, existing research shows that cohabiting relationships in rural communities are not common (Mertson *et al*, 2009:69).

Gender: This compares the behaviour of men and women.

Material Status*:* Existing literature (Webb, 1997:131-2; Harrison *et al.*, 2001:69-77; Dladla *et al.*, 2001:78-88, Caldwell, 1999:241-56) has shown that one's socio-economic background influences one's sexual behaviour. Specifically, and, in relation to sexual behaviour, these studies have found that individuals from less propitious backgrounds are more likely to engage in sexual behaviour because they lack the decision making power and hence their willingness to engage in sexual activity may be materially motivated (exchange sex for money or material rewards). Similarly, those economically well off may engage in sexual activity because they have the means. In this analysis, we look at material status, level of education and income earned as measures of individual social economic status. Of the three variables, material status is

the most difficult to measure. From the data, therefore, I constructed a simple index based on household assets (source of drinking water, toilet facilities, has radio, has bicycle, type of floor, wall and roof materials, having a cooker, car television, kettle, and cattle). The created index was then ranked and subdivided into three equal groups each representing 33 percent. The first 33 percent represents those households who had the least number of assets and are therefore classified as ‗poor'. The second 33 percent had on average a good number of the assets described above and the last 33 percent of the households had the majority of the assets and are classified as ‗above average'.

HIV/AIDS related variables: Variables measuring level of knowledge of HIV/AIDS, as well as perceived risk were included (Whether health person can have HIV, or whether individual know someone with HIV) to determine if at this stage of the epidemic, individuals are likely to change their behaviour because of increased knowledge around the epidemic.

5.3.2: Analytic Strategy

Each of the HIV prevention goals discussed here: abstinence, faithfulness, and number of life sexual partners and age at sexual debut are relevant to only a particular group of individuals. For this reason, I utilize three distinct analytic samples: abstinence among unmarried adolescents only; faithfulness among married respondents; age at sexual debut and number of life sexual partners among sexually active participants. The results section starts with a thorough descriptive overview of the individual church affiliation distributed across the three samples, but includes also the sample in the general ACDIS data for a comparison. I present cross-tabulations of key church variables and the outcomes of interest. I then present multivariate logistic and negative binomial results, to examine the net effect of the church involvement on a number of sexual behavioural indicators described above. As described in the previous chapter, because some of the participants interviewed came from the same churches, I utilize the standard error estimator (using the Huber and White sandwich estimator). This done in order to correct for the following problems: i) individuals are embedded in groups and contexts such as local areas they live in, social groups, networks and specifically for this study, churches; ii) to avoid including both individual and contextual variables in regression models with data from individuals in clustered sources like homesteads; iii) to reduce bias that might result from observation clustering but rather to assume independence of observations.

I present parsimonious models which only include variables where meaningful results were obtained. Note that these models utilize different samples – the adolescent sample for the ‗abstinence‘ models, the married adult sample for the ‗faithfulness‘ models. All sexually active individuals in the sample are included in the ‗sexual turn over‘ and ‗sexual debut‘ models. The quantitative analysis in this study has been done using STATA 11

Unfortunately, due to the cross-sectional nature of this analysis, concerns about individuals moving from one church to another after faulting have not been taken into consideration. Also variables are measured in the period the data was collected. So I do not make any claims with regard to what happened before or after this period.

5.4: RESULTS: The Churches' Influence on Sexual Behaviour

5.4.1: General Background Characteristics

a) Affiliation and Participation

Key to this analysis is the understanding of the extent to which churches influence the lives of individuals with specific reference to HIV/AIDS related behaviour. At a statistical level, this can be judged by simply looking at individual affiliation to churches and individual self-reports of their sexual behaviour. First, figures 11 and 12 below summarise the distribution of church affiliation and participation as core variables under investigation in this study. Based on these figures, we observe that of the total number of individuals in the study area who responded to the question on church affiliation (12265 Individuals), a large proportion (77 percent) of the them is affiliated to churches. Of these, 48 percent are members of the Zion-City African Independent Churches which include the Nazarite Baptists, Zionist Christian Churches (ZCC), the Church of God and Saints of Christ and Church of Christ. Only 11.35 percent of this population are members of the traditional mainline churches despite their long standing existence in the area. Comparatively, the Pentecostal and Zionist-Apostolic churches are less predominant accounting only for 7.4 and 4 percent of the population, respectively. When narrowed down to the actual selected churches. We observe that a large proportion of this population in the area belong to the Nazarite Baptist Church, followed by the Roman Catholic Church.

Figure 11*: Percent distribution of churches in Southern Hlabisa*
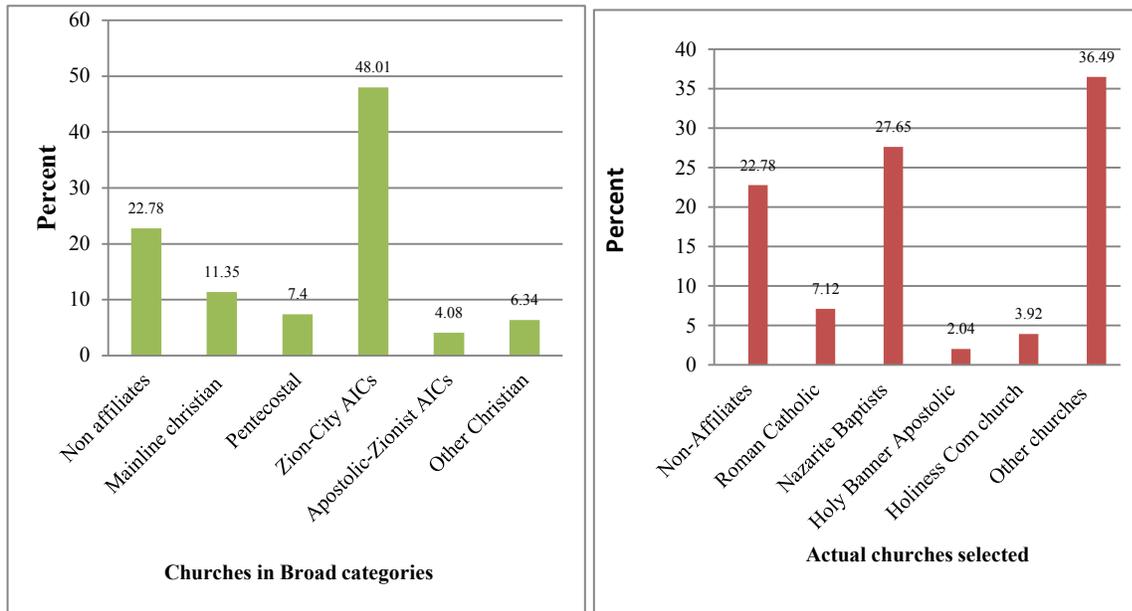
Source: Analysis done by author from the ACDIS data, 2002-2004

Often, however, church affiliation does not necessarily mean commitment. In other words, a good number of people report being affiliated to particular churches but never attend their services or church activities. And while church affiliation might provide some indication of the extent to which the churches influence individuals' everyday lives, it is commitment and regular participation that we expect to have more influence on individual behaviour. In Southern Hlabisa, however, church affiliation and commitment are linked. This is evidenced by the number of individuals who indicated that they were affiliated to a church as well as those who indicated that they do participate in church activities. Of the individuals who responded to the question regarding the number of hours spent in church activities (only 12032 individuals responded to the question and therefore the variable participation in church activities is based on this figure), 77 percent of individuals reported to be spending at least an hour in church activities. Figure 12 below presents actual participation in church activities measured by hours spent in church activities.

Figure 12: *Percent distribution of number of hours spent in church activities*
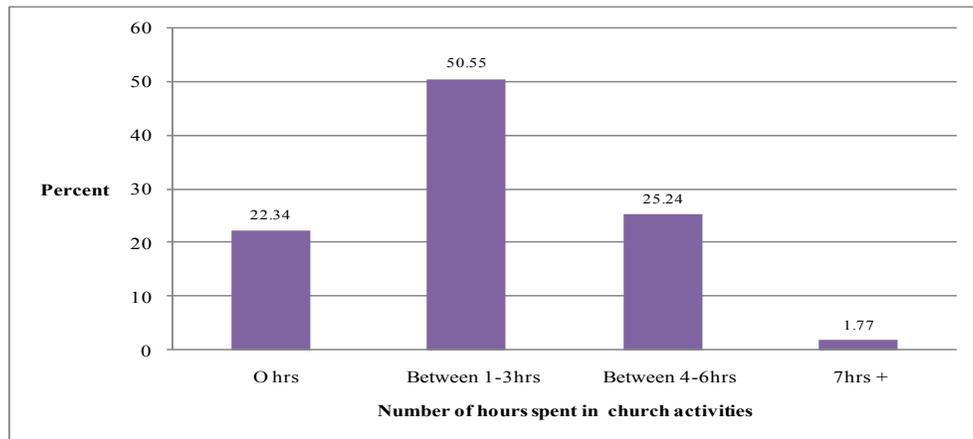
Source: Analysis done by author from the ACDIS data, 2002-2004

From the sample of those who participated in church activities we observe that the majority spent between 1-3 hours per week in church activities, while more that 22 percent did not spend any time in church activities at all. A considerable proportion of 25 percent spent between 4-6 hours in church activities while only approximately 2 percent spent more than 7 hours. Figure 13 provides results on whether participation in church activities of members varies by church type. Based on the existing literature, however, we expect that members of the Pentecostal churches and to some degree those of the African Independent Churches will spend more time in church activities than those of mainline churches.

As expected, results show that while almost all members of the Pentecostal churches (99.80 percent) spent some time in church related activities, a large proportion of approximately 52 percent spent over 7 hours in church activities per week. A similar pattern is observed among members of Zion-City churches. The observed difference is between the 4-7 hours and 7-30 hours categories in which the majority of the members are found.

Conversely, while a total of 77 percent of members of the mainline churches spent time in church activities, the majority of these (51.08 percent) only spent between 1-3 hours per week. A sharp contrast between members of the mainline churches spending over 7 hours in church activities is observed between members of the Pentecostal, Zion-City AICs and even the less predominant Zionist-Apostolic churches. Only 7 percent of the members of mainline churches spent over 7 hours in church activities, compared to 51 percent of Pentecostal church members,

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36 percent of Zion-City and 17 percent of Apostolic Zionists. But does this have any bearing on individual sexual behaviour? This is a question examined in later sections of the chapter.

Figure 13: *The distribution of number of hours spent in church activities by church type*
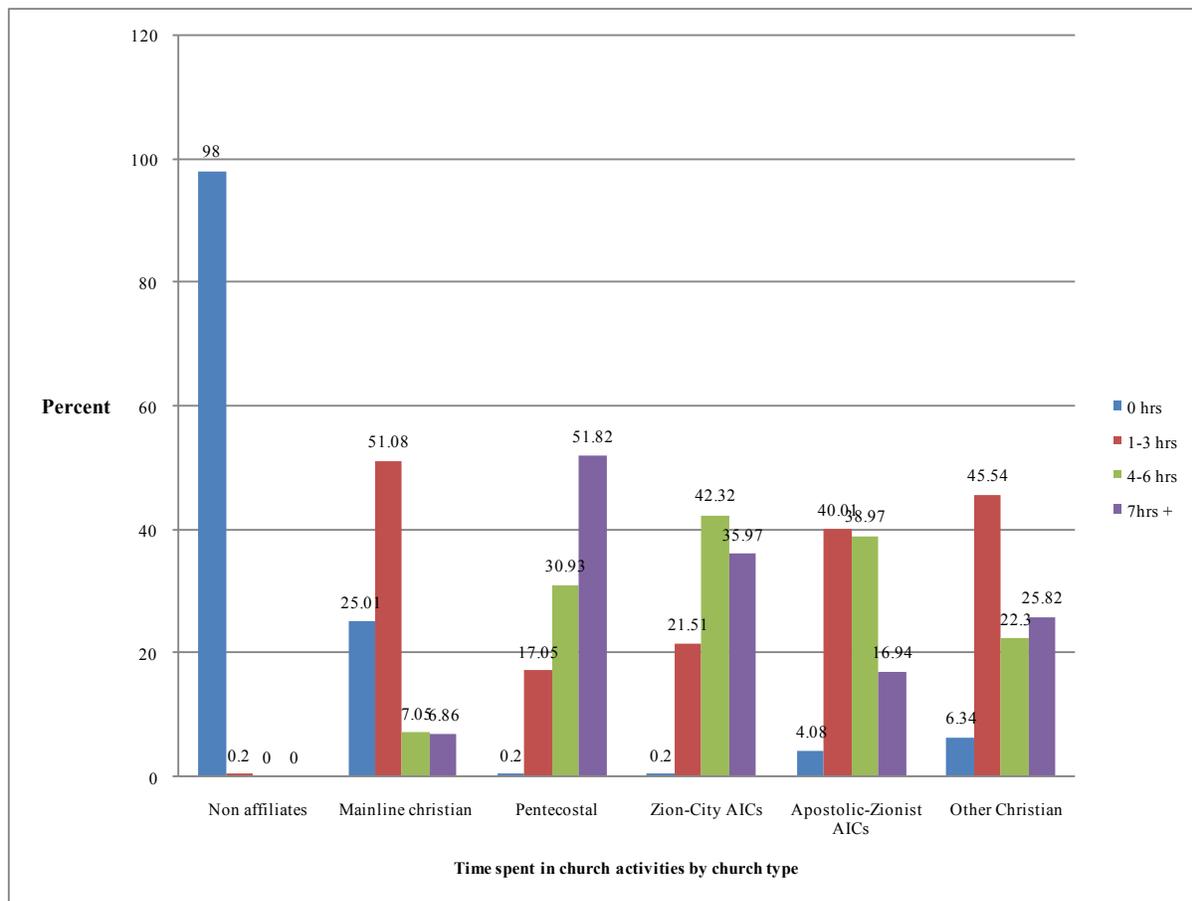
Source: Analysis from the 2002-2004 ACDIS data

b) Socio-Economic and Demographic Characteristics

As the literature presented in earlier chapters show, there is a strong relationship between churches and individual sexual behaviour (Odimegwu, 2005: 125-40; Agadjanian, 2006:1529-39; Garner, 2000b: 49-69; Trinitapoli, 2006:253-270), yet such an influence may vary from context to context. A typical example would be that regardless of their church affiliation, the sexual behaviour of some of the members of society may be influenced by existing conditions in which they live.

Table 8: *Descriptive statistics of Distinct Analytic Samples, ACDIS 2002 and 2004*

Variables	Abstaining Adolescents (15-19 years)	Currently Married Respondents	Sexually Active Respondents
Dependent Variables			
Abstaining	48.69		
No of Nonmarital Partners (1-7) Mean (%)		1.26 (16.36)	2.01 (11.5)
Total number of sexual partners (1-5) mean(%)		3.00 (60.09)	3.73 (64.09)
Sexual debut (Age in years)		18	18
Demographic Characteristics			
Current Age (mean)	18.51	28.38	31.48
Age at first marriage (mean)	NA	28.18	NA
Female	65.02	35.21	66.29
Respondent resides in area	88.01	77.05	91.08
Church Affiliation and participation			
Non affiliates	21.04	22.02	*32.01
Mainline Christian	10.67	15.16	11.02
Pentecostal	8.18	13,72	7.07
Zion-City AICs	49.19	*38.27	39.76
Apostolic-Zionist AICs	3.97	3.25	4.01
Other Churches	7.05	7.58	6.13
Participation in Church Activities			
O hrs spent in church activities	20.61	20.37	48.9
Between 1-3hrs	*50.38	49.63	31.09
Between 4-6hrs	*27.38	28.15	18.05
7 hrs +	1.65	1,85	2.06
Socio-Economic Characteristics			
Earns Income	5.11	34.23	31.34
Level of education			
No Education	2.01	11.49	10.21
Primary	13.09	34.48	27.42
Lower Secondary	51.84	20.31	27.08
Upper Secondary/Matric	30.05	18.01	31.13
Tertiary	3.01	15.71	4.16
Material Status Index			
Poor	25.32	22.34	21.23
Average	27.56	33.34	26.76
Above average	47.12	44.32	52.01
Knowledge of HIV/AIDS			
Knowledge of how HIV/AIDS spread	98.01	6.25	6.19
Knows someone with HIV/AIDS	17.12	27.38	27.56
Knows health person can have HIV/AIDS	86.07	89.04	89.08
N	1602	277	9352

Notes: ' ' Shows where figures are considerably higher in the variable, NA: Not Applicable*

Source: Analysis done by author from the ACDIS data, 2002-2004

Examining some of the background factors characterising the study population is one way in which such an influence can be ascertained.

Table 8 above presents descriptive statistics for each of the analytic samples employed here and compares the results obtained in these samples to the descriptive statistics of the general sample (N=12265) defined in this study as composed of all individuals who responded to the question on church affiliation. As the table reveals, the frequency of risk behaviours examined here varies substantially. Forty-nine percent of unmarried adolescent participants report being abstinent, while a full 84 percent of married participants report being faithful during the past year. This varies slightly among the sexually active individuals with a higher proportion (88.5 percent) being faithful to their sexual partner during the past year and this percentage increases to 89.64 percent when the general sample is considered. By contrast, when we consider the percentage of individuals who report to have between one and eleven sexual partners in their life so far, we find that the proportions are higher among the single sexually active individuals in the general sample than among the married sample.

Among the adolescent sample, 65 percent are female, and 52 percent have completed lower secondary school. The majority of these also belong to households whose socio-economic status is above average. Among married participants, however, only 35 percent are female and a much lower proportion of 20 percent have completed lower secondary school. Somewhat surprisingly, the sample of sexually active participants is composed largely of female individuals (66 percent). Their level of education does not change significantly from that of the married individuals although over 50 percent report belonging to households that are above average. Overall, the population of Southern Hlabisa is largely female. It is also slightly middle aged and figures on their education level are consistent with statistics often presented on the status of education levels in South Africa. The table shows that majority of the population in the area have obtained some level of schooling, with only a small proportion (9 percent) having never been to school.

Although a small proportion (29 percent) report earning an income, a considerable percentage of the population report coming from socio-economic backgrounds that are above average. This is based on a material status index constructed out of ownership of certain assets (see section on other explanatory variables in this chapter). Only a small proportion (22 percent) ranked as poor because they had the least number of assets. Information on knowledge of

HIV/AIDS generally has been limited to ‗whether and individual has ever had of HIV/AIDS‗. When an index is generated on a number of questions including knowledge on the spread and prevention of HIV/AIDS, we find that only a small proportion of the population (7 percent) is aware of these facts. For the distinct samples, however, we find a difference in levels of HIV knowledge. For example, unlike the adolescent sample, married individuals had little knowledge of the spread of HIV/AIDS but reported having known someone who died of HIV/AIDS, and, were aware that a health person can have HIV. Although it is reasonable to be suspicious of the fact that these individuals have no knowledge of how HIV spreads, having visited the area makes me believe that this is possible especially considering that there was limited information available for members in the community in general unless they visited libraries and attended proper health care centres.

Turning to church affiliation and participation across the distinct samples, the table (5.1) reveals that only 49 percent of unmarried adolescents who were abstinent were members of the Zion-City AICs. As expected, more abstaining individuals (88.40 percent) were those who participated in church activities than those who spent no time in church activities.

c) Sexual Behavioural Indicators

Tables 9 and 10 depart from simply providing descriptions of the general background characteristics themselves to presenting the distribution of the dependent variables employed in this study. In addition, they summarise how these variables are distributed across the selected churches, and the variable measuring the level of religious commitment. The findings in table 9 reveal a relatively large proportion of Zion-City church members abstaining from sexual activity than in Mainline, Pentecostal and Apostolic Zionist Churches. Similarly, strong association between attendance and abstinence is shown in table 10 below.

Although there is no significant difference observed when we compare individuals who are not married among church affiliates and non-church affiliates with regard to extramarital relationships, as well as individuals who are regular attendees in church activities than non-participants, the real difference is observed when we look at the number of sexual partners individuals have had in their lives.

Table 9: *The Distribution of the selected behavioural outcomes by Church Affiliation*

Dependent variables	Non-church affiliates	Mainline Christian	Pentecostal churches	Zion-City AICs	Apostolic Zion	Other churches	Total %
Abstinence	21.04	10.67	8.18	49.19	3.97	7.05	14
							N= (12265)
Non-marital partners (1-5)	1.32	1.36	1.33	1.32	1.35	1.4	16.11
							N= (12265)
Total number of sexual partners(1-11)	3.2*	2.7	2.6	2.4	2.4	2.4	64.9
							N= (6408)
Age at sexual debut (years)	18	18	19	19	18	19	7.29
							N= (12265)
Total(N)	**2794**	**1392**	**913**	**5888**	**500**	**777**	**12265**

Cells indicate the proportion present (vs abscent) of the selected variables above

Chi square Signifcance levels *p<0.05, **p<0.01, ***p<0.001

Total percent is a proportion of the N value underneath it.

Table 10: *The Distribution of selected behavioural outcomes by church participation*

Dependent variables	0 Hrs	1-3 Hrs	4-6 Hrs	7-30 Hrs	Total (n)
Abstinence	20.6	50.38	27.38	1.65	14
					N= (12032)
Non-marital partners (1-5)	1.2	1.1	1.1	1.1	10.32
					N= (5660)
Total number of sexual Partners (1-11)	3	2.4	2.5	2.6	64.81
					N= (6288)
Mean age at sexual debut (years)	18	18	19*	19*	7.95
					N= (12032)
Total (Percent)	22.34	50.65	25.24	1.77	100
Total(N)	**2688**	**6094**	**3037**	**213**	**12032**

Cells indicate the proportion present (vs abscent) of the selected variables above

Chi square Signifcance levels *p<0.05, **p<0.01, ***p<0.001

Total percent is a proportion of the N value underneath it.

Source: Analysis done by author from the ACDIS data, 2002-2004

What is observed is that the total number of sexual partners individuals have had in their lives reduces from three sexual partners to two when people are affiliated to churches and when they participate in church activities as shown in the table above. Age at sexual debut also presents some interesting results. According to table 9, a later age at sexual debut, (19 years) is reported

among members of Pentecostal and Zion-city churches than among Mainline and Zionist-Apostolic churches although there is no statistical difference. Similarly, individuals who spent more time in church activities (4-30 hours a week) were also associated with a later age at sexual debut and the results were statistically different (see table 10).

Figure 14: *Mean number of hours spent in church activities and total number of sexual partners*
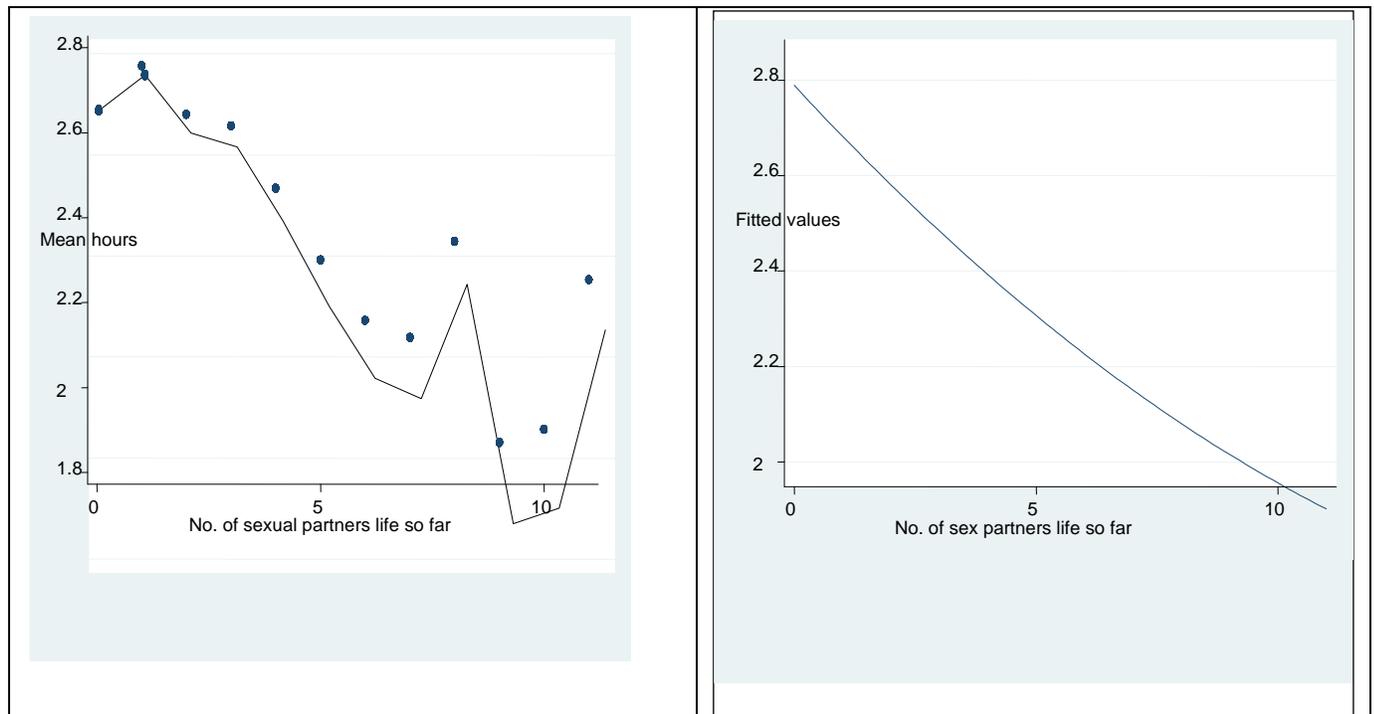
Source: Analysis done by author from the ACDIS data, 2002-2004

When we further interrogate the link between the number of non-marital partners and the number of sexual partners in life so far across the measure of religious commitment (regular participation) we find that every unit increase in number of hours spent in church activities is associated with a decrease in the number of sexual partners in life by *5. (OLS=5.12***, 95% CI: 6.10-5.26)* as presented in figure 14 above. Similar results are found when we examine the effect of church involvement on non-marital sexual partners. As figure 15 demonstrates, a negative association was observed between having non-marital partners and church participation, suggesting that for every unit increase in the number of hours spent in church activities there is

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*** Shows level of significance P<0.001

an observed reduction in the number of non-marital sexual partners by 8. *(OLS=8.13[***], 95% CI: -8.83-8.04)*

Figure 15: ***Mean number of hours spent in church activities and number of Non-marital partners***
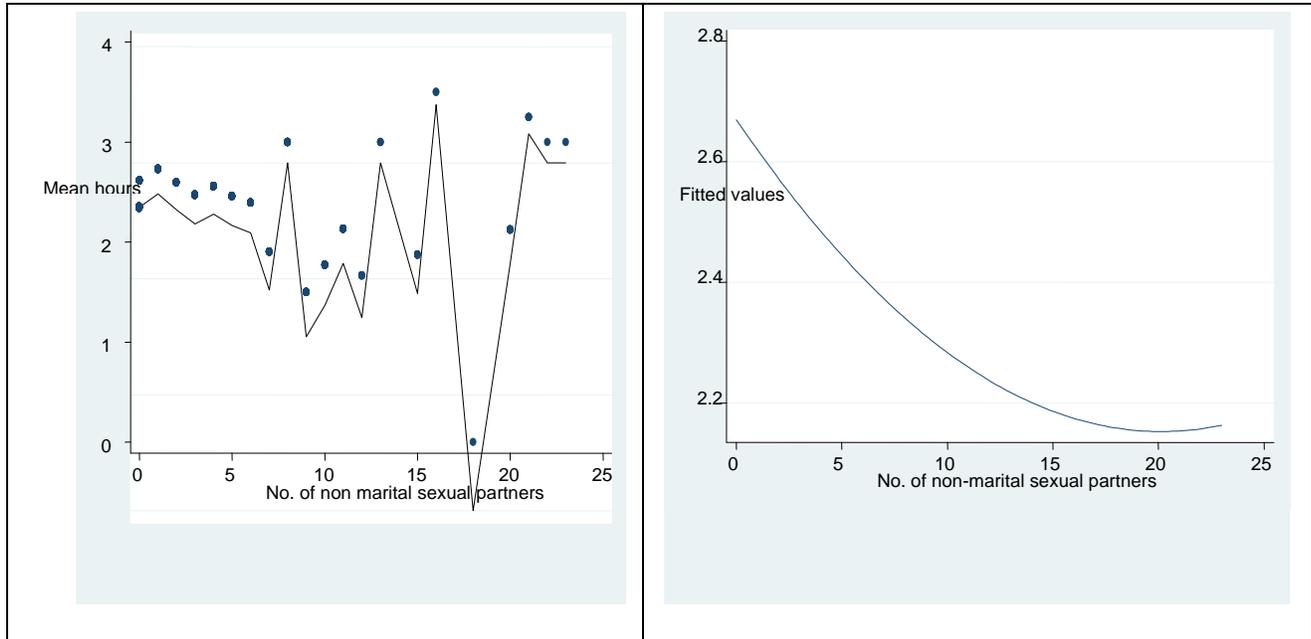
Source: Analysis done by author from the ACDIS data, 2002-2004

In general, therefore, exploring existing patterns relating to premarital abstinence, married individuals and the sexually active individuals reveals that church involvement is an important factor likely to influence these behaviours. The sections below shift the focus to examining the actual effect church involvement (affiliation and participation) has on sexual behaviour taking into consideration other factors that may have an impact on individual sexual behaviour.

5.4.2: Church Involvement and the Associated Sexual Behaviours: A Multivariate Analysis

Multivariate regression analysis has been done in an attempt to examine the net effect church involvement has on individual sexual behaviour. The first table examines the impact church affiliation has on selected behavioural outcomes without adding control factors. Therefore, table 11 below presents results of a base model comparing church goers and non-church goers. What the table reveals is that church affiliation was significantly less likely to influence premarital

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[***] Shows level of significance P<0.001

sexual activity among its members. Similarly, no effect was observed with regard to age at sexual debut despite earlier tables having showed a later age at sexual debut among Pentecostal and Zion-city churches, as well as among regular participants. The slight significant association observed with regard to non-marital partners suggests that church affiliation might have an impact in reducing this behavioural outcome but the level of significance is so low that this finding can hardly be trusted. It is only when we look at the number of sexual partner in life so far that a significant effect was observed. And according to the table, church-affiliates were 84 percent more likely to have a reduced number of sexual partners than non-church affiliates.

Table 11: *Predicting Premarital Abstinence (OR at 95% CI), and Age at Sexual Debut, Number of Non-marital Partners and Total Number of Partners by Church Affiliation (RR at 95% CI)*

	Premarital Abstinence	Non-marital partners	Total no. of sexual Partners	Sexual debut
Church Affiliation				
(Non affiliates)				
Church Affiliation	0.96	-0.16+	-0.07***	0.01
	(0.78)	(0.07)	(0.000)	(0.63)
loglikelihood	-4582.91	-1932.07	-12451.33	-2348.54
Pseudo-R^2	0.0007	0.0094	0.0058	0.0009
N	12265	5761	6408	895

Notes: Significant at + p<0.10 *p<0.05. **p<0.01. ***p<0.001
Reference category in parenthesis

Source: Analysis done by author from the ACDIS data, 2002-2004

From the table 11 above, however, we cannot confidently conclude that church affiliation has an effect on HIV risk behaviour unless a rigorous analysis has been done. The next step in the investigation turns to examining whether there exists denominational differences as literature has suggested (Garner, 2000: 41-69; Agadjanian, 2005:1529-39; Odimegwu, 2005:126). Although not presented here, the analysis progressed from taking each church as a comparable variable or reference category and observing changes in the Odds Ratios –in the case of logistic regression models– and Risk Ratios for negative binomial regression models. In the same way, the addition of other variables was done progressively starting with one variable until all those variables theoretically suggested to have an impact were examined. The models presented in the analysis are therefore parsimonious models where meaningful results were obtained. But table 12 below

is a base model (without other factors) examining denominational differences on selected behavioural outcomes.

Table 12: *A base model predicting Premarital Abstinence (OR at 95% CI) and Predicting Age at Sexual Debut, Number of non-marital partners and Total Number of Sexual Partners (RR at 95% CI)*

	Premarital Abstinence	Non marital partners	Total no. Sexual Partners	Sexual debut
Church Affiliation (Non affiliates)				
Mainline Christian	1.03	-0.47	-0.19 ***	-0.02
	(0.85)	(0.31)	(0.000)	(0.56)
Pentecostal	1.21	0.58	-0.21 ***	0.02
	(0.38)	(0.11)	(0.000)	(0.89)
Zion-City AICs	1.26 *	-0.55 **	-0.28 ***	0.02
	(0.02)	(0.02)	(0.000)	(0.32)
Apostolic-Zionist	0.87	-0.75	-0.24 ***	0.04
	(0.64)	(0.64)	(0.000)	(0.46)
Other	0.94	-0.74 *	-0.29 ***	0.67
	(0.82)	(0.05	(0.000)	(0.21)
loglikelihood	-4580.61	-1928.64	-12436.81	-623.87
Pseudo-R^2	0.0011	0.0111	0.007	0.0009
N	12265	5761	6408	895

*Notes: Significant at *p<0.05. **p<0.01. ***p<0.001*
Reference category in parenthesis
Source: Analysis done by author from the ACDIS data, 2002-2004

The table (12) presents the results of a multivariate logistic regression for some of the predictors of premarital abstinent, and negative binomial regressions for predictors of non-marital sexual partners, total number of sexual partners and the age at sexual debut. What the table reveals, however, is that there exists denominational differences with regard to sexual behaviour. According to the table, abstinence as an HIV protective behaviour is observed among members of the Zion-City AICS than among the non-church affiliates, and significantly showed that members of Zion-city churches are more likely than non- affiliates to abstain from sexual activity before marriage. Members belonging to these churches were 52 percent more likely to abstain from sex than non-church affiliates. They were also less likely to have relations with non-marital partners and the likelihood of having a high total number of sexual partners was reduced by 72 percent. Despite having observed in table 12 that belonging to Pentecostal and Zion-AICs increased the age at sexual debut by 1 year, results in the table show no significant differences with regard to this factor among members of these two churches.

The most significant impact of church involvement on sexual behaviour is its impact in reducing the total number of sexual partners individuals have had in their lives (partner-turnover). What the results show is that compared to non-church affiliates, the risk of having an increased number of sexual partners in their lives so far was very low.

By contrast, table 13 presents the results of the effect of church involvement (church affiliation) on sexual behaviour adjusting for the demographic and socio-economic factors. Like in the previous table, the results presented are for the four models each representing a sexual behavioural indicator variable. Strikingly, the observed effect of church affiliation on premarital abstinence found earlier in table 12 changes drastically once other factors have been controlled for. This is summarised in table 13 below.

Significant differences with regard to premarital abstinence were observed among individuals belonging to Mainline, Pentecostal, and Zion-City churches[20]. With the odds ratios recorded above _1' and with a corresponding level of significance less than P<0.00 these results indicate a positive relationship between the selected churches and abstinence. Members of Mainline and Zion-City churches were 1.3 times more likely to abstain from sexual activity before the _anticipated marriage', than non-church affiliates.

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[20] The category _other churches' has interesting results but since it is not a category of interest in this analysis, it has been left out in the discussion.

Table 13: *Predicting Premarital Abstinence (OR at 95% CI), and Age at Sexual Debut, Number of Non-marital partners and Total number of Sexual Partners (RR at 95% CI) Controlling of other variables*

	Premarital Abstinence	Non-Marital partners	Total number of sexual partners	Age at Sexual debut
Church Affiliation *(Non affiliates)*				
Mainline Christian	1.34 **	-0.05	-0.05	-0.02
	(0.01)	(0.68)	(0.23)	(0.06)
Pentecostal	1.59 ***	-0.09 *	-0.02 *	0.04
	(0.00)	(0.05)	(0.09)	(0.76)
Zion-City AICs	1.29 **	-0.08 **	-0.06 ***	0.02
	(0.00)	(0.01)	(0.00)	(0.43)
Apostolic-Zionist	1.17	-0.11	-0.01	0.03
	(0.36)	(0.31)	(0.75)	(0.51)
Other	1.44 **	-0.13	-0.12 **	0.06 **
	(0.01)	(0.71)	(0.01)	(0.01)
Demographic Characteristics				
Current Age	0.15 ***	-0.19 ***	0.18 ***	-0.12 ***
	(0.02)	(0.09)	(0.00)	(0.00)
Female	0.82 ***	-0.34 ***	-0.82 ***	-0.02
	(0.00)	(0.00)	(0.00)	(0.23)
Currently married	0.18 ***	N/A	-0.06 ***	-0.32
	(0.00)	N/A	(0.00)	(0.37)
Respondent resides in the area	1.01 **	-0.43	-0.19 *	-0.83
	(0.01)	(0.56)	(0.05)	(0.81)
Socio-Economic Characteristics				
Level of education *(No education)*				
Primary	1.01	-0.02	0.05	-0.02
	(0.97)	(0.83)	(0.15)	(0.12)
Lower Secondary	1.1	-0.01	-0.01	-0.02
	(0.65)	(0.96)	(0.61)	(0.94)
Upper Secondary/Matric	0.92	-0.05	0.09 *	0.01
	(0.77)	(0.70)	(0.01)	(0.67)
Tertiary	1.31	-0.08	0.11 *	0.03
	(0.35)	(0.65)	(0.06)	(0.25)
Earns Income	0.75 ***	-0.01	0.01	0.02
Material Status Index *(low)*	(0.00)	(0.73)	(0.74)	(0.37)
Average	0.84 *	0.01	0.07 **	-0.03
	(0.06)	(0.96)	(0.01)	(0.69)
Above Average	0.31 ***	-0.04	0.12 ***	-0.02
	(0.01)	(0.62)	(0.00)	(0.42)
Knowledge of HIV/AIDS				
Has Knowledge	1.17	-0.05	-0.12 ***	0.11
	(0.27)	(0.61)	(0.00)	(0.24)
Knows one with HIV	0.54 ***	0.03	0.11 ***	0.21
	(0.00)	(0.67)	(0.00)	(0.53)
A health person can have HIV	0.74 ***	0.05	0.04	0.66
	(0.00)	(0.61)	(0.14)	(0.28)
loglikelihood	-794.3539	-1060.03	-4874.8	-2218.7
Pseudo-R²	0.0356	0.0245	0.0964	0.015
N	**12265**	**5761**	**6408**	**895**

Notes: No means there are no observations and results

Signifcant at *p<0.05, **p<0.01, ***p<0.001

Source: Analysis done by author from the ACDIS data, 2002-2004

In addition, being a member of a Pentecostal church was associated with higher odds (OR 1.6 at significance level of p<0.001) of being abstinent compared to non-church affiliates. There were, however, no significant differences observed among Zionist-Apostolic churches.

The effect that other explanatory factors may have on premarital abstinence is found in some of the variables. Similar to what has been observed in other contexts, these variables have the opposite effect. This effect is found when one looks at material affluence variables (material status index). And according to the results, the probability of individuals classified as socio-economically well-off to abstain from sexual activity before marriage is significantly reduced. The same effect is found when income is earned. As expected, an increase in age predicts a reduction in abstinence.

Consistent with what has been found in other studies, the knowledge of HIV/AIDS appears not to translate into a change in sexual behaviour (Maharaj and Tilotson, 2001:83-96). From this analysis as well, having knowledge did not have a significant influence on individuals' prospects of engaging in sexual activity before marriage. Strikingly, however, compared to men, women were less likely to be abstinent, a finding not expected. This is probably explained by the fact that some women have no sexual decision making powers (Harrison *et al*, 2001: 69-77; Gupta, 2000: 1-15; Parker, 2001: 163-76; Susser, 2000:42-8; Preston-Whyte, 2003:89-94; Varga, 1997:45-67) and as a result may be easily coerced into sexual activity by their partners.

The second, third and fourth models consist of results from a negative binomial regression procedure, presenting Risk Ratios. Examining the relationship between multiple sexual partners and church affiliation, the results presented in the second model suggest that the risk of having multiple concurrent sexual partners were substantially reduced if an individual belonged to a Pentecostal and Zion-City churches compared to the non-church affiliates. In contrast, no differences were observed if individuals belonged to mainline and Apostolic-Zionist churches in comparison to non-church affiliates. In the same model, the only other factors that appeared to have an effect on non-marital multiple partners were age and gender. And accordingly, the risk of having non-marital sexual partners reduces as people get older than if they are younger, which is an expected result.

It is likely that young individuals are still experimenting and are therefore likely to have more non-marital partners regardless of their marital status. As opposed to men, the risk of having concurrent partners is reduced if an individual is a woman.

Examining the predictors of number of sexual partners in life so far, as presented in model 3, strengthens the findings of the effect of church involvement on sexual behaviour observed earlier in table 13. Again, belonging to Mainline, Pentecostal and Zion-City churches is associated with a lower risk of having had more sexual partners compared to non-church affiliates, once other factors are taken into consideration. In the same model, the total number of sexual partners is much higher among older individuals, while being female predicts the opposite effect.

Consistent with what has been found in the others models in this table; material affluence and income continue to be associated with a higher risk of having more sexual partners. Having knowledge of HIV/AIDS is also associated with reduced number of sexual partners in life so far, while knowing that a healthy person can have HIV/AIDS appears to generate the opposite effect.

In the last model, the effect of church affiliation on age at sexual debut reveals no significant differences across the selected churches. This surprisingly contradicts results found in table 12. Although not significant, the risk ratios representing the effect of belonging to mainline churches on the age at sexual debut have a negative sign, suggesting possibilities of a reduction in the age at which individuals have their first sexual experience. But no deductions can be made out of this result since it is not statistically significant. At a glance, therefore, the general picture obtained from the results presented above suggests that:

- The effect of church affiliation without controlling for other variables is inconclusive. However, there exists denominational differences and these are more pronounced among members of the Pentecostal and Zion-City churches. This is derived from the fact that their effect was consistently observed in all models but one.
- The effect of belonging to mainline churches on sexual behaviour is observed in one model. This lowers their general effect on sexual behaviour.
- The effect of being a member of a Zionist-Apostolic church on sexual behaviour observed in table 5.4 disappears completely when other background factors are controlled for.

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- Finally, Age, gender, material affluence and income influence sexual behaviour, but the direction of their effect of sexual behaviour varies depending on whether one is older or younger, male or female, rich or poor, earns income or not.

While the analysis of the constructed broad categories of churches above suggests that there exist denomination differences when we consider church affiliation and its influence on sexual behaviour, the real effect of each individual church may be concealed. First, however, let us consider the distribution of actual churches in the area as well as according to the dependent variables, summarised below in table 14

Table 14: *Distribution of the Actual churches by selected outcome variables*

Actual Churches	General disctirbituon	Premarital abstinent	Non-marital partners	Reporting partners in life	Age at sexual debut
Non Affiliates	46.6	44.8	57.69	45.38	18 (285)
Roman Catholic	8.77	8.2	6.97	9.14	17 (16)
Newer Pentecostal churches	4.02	3.66	7.81	3.92	19 (20)
Nazarite Baptist	33.04	36.6	24.76	33.85	18 (137)
Holy Banner	7.57	6.73	2.76	7.7	17 (22)
Percent	**100**	**100**	**100**	**100**	**100**
N	5996	683	882	4517	480

Number in brackets represents number of cases

Source: Analysis done by author from the ACDIS data, 2002-2004

The table shows that more than 50 percent of adolescents who reported to be currently abstaining from sexual activity belong to the various churches presented above, with the largest share belonging to the Nazarite Baptist churches. Overall, however, a large percentage of non-church affiliates (58 percent) indicated that they do have non-marital sexual partners, and a large percent of them (45 percent) also, report having had more sexual partners in their lives. Across the selected churches, we observe relatively small numbers of individuals reporting the selected sexual behaviours. In ordinary datasets, I would have argued that this was likely due to the question of selectivity or desirability bias where by individuals belonging to churches are unlikely to tell the truth with regard to their sexual behaviour. However, as stated in the methodology section on page 100, the manner in which the ACDIS data is collected limits the occurrence of this problem. As seen earlier, results indicate that belonging to the newer

Pentecostal churches is associated with a higher age at sexual debut (19 years), while belonging to a Roman Catholic Church and Holy Banner is associated with a lower age at sexual debut (17 years), lower than the mean number of years 18 years reported for the area in general and South Africa as a whole (Merston *et al*, 2009:69). Interpreting the statement presented above suggests that individuals who belong to the newer Pentecostal churches are likely to begin their first sexual encounter in their late teens, beyond the recorded mean age at first sex in the area. In contrast, the opposite is observed among members of the Roman Catholic and Holy Banner churches. But how do these figures transform when other background factors are taken into consideration?

Table 14 below examines the effect of the four selected churches representing Mainline, Newer Pentecostal and the AICs. These include the Roman Catholic, the newer Pentecostal church, the Nazarite Baptists, and the Holy Banner churches respectively. Strikingly, the results obtained are a replica of those presented in the earlier table (13 on the broader church categories). Even here, and comparing to non-church affiliates, members of the newer Pentecostal churches are almost three times more likely to abstain from sexual activity before marriage than non-affiliates. In addition, the risk of having an increased total number of sexual partners, is substantially reduced if individuals belong to the newer Pentecostal churches compared to non-church goers. A similar effect of church affiliation on sexual behaviour measured by premarital abstinence, and the total number of sexual partners is observed among members of the Nazarite Baptist church, once the other factors are adjusted for. The table further reveals that once other factors are adjusted for, the effect of church involvement on the age at sexual debut observed in table 11 as insignificant changes dramatically. After adjusting for other factors, now shows that belonging to a Roman Catholic Church is associated with a risk of beginning sexual activity a year earlier than the average age of 18 years. Other factors, including age and education level continue to have an effect but in the opposite direction. Being female however is consistently associated with a likelihood of being abstinent. Females are also less

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likely to have a high turnover of sexual partners, and are less likely to engage in non-marital

sexual partnerships. This is summarised in table 15 below Presenting Regression Analysis of

Actual churches[21].

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[21] Note the change in the N (number of Observations). The drastic change in the N in this table represents those individuals who reported belonging to the specific churches: Roman Catholic, Newer Pentecostal, Nazarite Baptist and Holy Banner churches. The numbers vary according to the behavioural outcome variable because in each variable, distinct samples apply. For example in the premarital abstinent outcome, only individuals between ages 18-19, who belong to the outlined churches, are selected. The next outcome variables consist of individuals who were married. The last two consider individuals who had engaged in sexual activity in the last 12 months and those who reported the age at which they began their first sexual encounter, respectively.

Table 15: *Predicting Premarital Abstinence (OR at 95% CI), and Age at Sexual Debut, Number of Non-marital partners and Total Number of Sexual Partners (RR at 95% CI) by actual churches*

	Premarital Abstinence	Non-Marital partners	Total No.of partners	Age at Sexual debut
Church Affiliation *(Non affiliates)*				
Roman Catholic	1.4	1.51	-0.05	-0.04 *
	(0.31)	(0.35)	(0.23)	(0.06)
Newer Pentecostal	3.01 *	-0.23	-0.02 *	0.04
	(0.06)	(0.34)	(0.09)	(0.76)
Nazarite Baptist	1.5 **	-0.08	-0.06 ***	0.02
	(0.03)	(0.34)	(0.00)	(0.43)
Holy Banner	0.71	0.16	-0.01	-0.03
	(0.36)	(0.31)	(0.75)	(0.51)
Demographic Characteristics				
Current Age	0.15 ***	-0.19 ***	0.18 ***	-0.12 ***
	(0.02)	(0.09)	(0.00)	(0.00)
Female	0.82 ***	-0.23 ***	-0.82 ***	-0.02
	(0.00)	(0.00)	(0.00)	(0.23)
Currently married	0.18 ***	N/A	-0.06 ***	-0.32
	(0.00)	N/A	(0.00)	(0.37)
Respondent resides in the area	1.01 **	-0.43	-0.19 *	-0.83
	(0.01)	(0.56)	(0.05)	(0.81)
Socio-Economic Characteristics				
*Level of education **(No education)***				
Primary	2.97	-0.02	0.02	-0.02
	(0.97)	(0.83)	(0.15)	(0.12)
Lower Secondary	2.41	-0.01	-0.02	-0.02
	(0.65)	(0.96)	(0.61)	(0.94)
Upper Secondary/Matric	2.92	-0.05	0.14 *	0.01
	(0.77)	(0.70)	(0.01)	(0.67)
Tertiary	1.31	-0.08	0.19 *	0.03
	(0.35)	(0.65)	(0.06)	(0.25)
Earns Income	0.42 **	-0.01	0.01	0.02
	(0.04)	(0.73)	(0.74)	(0.37)
*Material Status Index **(low)***				
Average	0.84 *	0.01	0.99 **	-0.03
	(0.06)	(0.96)	(0.01)	(0.69)
Above Average	0.96	-0.04	0.15 ***	-0.02
	(0.89)	(0.62)	(0.00)	(0.42)
Knowledge of HIV/AIDS				
Has Knowledge	0.87	-0.05	-0.12 ***	0.11
	(0.27)	(0.61)	(0.00)	(0.24)
Knows one with HIV	0.26 ***	0.03	-0.15 **	0.21
	(0.00)	(0.67)	(0.02)	(0.53)
A health person can have HIV	0.74	0.05	0.04	0.66
	(0.31)	(0.61)	(0.31	(0.28)
loglikelihood	-340.312	-564.22	-3423.51	-218.71
Pseudo-R^2	0.0669	0.0268	0.0101	0.015
N	**683**	**822**	**4517**	**480**

Notes: No means there are no observations and results

Signifcant at *p<0.05, **p<0.01, ***p<0.001

As some have argued, it is through regular participation in church activities than church affiliation that the real effect of churches on sexual behaviour is likely to be observed (Agadjanian, 2005: 1530; Odimegwu, 2005:126-9). Both authors, as well as others scholars who have worked in the field of religion and HIV/AIDS and sexual behaviour argue that by participating regularly in church activities, individuals are likely to receive and process the church's teaching on sexual behaviour (abstinence and fidelity). In rural settings, however, church affiliation is equivalent to participation. This is confirmed in table 12, where of the 9,471 individuals who were affiliated members, 9,344 were regular participants, and this might explain why church affiliation in this analysis showed a degree of positive influence on protective sexual behaviour. Despite this small difference in the percentages of those affiliated versus regular participants, it is important to examine whether participation in church activities as a measure of church involvement has an effect on sexual behaviour.

Table 16: *A base model Predicting Premarital Abstinence (OR at 95% CI), and Age at Sexual Debut, Number of Non-marital partners and Total number of Partners by Church Participation (RR at 95%CI)*

	Premarital Abstinence	Non marital partners	Total no of Partners	Sexual debut
Church Affiliation				
(non-participants)				
Participation in church activities	1.02***	-0.08*	-0.42***	0.01
	(0.02)	(0.05)	(0.000)	(0.24)
loglikelihood	-4504.1	-619.84	-12241.7	-2348.54
Pseudo-R^2	0.0005	0.0001	0.0028	0.0009
N	1394	1009	6288	895

*Notes: Significant at *p<0.05. **p<0.01. ***p<0.001*
Reference category in parenthesis
Source: Analysis done by author from the ACDIS data, 2002-2004

Without controlling for other factors, the table above reveals that participation in church activities is likely to affect one's sexual behaviour. This is shown on all but one sexual behaviour indicator. According to the table, individuals who participated in church activities were 1.02 times more likely to abstain from sex before marriage. It also shows that married individuals who participated in church activities were 92 percent less likely than non-participating married individuals to have sexual partners other than their spouse. And finally, the likelihood of having

a high total number of sexual partners over time was significantly reduced (by 58 percent) if individuals participated in church activities than if they were non-participants.

When control factors are added into the models, the results remain more less the same confirming that participation in church activities is indeed an important variable predicting individual involvement in HIV-risk protective behaviour as presented in table 17 below. Results obtained in model *I* show that being a regular participant has an effect on premarital abstinence and this is regardless of the number of hours spent in church activities. The effect of participation is further observed on the ability to reduce non-marital sexual partners as well as number of sexual partners in life so far. Consistent with the previous findings, no differences are observed with regard to age at sexual debut despite the preliminary associations observed in table 9 in figures 14 and 15 above.

Like in the previous tables, the effect of other factors is also observed. What the findings show is similar to what was presented in the previous table showing that material affluence is likely to reduce individual abilities to abstain from sex before marriage. Increase in age is also associated with a reduction in abstinence. One would have expected that knowledge of HIV/AIDS and increased perceived risk would increase abstinence but the opposite relationship is observed.

Table 17: *Predicting Premarital Abstinence (OR at 95% CI), and Age at Sexual Debut, Number of Non-marital Partners and Total Number of Sexual Partners (RR at 95% CI) by church participation controlling for other variables.*

	Premarital Abstinence	Non-marital partners	Total no. of partners	Age at Sexual debut
Particiaption *(O hours)*				
Between 1-3hrs	1.24 **	-0.08 **	-0.05 **	0.01
	(0.01)	(0.04)	(0.02)	(0.76)
Between 4-6hrs	1.47 ***	-0.05	-0.06 **	0.02
	(0.00)	(0.26)	(0.01)	(0.27)
7 hrs+	1.59 **	-0.13	0.02	0.01
	(0.02)	(0.76)	(0.26)	(0.56)
Demographic Characteristics				
Current Age	0.16 ***	-0.19 ***	0.14 ***	-0.11 ***
	(0.00)	(0.00)	(0.00)	(0.00)
Female	0.81 **	-0.33 ***	-0.84 ***	-0.01
	(0.01)	(0.00)	(0.00)	(0.36)
Currently married	0.18 ***	-0.01	0.09 ***	0.06
	(0.00)	(0.41)	(0.00)	(0.25)
Respondent resides in the area	0.59 *	-0.51	-0.49 *	0.31
	(0.05)	(0.38)	(0.06)	(0.43)
Socio-Economic Characteristics				
Level of education (No education)				
Primary	0.99	-0.02	0.05	-0.07
	(0.78)	(0.35)	(0.75)	(0.45)
Lower Secondary	1.13	-0.01	-0.01	-0.04
	(0.45)	(0.46)	(0.38)	(0.73)
Upper Secondary/Matric	0.94	-0.01	0.09 *	-0.02
	(0.56)	(0.18)	(0.06)	(0.29)
Tertiary	1.33	-0.02	0.09 *	0.02
	(0.23)	(0.43)	(0.05)	(0.53)
Earns Income	0.75 **	0.01	0.19 *	0.02
	(0.02)	(0.37)	(0.06)	(0.26)
Material Status Index (low)				
Medium	0.85 **	0.01	0.06 *	-0.02
	(0.04)	(0.52)	(0.05)	(0.27)
High	0.78 *	0.01	0.12 ***	0.02
	(0.05)	(0.27)	(0.00)	(0.17)
Knowledge of HIV/AIDS				
Has Knowledge	0.73 ***	0.01	-0.13 ***	0.23
	(0.00)	(0.76)	(0.00)	(0.45)
Knows one with HIV	0.53 ***	0.04	0.1 ***	0.85
	(0.00)	(0.16)	(0.00)	(0.28)
A health person can have HIV	1.14	0.04	0.03	0.31
	(0.45)	(0.49)	(0.56)	(0.52)
loglikelihood	-950.22	-1275.15	-5715.3	-2122.3
Pseudo-R^2	0.0199	0.0168	0.097	0.0148
N	**12032**	**5602**	**6288**	**895**

Notes: No means no observations and results

Signifcant at *p<0.05, **p<0.01, ***p<0.001

Source: Analysis done by author from the ACDIS data, 2002-2004

In summary, what do the findings suggest? The diagrammatic table below presents a summary of key findings examining the effect of church involvement across selected measures of sexual behaviour.

Table 18: *Diagrammatic Summary of Key Findings*

	Church Affiliation	Denomination difference	Regular Participation	Other Factors
Measure of sexual behaviour				
Premarital Abstinence	Overall, church affiliation has no effect on premarital abstinence	Compared to Non- church Affiliates, belonging to Pentecostal churches and Zion-City churches was positively associated with the likelihood to abstain. Zionist-Apostolic and mainline churches showed no significant association	Overall, spending time more hours in religious activities was positively associated with abstinence, regardless of how many hours one spent in these activities	Other factors such as age, gender, marital status, material affluence and perceived risk of HIV/AIDS were negatively associated with abstinence
Concurrent sexual partners	No effect on non-marital partners was observed	The effect of church involvement on concurrency was only observed among the Pentecostal and Zion-City churches	Compared to those who did not spend anytime in church activities, spending between 1-3 hours was associated with a reduced number of sexual partners. No differences were observed in the other categories representing church participation.	Only age and gender were significantly associated with concurrency, where an increase in age and being female were associates with a reduced number of concurrent sexual partners
sexual debut	Despite certain churches showing a higher age at sexual debut, no significant relationships were observed			Only Age was consistently associates with sexual debut showing that the younger one is the more chances of abstaining.
Sexual Partners thus far	The risk of having more sexual partners was reduced if members were affiliated to churches than if they were not	Compared to non-church affiliates, Mainline, Pentecostal and Zion-city AICs were associated with a reduction in the risk of members having had more sexual partners in their lives so far. The effect in mainline churches disappeared if only the Roman Catholic Church was included in the model. No differences observed among the Zionist-Apostolic Church.	Spending more hours between 1-6 hours in church activities was associated with reduced number of sexual partners than those who did not spend any time at all	Other factors which were associated with a reduced number of sexual partners were being married, non-migrants, and if individuals were knowledgeable about HIV/AIDS. Age and almost all measures of socio economic status were associated with increase in life sexual partners

5.5: Concluding Summary

5.5.1: The impact of church Involvement on sexual behaviour

The results presented above allow one to conclude that in rural settings churches have a strong influence on the lives of their members. This translates also into understanding the significant effect churches have on HIV prevention, particularly in AIDS ridden countries such as South Africa. Based on the analysis, the effect of churches on sexual behaviour confirms some of the set assumptions. In general, the results indicate that individuals affiliated to churches were more

likely to abstain from sexual activity until marriage than non-church affiliates; that sexual activity outside of marriage is likely to be low among church affiliated individuals; that a high turnover of sexual partners is likely to be reduced if individuals are affiliated to churches than if they are not.

Despite indications obtained in preliminary associations regarding the impact of churches on the age at sexual debut, there were no statistically significant differences found in the age at sexual debut of members affiliated to churches from non-church affiliates. Also, no differences were observed between church affiliates and non-church affiliates with regard to having non-marital partners each individual had. The analysis shows, however, that the differential impact of churches on these sexual behaviours does exist, with Pentecostal and Zion-City churches having significant effects on most of the sexual behaviour measures. Mainline churches appear to have an impact observed only on premarital abstinence, while Zionist-Apostolic churches show no impact at all.

The results further demonstrate the importance of participation in church activities. These results affirm that, indeed, church affiliation on its own may not significantly influence members' lives. As we have seen it is only in the two churches where participation was considered to be high where we see a significant difference. This result is not confined to this study only but has been found in other studies. In their early work, Preston-Whyte and Zondi (1992:45-59) found a relationship between religion and change in sexual behaviour, and the observed change was attributed to regular church attendance as well as participation in church youth groups.

In other studies, further evidence pertaining to the effect of church involvement on sexual behaviour has been found when prevalence levels of HIV/AIDS have been linked to church types (Gregson *et al,* 1999 for Zimbabwe, Kiwanuka *et al*, 1996 for Uganda). Similar to results obtained above, what is often found is that lower HIV prevalence levels were found in some churches than others. These authors argue that such differences are observed among individuals who attended churches where participation is high and where a strict moral code is emphasised (Gregson *et al*, 1999:179-93; Kiwanuka *et al,* 1-23). In contrast, higher HIV prevalence levels were often found among individuals who did not belong to any religious group (Lagarde 2000;258; Takyi 2003:1221-34).

What, therefore, needs to be systematically explored, are the pathways which enable churches to influence sexual behaviour. In the following chapters, I examine the mechanisms and process through which these churches are able to regulate such behaviours. These are based on ethnographic data collected in the area where the data used above was collected.

CHAPTER SIX: MAPPING THE SOCIAL SPACE: CHURCHES IN RURAL KWAZULU-NATAL

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6.1 Introduction

The previous chapter established that there exists an association between active participation in church gatherings and activities, and reduced involvement in sexual behaviours responsible for the spread of HIV/AIDS. In particular, the data presented established that the likelihood of individuals having extramarital sexual partners as well as a high turnover of sexual partners was significantly reduced if individuals spent a considerable amount of time in church activities. Participation in church activities and church groups further increased the possibility of abstaining from sex before marriage[22]. The findings presented in the previous chapter correspond to the findings of other authors examining the influence of religion on demographic change in Africa (Gomo *et al*, 1995:1-6; Gregson *et al*, 1998:321-330 [for Zimbabwe] Kiwanuka *et al*, 1996:1-23 [for Uganda]. These studies have found similar relationships linking religious teaching and church regulations to differences in fertility and mortality rates. According to these studies, these differences are explained by lesser use of modern contraceptives to follow the teaching of certain churches, and a lifestyle that discourages alcohol and drug abuse.

On the question of HIV/AIDS, the most relevant studies to this one were done in Zimbabwe by Gregson *et al* (1999:179-193) and in Malawi by Trinitapoli (2006:253-270). Together, these studies found that a restrictive sexual code was responsible for lowering the spread of HIV and consequently lowering mortality rates. But the question that remains to be answered is how such a restrictive sexual code is enforced by church leaders and maintained among church adherents.

This chapter provides ethnographic accounts of the individual churches chosen to represent the three Christian denominations described earlier in Chapter Three. Although the objective of the study was to select one church from each denomination– early Mission churches, the AICs and Pentecostal, – the popularity, dominance and varieties of AICs meant that an extra church needed to be investigated in order to capture its diversity. Thus two churches from the

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[22] The term marriage is used here to include individuals who are officially married including civil unions, church marriages, traditional and customary marriages. It excludes cohabiting partnerships since this is not acceptable in the context of churches, and, because churches teach against them. Although these might exist, they are not common in the area as literature has confirmed (Hosegood *et al.,* 2009).

AICs were selected and investigated. The accounts provided are therefore, for four churches instead of three. These accounts aim not only at locating these churches in a broader Christian context in South Africa, but also aim at examining what characterises these churches in the local contexts in which they operate, building a picture of the kind of interactive and/or social spaces churches provide: i.e. the kinds of social spaces within which members interact. More specifically, the chapter aims at mapping out the sort of social spaces that the selected churches provide which may be conducive for reducing behaviours associated with the spread of HIV/AIDS, and from which, I suggest we can understand the adherents ability to maintain expected behaviour.

The key factor that should be considered as we look at the role of churches in influencing behaviour is whether churches are important in individuals' lives. In Chapter Three, section 3.2 (Christianity in South Africa) I showed that religion[23], in particular Christianity, continues to strongly influence the lives of members in many ways. Although this statement is largely based on statistical figures representing the proportion of the population reporting church affiliation, the importance of religion in peoples' lives is corroborated by studies which point out that ‗about half of South Africans attend worship once a week, making South Africa one of the ‗churchy' countries in the world' (Garner, 2000:46). Further, preliminary findings reported at the 2009 Southern Africa AIDS conference held in Durban (Religion and HIV/AIDS track), also showed that a large section of the population in South Africa trust religious organisations more than any other existing organisations in the country (The 4th SA AIDS Conference, Religion and HIV/AIDS Track, April 2009).

In the area where the study was conducted, the importance of religion in the lives of the people was suggested by the increasing number of churches (in this case the physical church structures), and second, by the importance individuals place on being a member of a church. Fieldwork done in 2006 revealed that more churches had been built since 2000, when the first mapping of churches was done by the Africa Centre's GPS department. By 2006, the number of churches in the area had on average increased five-fold. In-depth interviews with members also revealed that almost every four in five individuals interviewed (80 percent) regarded being a member of a church as an important factor in their lives. And when it comes to religion, people in the area are pragmatic as reflected in the diverse nature of churches in the area, such as the

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[23] Religion is used here to refer to a belief in a spiritual being in general or living by faith.

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presence of the Early Mission, African Independent, and Pentecostal churches, as well as the belief in ancestral worship and traditional healers.

The belief in ancestral worship and traditional healers are older practices, classified here under African Traditional Religion (ATR). The Christian churches in the area appeared much later, the earliest of these being the early Mission churches (1835-1860) and the AICs in 1910 (Sundkler, 1961: 48-9; Etherington, 1997:89). These were followed by the old Pentecostal churches in around the 1930's (Anderson and Pillay, 1997:238). It is only recently (1980s) that the newer Pentecostal churches have been established (Anderson, 2000:14).

6.2: The Churches

a) The Church Representing the Selected Early Mission Churches

Ethnographic descriptions of the selected churches are based on field research conducted over a period of eight months. In describing these churches, I begin by providing key features (i.e. origins and church type, organisational characteristics and type of physical structure, the format of the church service, focus of their religious teaching and their group cohesion).

These descriptions of churches begin with the churches that fall under the heading of what many have referred to as _mainline theology' (Chidester, 1992: xiii; Pretorius and Jafta, 1997:221; Gerstner, 1997:16-30; Garner, 2000:318), represented in this study by the _St. Joseph's Roman Catholic congregation. As seen earlier, mainline churches represents early mission churches established by Europeans mostly during the colonial period and includes churches such as the Methodist, Lutheran, Roman Catholic, Presbyterian, Baptists and Anglican churches as described in Chapter Three, section 3.2.1. But as Garner points it out, _studying one mainline church to represent such a range of historically diverse denominations may be problematic since the differences between these churches would be considerable and significant' (2000:318). Despite the substantial organisational differences between, say, the Roman Catholic Church and the Methodist Church, as well as the doctrinal differences between Roman Catholics, Presbyterian and Dutch Reformed churches, one finds that in this context there is a great deal of overlap in their discourse and practice. The services in these churches for example suggest a number of similarities, which justify classifying them in one Christian denomination – Early Mission or mainline. To be precise, their services generally follow a structured format. Preaching is done by a priest or pastor, with little back and forth reference to the actual words of the scripture. The congregants are often quiet with little participation during the service. In other

contexts, Garner has noted that _few of the laity bring Bibles to church, and the scriptural knowledge of the majority is scant' (Garner, 2000:318). Perhaps one fundamental and common feature described in the literature about these churches is that entry into the church is _a function of heredity, via infant baptism', and as result, _membership of such churches is not usually very demanding' (Garner, 2000:318; Pretorius and Jafta, 1997:221).

Although this group of churches have been present in South Africa since 1652 and in rural Umkhanyakude for decades, this group of churches is not as prominent in rural Umkhanyakude as the African Independent Churches. They account only for 11.35 percent of the population in the area (See chapter 5, section 5.3.1) and of which the St. Joseph's congregation and the church it represents account for seven percent of the population in the area.

In terms of organisational structure, the St. Joseph's congregation follows the organisational hierarchy described in Chapter Three section 3.2.3, which is characterised by a high degree of centralisation implying in this case that decision making for local leaders may be limited. For example, it falls under the 18 outstations of the Mtubatuba parish (Our Lady of Perpetual Help). Established in 1957, Mtubatuba is one of the six parishes of the Igwavuma Diocese. Being an outstation, the St. Joseph's congregation is headed by a permanent deacon (also called a lay preacher) who lives in the area with his wife and children. In the hierarchy, he is answerable to the parish priest who visits once in three months. In the absence of a priest, Sunday services are presided over by the deacon. Occasionally, other priests from other congregations are sent to say the Mass.

The high degree of centralisation also ensures a degree of uniformity even in the manner in which church buildings are constructed, despite the location (rural KwaZulu-Natal). Thus, the St. Joseph's congregation building is modelled on western architecture. Viewed from a distance, the church has an imposing structure, standing on a large piece of land. The church building is made of concrete and bricks, with a rusty pink paint on the outside. Like churches of the same type, this church has high windows which are square-shaped, with stain glass. The main entrance is wide with a double door. Once inside, one is struck by the white paint covering the walls and the neatly-put together statues that illustrate what the St. Joseph's congregation and its members refer to as _the way of the cross', depicting the different stages leading to Jesus' crucifixion. The floors are tiled and are in an impeccable condition. In front, is an elevated place called _altar' where a table made of concrete stands. Behind this table are seating places for the priests and

other leaders who take part in celebrating Mass. The rest of the church is filled with wooden benches organised in four aisles. Each aisle has about twenty benches and each bench seats approximately six to nine people including children. There are two small rooms – one is a room where leaders change into Sunday regalia, and the other room is occupied by children attending Sunday school during the service. On the outside, the church is surrounded by a well tendered garden. The church area is protected by a wall fence, although currently, this is in a dilapidated state.

Figure 16*: A Picture showing the physical structure of St. Joseph's Congregation*

Outside St. Joseph's congregation(9 July 2006)   *Inside St. Joseph's congregation*

Compared to some of the other churches in the area, the manner in which this church is constructed and the visible characteristics of the congregants (observed when they come for Sunday Mass) it becomes easy for one to conclude that this church is composed of the relatively well-off people. For example, members come smartly dressed in what can be characterised as relatively expensive clothes. A good number of people also arrive in cars, another indication of a higher social economic status. This, I suspect, is a function of a number of things including the fact that the actual area where the church is located is semi-urban and hosts a number of professionals such as teachers, researchers, and politicians working in the area and surrounding towns. It is also a function of the relatively higher level of education of members of the early mission churches, in particular the Roman Catholic Church, because these churches advocated

for and were in support of education, an aspect critics argue was a method used to co-opt people into their teaching and way of lifestyle. Thus, compared to other churches in the area and as preliminary findings from the ACDIS have shown, this characteristic continues to be observed among members of the early mission churches.

In order to gain insight into the specific aspects of this church and its members, I attended several church services and gatherings. Through this I observed the composition of the congregational members, differences in dress codes, and more importantly, what constituted their religious teaching during the service, including specific attitudes to sexual behaviour and HIV/AIDS. Attending other church activities such as group and prayer meetings, funerals, weddings, healing ceremonies and pilgrims also provided a good opportunity for gaining greater insights into individual relationships and interactions. This provided a basis for understanding why members negotiate and maintain these friendships within church settings amidst demands and interactions outside church circles.

At the St. Joseph's congregation, Sunday services radiate warm air, but the feeling one gets from members is that of total indifference. As a stranger, one remains unnoticed without anyone extending a greeting. On a typical Sunday, members arrive in their hundreds (averaging between 100 and 200 congregants). Upon arrival, members hug one another, some shake hands in a manner that suggests that they all know each other. However, the manner in which they greet one another also depicts that time (a week at most) has passed since they last saw one another, suggesting, perhaps less interaction outside the church services and gatherings. The evidence of lack of strong interaction among the members of this congregation was also observed every time the Sunday Mass ended; members tended to walk away and only a few members were seen talking to one another. This was in contrast to other churches like the Pentecostal churches.

When all the congregants are seated, one cannot fail to notice the unbalanced gender composition of congregational members, the majority being women. They occupy at least three quarters of the church's seating area. Men, the majority of whom are elderly, only occupy about six rows of the back benches in one of the aisles. The church choir members occupy about five benches in the third aisle. Sitting on the floor towards the altar are children too young to attend Sunday school. Then there is a group of middle aged women, who wear purple uniform, and who, as it was explained to me, are members of the Mother's prayer group which in all forms

and purpose resembles the Mothers Union group in the Anglican Church. For example, these groups are made of married women, they pride in safeguarding female chastity, marital fidelity and maternal and domestic responsibilities (Gaitskell, 1997:255). These women sit in one section of the church, separate from the other women. Other than these women who belong to the Mother's prayer group, and the men who sit at the back, there are no specific seating places designated for the different categories of people who are members of this congregation.

In March 2006, I attended a service at the St. Joseph's congregation, and the service took the following format. At exactly 10.00 AM, the entrance hymn began. It was in isiZulu, the local language. Congregants, all seated by then, stood up as the leaders advanced towards the altar in a procession (altar boys, deacons, and sometimes priests) from the side entrance. They were all dressed in white robes, without the coloured priestly garb seen in other congregations. One of the leaders, a deacon, opened the service with a short prayer, after which some hymns followed. Participation by the congregants at this stage was limited to two members, who took the Bible readings. The various stages of the service continued to be initiated by the deacon. After the readings, preaching began. It was lively. The preacher began to walk from one end of the church to the other, as he delivered the sermon. A few of the congregants responded by saying _Amen' to the preaching. The deacon moved from the altar, and down to the isle towards the congregation. As he preached, reference was made specifically to the Bible readings with little inference made to people's everyday lives. Whenever such reference was made, it was often brief. On this particular occasion, the preacher attempted to link biblical statements to individual laziness, remarking that it is a sin, and encouraging members to work hard. No mention of HIV/AIDS and sexually related matters was made. After about an hour, the preaching ended. The leader returned to his place and a hymn was sung. The service was all in isiZulu, with a few token English words uttered now and again. Then, it was time for the Sunday collection, and one by one, members walked towards the altar and put money in baskets held by two young boys standing just below the altar steps. A few prayers followed and people walked again to the front to receive the Holy Communion. Shortly after that, the deacon closed the ceremony, with a few announcements. The interval between one stage of the service to the other was interrupted by the choir singing and playing drums. On the whole, the event followed a structured format, with most of the stages following a standardised order during the service.

In late July 2006, I attended another service at the same congregation. The format was similar only on this occasion the parish priest – a white priest - led the service. The entrance was the same but the priest was now wearing a white robe with a green vestment on top. Speaking in isiZulu, the priest led the entire service in the local language. This time, the service was not as lively as the one described earlier despite attempts by the priest to preach in a similar style. He too walked up and down the isle during the service. What was different this time was that on this occasion, the priest celebrated the Eucharist, a stage left out in the earlier service. I noticed once again, that the preaching was general, focusing on Bible readings.

Contrary to how Garner (2000:50-1) has described church services in this church type as rather dull, with little or no participation by the members, I noticed some form of participation from congregants and a much more rousing preaching than what has been described in the literature. For example, members clapped their hands (mainly the women in purple) and sprang up and began to dance when songs were played. The church choir also played African drums. The observed changes are a result of the influence of the newer Pentecostal churches, whose services are very popular, as the lay preacher observes:

> Yeah, the difference is due to the fact that now we are surrounded by the churches where there are people who are preaching the Word, we know that we too have the Spirit among us, so if somebody is preaching, they must also show that, and preach the word. We never used to do that in the past: (Interview with Vusi; Lay Preacher, St. Joseph's Roman Catholic congregation: July 31, 2006.)[24]

The changes observed in the St Joseph's congregation were, however, individual initiatives and were not found in other congregations. Visits made to other catholic congregations in the area revealed what has been reflected in Garners work (Garner, 2000:51), characterising celebration of mass as formal. Discussions with leaders indicated that although they would like to make some changes, these changes are not usually acceptable to the bishop, who oversees the work of the parishes in the diocese. This leads us to conclude that the observed barriers to change are closely linked to the conservative and hierarchical organisational structure of this church, whereby the liturgy is decided upon from above and cannot be changed without the consent of the bishop and other members in the hierarchy. The inability to make changes by congregational leaders, I argue, has significant implications on issues related to sex and HIV/AIDS prevention.

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[24] All names used in interviews for participants and those of interviewers are pseudonyms and are not their actual names.

On all the four occasions that I attended the service in this congregation, and subsequent visits made to other catholic congregations, preaching was general, focussing on issues of faith (the life of Jesus Christ). During the preaching, no mention of sexual behaviour or HIV/AIDS was made. I later discovered during fieldwork, that these were matters discussed in specific meetings than in the actual services, as it was observed on this occasion when a sermon was given.

August 9 2006, Women's Day in South Africa. On this particular day, women were in the spotlight at the St Joseph's congregation. Smartly dressed, they came, each with a basket of food, ready to celebrate the day. This time, women were in charge of the service. The majority of the men including the leaders were quiet except for the invited guest speaker, a leader of a catholic congregation located in Durban (about 250km from the area of study). His talk, directed mainly at the women, highlighted issues of unfaithfulness among men and women, but shifted the focus to women as the cause of their husbands' unfaithfulness. Among the issues he pointed out, was that _women should learn to treat their husbands ―well" so that they do not go astray'. Illustrating his talk with sexual related themes, he referred to an *isifebe* (woman prostitute, or a woman who has sex with a number of men) as a woman who knows how to attract men. Imitating their moves and voices (women prostitutes), he tried to show women what sort of things they no longer do for their husbands, which in turn lead them to seeking relationships with other women. He concluded by encouraging women not to follow _the feminist ways of behaviour': (Attending a women's day celebration at St. Joseph's congregation: August, 9 2006)

Reflecting on the above led me to three conclusions. The first is that although the discussion was important, it only perpetuates gender differences and to some degree marital unfaithfulness by leading men to believe that such behaviour is acceptable if their partners are not pleasing enough. Although one can categorise this as an isolated incidence that might not reflect the views of other congregations, the same views are prevalent in the area, whereby men's sexual relationships with other women besides their spouses are fairly acceptable than if women were having other sexual relationships (Garner, 2000:55). Second, I found based on the observations made in this congregation that the church had not changed at all with regard to the manner in which it engaged in issues of prevention (even in light of high HIV/AIDS prevalence). No discussions on HIV prevention were included in the church teachings. Third, it did not seem to me that there was enough discussion on matters of sex and sexuality. Anticipating that more

about the topic was perhaps discussed in separate audiences, I asked the leader when such issues, including HIV/AIDS, were discussed. Acknowledging that such topics were discussed in smaller groups, it was clear from his response that discussing such topics depended on the willingness of individual members.

> We do it in preaching, not to the maximum but to a minimum. But when we engage in small groups, it is when we have to talk. We dive into the matter. These are the groups such as the St. John's and St. Ann's. That is when we engage in the discussion. We bring this topic most especially when somebody's relative is affected, and he or she will start the talk: (Interview with MaMyeni, woman leader, St. Joseph's congregation: March 21, 2006).

The ability and willingness of members to discuss issues pertinent to their lives, I argue, is strongly linked to the level of cohesion amongst them, which this congregation did not strongly portray. Examining their regular meetings, it became apparent that the St. Joseph's group meetings were infrequent and poorly attended. There were meetings I characterise as regular, to which members congregate. These are usually calendared events, which all members are aware of. They include Sunday services, Easter, Christmas, and many others. During these gatherings, members come to church, attend the service and return home. These gatherings often follow the format of the church services presented earlier, and do not allow any form of engagement on specific issues.

It was, however, in the smaller meetings where members in groups of 10 or 20 meet, that I anticipated greater cohesion among members, engaging deeply in individual lives. There were, indeed, a few such groups in this congregation. These included the women's league, youth groups and the choir group. Aside from these groups, they had other groups referred to as solidarities, each under a different name. In the parish of Mtubatuba, there are approximately ten branches of the Sacred Heart solidarity, three branches of St. Ann's, and three of St John's, the only men's solidarity. In the St. Joseph's congregation, all the three groups were present. While these are critical for the members' spiritual and social cohesion, which, as other scholars have argued depended largely on frequent and quality of meetings (Ellison and Levin, 1998:700-720), their meetings were irregular and as such, social cohesion was on the lower side. The focus was largely on prayers. Their meetings took place once a month, and it was on the day of the meeting that the date for the next meeting was decided upon.

I visited one of the groups. The whole event was rather formal and short. At 6.00 pm, I arrive at maDlamini's house. The house is in a good neighbourhood, almost representing a suburban feel. The environment is clean. The house is enclosed in a wall fence made of concrete. I enter through a rusty gate, together with other members coming for the meeting. Inside the house, the feel is that of a modern home with modern furniture, very comfortable. By 6.30, there were about 8 people, and although the host indicated that they were expecting more people, only one person came in, about 15 minutes later. With no hope of more people coming, the host welcomed members, and without wasting time, she started talking about the intentions of the prayers for the day. Shortly after, they began the prayers (it is the Rosary) which lasted for about an hour. As they concluded the prayers, the members, one by one, began to rush off to their respective homes. Throughout the waiting period, members simply spoke to their immediate neighbours. There were no significant interaction between the members beyond those they were sitting next to, and no significant interaction was observed after the meeting: (Attending a prayer group Meeting: March 21, 2006).

Besides the limited discussion on questions of sex and sexuality, and the observed irregular group meetings, the St. Joseph's congregation capitalised on providing support and offering services to the hard-to-reach communities. For example, with support of the bishop's conference, St. Joseph's congregation has a home-based care project, through which AIDS patients are taken care of, and through which those in need of anti-retroviral drugs (ARVs) are identified for treatment. Similarly, other projects such as caring for orphans were undertaken by other churches represented in this study by St. Joseph's congregation (Quite generally, the Catholic Church's response to the issue of HIV/AIDS has been substantial in this form). But to their members, support was largely offered during the time of adversity, such as when a member suffered loss of a relative. In such cases, the congregation, together with its members would organise food supplies, blankets, and where the family were unable to purchase a coffin, members would put together a collection for that. From what I observed, the nature of care provided was what I refer to as _extensive care' extended to people outside the church without confining it to their members only. Through the church, some members had also been trained in basic HIV/AIDS counselling and were now HIV counsellors, visiting schools and communities to talk about HIV/AIDS and offering counselling services. Strikingly, while there was limited discussion about HIV/AIDS during church services, there was significant engagement in helping

those affected by HIV/AIDS by congregational members. Within the area, the congregation provided support to their members when they lost a relative, by helping with funeral arrangements, providing basic requirements such as food and blankets. The congregational members also supported the sick by visiting and offering them special prayers. For example, during fieldwork, members of the St. Joseph's congregation were assisting one of the members whose house top had been blown away by wind during a heavy storm. The help offered was in the form of food and shelter for the family. Members also helped financially through donations, used in this case to buy iron sheets and nails for the roof, and to pay the builders.

These descriptions highlight a number of important aspects. First, the ability of local congregations to influence behaviour change is minimal. This is due to the degree of centralisation characterising the church. As noted earlier, the leaders know that in the context where they operate, some changes are necessary but that these changes have to be approved by higher authority. This is significant because when linked to questions of behaviour change that might require adjustments, these adjustments may not easily occur hence hampering these congregations' ability to effect change amongst their members. Also, their involvement in certain activities often has to garner support from the hierarchy of the church.

Second, we observe from the descriptions of the church services that the actual event is characterised by a formal, liturgical ceremony. Services are also characterised by minimal participation of lay members. Together, these aspects have a number of wider implications. The prescribed order of events suggests that ordinary members have little space for free expression during the service. Unlike other churches where members give testimonies about what is happening in their lives, such spaces are not available in this church. This reduces cohesion as people know little about each other's lives. The problem of lack of cohesion is further exacerbated by the infrequent group meetings, and the poor quality of interaction observed in such meetings.

Third, we observe a degree of social support emanating primarily from above and not from below. The church has set up official programmes to assist members in the community in general. These include orphanages, homeless and home-based care. Attributable to the low social cohesion observed above, the church lacks similar commitment to its members (looking at individuals' private lives). The only support comes in the form of prayers and in the assistance

given at weddings and funerals. This is expected social support which members are entitled to by virtue of being members of the church.

Fourth, although the church's position on questions of sex before marriage and extra marital sex is clear, the ability to enforce these norms is lacking. As noted, there is little discussion on these questions during church services as well as during group meetings. Such discussions are restricted to special gatherings, which are often but not intentional, exclusively composed of women, leaving out men and the youth. As a result of the poor balance of attendees, messages tend to be gendered, targeting a specific group, and thus, the intended sexual behaviour change does not occur.

b) Representing Pentecostal Churches: Holiness Community Congregation

The second church type selected for this study is Pentecostalism. This is represented in this study by Holiness Community congregation. As previously noted, Pentecostalism is an umbrella term encompassing a wide variety of churches characterised by the practice of healing, evangelisation (active preaching of the scripture), and, more importantly, a belief in Spiritual Baptism, authenticated by speaking in tongues. The churches which fall under the Pentecostal movement are diverse, and so, there is no uniformity in terms of theology and organisational structure, particularly when one considers the old Pentecostal churches, versus the newer Pentecostal ones (Synan, 2001:45). The varieties of these churches in the study area are also found and include churches such as the Assemblies of God, the African Evangelical Church, the True Vine Community Church, the Pentecostal Holiness Church, Faith mission, the Full Gospel Church of Christ and many more.

At the national level, Pentecostalism (excluding AICs) in South Africa has had slow growth compared to the AICs, and yet these churches are said to have emerged around the same time. The Pentecostal churches account for only 12 percent of the population compared to 36 percent of the AICs. Despite their late arrival in the area under study, these churches compete well with the early mission churches, accounting for 7.4 percent of the population in Hlabisa, which is 3.9 percent less than the early mission churches. Comparatively, however, the most prominent Pentecostal churches in the area are those identified as _old Pentecostalism' or classic Pentecostalism, described earlier in Chapter 3, sections 3.2.1. Attending services in some of these churches emphasised what Garner (2000:320) and scholars in other contexts (Smith, 2008:2-3; Gifford, 1990:65-6) have described: that in these congregations, _some of the fervour

has been lost, and symptoms of routinization are apparent'. They further characterise services in these churches as lacking the ‗vibrancy associated with revival Pentecostalism' (Garner, 200:220). But classic Pentecostal traits such as healing, preaching about tithing, assent to the practice of glossolalia[25] and the giving of testimonies during services have been maintained. Members also wear uniforms (mainly white, blue and green) and the majority of women practice head covering. At a glance, old Pentecostalism can be mistaken with Zionism, exhibiting several common characteristics of Zionist churches.

By contrast, the Holiness Community congregation exhibits traits associated with quintessential ‗new' Pentecostalism – prolonged meetings, characterised with electrifying vibrancy and a high level of participation by congregants. Holiness Community congregation, therefore, falls under the churches classified as part of the second wave of Pentecostalism established in South Africa in the 1960s, but only began in the study area in 1996. There are, however, no substantial doctrinal and theological differences between the ‗old' and ‗new' Pentecostal churches. Everything is the same but only more elaborate in the new Pentecostal churches than in the old Pentecostal churches. As Garner points out, the observed ‗differences are of degree rather than kind' hence qualifying classifying them more generally as Pentecostal churches (Garner, 2000:320).

Similar to most churches that fall under the ‗new' Pentecostalism, Holiness Community congregation exhibits an organisational structure that I describe as ‗loosely organised' (see chapter 3, section 3.2.3), where each congregation is autonomous and is not organisationally linked in any way to other congregations located in the area and in other parts of the world. The pastor is responsible almost only to himself and his congregants, and the members have the right to fire and hire their leader. To illustrate this, the Holiness Community congregation is, in fact, a breakaway church, believed to have resulted from the misconduct of the leader. Occupying the same premises, this congregation changed leadership and its name to Holiness Community congregation. It also kept at least three quarters of its members. Denounced by the majority of his members, the leader of the old congregation moved to another location, but maintained the name of the previous congregation. In style and practice, however, these two congregations are the same.

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[25] The ability to speak in tongues

Similarly, Pentecostal churches all build distinct church structures and their buildings do not appear to be modelled on any particular architecture. Unlike the St. Joseph's congregation whose structure reflects the architecture of other branches in the area, Holiness Community congregation has a simple structure. It is a large hall made of corrugated iron sheets. The entrance has an unusual door, which slides from the bottom to the top. Inside, there are no religious emblems or pictures of any sort, except for the notices on the notice board, reminding members of the scheduled dates for the revival conferences and meetings due to take place. At the back of the hall is a large table and a few chairs. In the middle part, there are three aisles each with a mix of both wooden benches and white plastic chairs, neatly organised in rows. In the front is an elevated place with no table in the middle, except for a small wooden podium, placed further to the right. In the far left to the back is, yet, another elevated place reserved for the church choir members (worship team). Figure 17 below shows the outside and inside view of Holiness Community congregation. On the left are members of the youth group dancing during the service.

Figure 17: *The outside and inside views of Holiness Community congregation*

Outside view of the church on the right
The building on the left hosts church offices

A group of youth performing during a
service: picture taken in July 2006

Comparatively, the members of Holiness Community congregation exhibit a different cultural lifestyle. They show more spiritual and social warmth than the members of St. Joseph's congregation. In the first instance, observing congregants arriving for the Sunday service at Holiness Community congregation confirmed what has been described by other authors (Maxwell, 1998: 353; Smith, 2004:428), suggesting that people who are ‗born again' command a

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recognizable style. Members dress in generally neat and professional clothes. Women wear stilettos, well-coordinated and modern dresses. They also wear jewellery and elaborate hairstyles, and carry themselves with great polish. The men wear beautiful shirts paired with clean pants or jeans, and polished shoes. As it was later highlighted, this is a style that is encouraged by the church as the pastor articulated below:

> But when it comes to charismatic churches, we are also dealing with spiritual issues but balancing it with social life. So that is why you find that the Christian under charismatic [are] putting on earrings because we believe that a person is still a person even when well dressed in church: (Interview with Dube, Pastor at Holiness Community congregation: May 30, 2006)

There are also a large number and a wide variety of cars owned by members of Holiness Community congregation that one find parked outside the church when the service is in session. Comparatively, the variety of cars observed at the Holiness Community congregation outnumbers those observed at the St. Joseph's congregation. In general, they appear to be well-off compared to individuals belonging to other churches in the area, even better off than the members of St. Joseph's congregation.

Linked to the _born again' cultural lifestyle, there is also a culture of giving. This is evidenced by the amounts of money the members contribute during the Sunday collection which is often of substantial amounts. Despite the context from which members come (rural and poor), one observes that during the Sunday collection, money put in the basket by members of Holiness Community congregation is in large denominations ranging between R20 and R100, a rare event at the St. Joseph's and Zionist churches in the area. Although this congregation may constitute of members who are better off, I would argue that the Holiness Community congregation has a process in place on which it feeds. For example, there are a number of classes taught by the Holiness Community congregation which are aimed at enhancing individual skills (see Appendix M entitled: Developing your character: be a woman of virtue Appendix N entitled: How to overcome the World; Appendix O entitled: Facilitating and Preaching: Tips on public speaking; Appendix P entitled: Preparing for excellence). As a result, most of the members are in a position to pay back to the church in form of tithe. Other scholars have gone as far as arguing that this is simply a manipulation of the poor through the gospel of prosperity (promising prosperity to those

who have faith and live righteously), and emphasising the doctrine of death and final destiny than earthy expectations (Chesnut, 1997: 117-9; Smith, 2004:425).

Secondly, members of the Holiness Community congregation generally exhibit what I refer to as ‚social and spiritual warmth' to their fellow members. Upon arrival, the members hug each other. They also constantly refer to one another as ‚brother and sister in Christ', a rare event at the St. Joseph's congregation. Strangers are noticed and welcomed into the church by members who have been assigned this duty, while entry to the church and the subsequent taking up of seats is guided by a number of ushers. Their ‚social warmth' is enhanced by their seating arrangements; everybody sit together: men, women and young adults, with no specific seating arrangement for certain individuals. The pastor and his wife sit in the front row, but on the same level as the rest of the congregants, reducing, I suggest, any power disparities between leaders and congregants. Once everyone is seated, one observes that there is a well balanced mix of men and women, because women come with their husbands or partners. There is also a considerable presence of youths. In general, the members are between the ages of 7 and 55 years.

Both in style and structure, services at the Holiness Community congregation are different from those at the St. Joseph's congregation. Although the service at Holiness Community congregation begins at 10.00 am like the St. Joseph's services, it lasts for approximately three hours. The service follows no prescribed order of events. Before the service begins, the worship team (church choir members) arrive in the church and start singing and dancing, filling the church with beautiful sounds, accompanied by an electronic keyboard. Several musical pieces are played and the congregants, along with the pastor are seen dancing as they wait for the service to begin at 10.00 o'clock. On the whole, when we compare the format of services at these two congregations, we find significant differences.

In late March 2006, I attended a Sunday service at Holiness Community congregation. The service followed the following format. After several songs were played, the pastor walked to the podium and began with a short prayer to which he was joined by the congregants. He then started by talking about the work that was achieved during the week. Following a number of songs and a dance from the youth group, Bible readings taken in English and translated into Zulu began. When the readings were being taken, the members took out their Bibles, filling the room with the cracking noise of turning pages, in search for the specified reading. For the main gospel reading, a woman, along with the interpreter, walked to the podium. She began with a short

prayer, frequently pausing with ‗praise God' and the audience responding ‗Amen'. She then started to read the gospel. It was the gospel of Luke 17: 11-25. After the reading, she began to preach, speaking eloquently and constantly referring back and forth to the scriptures. She also provided interpretations of the verses, before moving to another verse. In her preaching, the message she was giving was about ‗giving thanks and praise to the Lord always'. On the whole, she demonstrated an activist, evangelistic fervour, with nuanced praying and preaching.

The worship team then joined in with a song as the pastor walked back to the podium and started a short prayer, asking members to join him. The whole room burst into noise, it was what they call an intercession. The congregants rose up, put their hands in the air, and walked about praying loudly, to the extent that no one could make sense of the other person's prayer. This is the time that members communicate to God. Some began to utter some strange words (speaking in tongues). The whole hall appeared to be in chaos, and this went on for about four minutes. Suddenly there was silence, which was broken by the pastor, inviting people to give testimonies. About four people spoke, testifying about the good things that have happened in their lives. Following the testimonies, announcements were made. It was at this stage that individual achievements such as car and house purchases and the birth of a new baby were publicly acknowledged, and celebrated by the rest of the members. The service was then brought to a close. Before this, the pastor called for visiting individuals to stand up and introduce themselves and immediately forms were passed around for the visitors to provide their details.

All the activities above were interrupted at regular intervals by the worship team singing Gospel music. During this time, the songs were displayed on the wall using a laptop computer and a Power Point projector which enabled everyone to participate in the singing.

On a separate occasion, I attended another service in the same church and the events did not follow the format described above. On this particular occasion, they had a guest preacher, who started the service with his own testimony. He then called on individuals to do the same. In fact, all the events happened in reverse order, and a different order was portrayed at different services. What was consistent, however, was that the members engaged actively in the services, music was always loud, but enjoyable, and the preaching was always moving and captivating, linking the ‗Word of God' to everyday life.

Comparing the format and style of the services at the Holiness Community congregation with those at the old Pentecostal church, a significant difference was observed. Although there

was no formal liturgy, the service at the old Pentecostal church was rather dull and less captivating. A few young girls sang, standing in front, facing the congregation, but without modern instruments. They used African drums, and as I could see, the singing was not well coordinated. The preaching was not as enthusiastic, and the members were not as engaged in the service as congregants at Holiness Community congregation. In addition, there was no intercession and few members brought Bibles to church. The interaction among members was also weak. The only type of interaction observed was formal. After the service, members lined up outside the church and starting with the first person from the entrance door, they shook each other's hands, moving in a cyclical style.

The few occasions I visited Holiness Community congregation, the pastor and preachers like in the St. Joseph's congregation did not talk about HIV/AIDS specifically nor did they engage in discussions on secular issues including sex and sexuality. However, during the preaching, individual good behaviour, behaviour of the _born again', was often referred to and encouraged. As described earlier and stated in the literature (Agadjanian, 2005:1532), the church's discourse around sex and sexuality is clear, encouraging members to remain abstinent until they find a suitable partner. Married individuals also have to be faithful to each other. Unlike the St. Joseph's congregation, Holiness Community congregation had procedures, and checks and balances in place which were used to ensure that their members adhered to their teaching in general, and specifically to their sexual norms. In fact, the central tenet of _new' Pentecostalism is built around ensuring that members live totally by the taught doctrine and the accompanying rules. This is captured succinctly in what Meyer (1961:200-3) refers to as _a complete break from the past', or what Maxwell (1998:353) refers to as a _personal and social rebirth' described earlier in chapter three. What this implies, is that once one becomes a member of the church, a person is required to break with his/her old social networks, their cultural traditions and start a new life as a new person – _born again'. The response from the interview with Thuli and a narrative from Nontobeko quoted below capture some of these aspects above. Thuli, aged 29, joined the church when she was 25 years old. She tells us her story:

> I used to attend church at the Methodist [Church] which I joined since I was young. But in that church, I was not happy with how the youth (was) ran. There was not much they were doing to grow in church (faith). But my friend used to go to this church [Holiness Community congregation] and she told me to come with her one Sunday. I saw lots of things, praise and worship, youth dancing which I liked.

When the service ended, the pastor asked new people to stand up and after I got a form. I put my name and number (cell phone number) and in two days a girl called [rang] me and asked if am coming on Sunday. I said yes. On Sunday I went again, then after that, she took me to another room where she and another girl started telling me about the church things [doctrine] and what they do [practice]. We discussed really. Maybe after 2 Sundays, they asked new people to come to the front during the service and they prayed for me and others. They asked if ‗we accepted Jesus as our saviour‗, and we said yes. But I was not yet sure that I wanted to join really. Maybe after about a month or maybe two I decided to accept to be baptise [baptised]. [She does not describe the event]. After that, they asked me to join a cell group near my home where I found more members and my friend who took me. Our group, we meet [every] Wednesdays in the evening for prayer. We also talk about us (ourselves), the problems you have like that. These people are nice shame (indeed). You are free to talk anything. We also talk about other activities which we have to do at the church like cleaning the church and others. Ok…. mh also we meet at the church for prayers on Thursday. On Friday we attend a worship team meeting, (the ministry to which she belongs. She explains that in church they have ministries which included interpreting, ushering, and worship team, and each youth member must be a member of one of the three). On Saturday, we have a service for sick people and those who have problems [in need]. Next month, they told me that we have to go to Durban for a conference which they call revival [revival conference] but am not sure, because we have to pay R300. I do not have that, but if I get it, I will go. They told us that there will be other people from other churches so it will be a lot of people to see: (Interview with Thuli, new member at Holiness Community congregation: March 28, 2006).

Nontobeko, a member of the church and an employee of the Africa Centre, finally set a date for her wedding. When she announced the wedding to the members of the church, they decided to host the wedding and have the reception inside the church building. The congregation members started seeing to the basic requirements such as food and setting up the reception at the church. All her bridesmaids were members of the congregation, as well as those engaged in serving the food. The leader and his wife were the presiding guests besides the bride and groom‗s parents. Throughout the event, congregational members actively took part in the various activities and ensured that it was successful. The success of the event was acknowledged by members to the extent that young individuals, particularly girls wanted the same thing done for them. From our conversational data, young girls were overheard saying that they will remain in this church, so that they can also have their wedding done in the church and by the members of the church[26].

This view was aired in various discussions with other members of Holiness Community congregation. From their stories, we can draw two conclusions about the Pentecostal churches.

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[26] A conversation with Nontobeko, April 6 2006

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The first is the extent to which these churches take part in the individuals' lives. When one becomes a member through baptism, the church becomes the centre of an individual's life. This it does by engaging the individual in a round of meetings, Bible study and prayer groups. It also disengages individuals from activities other than those of the church, strengthening the relationships and interactions with fellow members, and inadvertently controlling their behaviour. The process of disengagement with non-members and the almost total involvement in individuals lives is further effected by ensuring that they provide the member with the social support needed, support that would have otherwise been provided by the individual's old networks, replacing the old with new networks. Such support not only includes material support but also includes emotional support described in later sections. For example, certain functions that would ordinarily be planned by the family are planned and arranged by the church members, as in the case of Nontobeko's wedding. Such support was not confined to happy events like weddings and Baptism only, but was also given during times of adversity. Funerals were arranged by church members, individual relationships fall under the work of cell leaders and members. As such, the church simply becomes an extended family of its adherents (Sherkat and Ellison, 1999: 363-94).

The second conclusion relates to the intricate relationship between the support given by the church and the church's rules or doctrine. This is captured in the interpretation of the wedding event given by young women members of this church who stated that they should follow the church rules if they were to be accorded similar respect and support.

The checks and balances put in place by Holiness Community congregation to ensure that their members adhere to the set rules are well articulated in the various groups members are affiliated to. As in the St. Joseph's congregation, Holiness Community congregation holds a variety of church gatherings and groups, to which members attend. There are large gatherings such as Easter and Christmas celebrations which are part of the scheduled events on the religious calendar. Such gatherings, however, were rather formal, with little interaction between members. What makes them different from gatherings at St. Joseph's congregation for example, are the revival conferences members attend prior to these big events, and the subsequent formal classes, which are meant to strengthen members' faith, referred to as adherence lessons (see appendix N: How to overcome the World).

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The groups which were considered more important than the large gatherings described above were the home cells to which the members belonged. These were small groups located in individual's home areas where members congregated for prayers, and discussed issues affecting them in their everyday lives. In fact, the home cells were considered to be a central part to the organisational structure of this church, and it was within these groups that members reported matters affecting their lives (emotional support). In a discussion with the leader, he described home cells as follows:

> Ok, in fact people are divided into cell groups, so the church is using the cell structure based on an analogy of human body, like from tissues to blood cells. So those are a group of about 10 people or less, and then there is a leader who meet weekly with those people, who does follow ups. He or she monitors their goals, their knowledge of the doctrine, and there are report backs on the cell group from the leaders on the problems and arising issues which then come back to the office. What they do in these groups also is that they deal with spiritual issues as well as social issues in the same meeting. You find that initially they start talking about general issues, issues affecting them and there after they pray, they praise and they go through the word and then that is the end of the program: (Interview with Dube, Pastor at Holiness Community congregation: May 30, 2006).

As illustrated here, cell groups are a big part of the functioning of the church. I explore three aspects. First, cell groups are important units through which the members' knowledge of the doctrine is monitored and enhanced. It has been indicated in other studies that the knowledge of the doctrine among members of Pentecostal churches is often high compared to other Christian churches (Maxwell, 1998:353-8; Garner, 2000:61; Marshall, 1994:215). One can see a consistent system in place, which serves this particular function.

Second, this well-developed system of home cells is almost the first port of call when a member needs support, ranging from emotional, financial and in form of instrumental aid. Funerals, weddings and other related events are first reported to members of the cell groups.

Third, cell groups are used as a mechanism of social control. As I discovered, intimate relationships are discussed with cell members as Fikile explained:

> *waKwaMadeli:* so Fikile, as we have been discussing, what does the church do if a member is found to have a boyfriend ?

> *Fikile*: in fact, you cannot because if you get a boyfriend you are supposed first to discuss with your cell group leader and the members. The leader will ask whether this is for marriage or not. If it is for marriage, you are supposed to bring the boy to

the church and introduce him. Then they will give him six months to prepare for the wedding and other things. If the boy is not ready, then you are supposed to stop seeing the boy because you will fall in church [disrupt the progress of one's faith]. If you decide to continue to see the boy, and your cell members see you, they will report you. Then they will suspend you for six months. After that, you come back and they see (evaluate) if you are still a committed member, interested to be in the church. Then you can come back but you are still being observed (on probation). The cell group will see if you have come back or not. They will keep checking [on] you.

The reporting of infringement of rules to the church leaders by cell heads provides an opportunity for these churches to find solutions and enhance their control over individual behaviour. Therefore, with this system, the Pentecostal churches display a better and well organised system through which individual behaviour and faith development are monitored. However, it is also a system that can potentially lead to members staying away from the church once they have contravened the church rules.

In general, however, Holiness Community congregation exhibits a higher social cohesion than the St. Joseph's congregation. This is observed at first hand by the manner in which the members related to one another (hugs, kisses, expressing warm body cues). Overall, their body language suggests that they know one another well. Their seating arrangement in the church shows, in addition, that there are no large power disparities between individuals and leaders, unifying the church a lot more than in the St. Joseph's congregation. In addition, participation during the service by lay members is high. Almost all members have a role to play. The youth dance, some sing, while some give testimonies.

Holiness Community congregation and the other churches it represents, have managed to harness their religious teaching and practice towards one central theme, _spiritual and social rebirth or being born again'. What this means is that individuals have to fit within the expectations of being _born again', and any behaviour that is contrary to what is expected is censured. To ensure that members do not _stray', there are a number of mechanisms which the church employs.

Furthermore, members obtain support from the church. As opposed to the St. Joseph's congregation where support is institutionally based and extensive (meaning here that it covers a wider population and is not specific to their members: the homeless, orphans, home based care

support), support in Holiness Community congregation is intensive, focusing mainly on their members emotional, social and physical support needs.

On the whole, although Holiness Community congregation struggles to survive due to the nature of its organisational structure (one that allows members to hire and fire the leader), it projects abilities of localizing better than St. Joseph's congregation. And with its central tenet of _breaking with the past', it is able to do away with almost all the cultural _baggage' and old networks that most churches have to deal with, making their teaching, belief and practice consistent and coherent.

c).The Churches Representing the Selected African Independent Churches

The third and fourth churches selected are both Zionist AICs. This selection was warranted first by their diversity. In the area, there were many Zionist churches, the majority of which fall under the Zionist-Apostolic group of churches and the Zion-City churches (see chapter three sections 3.2.4.3). Thus to capture some of the diversity, two churches, Nazarite Baptist (represented by Nkosinathi congregation), a type of Zion-City churches, and HB (represented by Thulani MaZulu congregation), a type of Zionist-Apostolic churches were selected and investigated. Second, the popularity of these churches in the area meant that selecting only one church would not be representative enough. In terms of numbers, these churches account for a much larger population in the area than the Mission and Pentecostal churches represented here by St Joseph's and Holiness Community congregations already discussed above.

In name and style, the third church type is Zion-City, represented in this study by the Nkosinathi, a congregation of the Nazarite Baptist Church[27]. As previously described the Zion-City churches follow the Dowie model of worship (Adult baptism by immersion in water, divine healing, and a focus on the imminent return of Christ). Classifying these churches as Zion-City churches also has a time dimension. They emerged at a time of great economic strain and this, I suggest, shaped their practices. Examples of these churches are the Zion Christian Church (ZCC) and the Nazarite Baptist Church (Pretorius and Jafta, 1997:213). Even here, the differences between the ZCC and the Nazarite Baptists are considerable and significant but at the same time, there are numerous aspects which characterise these churches as Zion-City.

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[27] In the Nazarite Baptist Church, branches of this church are called temples. In this study, I use the word congregation instead of a temple. The word temple will be used strictly if I am providing information from interviews with respondents.

Although it accounts for a much smaller percentage of the population at national level (0.6 percent) the Nazarite Baptist church represented by Nkosinathi claims a large following in the area accounting for 27.65 percent of the population. To further illustrate the popularity of this church, there were 54 churches (physical structures) in an area covering only 435km[2.]

Nkosinathi, like its mother church, is a typical Zionist church if one considers characteristics such as adult baptism, divine healing and the importance of dreams (as a means of communication with the spiritual world). However, it differs slightly from other churches because it is more nativistic than any other Zionist church, incorporating Zulu traditions in their worship – Zulu dance, leadership structure and cosmology (Sundkler, 1961:49). Nkosinathi and the church it represents fall under what Kiernan refers to as ̲book-type churches, where the founder has canonized his teaching, remaining a central figure even after his death (Kiernan, 1990b:9-11). Established in 1911, the church and its branches such as Nkosinathi still uphold these tenets as described below.

Following the same organisational structure of the church previously described (see chapter three, section 3.2.4.4), the Nkosinathi congregation is led by a lay preacher who is appointed by the prophet himself. Like in the St. Joseph's congregation, the lay preacher in this case is equivalent to a deacon heading an outstation. The lay preachers are answerable to evangelists who unlike in the St. Joseph's congregation do not head specific congregations. Their main role is to monitor the work done by lay preachers in the various congregations. At the same hierarchical level as the evangelists are priests, also called reverends. These have the specific role of preaching and teaching the faith, and thus, have the obligation of visiting and preaching at different congregations, and across the region where similar churches exist. Like the evangelist, he too has no specific congregation assigned to him.

The positions described above are conferred in three main ways. The lay preacher position is obtained through ordination, based on religious experience and commitment. It is, however, not based on formal religious training as described below:

> My parents were both Nazarites and so I was born a Nazarite and I have never changed. I was leader of the men at one time but then we had a ceremony where the prophet made me a lay preacher and said I should head Nkosinathi temple [congregation]. My role is to preach, and look after the temple in all ways. I also have to make sure that all the members in my church are doing well. I have to make sure that their duties in their groups are fulfilled. So I have to appoint group leaders

who will control them. For the men, I appoint a leader who is not a preacher, just a leader of the men, and for the married women –Umkhokheli and then also for the young girls: (Interview with Dumisani, lay preacher in Nkosinathi congregation: March 16, 2006).

The positions of the evangelists and priests are achieved by promotion, often of lay preachers. The position of the head of this church is hereditary, and is passed down from one member of the family to another, often a son or brother of the leader. Overall, the organisational structure observed through Nkosinathi congregation is patterned after the Zulu system of rank where under the prophet is a bureaucratic system that includes priests, evangelists, lay preachers and group leaders (Sundkler, 1961:49-50).

By contrast, the place of worship of Nkosinathi congregation is significantly different from the structures of the other Zionist churches, Pentecostal churches and churches established by the early missionaries. In a typical instance, one finds that on a large and plain piece of land, covered with well-trimmed grass, is a barbed wire fence. Then inside this fence, a smaller portion of land is coded off, demarcated with white stones in a circular form. This is the church where members congregate for services. Right behind the white stones is another fence with three small gates which provide access to the church. In the middle of the church is a concrete structure. The concrete structure looks like a Roman Catholic Church altar. This is used by lay preachers and other leaders during the service. Figure 18 below shows the exterior of the Nkosinathi congregation

Figure 18: *The outside of Nkosinathi church and the Centre piece on the right*

Outside view of the church: March 5 2006   *The centre piece found in all churches: April 26 2006*

There are unique characteristics that distinguish churches presented earlier with this particular church. For example, on the day of worship, members arrive in large numbers ranging between, say, 230 to 300. They are dressed in white robes called *imiNazaretha* and carry reed mats on which they sit during the service. Similar to Holiness Community congregation, Nkosinathi is comprised of a well balanced mix of men women, the youth and children. Once inside the church, members sit according to age, and marital status. Married women sit in one part of the church. Maidens (unmarried virgins) sit in another. Men, both young and old, sit in another corner of the church.

In the category of married women are three divisions. The first consists of women who have recently married, and who were considered to be virgins before they got married. These wear a blue silk sheet on top of the *umuNazaretha* (singular for the *imiNazaretha*) and the *Enhloko* (traditional hat). These women also sit right in front of the other married women. There is significance in making them sit in front of the other women. This is a way of acknowledging their efforts in maintaining the expected sexual norms, a status that the young maidens strive to achieve. The second group consists of women who have been long married. This group is the majority, comprising of the largest number of congregational members. These women also wear *imiNazaretha*, cover their heads with *Enhloko*, part of the traditional attire worn by any married woman in the Zulu Tradition. The third group comprises of the women who had children out of wedlock. They sit behind the *abezinhloko* (women wearing the traditional Zulu hat). Wearing *imiNazaretha*, these women use a head scuff to cover the head instead of the traditional hat, and unlike the maidens, they leave the face uncovered. They do not wear the full garment worn by married women, and their presence in the church shows the young maidens what it means to go against the expected behaviour.

At a distance, far away from the married women, and on the right hand side are the maidens. This group consists of young girls who are still virgins, following a virginity test done by older ladies or the *Umkhokheli* in the church as several authors have noted (Scorgie, 2001:55, Leclerc-Madlala, 2001:533). The young maidens wear *imiNazaretha* but also wear an *Inansuka* (white cloth) which covers the entire head to the extent that one can hardly see their faces.

Strikingly, the marked groupings are only found among the women. Men, young and old, married or not, all sit in one section with no distinct categories. The men wear *imiNazaretha*. They also wear an *umqhele* (animal skin in form of animal tail around the head) and traditional

attire called *amapeshu* (strips of leopard skin in a kilt form). All members are bear foot when they are in the vicinity of the church. In fact, the church practice is such that once an individual is wearing the white prayer robe (*ImiNazaretha*), they must not wear shoes.

Unlike Holiness Community congregation, one does not get a sense that members are socially and spiritually active in Nkosinathi congregation. In fact, members of Nkosinathi congregation are comparable to members of the St. Joseph's congregation in this regard. As a stranger, members will not warm up to you, unless you are introduced to them. In general, also, the church does not exhibit social warmth and vibrancy. Other than testimonies given by a few men and women during the service, participation by members is low. And because of the lack of interaction between the different groupings, one can easily conclude that the church shows signs of low social cohesion. However, members have special bonds within their groupings.

Figure 19: ***The seating arrangements in Nkosinathi congregation***
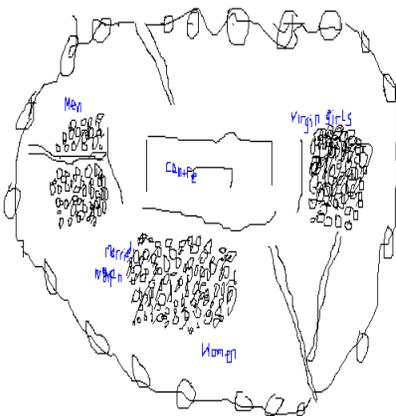
Seating arrangement at Nkosinathi Church　　　　*Service at Nkosinathi Church: March 5 2006*

Their groups are close and highly exclusive to the extent that it is impossible for a non-member to be part of their meetings without permission. Even when permission is sought, it is often denied based on an understanding that one needs to be a member who understands the church teachings before they can attend group meetings. In general, members of Nkosinathi and the churches it represents are a close knit group. Their style of closeness can be compared to bonds portrayed by Moslems across the world. In contexts outside church activities, they work together on fields, on church sites and in businesses. In normal circumstances, they would prefer to employ each other arguing that the fellow members are more trustworthy than non-members as

Bott found in her family and social networks research conducted in several London districts in the 1960s (1964:85).

The groups in Nkosinathi congregation are fundamental tools of social control. Within the church, they are designed to keep the interaction between men and women separate and at bay. Even when they are worshiping through dance, these groups are emphasised for the same purpose as articulated by the leader when asked about why people dance in separate groups:

> No, that was done in order to control the men and also the women. Because if we or if I dance with you, I believe that things can go out of control and men can start seeking love from women. That is why we dance separately, the men alone and also the women and the girls alone. We must concentrate on praying because as Nazareth, we worship God by praying, dancing and singing as it is said in Psalms 159: (Interview with Dumisani, lay preacher at Nkosinathi congregation: March 16, 2006).

Even more broadly and outside service settings, these groups form the basis on which smaller groups that I call _the days' are created. These are described in more detail in the later sections.

The church services and worship in Nkosinathi congregation are also different from other Zionist churches. Observing Saturday as a day of worship, two services are held. The first one begins at 9.00 AM and goes on until 11.00 AM, and the second service starts at 1.00 PM until 3.00 PM. Between the two services is *ukusina* (dancing), regarded as a form of prayer and worship. The service in Nkosinathi congregation is not characterised by a formal liturgical ceremony. In fact a different order of events is observed at different services. Attending service at Nkosinathi congregation revealed the lack of a prescribed order of events. The service on this occasion took the following format:

Congregants were seated by 9.00AM, a bell rang and the leader (normally a lay preacher) began with a hymn *(Umthandazo Wesabatha-Bongani-Ujehova)* in which he was joined by the rest of the congregants. Using a loud speaker, he led the hymn and the congregants kept repeating after him. The hymn went on for a while until the preacher welcomed the congregants into the church and led a short prayer. The leader began to preach using Bible verses, but a lot of teaching focused on general social issues, where members are instructed to pray to God through the prophet, asking him to intercede on their behalf. He emphasised respect, helping one another, and maintaining good morals in the community. He also spoke to young boys and girls to behave and not go against the rules of the church. Shortly after preaching, members, the majority of

whom were women gave testimonies each preceded by a song. After about one and half hours of preaching and of having testimonies delivered, it was time for the Saturday service collection and members in their separate groups went to the front to put money in baskets placed in the front. First it was the men, then virgins (maidens) and last the married and unmarried women. The process of taking money to the front involved women moving on their knees. This was done as a sign of respect for the Holy Place. After a few announcements, they sang a closing hymn and the service ended. Members did not carry bibles, but they carried hymn books (*Izihlabelelo*).

On other occasions, when they were visited by other leaders in the hierarchy, the format appeared to change. I attended a service where they had visiting priests and evangelists and I witnessed a completely different service. First, the entry of church leaders into the church was different from the ones observed in previous services. This time, the visitors and the leaders in a procession, emerged from a side entrance when all the members were seated. They emerged carrying with them what looked like a scroll which I found out later, symbolised the commandments given to the prophet when he visited the mountain (similar to the event in the Old Testament, where Moses was given the Ten Commandments). Held inside a cloth on top of a pillow, it was placed on the table housed in the small shelter structure in the centre of the church to which members congregated around (see figure 19 above). The rest of the events were also selectively done. For example, singing of the entrance song was done but testimonies were omitted. The preaching was also different. All the visitors had a role to play in the preaching. Below are some of the extracts from the preaching of the evangelist and the priest.

> …members, I urge you to help one another. It does not matter who you are, which position you hold because you are God's people created in God's image. Supporting each other is very important. Like the other day when we lost one of our reverends, I noticed that people from this temple were there and they did everything which was good. This must also be done when a member who is not a leader dies, the poor. This is what being a true believer is about.

> ...we as members of the church must also love one another. Husbands should love their wives, so that they can pray for each other asking god to increase the days of their lives [live longer]. They must not stay together because of children but because of love they have for each other. And with their love, they must ask God to give them children. There should be no divorce. Wives should respect the homes they married to and to respect themselves and their husbands. And husbands must also do the same.

He gave a narrative about himself:

> Before I joined this church I was a member of a Mission Church where we were allowed one wife. When I was married to one wife, I had one boy and my wife could not have any more children. So I had many girlfriends hoping that they would give birth to another child but it did not happen. One of my Lutheran girl friends [my girl friend who was affiliated to a Lutheran Church] was suspended from her church because she was with a man with whom she was not married and who was not Lutheran. My girlfriend eventually got pregnant and I stopped going to that church because my girlfriend was pregnant and gave birth to a baby girl. I married her and we had 9 more children, my first one has 5. I joined this church since then since my wives were accepted. At first they had problems with each other because the first wife did not want to accept the second but now they are fine. We need to create tight families and build close relations with people and not look down upon each other.

He gives direction to young people:

> Young girls and boys, you need to behave well. You must control yourselves until God gives you your partner. You must dress in an acceptable manner; control yourselves because there are so many diseases outside. Young ladies must behave themselves accordingly. You should not compare yourselves with other girls in schools. You should not copy bad things like having a boyfriend: (Evangelist Themba: March 18, 2006)

Then the priest begins to preach;
> He begins by thanking the previous preacher of the messages given to people. He re-emphasises what the discussion was: urging members to love one other so that God will love them too. He iterates that they too must help each other. In his preaching, however, he uses bible verses to support and confirm what the previous leader talked about. His emphasis is on the bible: (Reverend Gumede: March 18, 2006)

As one of the key aspects of the services, preaching is different from the two churches described earlier. It covers very broad issues but generally relates to peoples' everyday experiences. The church also focuses largely on the behaviour of young girls encouraging them to abstain from sexual activity until marriage. In addition, emphasis is placed on the manner in which people who are already married should behave. The church leaders refer to the church's sexual norms during their preaching. This relates to their doctrine, whereby abstinence from sexual activity by young girls is considered by the prophet to be a source of blessings for the church in general and for the Nazarite community in particular (Muller, 2006:161-9). Thus, emphasis is often on sexual behaviour but in practice, such control is mainly directed at women than men. The second aspect

observed in their preaching is the emphasis on social support, whereby the leaders encourage social support amongst their members.

These aspects are well articulated in the various groups and gatherings found in Nkosinathi congregation, groups within which members interact on a regular basis. In Nkosinathi congregation and the church it represents, gatherings that enable interaction of individuals at different levels and degrees are a common feature. Apart from the regular Saturday services where members spend about two hours together, members of Nkosinathi congregation are required to attend the different gatherings which take place monthly throughout the year, except for the month of February, April and August. The rest of the months are occupied with meetings and pilgrimages within which members from the different congregations meet in secluded places and spend a considerable amount of time: a week, two weeks or a month at most. The most significant of these are the month of January where members go to the mountain (*Nhlangakazi*) for about two weeks. Reflecting the mountain experience of deliverance as recorded in the book of Exodus in the Bible, a large number of congregants attend this gathering because it is believed to be a time in the year, where individual needs will be granted by God through their prophet. The month of July is also a significant one as it is a month in which young girls are expected to get married, while others are blessed in order to enable them to start their own families. On this occasion, members gather at a place called *Ebhuhleni* for about 3 weeks. Another significant month is May, where members gather at a place called *Eskhawini* for about 2-3 weeks. This is mainly for prayers and reconnecting with the doctrine and the teaching of the church. During these gatherings, although members do interact, these meetings only serve to increase members commitment and to enhance their awareness of what is expected of them.

The key groups are those in which individuals congregate on specified days in a month, described earlier as _the days'. Divided along marital status and gender lines, these groups are effective in keeping individuals together, understanding their needs, problems, and attempting to find the necessary solutions. From these groups, members draw social, emotional, physical, and financial support. The youth report, for example, on how these meetings lead to creating friendship with individuals of the same conviction than creating friendship with non-members. They acknowledge that:

> _it is from these groups that one builds a future with people in the same generation [cohort] They argue that without the group members, they would be lost': (Informal group discussion with the youths from Nkosinathi congregation: May 20, 2006).

Like Holiness Community congregation, these groups are perhaps equivalent to home cells because it is through these groups that the Nkosinathi congregation and other congregations in the area engage in members' private lives. These groups are organised in such a way that members in their designated groups meet every month on specific dates. Married women meet on the night of the 13th to the 14th of every month. Men meet on the 22nd-23rd, and the maidens meet on the 24th-25th. These groups form the core identity of individuals requiring each member to follow set rules and affording the members the opportunity to get to know one another at a deep level. In these groups, different issues are tackled. For the women, issues around their homes and husbands are discussed, and marital fidelity is emphasised within these spaces. For the young adults, rules around sexual behaviour – in particular premarital sexual behaviour – are reinforced. For the men, the focus is on ‗building their homes' (a term that has sexual undertones particularly around their sexual relations with their wives as it was revealed to me by some members). Issues about the doctrine are also emphasised. Prayers, dancing and special collections also feature quite substantially in these meetings.

Several striking points emerge from the descriptions pertaining to Nkosinathi congregation presented above. First, Nkosinathi congregation varies greatly from St. Joseph's congregation and Holiness Community congregation because Nkosinathi and the church it represents are syncretistic. While they embrace some aspects of western Christianity such as the use of the bible and a reference to Jesus Christ in their worship, a number of traditional Zulu culture also form part of their worship. For example, ancestor veneration, polygamous marriages and other Zulu customs are incorporated.

In both discourse and practice, the church consistently emphasises good conduct and the need to uphold a certain level of moral standard. As such, the church engages people in a series of meetings. Like in Holiness Community congregation, this is a mechanism by which the church ensures that members are taught, not only the doctrine, but also that they are able to live by it in their everyday life. Through these meetings, a form of sexual discipline on moral conduct is enacted.

In addition, the church is highly exclusive making it difficult for non-members to easily take part in their activities. The church continues to raise the bar of exclusivity to ensure that its members are committed. For example, on the day of worship, members are not allowed to cook or light a fire until sunset. The church also prohibits shaving, eating pork and drinking alcohol.

The nature of exclusivity ultimately means that, like in the Pentecostal churches, there is a high level of involvement in the members' private lives, ensuring that the members adhere to the teachings of the church. This also enables the church to know what the individual members need, making it easy to offer the much needed support. Through the various groups in which they belong, the individuals' needs are catered for. But this may also lead to discrimination of members who do not conform to the expected behaviour. Like Holiness Community congregation, social support is intensive, focussing on individual needs of their members and not the broader society as is the case with the St. Joseph's congregation.

ci) Apostolic Zionist Churches

The fourth and last church studied, *Thulani Mazulu,* is also a Zionist AIC. Unlike Nkosinathi, Thulani Mazulu is typical of the Zionist-Apostolic churches, established in South Africa in the 1930s, a period of economic distress and where large numbers of black Africans were dislocated in their urban work settings (Sundkler, 1961:38-59; West, 1975:190). The Zionist-Apostolic churches emerged with an emphasis on healing and building a community of hope as argued by Garner (2000: 316). Shaped by these circumstances, a range of their practices thus continue to lean towards the direction of healing the grieved community members. For example, more than the Zion-City churches, the Zionist-Apostolic churches are largely characterised by several healing rituals which are conducted in different ways. First, an act of healing is performed by laying of hands on the individual seeking treatment. Second, healing is done through water purification rites. In this case, an individual is either given water to cleanse the diseased part of the body, or in the form of immersion in water, usually in the Zionist healer's compound (Scorgie, 2008:16). Third, healing is done with the aid of herbs and burning essence. Ordinarily, the practice of circular dance is observed during these healing ceremonies. Other characteristics include a strong claim for prophetic abilities, as well as a number of prohibitions in the form of taboos. In general and like other Zionist churches, entry into the church is through adult baptism, and once baptised, members claim to have obtained the Holy Spirit. Therefore, the Zionist-Apostolic churches, like the Zion-City churches are syncretistic, combining both western Christian attributes with African traditions.

Comparatively, the Zionist-Apostolic churches appear to be less predominant in the study area accounting for only 4 percent. But the problem might just be that unlike the Zion-City

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churches, the Zionist-Apostolic churches are relatively invisible because of the manner in which they are organised and therefore, hard to identity. Their organisation structure loosely allows individuals to set up their own churches when disagreements arise. Other than those Zionist-Apostolic churches with a large following such as the St John's Apostolic Church and the Holy Banner (HB) of the Ethiopian Apostolic Church in Zion, many churches in this category are simply small ‗sœoops' of 10, 20 or 30 members, who gather every Sunday or Saturday for a service, and during other church activities. Despite being one of the prominent churches in the area, little is written on and known about the church represented by Thulani MaZulu congregation. However, early traces of this church in the area of study are reported to be around the 1950s.

Having a fairly large following, Thulani MaZulu and the church it represents is to some extent hierarchical. In fact, its organisational characteristics are also comparable to those of St. Joseph's congregation. Heading the church is usually the founder. However, when the founder dies, successive leadership can be achieved by election, if there is no suitable candidate in the family of the founder. The head is then assisted by bishops appointed by the leader himself, and assisted by a committee made up of bishops and presidents. Below the bishops are a number of positions including priests, evangelists, deacons and preachers. At the lower level, are the *abakhokheli* – women leaders who are either appointed or acquire these positions by virtue of being the leaders' wives. In addition, there is a special position of *umthandazi*, (a healer) who is believed to have a special calling from God. His position is not achieved by appointment but rather, it is believed to result from a spiritual calling.

Similarly, like the diocese structure in St. Joseph's congregation, the church represented by Thulani MaZulu congregation is structured into divisions. Throughout the country, there are 15 divisions of this church. Eight divisions are in KwaZulu-Natal (of which 3 are found in the study area). Four are in Gauteng, two in the Northern Province and one in the North West province. The number of churches under each division varies according to the size of the area but on average, there are over 22 churches per division. In each province there is a bishop. Under the bishops are priests, deacons, evangelists and preachers, who head the various congregations found in the provinces.

What do physical church structures of Thulani MaZulu congregations look like? Most of the church structures are temporary. They are made out of wooden plunks and are roofed with

iron sheets. They have one entrance and small windows distributed around the structure. The inside of the structure is simple. At the front of the hall is a platform. This is the place where leaders sit during the service. Right below that is an empty hall with a few benches placed against the walls. Occasionally, one finds other types of Thulani MaZulu congregations built out of concrete and brick. When such permanent structures are found, they are often painted with blue and white on the outside and white on the inside. In some, they will have enough benches on which members will sit. Common structures found in the area are presented in figure 20 below.

Figure 20: *Church building structures, the type of Holy Banner*

The varieties of church structures to which Thulani MaZulu falls. They range from the absolutely informal to semi-formal structures: July 21 2006

Both in style and format, the church services at Thulani MaZulu are different from the services of Nkosinathi congregation, although there are a few similarities. In addition, one does not get a sense of spiritual and social warmth during the service or during the church gatherings. Church services in Thulani MaZulu are supposed to be held every Sunday from 11.00 AM to 2.00 PM. Often, however, the services give way to healing services or prayers for members who are sick.

On the day of worship, the members arrive and one by one they enter into the church. Some are wearing uniforms of varying colours such as white, green and blue with white robes, while others come in ordinary clothing (although having no uniform may signal that one is not a full member of the church, it also means that one has not been able to purchase the garment). Upon entry into the church, the members take off their shoes and take their seating positions in church. Because of the lack of seating benches, most of the women and children sit on woven

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reed mats. The children sit in front and the women sit right behind them. The few benches available are occupied by the elderly men and women. As in the St. Joseph's congregation, the leaders sit in front, facing the congregants, distinguishing the clergy from the laity. Once all the members are seated, one observes that the composition of members is unbalanced, composed mainly of elderly women between the ages of 45-55 years. There are few younger members below the ages of 35 years. There were relatively large numbers of children in the church. Presumably, this is because they come with their mothers and grandmothers.

The service has no prescribed order such that it could be changed when other issues affecting their members arose. A large part of the service in Thulani MaZulu congregation and similar churches are focused on healing. The other aspects that are given a considerable amount of time during the service are the testimonies in which a number of congregants appeared to value telling their stories.

In mid-March 2006, I attended my first service at the Thulani MaZulu congregation. The service started by a welcome note from the leader, followed by a short prayer. This was followed by a couple of rhythmic songs, which all members seemed to know by heart, as no hymn books or scripts were on sight. The leader then welcomed testimonies from individuals. One by one, they each started with a song followed by a testimony. The amount of time given was enough to allow four women and one man to narrate their stories, and for us the visitors to introduce ourselves. This was followed by Bible readings taken by men who were sitting in the general audience, and the main Gospel, taken by the preacher. His preaching was captivating, drawing on the Bible, and relating to people's experiences in everyday life. In addition, the leader also referred to some of the testimonies as he preached. Once preaching was brought to a close, the leader requested those who wanted to be prayed for, to go to the front. Immediately the congregants sitting on the mats on the floor cleared the floor and a woman with a young baby went in front. Laying his hands on them, the leader started to pray. He was joined by the rest of the members who encircled these individuals and began a ‗circle dance'. This lasted for about 30 minutes, and when the leader returned to his seating place, and all the members were back to their respective places, it was time for the Sunday collection. The members walked to the front and placed money in a basket. At this point, the leader and the congregants prayed together, made a few announcements and the service was brought to a close. Participation by lay members was limited to the readings taken before the Gospel, and the testimonies given. The members'

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participation also took the form of songs, the singing being aided by the African drum. The singing was rhythmic but not as exciting as that in the Holiness Community congregation or that in Nkosinathi congregation. It was also random, whereby any individual was in a position to start a song and would be joined in by the rest, and one by one the members would begin to gently dance to the songs.

Attending other services at the same congregation and other congregations confirmed that the focus was on the two aspects described earlier: healing and building hope for the adherents. The former, however is a big part of the church and when the *umthandazi* (healer) is present, healing takes a different turn, where he ‗foresees' individual problems and then calls them forward for healing. The whole service can be described as disorganised, with people crying, shaking and some violently pushed from side to side while other members are singing, making the whole event rather chaotic. During this time, herbs and incense are burnt to cast out evil spirits. It is usually at this point that the *umthandazi* will invite those who want further treatment to follow him to his home.

The later aspect referred to above as, ‗building of hope', is witnessed from individual testimonies. As mentioned earlier, testimonies are a big component of these services. And when one listens carefully, the testimonies appear to focus on specific problems. These explain why these churches became prominent in the first place. I provide a sample of some of the testimonies below:

> I would like to thank God and this church for watching over me. I would also like to thank the members who supported me with the problem I had last week. My brothers and sisters in Christ, I had a brother who was sick, members came to help me. They prayed and brought me food. It is sad my brother died, but still members continued coming to pray. I felt good when they were praying and I came to join them with my sister in law: (Testimony given by a woman: March 19, 2006).

> I would like to thank God for protecting me and giving me my life back. My brothers and sisters, I urge you to always be ready when God calls you. I was at work the other day and while busy lifting iron sheets and building this house in Richards Bay, an iron sheet dropped from the top and hit this man and he died instantly: (Testimony given by a man: March 19, 2006).

> Another lady then stood up. She based her testimony on the reading in the bible that focussed on the book of Peter 4:12 ‗suffering of a Christian'. She started by saying that the reading reminded her about her own suffering. Before, she used to have problems and would cry all the time. She did not know how to deal with such a

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situation then and because she was not so committed to the church. But having joined the church and learnt about Jesus Christ's suffering, she now understands that Christ also went through difficulties. And as a Christian, she must accept this suffering, but most of all, she now knows how to handle it: (Testimony given by a lady: April 9, 2006).

A lady, wearing a mourning garment, started with a song and began telling the church why she joined the church. She says she joined the church because of love and support during the time of difficulties. She says that during the time when she lost her husband, the members gave her a lot of support: (Testimony given by a lady: April 9, 2006).

In these testimonies, issues of poverty, health and illness, suffering, death, misery and, social support are emphasised. Most often, these are the issues on which the Zionist-Apostolic churches focus as they preach and in their teaching. But as noted, social support was the key focus in most testimonies. Social support among members of this church was often in the form of prayers, donations in the form of money, clothes and food. This was given to members during times of adversity, such as when a death occurred. Emphasis on support was also iterated by the leaders as explained below:

Mostly, the church of Zionists is not created because of preaching. They are created because there was someone who was sick and they had to pray for the individual. They would have to pray for that person until that person is saved [until the individual is healed] so the church started like that. The same applies with this church. The founders would go to the sick people and pray for them to give them life again. This went on and on until this church was formed. So we help when there is a funeral in our church. We help a lot when someone has passed away in the church. We bring and provide them with useful things and we also ask each other what we are going to help with. Everyone will bring whatever they can provide. It can be potatoes, mayonnaise, because we are scared that when I have death in my house [and I have nothing, it will be embarrassing, but by members bringing things also means that they know what is available since they are the ones that will have brought them] and people keep on coming to me and ask things that I do not have is not right, so they are the ones who will know what they have brought and where the food is kept. The day of the funereal we donate R10 each which we will give to the family: (Interview with Bishop Mandla of Thulani MaZulu congregation: May 10, 2006).

In another interview, the pastor highlights why the church provides social support.

The rules in the bible say that when someone has joined the church they have rights in that particular church. The first right is that when they join the church they have to be baptized. Second, they will have a right that when they die the church will

bury them. Third, when they marry there are some things that are done by the church. Any kind of problem that you might have or even in good times the church is able to help: (Interview with Pastor Msweli of Thulani MaZulu congregation: May 15, 2006).

What is observed shows that Thulani MaZulu congregation and perhaps Zionist-Apostolic churches reflect significant differences in their style and format of services, as well as in the cultural lifestyle of their members. First, if we observe the social economic indicators of the members of Thulani MaZulu congregation, limiting ourselves to observable characteristics, there are significant differences between members of Zionist-Apostolic churches and the members of other three churches. It has been suggested in the literature that the Zionist churches were formed to cater for the majority of the poor people pushed to the margins by the forces of capitalism (West, 1975:190). Thulani MaZulu congregation appears to be composed of people from disadvantaged backgrounds, judging from a number of indicators derived from the observations. For example, I noted that the shoes left at the door, were all worn out, appeared to have never been polished, and were in poor condition. When members were not wearing their uniforms, the type of clothes they wore were torn, dirty and of poor quality. In general, the members could not be identified as smartly dressed when they came to church. The children also were not well dressed. Unlike in St. Joseph's congregation, as well as at Nkosinathi and Holiness Community congregations, no single car was seen parked outside Thulani MaZulu church. Furthermore, during the Sunday collection, the amount of money individuals put in the basket was always in small denominations and most of it in coin form, ranging from 10 cents to 50 cents, hence denoting these members as economically disadvantaged.

When it comes to issues of social support, what I observed amongst members of Thulani MaZulu congregation is that the type of social support provided is one that can be referred to as ‗entitled support' guaranteed to members as long as they belonged to the church. This appears to be intricately linked to the lack of organised and consistent group meetings. As another key aspect distinguishing the Zionist-Apostolic churches from the other churches, strong and vibrant groups within the church are almost non-existent. Apart from formal gatherings such as Christmas, Easter, and the most prominent pilgrimage to Mpumalanga for Easter celebrations, the small groups infrequently meet, which means that the members do not have regular interactions where they get to know one another at a much deeper level. The small groups which exist, such as the youth and women's group, have one calendared meeting each month: a youth

gathering in October, and a women's group in August. The Thursday women's meeting are poorly attended and with no consistence, making it difficult to organise the different kinds of social support identified.

Similarly, while the church's teaching on sex and sexuality emphasises abstinence before marriage, and fidelity among married individuals, there are no mechanisms in place to enforce these matters. The group structure through which members interact regularly and through which such issues are followed and emphasised is not well developed. Rather, their focus in teaching and in practice is healing.

6.2.1: Summarizing the Ethnography Descriptions presented above

As discussed in chapter three section 3.5 where a range of factors characterising church-based social spaces are presented (Individual commitment, Needs and social support, Practices of discipline and Frequency and quality of group interaction), the ethnographic descriptions provided above capture these factors in varying degrees. The table (19) below summarises these variables showing how they vary in the selected churches.

In the table, the teaching of the faith including sexual discipline is highly emphasised in St. Joseph's, Holiness Community and Nkosinathi congregations. This is, however, scanty in Thulani MaZulu congregation. Mechanisms of enforcing discipline are observed more in Holiness Community and Nkosinathi congregation than in the St. Joseph's and Thulani MaZulu congregations. With regards to Individual commitment and frequency of group interaction, we observe generally that these two factors are well defined in Holiness Community and Nkosinathi congregations. These are, however, less prominent in the St. Joseph's congregation and that they are almost non-existent in Thulani MaZulu congregation. It should be noted, however, that high level of interaction does not necessarily mean quality of interaction. Furthermore, we observe that the level of interaction in the St. Joseph's congregation was also frequent; the quality was slightly on the lower side. Specifically, formal activities in the St. Joseph's congregation are frequent – people attend services and other large gatherings – but the intensity of individual interaction during those gatherings is limited. This is not the same in the Holiness Community and the Nkosinathi congregations, where on the day of worship the members interact during and after the service.

Table 19: *Defining quality of socialisation arranged across churches*

Variables	Selected churches			
	St. Joseph Roman Catholic congregation (Mainline)	**Holiness (Pentecostal)**	**Nkosinathi (Zion-City (AIC)**	**Thulani MaZulu (Zionist-Apostolic (AIC)**
Teaching doctrine	√√√√	√√√√	√√√√	√√
Focus on faith	√√√√	√√√√	√√	√√
Moral discipline	√√√	√√√√	√√√√	√√
Groups	√√√	√√√√	√√√√	√√√
Compassion & care	√√√	√√	√√√√	√√√√√
Individual Commitment				
Frequency of prayer	√√√	√√√√	√√√√	√√√
Attendance of church services	√√√√	√√√√	√√√√	√√√√√
Attendance of church groups	√√	√√√√	√√√√	√√
Reinforcing church discipline	√	√√√√	√√√√	√
Exclusion/uniform/taboos				
Suspension	√	√√√√	√√√√	√√√√
Evaluation	√	√√√√	√√√√	√
Virginity testing	√	√√√√	√√√√	√
Involve in privates lives	-	-	√√√√	√
	√√	√√√√		√√
Freq & group interaction	√√√	√√√√	√√√√	√√√
Formal meetings	Freq / Interaction	Freq / Interaction	Freq / interaction	Freq / interaction
Services/dance	√√√√ / √√	√√√√ / √√√√	√√√√ / √√√	√√ / √√
Easter/xmas	√√√√ / √√	√√√√ / √√√	√√ / √	√√√√ / √√√
Pilgrims	- / -	- / -	√√√√ / √√√√√	**As above** / **As above**
Revival conferences	- / -	√√√√ / √√√	- / -	- / -
Informal groups cells/solidities/days				
Prayer	√√√√ / √√	√√√√ / √√√√	√√√√ / √√√√	- / -
Youth	√√√ / √√	√√√ / √√	√√√√ / -	√√ / √√
Women	√√√ / √√√√	√√√ / √√	- / -	√√√ / √√
Bible	√√√√ / √√√√	√√ / √√	- / -	√√√ / √√√
	√ / -	√√√ / √√√	- / -	- / -
Length of time in activities(Av. hours)	1	2-5	2-6	1-2
Social support	√√√	√√√√	√√√√	√√√
Broader to comm. Sick, funerals	√√√√	√√√	√√	√√√√√
Internal individuals emotional, physical, social, involve in private lives	√√	√√√√	√√√√	√√√

√√√√√ = High √√√ = Medium √√= low √ = Very low

Source: Analysis by author of the FBIs qualitative data, 2006

With regard to the small informal groups, the frequency of solidarities in St. Joseph's congregation does exist, but the intensity of interaction is again not strong. Cell groups in Holiness Community congregation and ‚the days' in Nkosinathi congregation both show frequent meetings and a high level of interaction, a finding confirmed with the analysis of quantitative data presented in the previous chapter, which suggested that participation in church activities is higher among Zion-City and Pentecostal churches. Nothing similar is found in Thulani MaZulu congregation. Women groups in St. Joseph's congregation are quite frequent

with a certain degree of interaction. Despite meeting less frequently, the quality of interaction among the youth groups was high. Overall, Holiness Community congregation and Nkosinathi congregation are stronger on most of the variables presented than in the St. Joseph's congregation and less so in Thulani MaZulu congregation.

With regard to providing social support, Holiness Community congregation and Nkosinathi congregation fare better than St. Joseph's and Thulani MaZulu congregations. What is important to note is that Holiness Community congregation and Nkosinathi congregation both focused their social support activities on their members first. Thulani MaZulu offers social support to their members as well, only that the type provided is predominantly ‗entitled social support'. The St. Joseph's congregation provides entitled social support, but goes beyond to care for people in the community. It focuses less on members' emotional needs. The key question to be asked is how these factors prevent behaviours linked to the spread of HIV/AIDS? Keeping this question in mind, it is important to highlight that the ethnographies above also point to issues which form part of the puzzle in the HIV prevention programmes. These ethnographies speak of the unbalanced nature of these churches with a predominantly male leadership and a largely female following. With such differences, one can only expect that gender power relations already prevalent in society will also be found in these churches. Such gender imbalances further point to the fact that the disciplining of members' sexuality will focus largely on female sexuality. Furthermore, gender imbalances found in these churches complicate the work of churches in prevention of HIV/AIDS because even the benefits that emerge from the social groups and/or networks created by churches may not yield positive results because these networks are predominantly female by composition, and in other cases, a large number of children. Thus, the well-known function of networks; that of providing information (in this case HIV/AIDS information) is not viable because the information provided does not reach both men and women.

Important but not captured at length, the data above shows that in local churches, the role of church leaders is important not only because of their ability (or otherwise) to impart AIDS related information, but also how they themselves are role models to their adherents, because people view the leaders as moral authorities. In such cases, the role of these churches in the prevention of HIV/AIDS, therefore, requires leaders to be exemplary in their behaviour. This precisely because the views of the people are subject to change when leaders behave counter to

their teachings. Although different from the issues around sexual behaviour being described in this study, the reaction observed during fieldwork among members of Holiness Community congregation demonstrates these aspects clearly. By the majority of the members breaking away from this congregation and forming a new church also means that members are likely to do the same when their leaders engage in what is considered as inappropriate sexual behaviour. And as this is becoming common in contemporary society where we see leaders from the long established churches to the newly formed ones engaging in behaviour they themselves consider inappropriate, one should also expect that the churches role in reducing certain behaviours may be compromised if members do not believe in what their leaders teach them.

The ethnographies presented above further highlight the sort of tradition versus modern double bind that churches and their members find themselves in. As the data reveals, the AICs embrace traditional healing practices, where through the claimed prophetic and healing power of their leaders, members are subjected to traditional medicine and or healing by the ‗Holy Spirit'. But in the era of HIV/AIDS, this may be misleading because some of the people fail to seek proper diagnosis for their illnesses and in other cases people fail to obtain adequate treatment including ARVs. In other instances, certain traditional practices including polygamous marriages (a tradition that is counter Christian teaching on marriage) and the veneration of ancestors are widely practiced although they may be concealed. Even individuals in the more established mainline churches and Pentecostal churches may fluctuate between traditional practices and Christian teaching. Together these may have negative consequences for HIV prevention. Thus, it is important to take note of these aspects as we explore the potential of church-based social spaced in HIV/AIDS prevention.

6.3: Mapping Church-Based Social Space

Without ignoring the counter issues observed in the ethnographies provided above, the ethnographies presented above and summarized in Table 19 prominently suggested that the churches together with their congregants create a reciprocal social space in which the individual spiritual, social and physical needs are met, and in return the members live by the rules of their churches. In other words, to understand the created social space, one has to look at how the four factors function as a whole. The created social space is the result of the amalgamation of the four factors: Individual commitment, Needs and social support, Practices of discipline and Frequency

and quality of group interaction overarched by the church doctrine. Together, these factors form a social space from which a range of benefits in exchange of maintaining church rules are obtained. It is therefore from this reciprocal social space that we can understand the churches' ability to control behaviours related to the spread of HIV/AIDS. I argue that the churches are not only focusing on teaching moral doctrines and re-enforcing these doctrines through a range of church practices or church discipline, but they are significantly involved in constructing spaces where congregants learn about each other through regular interactions with one another, become involved in each other's lives through group activities. Thus these churches construct a _church-based social space', which defines a unique environment within which people interact. And within this space, members in their groups accept, reject and negotiate the aspects that reduce their solidarity ties to the group through regular interactions. Using the concept of church-based social space, I show that deciding not to go against the moral and ethical rules, including sexual activity as prescribed by their churches, is a process which involves a member calculating and weighing their gains and losses, if they ceased to be a member of the group (see also Stark, 1984:279). What these findings suggest is that this aspect (church-based social space) was powerful, sometimes even more powerful than the other factors such as age, gender and class, issues that often shape individual behaviour.

However, and based on the above, the social space constructed varies from one church to another. As a result, the interactions and interrelationships amongst members, or the quality of socialisation, varies from church to church. This variation – it is argued – results from the manner in which churches are able to combine the four factors defined above and summarised in figure 21 below.

Figure 21 borrows from Garner's Model of Ideological Power (2000:331), and is used in this study to understand how church-based social space has the ability to control individual behaviour. The diagram (21) shows how a combination of the factors above creates what has been termed as church-based social space. The circle named (*A*) illustrates that a combination of the four factors forms the church-based social space. The diagram further shows that at all levels, the teaching of the doctrine is a key influencing factor of church-based social space, as it defines the type of social support the churches offer, the type of meetings and group activities the churches establish, and the manner in which discipline should be enforced.

Marked as *(1)* Individual Commitment is a key factor which defines the type of social support members give to one another, to following church rules and how often the individual attends church services and groups. The line marked *(2)* shows the interrelationship between frequency of meetings and quality of interaction with practices of discipline. It is also within the frequency of meetings and group interaction that members get to know one another and understand peoples' needs including emotional, physical and social needs. Without this constant interaction, people know little about each other. The frequency of interaction among members also means that the relational space among members enforces discipline as members have to be seen living up to what they have been taught. This is shown by the lines marked *(3)* and *(4)*.

The triangle marked with lines *2, 3* and *4* is an important one as it shows the relationship between practices of discipline, group interaction and social support. With the little resources available to members as presented earlier, the churches have become the only form of support and hence the choice to follow the rules is inextricably linked with the benefits the members obtain by belonging to the churches, and the degree of interaction found in the varieties of small groups established within these congregations.

Put together, the four factors are equally important to the extent that having less of one factor affects the created church-based social space. From the data presented above (see Table 19), some churches appear stronger on certain factors and less on others, creating variation in the type of church-based social space exhibited. Essentially, two types of church-based social space are observed. The first type is one where all the four factors operate in balance. Overarched by the teaching of the doctrine, emphasis is placed individual commitment and on the rules that members must follow. Group meetings through which these rules are indirectly re-enforced are also encouraged. Typically, the frequency of meetings and the group interaction are characterised by social support of all kinds. This type of space is also characterised by closely knit relationships between members allowing members to know one another at a much deep level. In this category, the level of exclusion of others who do not share such strong bonds is often very high, imparting a deep sense of loss when bonded members for one or other reason are to depart from the group. This is a type of social space I refer to as ‗Intensive Social Space'. The second type of social space observed from the data, is one where at least one factor is missing. Some churches were stronger on certain aspects and less on the others. This results into incoherency in the manner in which things are done. As a result, these churches tend to be broad in their

approach, and are less focused on individual members. In such spaces, members are engaged less in individual members' lives and their interaction and relationships are seen to be loosely knit. This type of social space I refer to as ⌐Extensive Social Space'.

Figure 21: *The construction of church-based social space*

Individual Commitment

A

Practices of Discipline

1

1

1

2

Group Interaction

3

4

Needs and Social Support
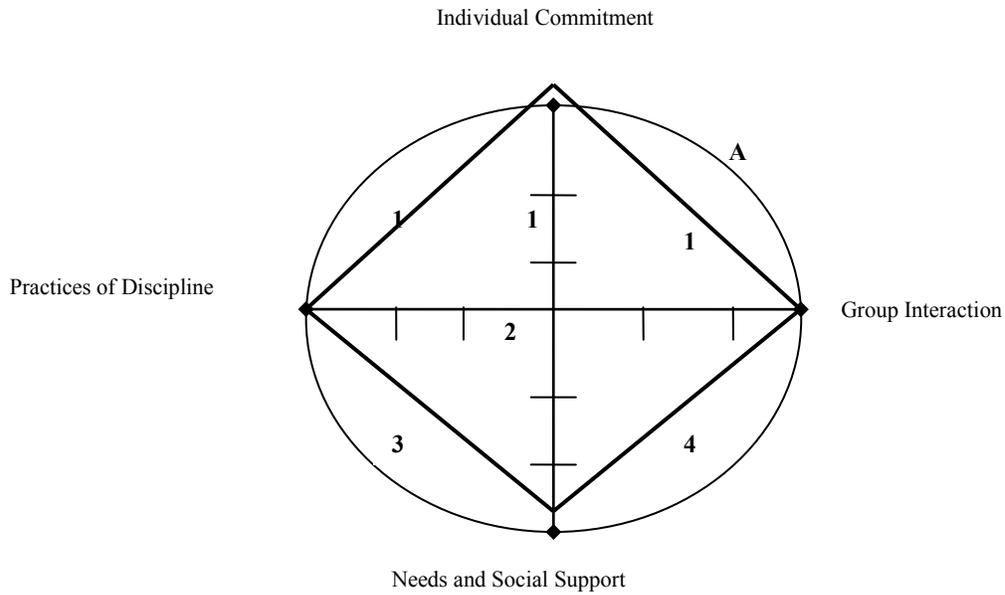
In the following chapter, I pursue a path towards exploring how the exhibited church-based social spaces are linked to sexual behavioural aspects such as abstinence and fidelity which churches emphasize as part of their sexual norms.

CHAPTER SEVEN: LINKING CHURCH-BASED SOCIAL SPACE AND HIV/AIDS-RELATED BEHAVIOUR

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7.1 Introduction

The analysis of ethnographic data presented in the previous chapter concludes by highlighting two types of church-based social space. These social spaces result from a combination of the type of social support and church discipline, which emerge from the interaction of members who attend church groups together frequently. The identified social spaces are referred to here as ‗extensive' or ‗entitled' and ‗intensive' social spaces. As described earlier in chapter six, extensive or entitled social space creates a social and psychological atmosphere which is undemanding and where members obtain a level of support without doing much on their part. The alternative is intensive social space, and within this space, the atmosphere created requires a deep level of commitment of members to each other. Drawing on interviews, ethnographic material (field notes, hearsay data), and results from an analysis of the existing Africa Centre data, this chapter examines the behaviour of members within these two identified church-based social spaces. The sections that follow begin by identifying the type of social space which the four churches representing three Christian denominations exhibit, elaborating on their differences, before turning to link these church-based social spaces with individual HIV/AIDS-related behaviour. It is argued in this chapter that church spaces create behavioural expectations which may succeed in altering the behaviour of members.

7.2: Setting the Church Boundaries

It is difficult to identify precisely how churches separate themselves from the larger society in which they are located. It is also difficult to articulate the extent to which the social contexts influence the work churches engage in. Nevertheless, it is important to acknowledge that there is a relationship between what churches do and the contexts in which they operate. I have pointed out earlier in chapter 4 section 4.2 that the context in which the selected churches operate is a challenging one, characterised by poor basic service infrastructure and high unemployment levels, where on average, families depend on a single member's income, often a breadwinner's and social grants (child grant, an old age pension, or a disability grant). In some families, however, such privileges are non-existent.

The situation is aggravated by the high prevalence of HIV/AIDS which is associated with increasing number of people who are ill (bed ridden), as well as large numbers of people dying from AIDS-related illnesses, despite the availability of ARVs in the area (A study done in the area found that testing for HIV/AIDS and the uptake of ARVs was still low (Atujuna and Preston-Whyte, 2009:20-47). This has also been found in other rural areas in South Africa (Steinberg, 2008:1-200)). Often, those infected with HIV/AIDS are the breadwinners (or the young still in their productive ages). With younger and productive people dying, the ability of individuals, households, and families to sustain themselves is reduced significantly. As a result, people are searching for alternative means of support, and as shown earlier, churches are becoming the main form of support allowing many people to cultivate new support networks by committing themselves to particular churches.

Equally important and perhaps more difficult to disentangle than the two aspects described above, is the issue of cultural traditions. Churches in the selected area operate in a cultural context where certain practices and customs contradict Christian values. Ancestral veneration is widely practiced, even among members of the more established mission churches, although their engagement in such practices may be concealed. In addition, a variety of traditional customs leading up to a marriage are also performed, some of these serve the purpose of introducing the groom and the bride to the ancestors. These customs take place before a Christian wedding is solemnized. The payment of *ilobola* (bride wealth) is also widely practiced by members of all churches. In the same context, polygamous marriages are acceptable according to tradition and are practiced, yet, some churches preach against their practice. Furthermore, these churches are also located in contexts where men are not rebuked for having more than one woman, but are instead praised as being _true men'. As already indicated in chapter two, *Isoka* as a masculine identity exists even when it is not acceptable in many churches (Garner, 2000:55; Hunter, 2004:124-132). Given this context, it is thus interesting to examine how churches define boundaries for their members.

Like other organisations churches, by their doctrine and practices, circumscribe distinct spaces from the broader society. Unlike other organisations, however, the church boundaries are distinctively identifiable by the manner in which they marry their spiritual focus, moral conduct and good works. Relative to other organisations, therefore, churches offer a convivial context within which individuals can cope in times of adversity, encouraging members to depend on one

another, socially, economically, emotionally and spiritually. These aspects define church boundaries, distinguishing them from the broader society. The closest one can characterise the church boundaries from broader society is through the use of the words _sacred' (as pure, organised, follow a particular format) and _profane spaces' (as chaotic, impure, disrespect of the good)(Eliade, 1961:1-7). Borrowing from these concepts of sacred and profane spaces, one can begin to see how the different churches create social distance with respect to what is regarded as _good and holy' versus the _bad and sinful'. This is often reflected in the daily rhetoric of members signifying the difference between _us' the behaviourally correct versus _them' those who do not adhere to their moral precepts (Shiner, 1972: 426-36: Eliade, 1961:1-7). Members also use terms such as _brother' and _sister', or _saved' to differentiate between members and non-members. The social distance created also leaves little room for human error, and often, when expected norm is contradicted, members get rebuked not only by their fellow church members but by the broader society as well. But such exclusionary qualities exhibited by churches generate also negative attributes that may affect the members. For example, they create a polarizing effect in society where by those outside their boundaries are regarded as strangers, closing all interactions between them. This has implications for HIV/AIDS as it prevents the flow of information. In addition, such exclusionary qualities also create discriminatory tendencies inside the group towards members who may fall out of what is prescribed as acceptable. In such cases, persons who contract HIV/AIDS may conceal their status for fear of being discriminated against, translating not only into their failure to seek treatment but also infecting their spouses. And in such cases, the ability of church-based social spaces to prevent HIV/AIDS may be compromised. Drawing on these aspects, I explore how the created church spaces impact on members' behaviour. Structurally, I present selected sexual behavioural aspects linked to HIV which I found in each church, and where possible link these findings with existing ACDIS data, and then describe the type of social space found in each church to explain these behaviours.

7.3: The Relationship Between HIV-Related Behaviour and the Constructed Church-based Social Spaces: Evidence from Fieldwork

Briefly indicated in previous chapters, studies that have examined the role of churches in HIV/AIDS protection have concluded that members who belong to churches where a strict code

of conduct regarding sexual behaviour is emphasised are less likely to engage in behaviour that puts them at risk of acquiring HIV (Garner 2000: 41-69; Agadjanian, 2005:1529-39; Odimegwu; 2005:126). Some research has begun to show that these individuals have lower levels of HIV prevalence (Gomo, 1995: 12; Gregson, 1999:190), although this may vary from context to context. Certainly, these studies provide a background for examining the role of churches in HIV prevention keeping in mind the negative consequences that may result from the social control exerted by churches (see chapter two, section 2.4). Evidence provided in this study suggests that this relationship is not a direct one but involves a process where members negotiate their way into a system or social space in which they are fully integrated if they are seen to abide by the expected norms – a process summarised in what I have referred to as ‗church-based social space'. Although the term church-based social space is shaped by the spatial space such as the type of building, or places to meet, in this study it refers largely to the social and psychological environment within which members interact. And throughout their interaction, members are aware of the expectation and requirements of their particular churches. Within their interaction also, the individuals who are regular church attendees concentrate their social networking with fellow congregational members, frequently exchanging goods and services with one another, generating a sense of mutual belonging (Ellison and Levin, 1998:715). The opposite is observed in churches where such spaces are weak. What is argued is that in the process, certain church-bound behavioural expectations are re-enforced.

In the following section, I examine the behavioural categories selected, describing how each behaviour is managed within each church and ultimately in each church social space. As already explained in chapter four, section 4.6, although the initial idea was to explore abstinence and marital fidelity as the key sexual behavioural indicators which churches encourage as part of their moral conduct guidelines, these two indicators are difficult to observe and individuals are reluctant to share such information. What is considered here, therefore, are the mechanisms each church puts in place to discourage such practices from occurring, and then, using premarital pregnancy as a proxy for contravening churches' moral code on sexual behaviour, I examine how frequent this outcome occurs among church members, and how each selected church responds. Using pregnancy as a behavioural measure is of course problematic because people may in fact use protection. It is, however, .not very common for people in the rural areas to

freely use contraceptives to prevent getting pregnant. Therefore, I argue that through this prism, we can assess how churches are able to influence the behaviour of their members.

As already described in previous sections, findings obtained from the selected churches found that these churches strongly urge their members to abstain from sexual activity until they are married. They also teach that married individuals must refrain from engaging in sexual activity outside of marriage. In general, these churches discourage the use of condoms by their members. They believe that condoning condom use contradicts their teaching on abstinence and fidelity and promotes promiscuity. Leaders of the selected churches believed that allowing condom use is equivalent to encouraging their members to engage in sexual activity. Despite facing heavy criticism from policy makers who regard condoms as essential in preventing the spread of HIV/AIDS, the majority of the churches in the area were against condom use and the leaders do not talk to their members about the importance of using condoms. For example, among the mainline churches represented in the study by St. Joseph's congregation, the leader highlighted the following when asked about issues relating to condom use:

Mollie: *What does the Church teach around issues of sexual behaviour?*
Vusi In our church, we say you abstain. We must not use condoms and the reason for that is that they want to preserve the chastity of the people. They must ensure that they do not engage in sexual activity.

Among leaders of Holiness Community congregation and Zionist AICs, similar sentiments were aired in response to what their teaching on sexual behaviour is and whether they encouraged members to use condoms, particularly in the era of HIV/AIDS. They all indicated that the focus of their teaching on questions of sex and sexuality was on abstinence and fidelity (see chapter 5, section 5.1 for responses from leaders regarding use of condoms).

Such unanimous opposition to condom use places these rural churches in a longstanding political position that characterises Christianity in matters of sexuality in society in general and in South Africa in particular. Condemning condom use which is known to offer 95 percent protection from the HIV infection, and where sexual behaviour is largely influenced by broader issues in society places churches in a position where they themselves are seen to be putting their own members at risk of acquiring the infection. Furthermore, the emphasis these churches place on abstinence and fidelity takes us back to the issues already described in earlier sections where churches disregard the fact that in the area marriage is declining, poverty is rampant and

unemployment is rife, all conditions that powerfully influence sexual behaviour. And by stressing abstinence and fidelity means that these churches continue to individualise sexuality, questioning, yet again, their role in HIV prevention. To be fair, while all the churches investigated all agree and consistently teach the same gospel regarding sex and sexuality, there is significant variation in the manner in which churches enforce these sexual rules. In addition, what this study found is that these teachings on sexuality are also taught and enforced in a certain context, a context in which the churches acknowledge that these people are in need, and therefore, the churches are actually providing in some degree, a form of social, economic, spiritual, and emotional support which members cannot obtain outside the church. As I argue in this study, this depends on the kind of social space each church constructs as described below. I begin the examination of these issues by looking at observed behaviour in each church and link this to the type of church social space created in each of the four churches.

7.3.1: Enforcing their Sexual Norms: The St. Joseph's (Mainline) Catholic Congregation

The qualitative data collected for this study shows that within the St. Joseph's congregation, measures of control with regard to sexual behaviour were minimal and as a result, young adults were faced with possibilities of having children out of wedlock. When asked about the measures leaders and their member put in place to ensure that church rules are followed, the responses obtained produced similar evidence as that obtained by previous studies (Agadjanian, 2005:1529-1539; Odimegwu 2005: 125-140; Gregson *et al* 1999:179-193). That the presence of a strict code (or the lack of it) determines the extent to which members obey the set rules. Such evidence is captured in the excerpts below:

Mollie	W*e have talked about what the church teaches about sexual behaviour, now, how do you ensure that once the congregants leave the church premises, they stick to the teaching? What are some of the mechanisms that are in place to ensure that they follow what is taught?*
Vusi	We just rely on their belief, that if they have listened to what we have said, they adhere to that, if they have a personal conscience, they will do that. But we know that the practicality side of that is not good and it is difficult.

Another interviewer asked a member of the church about the same question, and a similar response to the above was obtained as shown below:

Wakwa: *What happens when a member does not follow the rules of the church? Is there anything that is done when someone has broken the rules?*

Nkabide: There are no punishments that are visible which are given to people. If there is someone who has broken the rules of the church, he or she will be called by the leaders to discuss the matter. We never see anything that is done to this person

Wakwa: *Does it mean nothing is said and done when the young girls have boyfriends at their early ages?*

Nkabinde: There is nothing done according to that. It depends on the parents of the girl or boy on how they grow [raise] their children

Similar responses were captured even when the interviews shifted from asking questions on the more general topic of church rules to specific questions on topics such as pregnancy as indicated below:

Wakwa: *In your church are there things that are done by youth that will prevent them from getting AIDS and from getting early pregnancy?*

Mfekayi: They have accepted that it is there [AIDS and premarital pregnancy] and the leaders preach about it. When I was growing up we were called the girls for the church [means the young girls considered to be descent in comparison to those who do not go to church). Now girls grow up and find boyfriends while they are growing so they don't keep their virginity. When we were growing up girls would keep their virginity until they get married and when it happens that you get pregnant before you are married we would not come to your wedding and [even] in the church you are no longer going to sit with us[girls]. We had an older girl who will guide us while we grow up and they would tell us what to do when you have a boyfriend. Those were the rules that we had. If it happens that you had a boyfriend who was not going to church and got pregnant by him your case will be taken to the pastor [priest] to solve and then you will not be able to eat the sacrament [to receive Holy Communion] again. I kept myself until I got married because I followed the rules.

Wakwa: *What happens when there is someone who gets pregnant before marriage in your church?*

Lutando: A long time ago when someone got pregnant they were suspended from church but now the church has seen that that is not for them to stop people from coming to church but for God. We told ourselves

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that we need not to judge people. The person will see it for herself that she has done something wrong and stop coming to the church and she will also have to stop eating the Sacrament [receiving the Holy Communion] until she gets forgiveness [she receive penance]. You will be given a chance to finish your penalty. Maybe your penalty can be that you need to clean the church yard for about a month. Most of the people did not come to do their penalties. The priest also decided to stop giving people penalties because men don't want to come forward and maybe is not from our church so it will be difficult to give him a penalty. What we do now is that a person needs to know that it is their responsibility to keep the rules of the church.

Thembeka: *What happens in the church if someone becomes pregnant when they are not married?*
Dunn: It is not allowed, the reverend talks about it every day if he preaches.
Thembeka: *Are they suspended or do they continue in the church?*
Dunn: They ask forgiveness and then they continue [coming to church]

Quite generally, these interviews tell a story which suggests that there have been changes over time with regard to how the church represented by the St. Joseph's congregation treats members who contravene its sexual norms. All the older members interviewed referred back to what was done during their time, and illustrate that besides the church teaching on sexual behaviour, they had mechanisms in place which ensured that members do not stray. An interview with one of the leaders of St. Joseph's congregation led me to believe that this change is real as he too explained below:

In the olden days, they were to be suspended from church and they were given some minimal job to do as a punishment for their behaviour, or for falling pregnant while they are not married. But because of the Renaissance, that has taken hold. We are now more humanistic in our approach. We no longer suspend, we are humanistic: (Interview with Vusi, lay preacher at St. Joseph's congregation: March, 20 2006).

Second, he suggested that some of these problems are linked to the church's organisational structure described at length in Chapter Three, section 3.2.3. What the leader was suggesting was that in many ways, their hands are tied with regard to what they can and are allowed to do as he expressed below:

The church does not give local churches power to deal with such issues because these are to do with morality and morality is dealt with by the priest and the higher levels. Otherwise it would be a problem for decisions to be reached: (Vusi, lay preacher at St. Joseph's congregation: March 20 2006)

More importantly, however, the excerpts above show that the stance taken by this church –that of relying on the individuals' conscience to follow the church's teaching on expected sexual norms – does not yield any positive results. The impact of having no mechanisms in place was evident in the high level of pregnancies among the youth at the St. Joseph's congregation. Attending services at this church, I was struck by the number of young girls who were pregnant and who as I was told, were unmarried. Responses from interviews also confirmed these findings highlighting that pregnancy out of marriage is, indeed, a problem facing their church. The leaders of the St. Joseph's congregation articulated this as follows:

> If we were to check for that, we would see that about 60 percent of our youth have had a baby- maybe say 80 percent. We have never counted, but they are the majority: (Interview with Vusi, lay preacher at the St. Joseph's congregation: March 20, 2006).

> Our church is not strict. I have seen people getting pregnant and deliver their babies and then come back to the church after that: (Interview with Nkabinde, old member of the St. Joseph's congregation: April 10, 2006).

Other than the above responses all 18 interviews but one held with members of the St. Joseph's congregation indicated that premarital pregnancy is common in the church and that there was nothing being done to prevent it from happening. The ACDIS data collected between 2002 and 2004 indicates that premarital pregnancies among members of the mainline churches were comparatively higher than in other churches, although not as high as reflected in the in-depth interviews. Table 20 presents premarital pregnancy by type of church, and what we see is that of the individuals who reported to have fallen pregnant before they were married, 22 percent were members of the mainline churches.

Table 20: *Distribution of premarital pregnancy by the selected churches*

	Non affiliation	Mainline Christian	Pentecostal churches	Zion-City AICs	Apostolic Zion	Other churches	Total (n)
Indicator Variable							
Premarital pregnancy	29.51	22.04	7.34	18.3	16.77	6.33	100
Total(N)	**1198**	**895**	**298**	**743**	**681**	**245**	**4060**

So the question is what explains this variation in terms of level of pregnancy among mainline church members compared to the other churches?

7.3.1.1: The Linked Church-Based Social Space

An in-depth examination of churches carried out in the qualitative study reveals that the presence of measures of control (or the lack of it) is significantly linked to the type of social space these individual churches create. In fact, measures of control form part of the constructed social space and their enforcement is part of the process of the negotiation described earlier. A recap of some of the main points is provided below for clarity.

The analysis of data on St. Joseph's congregation, a case study representing mainline churches suggests more broadly, that mainline Christianity manifests entitled/extensive church-based social space, a type of social space where the individual does not have to do much in order to be accepted by the group. Based on the data, St. Josephs' integration of the four factors which define their church-based social space is clearly unbalanced, placing strong emphasis on the teaching of faith. But when it comes to discipline they rely on _individual conscience' as the leaders indicated. In addition, the type of social support offered is not primarily for their members but to the wider community as well. Observed closely, and as argued here, the type of support given was expected by virtue of membership, and was therefore, external to individual emotional and intimate needs. Moreover, for the more intimate needs to be known by members requires frequent interaction among the members (also see Ellison and Levin, 1998:715). But the St. Joseph's congregation is weak at organising and maintaining consistent and well-functioning church groups. Observations provided in chapter six revealed that regular meetings in the small groups took place once a week, at most. These observations were corroborated by the existing quantitative data, collected by the Africa Centre for Health and Population Studies. As a measure of frequent participation, an analysis of this data on the number of hours per week spent in church activities showed that members of early mission churches (mainline) on average spent less than three hours in church related activities per week. Findings further show that 51 percent of mainline church members spent between 1-3 hours, while 25 percent of mainline churches members did not attend church activities at all (see figure 14 in chapter 5).

Not only is the frequency of the meetings low, but so is the quality of members' interaction in these meetings. These meetings are mainly characterised by prayers, and

discussions that focus on the general well-being of the community and less on individual needs. Their interaction is simply less intimate, focusing on faith and acknowledgement of the presence of individuals. As described earlier in Chapter Six, the lack of intimate interactions among the St Joseph's congregational members, I argue, is a consequence of, and is linked to the complex process of the extent to which group interaction is emphasised in the teaching of the doctrine, and how in turn it filters down to the small groups. And as noted earlier, these groups are fundamental in maintaining expected behaviour of the church members. These observations are further supported by the findings obtained from the analysis of the ACDIS data presented in chapter 5, section 5.3.3. These findings suggested a negative correlation between participation in church activities and HIV risk behaviour. Controlling for the effect of socio-demographic characteristics (Socio-economic status, age, sex) the results showed that members who participated in church activities were on average 56 percent more likely to avoid engaging in sexual activity before marriage than those who did not participate in church activities at all. But with limited interaction among members of St. Joseph's congregation, behavioural influences in this church would be minimal.

Although the St. Joseph's discourse on sexual norms emphasises abstinence for the youth and faithfulness among married individuals, mechanisms for re-enforcing these sexual norms are almost non-existent, which as I argue, are linked to individual commitment, group interaction and benefits obtained through social support – social space. The culture of intimacy among members found in other churches, and which we found to be linked to the ability to control individual behaviour is absent. Members can of course, interact with other people who either belong to other churches or other congregations, with whom they have similar interests, meet at the places of work and/or run businesses with and these interactions can lead to strong bonds (although our interviews found that other activities outside the parish were not common). But these interactions/bonds do not have the same level of intimacy and this implies that the main means through which specific sanctioning practices could be achieved are significantly missing and hence unable to prevent members from contravening the church's sexual norms.

All together, the social space characterised by the St. Joseph's congregation was undemanding, requiring less of individual members' commitment. This type of social space as the study shows is unable to control individual behaviour and behaviour linked to the spread of HIV/AIDS.

Figure 22 below is a demonstration of the type of social space exhibited by the St. Joseph's congregation, and more broadly, mainline churches. From the figure, St. Joseph's congregation scores very low on enforcing discipline. It also scores low on participation (frequency of meetings) due to lack of regular group attendance.

Figure 22: *The St Joseph's church-based social space*
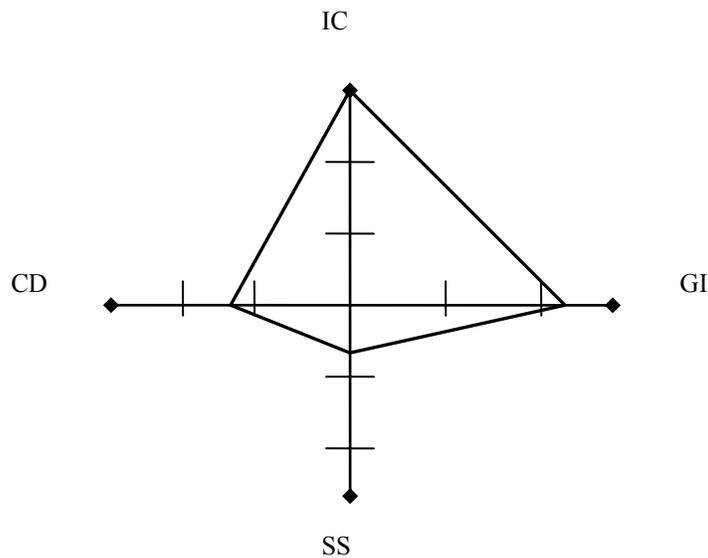
IC

CD

GI

SS

Key

IC: Individual   SS: Social support   CD: Practices of church   GI: Group Interaction
commitment   Discipline

Although the exhibited social space does not influence behaviour, it has other functions as portrayed in the vignette entitled ‗creating a family of brothers and sisters for the future unknown'. Not only does the vignette further provide more insights into the type of social space at St. Joseph's congregation, but also it summarises precisely how members use the constructed social space to meet their needs.

Creating a family of brothers and sisters for the future unknown

On August 9th 2006, members of St. Joseph's congregation were celebrating South Africa's national women's day. Cleaning and decorating the church had commenced and women were arriving in large numbers wearing smart clothes that they would not ordinarily wear during regular Sunday services. The women arrived with large pots of food and jars of drinks, all excited, as seen from their facial expressions and conversations. Being Women's Day, women dominated in determining how the function was to proceed, contrary to normal occasions where most of the activities are overseen by men. One could see that the presence of each individual woman was recognised and valued. During the ceremony, I spoke to one of the women about the events of the day and throughout the discussion, she reiterated the fact that attendance at such events gives an individual recognition and is a source of security and assurance which members obtain for future eventualities. Her conversation, however, was dominated by the fact that so many people were dying and that people have to seek alternative help. She iterated that:

> …in some families most people have died and there are just not enough people to support the entire funeral in individual homes. People are now coming to church to create a family of brothers and sisters for the future they do not know…if you are not a member of the church, no one will bury your relatives: (Interview with Nomusa: Member of St. Joseph's congregation: August 9, 2006).

This vignette speaks of the current social and economic situation characterised by a complete lack of resources by many people and the increasingly reduction on the existing resources accentuated by the increasing number of deaths due to AIDS. In light of this, the vignette also reveals to some degree, the failure of the government and its respective departments to provide for the people, making churches the only form of organisation that is assisting people in times of need.

But in terms of the constructed social space, this vignette does not suggest that members of the St. Joseph's congregation have close interactions, rather, it presents an opportunistic-bound type of interaction, where members are coming together to seek networks that will be used largely during time of adversity. Although members may have other interactions as indicated earlier, these interactions with other individuals offer no guarantee of assistance in time need unlike their congregations where such support is guaranteed. And because mainline churches are known for providing such support by virtue of membership, individuals only need to be known as members and are guaranteed support. There is no doubt that members also seek a spiritual

fulfilment, but based on the observations, the majority appeared to be those whose aim is to find ‗brothers and sisters for the future unknown', besides those members whose families religious affiliation has traditionally been to this particular church, and whose allegiance is first and foremost to this church. Thus, based on the above, the St. Joseph's congregation and the church it represents, exhibit entitled or extensive social space, a type of social space observed to have limited abilities to enforce church sexual norms as this study found.

7.3.2: Enforcing their sexual norms: The Holiness Community Congregation (Pentecostal)

By contrast, Holiness Community congregation presented a very different picture. Within this congregation, strict measures were taken when an individual disregarded their church's norms of sexual conduct. In particular, members who contradicted the church norms of sexual conduct faced the danger of being suspended from the main church activities, pending an evaluation as members described:

Mollie:	*We have been talking about church discipline or social control, you say you teach abstinence, you teach being faithful, now what happens if a member of the church especially the young girls becomes pregnant, what do you do or what means of social control are in place for that?*
Dube:	ok that young girl obviously is disciplined for what she has done and he is given a particular period of time whereby she is observed until she has turned away from that kind of behaviour. Falling pregnant means that she is contradicting the rules or the principles of the church, I mean you cannot get pregnant if you are abstaining of which we are preaching. [Meant that because the leaders preach abstinence, they expect that if members do abstain, they will not get pregnant] So there after, if we see that she has changed from that, if we see that she is no longer involved in those things, that person is accepted back in the church.

Mollie:	*What period of time do you give that person?*
Dube:	We do not have a particular period of time, it depends on the level of commitment a person shows, because it differs, for example one person gets pregnant and you see that it was a really mistake by the way she conducts herself, but some other people you see them continuing doing those things that made them fall pregnant in the first place. So those might take a much longer time.

Thembeka:	*Tell me, as we have been discussing, what happens in your church if someone becomes pregnant before marriage?*

Dudu: The person is suspended in the ministry where she belongs until a person repents, restores and starts again.

Thembeka: *What do you mean by suspension?*
Dudu: A person comes to the church but does not participate in the ministry to which she belongs.

Wakwa: *What are the things that you dislike about your church?*
Zinhle: When you get pregnant, they will say that you have fallen because they say you have disappointed everybody.

From the above, we observe that there is a significant amount of effort placed on ensuring that members adhere to the rules. For both men and women, as long as they are both congregational members, the punishment is the same. However, and as some members expressed, often the men are not members of the church and in which case the punishment does not apply to them. But Holiness Community congregation goes further than the above, to setting up structures which are meant to monitor individual behaviour. The system of cell groups is one of a kind where this is done. And members articulate its role in preventing such behaviour from happening as follows:

Mollie: *What happens if someone gets pregnant, what then do you do?*
Thobe: Normally those problems will not occur because the home cells monitor member's commitment but if it does we take it seriously. It means that members are not taking their faith seriously. But we talk to that person, call her in and ask her the plans. If it is possible we also speak to the boy and see if he wants to marry her. When that is not the case, we talk to the lady telling her about the likely problems of engaging in such behaviour. In fact there was one lady who became pregnant and we went and talked to her. After that the pastor preached in church very serious telling the boys and girls about this issue. So we do take it seriously.

Mollie *What mechanisms are in place to ensure that people follow the rules of the church to prevent members from misbehaving or falling?*
Dube Ok, so we have got a programme within the church where by a person joins only when he gets converted and that person is taught formerly and then they are taken for a weekend, an encounter weekend where they are baptized. Also we do follow ups by visiting people. In fact we have decentralized the work where by cell leaders will do just that and will report to church leaders on that.

The above discussions further portray the mechanisms Holiness Community congregation puts in place to ensure that members adhere to the church rules. While they attempt to indoctrinate (used without negative undertones but simply to ensure that the individual is aware of the church principles of conduct) the individual to the point where the individual has no room to contravene the church rules, those instances (though minimal) do occur and the acceptance back into the church happens when the individual has shown that he/she is willing to follow the church rules.

Observations made during church services and activities suggested two possibilities: that unlike in St. Joseph's congregation, there were no pregnant unmarried girls seen which means that either the church's strict rules around sexual norms are yielding positive results, or, that the church followed through with its rules of suspending those found pregnant. The alternative is also possible, that members simply left the church because they had contravened church rules. Interviews around issues of premarital pregnancies suggested that this was not common, as illustrated below:

Mollie:	*Tell me about pregnancies in church. How do you gauge the rate at which young unmarried girls are getting pregnant? What about marriage?*
Thobe:	The women are not getting pregnant very often. I can say that we have about one pregnancy a year. In terms of marriage, we get about 5 [weddings] or marriage proposals a year. When the woman has found the man, they come to church and announce, thereafter, they are given a few months before the wedding takes place.

Although there is reason to be suspicious of the above responses given that individuals may not provide accurate information around such sensitive issues, premarital pregnancy figures obtained from the analysis of the ACDIS data concur with the interviews presented above. As shown in table 7.1 above, of the individuals who reported having had children before marriage, only 7.43 percent were members of the Pentecostal churches. Compared to other churches, the members of the Pentecostal churches have the lowest premarital pregnancies. One can argue, however, that there is a combination of other factors that might also explain this trend other than the church influence. For example, members of the newer Pentecostal churches in particular, tended to be more educated and are therefore likely to use contraceptives to prevent premarital pregnancies. But the same applies for members of the mainline churches and yet premarital pregnancies were higher. This therefore leads me to conclude that the church effect in both cases is far greater than

individual socio-economic status and hence the need to explore further what these churches offer that explains such a difference in the observed behaviour.

7.3.2.1: The Holiness Community Congregation Social Space

In contrast to the St. Joseph's congregation, Holiness Community congregation presents a much more balanced system in which the four factors defining church-based social space are well integrated. This is observed at first hand in the focus of their doctrine, a doctrine that other churches represented in this study by Holiness Community congregation have come to be identified with, and defined by. So to say, once an individual joins the church – through adult baptism – they are taught to cut ties with the past (Maxwell, 1998:357) as described in previous chapters. In Holiness Community congregation, social rebirth entails cutting ties with friends that are non-members of the church and doing away with old social groups. Habits such as drinking are also prohibited and members are encouraged to stop associating with their drinking partners. A social rebirth in Holiness Community congregation also means that members are integrated into the church system which helps them to adhere to the sexual norms set by their church (abstinence and faithfulness) as well as the other rules guiding the general conduct of members. To facilitate this process, members will attend formal classes run by leaders in this church, which are aimed at boosting members' levels of confidence and hence self-esteem, but also growth in faith and spiritual well-being. As the leader highlights, their goal is to ensure that members are ‗consumed by the teaching of the church'. Thuli's narrative presented in the previous chapter is one of many that explains the procedures individuals go through once they become members of Holiness Community congregation.

Apart from the formal classes which are used as a platform for building self-esteem, Holiness Community congregation embarks on a range of mechanisms, most of which are set in their church doctrine, to ensure that members ‗overcome the world' (see Appendix N ‗How to overcome the world'). Through their organisational structure, they have developed a system of home cells, where members who live in close proximity, meet weekly. In addition, there is a wide range of other group meetings, (prayer groups, bible study, youth groups, choir, revival conferences and worship team) which members are required to attend throughout the week. In essence, members of Holiness Community congregation spend a lot of time in each other's company, creating a relational space that enables the monitoring of each other's behaviour.

An analysis of the Africa Centre data reveals similar results. Illustrated in figure 14 presented in Chapter five, participation in group activities among members of Holiness Community congregation and the churches it represents (Pentecostal churches) is considerably high. Approximately 98 percent of members of the newer Pentecostal churches participated in church-based activities. Of these individuals, 52 percent spent between 7-30 hours a week, denoting a high level of member participation. If we refer back to results presented in chapter five, which examined possible associations between member participation in church activities and sexual behaviour, we see that a high level of participation was associated with reduced engagement in risky behaviour including premarital sex, having multiple and concurrent sexual, having a high turnover over of sexual partners hence explaining the observed behaviour among members of Holiness Community congregation.

Not only do members meet frequently, but also the quality of their interaction is deep, judged from the type of discussions held, which for many, focussed on all aspects affecting members. The discussions were comprehensive touching on all matters, but more specifically on the individual's physical and emotional needs, problems and joys. This was described by the leader when he explained the prescribed content of the discussions and focus of the meetings during cell gatherings. Similar sentiments were expressed in an interview with Fikile regarding male and female relationships presented earlier on in Chapter Six. In general, these discussions are so deep, that the members of the cell have a hand in shaping members' relationships involving the opposite sex. The closeness in their interaction is also evident by the manner in which members disclose to the church their achievements, failures and possessions, which the church and the members openly acknowledge.

Intricately linked with members' close interactions in each other's social space is the social support members obtain. Again, because members know one another at a deeper level, the subsequent support offered is commensurate to their level of closeness. This begins in the small groups (home cells) members attend. However, when the individual need is beyond what the cell group can provide, it is taken to the rest of the members. Together, they will ensure that they find a solution.

Thus, the type of social space which Holiness Community congregation creates is one that demands a high level of participation from members, through attending meetings in the different groups, which members are obliged to attend. The type of social space is also characterised by a

high level of involvement in individuals private lives through which the support provided is specific to individual physical, social and emotional needs. Together, Holiness Community congregation and the churches it represents, therefore, exhibit a space described earlier as intensive social space. This is illustrated in figure 23 below.

Figure 23 below compares the social space of the St. Joseph's congregation to that of Holiness Community congregation. What one observes is a considerable difference illustrated by the manner in which Holiness Community congregation's social space is encompassing all the four factors in equal proportions, contrary to the constricted structural representation of the St. Joseph's congregation social space

Figure 23*: A model of Social Space Exhibited by Holiness Community Congregation*
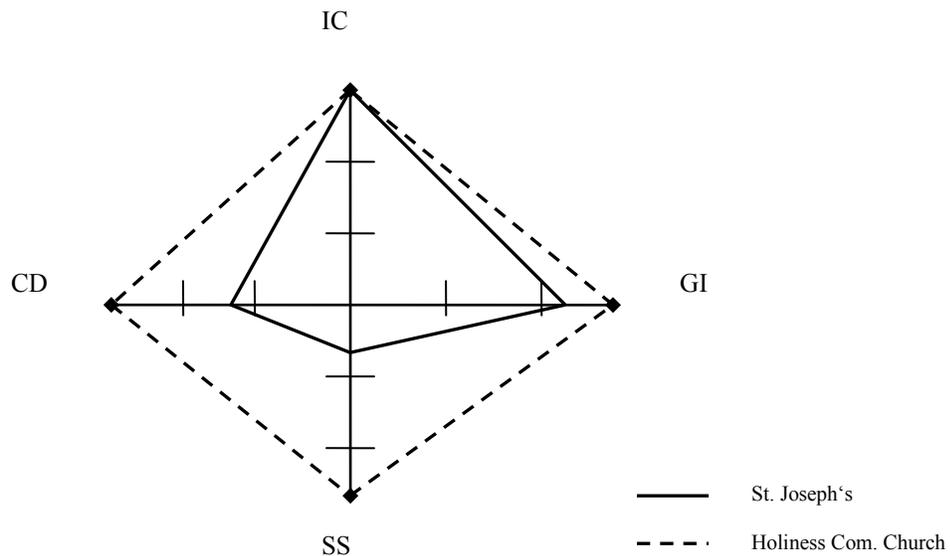
Key

| IC: Individual commitment | SS: Social support | CD: Practices of church Discipline | GI: Group Interaction |

In general, the stringent measures exhibited by Holiness Community congregation showed their determination to enforce church sexual norms. Despite being viewed as a strict ‗space', the social space exhibited by Holiness Community congregation is one in which members say they find wholeness and fulfilment. Such wholeness is fundamental if one is to navigate the demands of the modern world as articulated by Philile, a youth member, who describes her time away from

church as the _indescribable pain of isolation'. Philile, a young woman in her early twenties, told us her story. Most women of her age sang in the church choir. Philile was initially a choir member, but when we visited the church we found her seated at the back with ordinary members. After the service, we walked to her home, a homestead composed of three small, charming houses. The fence and garden were well maintained. One house was occupied by the mother and Philile's four siblings, and the other by the grandmother who lived with a distant paternal aunt. The third house which we found to be well furnished was hers and she lived there with her two-month-old son. By all standards, she lived comparatively well than most people in the area. She told us her story:

> I have a small job in town as a shop attendant, where I work every day. On Saturday I am at home, and then Sundays I go to church as you saw me in the church, I am a member of Holiness Community congregation. I became a strong believer in the church and regarded the church members as my second family. They loved me and cared for me and thought that I had a bright future. Then I met a man who I fell in love with but, due to the church rules on relationships before marriage, I could not introduce him to the members and so I kept the relationship secret. Eventually, I became pregnant and was suspended from most activities since it is the rules of the church [in accordance with church rules]. Even though I kept coming and attending some of the activities, most of the members changed [altered] their behaviour towards me. People talked about me but acted like they were talking in general [condescendingly] about my pregnancy. I became lonely and isolated. Because I hated how they behaved towards me [Fearing the reactions of the members], I ran away until the baby was born. I came back because I missed the members and felt that the only way I could remain a member was to follow the rules. Eish! The time that I was away was very hard. Lacking the support of people who were like my family, made me feel desperate. Because the rules are very strict, some people just leave the church. I sometimes thought of leaving but I did not want to lose my _family'. I came back and became a true [committed] member of the church and have left the father of my baby until he pays ilobola and marries me: (Interveiw with Philile, Youth member at Holiness Community congregation: June 10, 2006).

The narrative above shows that Holiness Community congregation exhibits a social space that effectively minimises members' ability to flout church rules, although the alternative is also possible, where members decide to hide when they have contravened the church rules as Philile initially did. But as seen from the above narrative the decision to hide is more costly than if they returned to their congregation and receive the prescribed penalty. What we see, therefore, are the intricacies (this is linked to the context where the relationships they engaged in do not provide

the necessary support needed and where there is little support obtained from the community in general) members have to negotiate if they are to be accepted by their own congregation. Therefore, the social space exhibited by Holiness Community congregation makes it unfeasible for members to resist its dictates even when it appears to contradict self-interest and thus impacting on members' behaviour (Garner, 2000:55).

7.3.3: Enforcing their Norms of Sexual Conduct: The Nkosinathi Congregation (Zion-City AIC)

Like Holiness Community congregation, Nkosinathi had similar strict measures in place to enforce their rules. These stringent measures were exercised when an individual acted contrary to expected behaviour as illustrated in the vignette below:

> While attending service at Nkosinathi congregation in April 29 2006, I sensed a different atmosphere among the congregants of the Nkosinathi congregation on this particular day of the service. On normal occasions, members greeted one another, and after the service, they would go straight to look for shade where they would sit and eat their food, in preparation for the dance that would take place at 11.00am until 1.00 o'clock when the next service would begin. On this particular day, however, it was different. When the morning service came to an end, members started talking and whispering to one another in a very unusual manner. In addition, the drums and other instruments that were normally put outside the temple for the dance had not been brought. On normal occasions, members especially men, would change into full traditional wear (umquele, ipheshu), but on this occasion, nothing of the sort was seen happening. There was an unusual lack of co-ordination which indicated that something was not right. Although the leader did not announce to the members during the service of what was happening, we gathered from the congregants what he would be talking about: re-enforcing the rules of the church around sexual behaviour. From women conversations and whispers which had spread so quickly among the congregants, we gathered that one of the maidens had fallen pregnant and the leaders had to talk to all the young girls about this issue: (Attending service at Nkosinathi congregation: April 29, 2006).

The vignette above suggests two important points. First, that despite the strict rules imposed, some individuals do contravene them, highlighting instead the influence of the broader context on individual behaviour. But the narrative above also points to another important aspect: that of disciplining behaviour regarded as unacceptable by this church. By stopping another form of prayer (the dance) in order to have a talk session with the youth indicates the significant importance that the church leaders attach towards upholding the rules of the church. The second important point is the level of concern shown by all members. Although it seemed stigmatizing by the manner in which people acted (whispering to one another and pointing fingers), the

impact on individual behaviour was far greater in this church than in other churches where such strict measures were lacking. In the same way, punishment would follow for members who acted contrary to the approved behaviour. First, they would be suspended from the main church area and from church activities, until they have served their prescribed punishment as the leader describes below:

> If a lady falls pregnant before marriage, the lady and also the gentleman must stay out of the church. They can come to the temple but must stay outside the temple. We do not expel them from the word of God but they can stay outside until the man pays the lobola to the family of the lady. After that they must come to the church leader and say what they have done. That they have paid maybe four cows. After that, we pray together with them and then they can come to the church. It is also then that we do a cleansing ceremony. They must pay a certain amount of money: (Interview with Dumisani, preacher in Nkosinathi congregation: March 16, 2006).

Members of the church also articulated this issue in the same vein as seen in their responses below:

> **Thembeka**: *Now if a member of the church becomes pregnant before marriage, what do you do or how does the congregation react?*
>
> **Gumede:** Mostly what happens is that when a girl sees that she is pregnant, she stops coming inside the temple [because] she realizes that she has done something wrong. She stops until she delivers. That person and the partner and their parents will go to the preacher and say that the girl did something wrong but she wants to come back, that she wants to commit herself with the church again. The preacher of the church, who is also the leader of the congregation, will ask what they are going to do about the rules of the church they broke. Because they know exactly that they are not supposed to meet [engage in sexual activity] until they get married, that they are supposed to meet after they are bonded according to the church. It means that the parents will tell the preacher that so and so came and paid the penalty which he was supposed to pay. Again the preacher asks if they want to get married or they want to separate and she joins the church again. She has to choose what she has to do because sometimes she has been impregnated by someone who is not the member of our church. According to our rules we do not allow a girl to get married with someone who is not a member of our church. That is our rule. Also for the man, the same applies that he is not supposed to marry someone who is not a member of the church.
>
> **Thembeka:** *Is that the time when you do the cleansing as well?*

| **Gumede:** | Yes, it the time when we do the cleansing. They must pay a certain amount of money. |

| **Wakwa:** | *What happens when the member of the church gets pregnant before marriage?* |
| **Boss:** | A girl, she is suspended until she delivers. After that she will come back to ask for forgiveness and pay a penalty of R140. If she decides to run away her parents will have to pay. |

The mechanisms for maintaining the church sexual norms were, indeed, followed through when rules were broken as we observed during one of the visits to the church:

> In mid May, we arrived at the temple at about 08h50; people were getting ready to get inside the temple. The service started exactly 9h00am. On this day there were a lot of people, both men and women sitting in their respective places and groups. But there were also a group of women who sat just outside the entrance of the church. They came with the rest of the members but when everybody else entered the church, they unrolled their reed mats and sat just by the entrance. They did everything that the rest of the members did, such as kneeling, singing, and praying. Some of them had children, others did not. But when it was time for the collection, they did not come into the temple, nor did they give any testimonies. In discussions with the leaders of the church, it was disclosed that those members who sit outside are sometimes those that have deviated from the rules of the church such as engaging in sexual activity before marriage, and falling pregnant. The leader mentioned, however, that other members sat outside because they were taking certain traditional medicine. For these individuals, a cleansing ceremony had to be performed before they were allowed to fully participate in church activities and where new categories would be defined for them: (Attending service at Nkosinathi congregation: May 13,2006).

For the outsider, this seems strange and is accompanied by a number of negative connotations. For example, suspension of members from the main temple area appears to be very demeaning for these individuals. Once again, this type of exclusion carries with it a level of stigma, since members are isolated from the rest of the group. One would argue that the disciplining of members would make them leave the church completely, but the findings of this study suggest the opposite. And thus we argue that the real reasons why individuals cannot leave the church go beyond what is simply observed. These reasons are better understood in the negotiations that individuals make when they decide to follow these practices, a process of negotiation understood within specific church social spaces. As such, this is understood within the Nkosinathi congregation social space.

7.3.3.1: The linked Church Social Space

What kind of social space does Nkosinathi congregation exhibit? Like Holiness Community congregation, the social space exhibited by Nkosinathi is one in which the four factors that make up what I refer to as church-based social space described in Chapters Three and Six are to a large extent well integrated. In the teaching of the doctrine, there are two key aspects fundamental to the exhibited church social space, and to this study. The first aspect is that their doctrine emphasises the church sexual norms by insisting on abstinence like most churches do. But this church does it more successfully, I would argue. Although the doctrine also teaches members to love and care for one another, much of their emphasis goes to ensuring that young women especially remain pure by staying virgins until marriage. This ‗gospel of abstinence' is found in their daily rhetoric, their preaching, and in their songs of praise. The second aspect is their doctrinal emphasis on groups divided along the lines of age, sex, and marital status briefly described earlier and elaborated upon in the section below. These groups are critical for this church and characterise every event held. These groups also offer spaces for social support as well as spaces of control.

As described earlier, participation in these groups gives members several spaces of interaction. The first space is when they meet for gatherings, and services. In their prescribed groups, members often sit together, eat and engage in discussions on an equal level. The second space is when they have the regular pilgrimages to various places including *Inanda, Esikawini*, Johannesburg, and the visit to the mountain (*Nhlangakazi)*. During these crusades, their interactions are organised according to these groups. The third space is during the dance festivals. Again here, members dance in the groups identified above. The fourth space of interaction is offered during the regular meeting days. On the 13th, 22nd and 24th of each month, members of the Nkosinathi congregation, spend two days in a secluded environment where informal discussions, teaching and prayers are held. As described in the previous chapter, women (married and women who have children out of wedlock) meet on the 13th -14th, men meet on the 22nd -23rd, and maidens meet on the 24th-26th. On these particular days, members will take a few of their belongings for the overnight meeting. Put together, the above spaces of interaction available in Nkosinathi congregation suggest that there is a high level of member interaction. The analysis of the ACDIS data corroborates these findings, indicating that the level of participation in church activities among congregational members was high. Altogether, 98

percent of the members attended church activities. Of those, 42 percent spent between 4-6 hours per week, while 36 percent spent between 7-30 hours a week in church activities. And since participation was significantly associated with reduced engagement in risky sexual behaviour, we expect that members of Nkosinathi congregation are less likely to engage in risk-sexual behaviour.

Such a conclusion would depend on the quality of members' interaction. Similar to Holiness Community congregation, the quality of interaction in these groups is one which symbolises closeness. In support of this, I observed the manner in which they help each other, by sharing seating mats and towels on the day of worship, as well as sharing food. On the day of the meeting, members even share sleeping places when they spend a night in the secluded places. Generally, members provide help of a practical nature but give emotional support as well. An added advantage of this interaction is that members see these groups as places where they obtain their identity within the church and in the community in general. They also obtain a sense of belonging as Thobile describes in the narrative below entitled _My group, my generation, my future':

> In the church we are arranged in groups. The unmarried maidens (abasifazane) and married women (abakhosikazi) have their own [designated] place to sit. For me I am 23 years old and belong to the maidens. I completed grade 12 but did not go to university. I did not have the money for paying the fees but also I did not pass [perform] well for further studies. I was living with my adopted mother who is also a member of the church. I am a strong member of the church and the church is the most important group in my life because that is where I find friends. We meet and discuss anything because we understand each other. Our group meets on the 25th of every month and during that meeting, we pray, sing, dance, and are taught how to behave. It is nice to belong to this group because it gives me an identity until I get married and join another group. I will only leave this group when I get married, and at that time the rest of the members will recognise and respect me as a good woman: (Discussion with Thobile a maiden in Nkosinathi congregation: August 11, 2006).

As expressed above, the existence of these groups creates a space or an environment in which members obtain not just support, but also a sense of belonging which as described above is an important consideration for these individuals. Belonging to these church groups gives individuals a sense of self-worth and gives meaning and purpose to their lives. And to have that striped off because of misconduct is something they weigh cautiously. And judging from the above

narrative, this forces the individuals to return to church when they flout the church rules despite the penalty that awaits them.

Through these groups discipline is enforced. In fact, for the leaders these groups are precisely groups of control, and in order to maintain the church norms on sexual behaviour, different mechanisms of control for individual groups are easily applied. In addition, it becomes easy for leaders to decide on the teaching, doctrine and type of discipline that is suitable for individual groups than having all members together. For example certain practices are only relevant to certain groups. In their frequent meetings, particularly on the 24th to the 25th, when the young maidens meet, issues regarding ‗maintaining purity‗ are emphasised and certain practices such as virginity testing are encouraged as the evangelist indicated:

> …when the girls meet on the 24th of each month, these are girls who are virgins only. They have their leader who teaches them how to keep themselves as virgins and how to take care of themselves. Their leader is a senior who teaches teenagers how to take care of themselves until they get married. During the discussion, the girls are taught the following: A girl is not supposed to be spanked [touched] by boys and she is not allowed to talk to boys. If a boy writes to her a letter [these days could be an sms], she has to take it to the leader and tell the leader that so and so wrote me a letter. So that means that a leader has to take it to the parents of the girl. They will call the parents of the boy and ask them why their son was writing a letter to their daughter. There is a lesson where a girl has to be taught how to keep her virginity because it is like an egg, and once it is broken you can never fix it again. They also tell them about the bad part of not taking care of themselves…(Interview with Mhlongo evangelist of Nkosinathi congregation: April 18, 2006).

In another interview with the leader, a similar aspect was discussed:

> …what is done in the Zulu culture is also done in the church that is the checking of young ladies. This is done by the culture and also the church, but it depends on the parents of those particular ladies whether they will allow their daughters to have their virginity tested, so that when they are old, they can easily get married. Because the girls who are involved in sexual activity with many men may not marry, so that is why we supervise their children. In culture it is done and also in the church. We do encourage and teach the young girls to remain virgins but they are also visited by the old members of the community or members of the church, who checks their virginity and sees that they have not yet engaged in sexual activity. This is on voluntary basis. So if ever the girls are taken at a homestead to be checked whether they have slept with someone, when we find that the girls have slept with someone, we tell them they have to be cleansed, must not sit with those who are still virgins. So that is the way of controlling the young ones. So now, if a

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girl was expected to be a virgin and during virginity testing was found to have lost her virginity, they would not be allowed to enter the church until they have been cleansed. They would also not be allowed to sit with the virgins once the cleansing had been done. The girl would be moved to a different category of women who are not married but have engaged in sexual activity or have had a baby outside of marriage …(Interview with Dumisani, preacher at Nkosinathi congregation: March 16, 2006).

The above excerpts from interviews show that Nkosinathi congregation and the churches it represents go further than simply preaching to the young about remaining pure, but engage in the actual practices of disciplining them. As part of the Zulu tradition, virginity testing is one of the customs that this church incorporates in its practice, where young girls will occasionally be taken to a place where they will be checked by elderly women in the church. If an individual fails this test (in other words, she is found not to be a virgin), she is automatically removed from her former group of girls to a group of women who contravened church rules and had children before marriage. The leaders of Nkosinathi congregation and those of the wider Zion-City AICs belong to the group of people who currently advocate for virginity testing, not as a means of HIV protection but as a means of enforcing their religious sexual norms, and resurrecting the cultural practices that were eroded by Christianity and Westernisation (George, 2008:1475). And for the girls who participate in this practice, although they may be pushed by their parents to have their virginity test done, part of the motivation is also to maintain their maiden status in the church. They are, however, not concerned or aware of these debates. All they want is to build and maintain their network of friends. As highlighted in Thobile's narrative, these are networks from which they obtain a sense of belonging as well as direction for the future. And since the church is the only structure besides their family that provides such kind of belonging (what characterises the social space), the majority of the young girls choose to follow the rules despite the harsh conditions they may be faced with (Lichtenstein, 2000:54)

Altogether, the above information illustrates how Nkosinathi congregation constructs its church social space. A social space characterised by a high level of interaction within various groups, a focus on abstinence as a means of maintaining purity among the young girls, as well as a sense of sharing and social support that individuals are granted as members of the church. And where rules are not followed, a number of control mechanisms explained above are applied and include suspension of members until certain rituals are performed and a penalty fee has been

paid by the aberrant member. On the whole, Nkosinathi congregation also exhibits intensive social space as summarised in figure 24 below.

Although the social space exhibited by Nkosinathi congregation appears to be characterised by negative aspects such as creating groups of control based on gender, age and marital status, promoting gender inequality, as well as engaging in virginity practices all aspects that have been argued to be stigmatising and dehumanising for young girls, it is not interpreted in the same way by congregational members

Figure 24*: A Model of social space in Nkosinathi congregation*
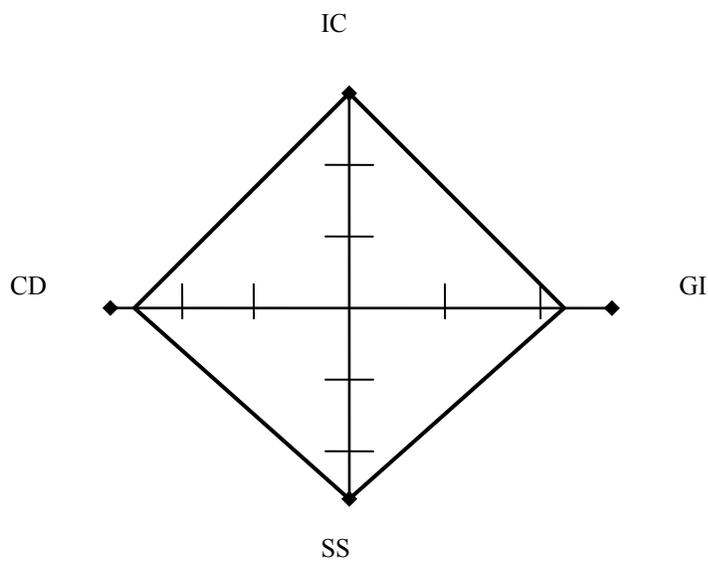
Key

IC: Individual commitment   SS: Social support   CD: Practices of church Discipline   GI: Group Interaction

Instead, they view it in a positive light. They see the divisions as platforms on which they are able to build a sense of belonging, and from which the transition from one group to another can be achieved. And because of this, members are compelled to keep the rules of the church including their sexual norms.

7.3.4: Enforcing their sexual Norms: The Thulani MaZulu congregation (Apostolic Zionist)

Strikingly, however, despite its teaching on sexual behaviour, Thulani MaZulu was relatively similar to St. Joseph's congregation in the manner in which it handled individuals who contravened church rules. These led to their minimalist attitude towards enforcing sexual norms, and consequently did not put measures in place to prevent such behaviour from happening as these interviews indicated:

Wakwa: *what happens if someone misbehaves in church?*
Majola: we talk to that person and give her advice, if you do not understand what you need to do, you can leave if you want but not that you will be chased away. The church is not ours, it is for God
Wakwa: *Does it not happen that someone is suspended because of bad behaviour?*
Majola: No it does not happen

Wakwa: *What happens if there is a girl who gets pregnant before marriage?*
Ntuli: We do not have in place rules for that but there is something that we do. We open the bible. The bible does say that when someone gets pregnant before marriage, there is a fine that she will pay together with her boyfriend and bring in to the church. We just open the bible so that when that happens to them, they will know that the priest opened the bible for us
Wakwa: *What do you do to make sure that [people follow the rules of the church?*
Ntuli: We do not have to make people follow the rules. It's about how the person believes and also the person knows that if he prays to God for a job, God will give him the job, so if they do not follow the rules of the church, they will not be blessed by God. So it is about you and your God.

Wakwa: *What do you do if there is someone who becomes pregnant before marriage?*
Ndaba: Long time ago, people were suspended from the church but things have changed. We saw that it is not right to do that because how is she going to live if she is away when we pray for other people. We have to give her *isiwasho* (blessed water) so that this thing which is inside her can be able to live until it comes up without problems (that the pregnancy develops without problems)

Thembeka: *What happens if a person becomes pregnant before marriage? What is done in your church?*

Buyi: I don't know because there was a lady who was pregnant but she did not stop to come to church until she had the baby. She then stopped for 3 weeks after the baby; she then came to the church.

From the responses presented above, we can deduce that the ability of the church to control sexual related activity is very limited. The lack of control stems, however, from the type of social space characterising the church. The weak enforcement of doctrine from the top, follow through to the groups and to the members' interaction. Members do not have to do much to be accepted by their fellow members. This was captured in members' responses regarding the problems they were facing in their local church. Besides the increasing number of deaths of members in the church, members highlighted pregnancy of young girls as one of the problems they encounter quite often.

Wakwa: *So tell me, what are the problems that people bring to you as a leader of the church?*
Majola: The problems that I come across are mostly from the children who are not doing well in the church and they are becoming pregnant in the church. We try those advices and they will stop for that particular period and the next time you see them coming back with the same problem.

What explanation can be provided for the above observations? The data collected suggest that the observed behaviour is shaped by the type of social space characterising the church as described below.

7.3.4.1: The linked church Social Space
Among members of Thulani MaZulu (Zionist-Apostolic) congregation, the situation is different from the three churches presented above. In Thulani MaZulu congregation, there appears to be less order in the manner in which things are done and as a result, the church is virtually unable to integrate the four factors defining church social space. For Thulani MaZulu congregation, the teaching of the doctrine appeared scanty, only emphasising social support, and healing, as their main focus. Consequently, the church and its members tend to capitalise on supporting people by visiting the sick, and praying for them, as well as holding healing services. Social support to their members was often provided during times of adversity, in particular, when a member suffered loss of a relative. In such cases, members come together to provide blankets, food and other necessities. The kind of support offered, however, is more of ‗expected' or entitled support. Like

in St. Joseph's congregation, this kind of social support is what I have described in earlier sections as weak in terms of understanding individuals' needs that go beyond the _sort of rights members are entitled to'. Emotional needs are often ignored, and as such, the church and its members do not appear to be deeply connected.

The inability of the church and its members to know one another deeply is further exacerbated by the fact that there are almost no venues in which members interact at a personal level. In Thulani MaZulu congregation, emphasis placed on the creation of smaller groups either by the church as an institution, or by members themselves is minimal. Even the few groups found (i.e. a women's group which according to the members is supposed to meet on Thursday evenings) rarely meet. Such infrequent meetings translated into poor levels of interaction among individual members. This is supported by figures from the ACDIS data (see figure 5.4 in chapter 5). Despite the considerable amount of time spent in church activities by members of the Apostolic-Zionist churches according to the ACDIS data, fieldwork suggested that the time spent was in certain activities which did not allow close interaction for members, such as church services, healing services, prayers for the sick, and the regular pilgrim to Nelspruit for Easter celebrations.

Figure 25: *Model of social space in Thulani MaZulu congregation*
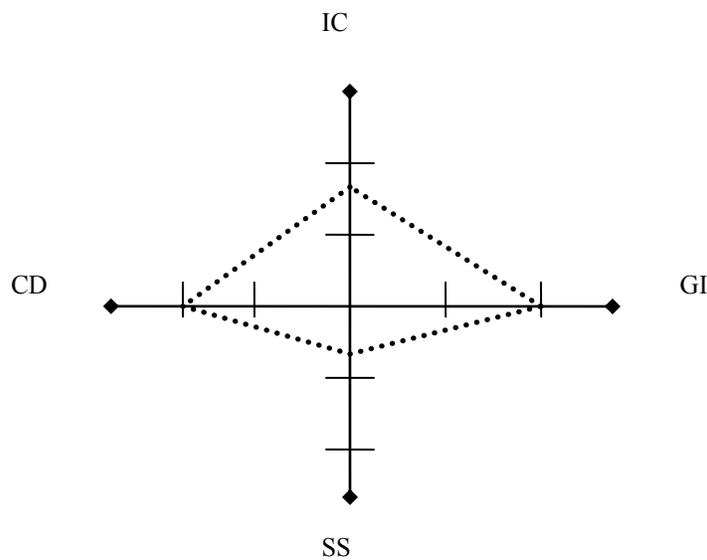
Key
IC: Individual commitment   *SS: Social support*   *CD: Practices of church Discipline*   *GI: Group Interaction*

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Without close interactions among members means that the ability of individuals to monitor one another as seen in Pentecostal and Zion-city churches is weak among Apostolic-Zionist churches. It is therefore unlikely that the church will be effective in enforcing their norms of sexual behaviour. Overall, it exhibited entitled/extensive social space, as presented in figure 25 above.

This figure shows that the level of social support and participation in church activities observed through frequency meetings. However, the teaching of faith and enforcing discipline are relatively week. Put together, these aspects exhibited a weak social space. The type of church social space exhibited by Thulani MaZulu congregation and its ultimate functions are best captured in the narrative entitled, Prayers heal and people give support and donations, as presented below:

> I am one of the older (65 years) women in Thulani MaZulu congregation and have been a member of this church since I was a child. We hold our service on Sundays and all the time [always] we start at 11.00 am, but sometimes if there are not enough members it begins at 1.00 pm, which is becoming common these days because people are attending funerals most of the weekends. I am happy to be a member of this church because of the way the people support each other. When my husband died, the members supported me in the [throughout] funeral preparations [arrangements], and gave me blankets, food, and money. They also supported me when I had to remove the mourning garment, which I wore for a year after my husband died. There are other women who lose [lost] their husbands and with [alongside] other members of the church, I support them by giving them the same things like blankets and many other things. The members visit the sick in the church [congregation]. They announce in church that so and so is not in church today, maybe she is sick or what, then all members go to the member's house to pray for that person. Like now, our pastor in the church is sick and the members have been visiting him at home and praying for him. They have been making donations for him for treatment, but the money is still not enough to give him good [the required] treatment: (Interview with Mrs Ndaba, Thulani MaZulu congregation: May 9, 2006).

The story above is mirrored in numerous cases of women and men who expressed the importance placed on church membership and participation. It showed that it is within church social spaces that members communicate their needs. The above narrative confirms, however, that the Thulani MaZulu social space is one in which providing intimate and emotional needs cannot be achieved. In general, therefore, these findings indicate that Thulani MaZulu congregation exhibited a social space within which preventing youth from engaging in sexual

activity is almost impossible. The lack of mechanisms in place to enforce their sexual norms is greater for the church to prevent such behaviours from occurring.

Table 21 below summarizes findings presented above linking the type of church social space with the extent of premarital pregnancies. What we see is that churches which exhibited intensive social spaces had less premarital pregnancies compared to those churches exhibiting extensive social space. The ability for these churches to maintain low rates of premarital pregnancies is therefore explained by the type of church social space churches exhibit.

Table 21: *Reported premarital pregnancies by type of church social space*

	Mainline	**Pentecostal**	**Zion-City AIC**	**Zionist-Apostolic**
Intensive social space		√ *Reported pregnancy low*	√ *Serious measures were taken when an individual had an illegitimate child*	
Extensive social space)	√ *A number of pregnant youth observed*			√ *No measures in place Pregnant youth reported*

√: This represents the type of church-based social space present
Source: Analysis by author of the FBIs qualitative data, 2006

7.3.5: The Voices of Individual Actors within their Churches

So far we have presented the institutional approach in dealing with individual behaviour. The argument presented suggests that churches and their members construct social spaces which shape individual behaviour and sexual behaviour in particular. This is likely because the created social space takes into account the extent to which churches enforce their social norms of social control and within which the benefits of member interaction and the provision of the much needed social support are obtainable (see section 7.4 for an extended discussion).

But now and again, we see behaviour that is contrary to what is normatively expected of members by their churches emerge. Regardless of the type of the social space exhibited by the different churches, behaviour regarded as deviant, although at varying degrees, occurs. We see for example that in all churches premarital pregnancies occurred even with the level of control

exerted by their churches. Reviewing the narratives by some of the participants revealed a number of issues that individuals deal with in their everyday life. These voices spoke loudly of the fact that even within the constructed church-based social spaces; the issue of individual agency comes into play suggesting, therefore, that people may not necessarily follow what their churches teach them. But much more important than individual agency, the narratives speak loudly of the significant influence of the broader context in shaping behaviour. The narrative by Philile (aged 22 years) for example reveals how people may ricochet between religious and cosmological frameworks, sometimes not unusual in the current times of social, economic and political hardships. Philile's narrative captures well the pressures exerted by age and the desire for marriage in shaping individual behaviour. As a young woman, the desire to get married and find a life partner is often more powerful than the control exerted by institutions such as churches and/or family. And Philile actions mirror the actions of many young women who are convinced that falling pregnant and having a child may lead to formalizing their existing relationships into a marriage. In this age group also, ideas of love and intimacy are often intertwined with the peer pressure young girls and boys experience as they grow up and despite the church sexual norms emphasised, such pressures may present stronger influences.

The same narrative speaks of the need for support either socially, economically or emotionally which many people in today's world seek. This takes us back to the sort of issues presented in Chapter Two highlighting the importance of the changing political economy and its impact on individual behaviour. Her attempt to find a boyfriend is in complex ways linked to the need for support which traditionally men provided for their partners. But the failure of this man to offer her the required support brings her back to her church where she knows that she is likely to obtain some degree of support from members, once she commits herself to the church again.

Similarly, the narratives regarding the significant importance placed on virginity (or the loss of it) reveal similar issues as above but in addition, these narratives also reveal the gender power dimensions as they exist in society. These voices also speak of how the well–established gender divisions within churches whereby enforcing their sexual norms churches and their respective male leadership make female sexuality *a priori*. While the gender power relations revealed in these narratives resonate well with some of the discussion on gender imbalances as a key factor fuelling the epidemic presented earlier in chapter two, section 2.3, women in churches face a sort of double-bind. The churches are emphasising abstinence and fidelity in their teaching

and disciplining women's sexual behaviour on the one hand, while on the other hand, they perpetuate these harmful traditions about gender through selective use of biblical texts (i.e. women must submit to their husbands). Women find themselves faced with two contradictory teachings. Such contradictory teaching is not only confusing to these women but also lives them with little room for negotiation should such instances, where men even those who they are not yet married to demand sex, occur. In addition, the total lack of focus on male sexuality (e.g. condemning condom use, a domain of men) reflects quite substantially on the gender imbalances found in these churches, but more broadly these are linked to the notions found in masculine discourses regarding male control and power, an issue beyond the scope of this study. But if the result of the lack of use of condoms on the part of church members is to acquire HIV/AIDS, then the churches role in contributing positively to the prevention of HIV/AIDS becomes questionable

The narratives further reveal to some degree the negative side of the strict code of conduct exerted by churches on their members. Already presented in the literature in chapter two, it has been argued that extreme social control leads to silences and denialism, which create risk environments within which HIV/AIDS spreads. Philile's narrative reveals that her church's control of young girls' sexuality led her to conceal her behaviour only to be revealed once she fell pregnant. All together, these narratives speak of the social pressures (as exerted by age, gender and class) that these young girls experience every day, outside the church context. And therefore, for the churches to control women and men's sexuality without considering the broader social issues that shape sexuality (economic, social, and political) is problematic and may indeed, affect its role in the prevention of HIV/AIDS.

7.3.6: The Difference between Church Affiliates and Non-church Affiliates

There are, however, differences in behaviour when we compare individuals who were not affiliated to any church group, with church-goers in general. For example about four out five (80 percent) of the girls who were not affiliated to a church interviewed in 2006 had had a baby before marriage. The premarital birth rate was lower for individuals belonging to the various churches than non-church affiliates. This is confirmed by the ACDIS data which shows that of the 4060 individuals who had children before marriage, 29.51 Percent (1198) of these were individuals who were not affiliated to any church (see table 21 above). Furthermore, we interviewed young boys about activities done in their spare time. This question was posed to boys who were affiliated to a church as well as those who were not affiliated to any church. The

responses varied significantly. Of the six non-church affiliated boys interviewed, two indicated that they played soccer after school. The remaining 4 said they hung out with their friends and go out looking for girls. A summary of these responses are presented in table 22 below:

<center>**Table 22**: ***Boys Free Time Activities***</center>

Behavioural issues	Affiliation	
	Affiliated to a church	Non-church affiliates
We go out looking for girls		√√√√
Play soccer	√	√√
Prayer meetings	√√√	
Singing/choir/cutting CDs	√√√	√
Drinking or hanging out		√√√√
At home with family	√√√√	√√
√= Very low √√=Low √√√=Medium √√√√=high _ = Where the Behaviour does not exist		

<center>***Source: Analysis by author of the FBIs qualitative data, 2006***</center>

Table 22 reflects views of 30 youth, 24 of whom were affiliated to the selected denominations, and 6 non-church affiliates. In the table, non-church affiliates were more likely to report spending their free time in activities that would increase the risk of acquiring the HIV infection than those affiliated to churches and the respective church groups. In the same vein, non-church affiliates were on average more likely to report spending time looking for girls and drinking alcohol. A few reported staying at home with the family or going to play football with their friends. Those affiliated to church groups were more likely to report spending time in church activities such as prayer groups, singing in a choir or simply stay home with their family members. The findings presented above indicate that while the pressure exerted by the social context outside the churches affects all young individuals, its consequences are even greater when there is nothing else to fall back to. As we see from above, the likelihood of engaging in risk behaviour was greater for the youth who were non-church-goers, than church-goers.

7.4: GENERAL DISCUSSION: Explaining the Differential Impact of Churches on Individual Behaviour

In all churches, rules and doctrines that guide the conduct of members are well established. Although not well articulated in some churches, it is clear that once one is a member of a church, he/she is made aware of the sexual norms, which primarily revolve around abstinence and faithfulness. However, the manner in which these norms are re-enforced varies from church to

church. This is not a novel finding and has been reported in other studies (Gregson *et al*, 1999:179-193). The main argument of this study focuses on the complex interactions that the members of the different churches experience as the underlying force which influence their behaviour. Put simply, what do the churches offer that lead to behaviour change? I argue that the members' process of negotiating to be part of the church and to benefit from what the churches provide is what leads to behaviour change, a process summed up as church-based social space. The emphasis here is that the type of social space as demonstrated in section 7.3 above plays a major role in influencing and shaping behaviour. This begins to build our understanding of the reason why sub-Saharan Africa, a region with a large number of people affiliated to churches has the highest HIV/AIDS prevalence. In other words, if the argument is that churches have the potential to change individual HIV risk behaviour, why do we continue to experience such high levels of the HIV epidemic? Based on the data provided earlier, the answer lies in the complex interactions among people that share a particular social space as elaborated upon below.

In the first instance, one needs to look at the level of commitment of individuals in certain spaces (in this case church spaces) and secondly, whether they are regular participants in the churches to which they belong. A combination of these two factors, depending on intensity, constructs a space through which members negotiate their allegiance to a group and the corresponding benefits obtained. Elaborating further on the process, where there is frequent interaction, develops also stronger social ties among members and because members get to know one another, they are able to provide both formal and informal social support when needed. As presented earlier (see chapter 6, section 6.3), since the constructed social space is also enriched with norms of social conduct which members are required to follow, failure to adhere to the expected norms causes individuals to be viewed in a different light. Thus, socially and psychologically, not only do members feel guilty of not adhering to expected behaviour, or the need to please fellow members, they also want to maintain the support they would otherwise lose if they were to cease their church and group membership. Altogether, understanding the social space created by churches and their members is central in explaining the high HIV prevalence.

Employing a model similar to that used by Garner (2000), I illustrate the divergent effects of the social space created by different churches on members' behaviour. In the diagram (26), I demonstrate that the churches which occupy the largest surface area are those which exhibit intensive social space.

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Conversely, the churches with a smaller surface area exhibit what I refer to as extensive social space. Based on these descriptions, what we see in the figure (26) below is that Pentecostal churches and Zion-City churches (represented by Holiness Community congregation and Nkosinathi congregation respectively) occupy the largest areas and as it is argued, they are more likely to influence their members' behaviour.

Figure 26: *A model of social space exhibited selected churches in rural Hlabisa*
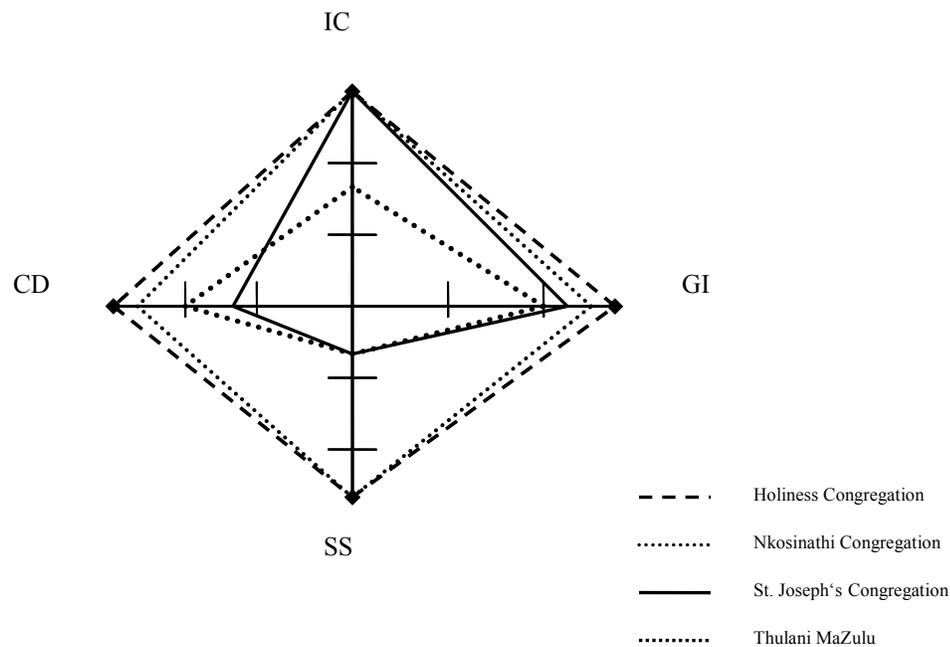
Key
IC: Individual commitment   SS: Social support   CD: Practices of church Discipline   GI: Group Interaction

By contrast, the Zionist-Apostolic and Mainline churches occupy smaller surface areas in the model due to their inability to balance the four factors employed in constructing church-based social space. They thus exhibit extensive social space, which as described in the previous chapter was found to be weak in influencing their members' sexual behaviour. The question that remains to be answered is to explain how the two different church-based social spaces lead to behaviour change.

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The first essential aspect that links church-based social spaces to influencing members' behaviour involves what I referred to at the beginning of this chapter, which is their ability to construct a social boundary between members who belong to a particular church social space and those who do not. We can also infer this same point to the broader churches, that through their doctrinal teaching on social control and their spiritual component (Bible focus and prayers), characterized by a set of beliefs and practices, churches managed to separate the _insiders' (members) from _outsiders' (non-members). Seen from this angle, social space is linked directly to the moral values regarding sex and sexuality described in various literature (Odimegwu, 2005:126; Agadjanian, 2005:1532; Trinitapoli, 2006:2). But how would this affect behaviour? The argument is that identification with a particular boundary means adopting a set of values which shape the expectations outsiders have of those in a particular space (the members). This occurs through a process of labelling and finger pointing when an individual does something that is contrary to the expected values of a particular space. In church settings, these are common and often comments such as _he/she is a Moslem', or 'he/she is a _born again', are not only suggestive of the differentiation people make, but also are suggestive of the expectations of who one is and how one is supposed to conduct oneself. While this is influenced and made visible by the knowledge and expectation of appropriate conduct that members of society have of those who belong to a particular social space, it is also a result of how institutions have shaped their social spaces, and how that space is ultimately conceived by the broader society.

However, the type of boundary I am concerned with in this study is one that is constructed once an individual becomes a member of a church. This is constructed by the members' understanding of what measures or practices church members employ (often defined by the church they are affiliated to) when expected behaviour is contravened. Such measures as we have seen earlier include the different forms of exclusion which different churches use as a form of corrective punishment. Members of Holiness Community congregation and Nkosinathi congregation practice the exclusion of offending members from certain activities. In this study, we observed two types of exclusion. The first involved suspending members if they acted contrary to the expected norms. Here, members would be restrained from engaging in activities in which they formerly took part, such as being part of the worship team, ushering and interpreting during sermons (in case the case of Holiness Community congregation). In Nkosinathi congregation, members are requested to sit outside the church during the service.

Members who fail to follow church rules would also be removed from their previous group to another (e.g. from maidens to the unmarried women's group), an act that provides lessons for the rest of the members. The reincorporation of suspended members depends on their readiness to commit themselves again, or until such time as when they are cleansed and have made payment to the church for the wrongs committed.

The second and more subtle form of exclusion observed, relates to the manner in which churches engaged their members in rounds of church activities, leaving little time for their members to engage in other activities outside the church, including engaging in behaviour that is contrary to that which is expected (also see Agadjanian, 2005:1534). This was observed mainly among Pentecostal churches represented here by Holiness Community congregation. This type of exclusion is similar to what several scholars have referred to as ‗personal social rebirth' (Maxwell, 1999:353; Meyer, 1991:200-3; Robbins, 2004:117). Marshall (1994:215) refers to it as ‗re-socialization'. And according to these scholars, once an individual becomes a member, by being ‗born again', he/she is immediately disconnected from the past relationships, cultural traditions and social networks. With this process, a complete break with the past characterized by deliverance is seen as a key element particularly in the newer Pentecostal ritual structure (Meyer, 1999:200). Marshall highlights that once this process has taken place, ‗the new member is brought into a community of the saved where he or she strives to maintain a state of inner purity necessary to receive empowerment from the Holy Spirit (1994:216). This is achieved through (a) continuous involvement in religious social and welfare activities centred around the church and (b) abstinence from what is popularly described as traditional – rituals and practices – a transition that is believed to make the new believer more progressive than before. The new believer's social life becomes the church, with unending rounds of bible studies, prayer meetings choir practice and concerts, revivals, evangelistic activities and weddings (1994:353). Fieldwork observations among the various groups of Holiness Community congregation confirm what these scholars have described. Thus being part of this process comes with a certain standard of behaviour, and deviation from such expected behaviour is met with strict measures such as exclusion from church activities.

In other cases, priority for partners who want to marry is given to those members who come from the same church background, while in other instances they encourage the non-member partner to become a member first, before the church marriage. Through a range of

activities, rituals and taboos, these churches also exclude non-members from participating in their activities, particularly those that take place in secluded places. This, however, is not usually the case with members of St. Joseph's and Thulani MaZulu congregations. Members consistently report that nothing is done to those who offend church rules. For example, unmarried members who fell pregnant were allowed to continue taking part in church activities and were in fact helped in time of need, making it appear as though it is acceptable and in turn sending a wrong message to the unmarried members of the church. Contrary to Nkosinathi congregation, partaking in church groups such as the prayer groups in Thulani MaZulu and St. Joseph's congregations was not particularly restricted as long as individuals showed interest.

As a measure of re-enforcing their sexual norms, some churches engage in the practice of virginity testing, a much contested concept in contemporary society. Although often regarded as a practice borrowed from African traditional customs, virginity testing is not new in religious traditions. Castelli (1982:61-88) highlights that virginity testing was, in fact, linked to the Judeo-Christian mythology, and that it has religious connotations which for many years has shaped women's sexuality within church contexts. It is thus not surprising that a number of churches have taken it up. As a prenuptial custom conducted before marriage, virginity testing involves the examination of female genitals of maidens to ascertain whether or not they are sexually chaste (George, 2008: 1447-1519; Scorgie, 2001:55-76; Leclerc-Madlala, 2001:533-52). As seen earlier, a particular example of churches who engage in the practice of virginity testing is the Zion-City churches represented in this study by the Nkosinathi congregation. These leaders totally ignore the counter arguments to virginity testing endorsed by the Gender Equity Commission in South Africa, the Constitution, and the Universal rights against discrimination, which argue that this practice is an invasion of privacy and violation of bodily integrity (George, 2008: 1417). In addition, current research around virginity testing has argued that virginity testing is simply a means of shifting the responsibility of men with regard to protective measures against HIV to women (Leclerc-Madlala, 2001:533-52). But for the leaders in these congregations who support virginity testing, such arguments are far-fetched because the reasons for the tests rarely include HIV protection. Their discourse strictly emphasises the maintenance of body purity and in order to achieve this, each young girl and young woman is required to abstain from sexual activity.

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Fundamental to highlight in connection with the above is that the push on the part of the girls to maintain maiden status comes from the need to be seen moving to the next group in a more respectable fashion, where a formal ceremony is held by the church. Marriage is one of such functions that the young girls aspire to. And as I argue, being part of a particular social space constructs what I refer to here as _a relational space'[28] whereby in a space of others, members have to be seen living up to the expected norms and values.

Acknowledgement must be made here of the negative consequences that may result from the enforcement of strict disciplinary rules including the exclusionary qualities exhibited and exerted by these churches. And as data has shown, the fear of exclusion of members may result in members concealing counter expected behaviour because individuals are only too afraid of being labelled if they disclose to their members, even if it was to seek advice of what they should do. Like other scholars have argued, in the context of HIV/AIDS, this could lead to further spread of HIV/AIDS (Smith, 2004a: 223-235; Preston-Whyte, 2003:89-94). Thus, members may choose to stay away from the church. It is possible that there are several cases where members simply did not return to church once they behaved contrary to expected behaviour. It is also possible that they conceal such behaviour. But the nature of interactions found in the two churches does not allow individuals to conceal such behaviour as shown in the excerpts on some of the functions of cell groups (When intimate relationships develop, they are discussed with members and a specific time is set when individuals should formalize such relationships. In the event that this does not occur, the member should decide whether he/she should continue with these relationships and concede his/her church membership). In such churches, these issues are brought forward to the leaders where they are dealt with. And while it would be incorrect to argue that contravening expected behaviour or living a double life does not occur in these churches as smith found in his study of Nigerian Pentecostalism, the findings of this study found that it is much lower than in churches where such strict rules are not enforced. Thus the impact on preventing the spread of HIV/AIDS is much higher in cases where there are strict rules than in cases where the rules are not

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[28] Here, relational space means that in any social space, individuals play different roles. In a church cell group, for example, some individuals may take the role of teaching members the church doctrine others may take the role of monitoring individual behaviour, while others may take the role of monitoring spiritual growth. In a space of others, these individuals have to be seen living up to these roles hence altering their behaviour. Being a member of the church also comes with certain expectations and hence members have to be seen living up to these expectations.

The more likely aspect to occur in these churches where such strict rules are enforced is the complete break from the church for some offending members. Also these members are likely to move to another church to avoid being stigmatised. And this has happened as some interviews with leaders indicated. But as this research found, movement from one church to another in the area of study was not common, and a few members disconnected with their churches completely. And this again is for the simple reason that when individuals decide to become members to a church, there is much more to this than simply leaving when a problem occurs. And in the two churches which we found to be able to balance the four factors that explain intensive social space, breaking away from the church or switching to another is unlikely. This is the key argument put forward in this study, that what keeps them as members of these churches is the fear of loss of the support provided by members as well as the loss of their social networks, a complexity captured in the term church-based social space

In addition to imposing a strict code of conduct, the potential of churches and their respective church-based social spaces to influence behaviour also comes from their ability to navigate the social context. This is achieved in two ways: the first, church-based social space help in changing peoples' existing conditions. In Southern Hlabisa, these range from extreme poverty, unemployment, families without household heads, to illness and loss of lives which are aspects attributable to poor infrastructural development, inadequate service delivery, bad governance and the clash caused by the mix of both traditional and modern influences. Thus, the church social space's transformative ability of individual behaviour depends on how they take part in assisting people in these conditions, achievable through the social support component of church-based social space, but may involve a more _entitled support' with explicit services, which, upon joining, members know they will be entitled to by virtue of their membership in a church. Again, this spans a range of services within which each church will have a specific offer. In the area where field work for this study was done for example, some churches provide care for the sick. In others, orphanages are on hand, while in others support groups for those living with HIV/AIDS and counselling centres are now well established. Assisting with funerals and weddings are the other key activities in which churches engage (also see Idler, 1987:231; Pollner, 1989:111; Steinitz, 1980:65; Ellison and George, 1994:50; Krause, 1995:60; Garner, 2000:51). Church members therefore expect their churches to give them extra support in their time of need, and they may be motivated to become members or maintain membership within

such a church to benefit from the specified support. This point was re-emphasised in in-depth interviews held with our research participants from mainline churches who suggested that most local people understood that the family and the community as units of social organisation are under severe pressure due to the increasing number of deaths from AIDS and as a result, family units are unable to generate adequate support without external help (also see Hargrove, 2007:5; Hargrove 2009:10; Herdt 1997a :23; Herdt, 1997b:120). Through church membership, however, such support would be easily obtained. This point needs to be re-emphasised because, unlike what we have seen in the existing literature, the churches ability to navigate the social context is at the core of what the church-based social space conceptualised in this study is about; taking into consideration the social context within which people live, and where possible providing for them.

In navigating the social context, the second avenue in which church-based social space is able to change individual behaviour as well as to enable their adherents to maintain the changed behaviour is close to the assertion made by Garner, who suggests that churches, or in this case, church-based social space create ‗social and psychological mechanisms which make it unfeasible to resist its dictates even when these appear to contradict self-interest or cultural norms‗ (2000:330). In other words, the church becomes a centre of an individual‗s operation where the individual sees nothing better outside of the church. Similar to Garner‗s point made above, this study argues that it is not only exclusion from church groups that lead to a change in behaviour, but also what the individual faces to lose by being excluded from the group that will change individual behaviour: the family created, friendships and church-based networks. Emphasized here is that the regular meetings offer regular opportunities for social activity and interaction through which members express themselves at a personal level and are in turn availed both emotional and physical assistance (Sherkat and Ellison, 1999: 373-4). There is a conscious attempt on the part of members to know each other at a deep level that leads them to share things in common and build networks of support. This creates close social spaces revealed in strict doctrinal boundaries, where the only beneficiaries are committed members (Bourdieu, 1989:16). In this category, the level of exclusion of others who do not share such strong bonds is often very high, imparting a deep sense of loss when such bonded members for one reason or another must depart from the group [this is my emphasis].

Taken together, the impact of church social space in altering behaviour is stronger if the two aspects described above (setting boundaries and navigating the social context) are integrated to form either Intensive or Extensive Social Spaces. As mentioned earlier, these aspects operate with a specific combination of factors. Although these factors are interdependent, their influence is not the same. For example, in creating the boundary, doctrinal teaching and individual commitment are more prominent than the other factors, while regular meetings and social support, and church discipline are prominent when we consider the church's ability to navigate the social context. In light of that, the churches may be able to set their boundaries and rules and be able to implement them, but the extent to which they are able to navigate the social context vary widely as presented earlier. And as long as these two aspects are not integrated, the effect of churches in minimizing HIV risk behaviour will be minimal.

In concluding this chapter, findings here suggest that churches and their members construct social spaces, and that within these social spaces, the behaviour of members is altered. However, different churches exhibit different types of social space and that the ability of a church to enforce their sexual norms, therefore, varied widely.

CHAPTER EIGHT: SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

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8.1 Summary of Findings

This study has explored the potential role churches play in the prevention of HIV/AIDS in rural South Africa. In particular, it focused on examining how churches are able to minimize HIV-risk related factors, namely: premarital sex, extramarital sex, a total number of sexual partner and early sexual debut. This was examined in the four selected churches representing Mainline, Pentecostal and African Independent Churches (AICs).

The investigation into the role churches play in influencing HIV risk-related behaviour was examined under the backdrop of the strong emphasis placed on the need to include churches and other religious sectors in the prevention of HIV/AIDS infection as well as in the mitigation of its impact. In many developing countries, such emphasis is justifiable precisely because religion in general occupies a central position in society. In addition, compared to any other organisation, the church in general commands a large following. There is also a significant level of trust that the churches have built over time. People, therefore, believe in what their church leaders teach them. The churches are also well placed in the hard-to-reach communities. This gives them an edge over other preventative organisations that may lack such a wide and well established infrastructure.

During the process of investigation, the study ascertained that aspects linked to the prevention of HIV/AIDS when placed in the context of the churches become far more complex, demanding an investigation into what the churches teach and how that may contribute to prevention, particularly because there is compelling evidence which has marked the churches' role in HIV/AIDS prevention as counterproductive. Churches are openly opposed to condom use and their moralizing discourses continue to command a certain level of discomfort among members of the community who fear to be subjected to the resultant stigma (see chapter two and chapter seven).

In building a comprehensive picture of the role of the churches in the prevention of HIV/AIDS, this study recognized that one way of uncovering the complexity is to examine the churches in their social context. Understanding the conditions in which the churches emerged and later flourished, and whether the churches contributed, in any way, to social change formed

part of the investigation. A brief history of the churches presented in Chapter Three, suggests that some churches in South Africa emerged at a time when racial segregation was beginning to take shape. Subsequently, the variation in the role they played in the overthrow of Apartheid provided a precedent for the role these churches are likely to play in the era of HIV/AIDS. For example, some churches directly spoke against Apartheid, while others chose to focus on alleviating the pain caused by the Apartheid policies, through their teaching and offering support where necessary. Zionist and Pentecostal churches feature prominently in this discussion as churches which provide copying resources (both in emotional and physical terms) in stressful environments. Because of such interventions, it has been widely believed that churches may also play a significant role in HIV/AIDS prevention.

This investigation has also revealed that aspects of the churches' organisational characteristics are fundamental in determining the extent of their involvement. From these investigations, those churches whose organisational characteristics are less hierarchical are likely to have considerably more doctrinal flexibility. Conversely, churches such as the Roman Catholic Church whose structure is considered hierarchical, leaves the leaders at the local level with limited power over certain matters. Although there are matters that can be dealt with at pastoral level by the leader of the congregation, issues on moral conduct are not the ones that local congregational leaders have influence. They simply have to implement the rule as given and thus local leaders find it difficult to intervene creatively in the fight against HIV/AIDS. The simple conclusion drawn from this suggests that churches with such a hierarchical organisational structure will not respond adequately in the prevention of HIV/AIDS.

The complexity surrounding the role of churches in influencing sexual behaviour of their members required equally good methodological approaches. Mixed methods were employed which included both quantitative and qualitative approaches. The quantitative approaches involved the analysis of existing ACDIS data to determine the relationship between churches and HIV risk-related behaviour. This was done by examining the effect of churches on selected behavioural factors. Such an analysis was crucial because, as presented earlier, the boundary between churches and broader society is blurred. In other words, churches do not exist as separate entities, but rather a great deal of their activities is influenced by the communities in which they are located. Analysed at a cross-sectional level, only individuals aged 18 years and above who responded to questions on religion as well as questions linked to sexual behaviour

were selected. A total number of 12,265 individuals were included in the analysis. Linking the questions on church affiliation and participation with sexual related variables (Abstinence, number of sexual partners, and age at sexual debut), a rigorous analysis using multiple regression techniques (logistic regression for a binary dependent variable and negative binomial regression for count variables) was done. By means of the techniques above, the effect of other societal variables on the selected behavioural outcomes was controlled for in order to establish the actual effect of church involvement on individual sexual behaviour.

In order to explore the mechanisms which the churches employ to alter their members' behaviour, a qualitative and largely ethnographic data was collected to help explain the observed relationship and the different aspects which churches engage in. Thus, in-depth interviews, observations (church activities and Sunday services) and conversational information were collected. In total, 96 in-depth interviews were conducted. Twenty-three church related activities and 50 Sunday services formed part of the qualitative data collected. In the analysis, presentation and summary of the ethnographic information, this study employed a similar model as that used by Garner (2000), to examine how the quality of socialisation or church-based social space as discussed in preceding chapters, influenced the sexual behaviour of their members.

8.1.1: Church affiliation and HIV risk-related behaviour

Examining whether there existed differences between church affiliation in general and HIV risk-related behaviour produced results that were inconclusive. Using the ACDIS data, the study found that the effect of church affiliation on HIV risk-related behaviours was only significant in one behavioural outcome: total number of sexual partners. Compared to non-church affiliates, individuals who reported being affiliated to a church were less likely to have a high total number of sexual partners in their lives. The observed effect I argue results from the manner in which the question is/was posed, generating information from all individuals that may belong to a church but never engage in any church activities at all.

8.1.2: Denominational Differences

The real effect of church affiliation on HIV risk-related factors was found when we examined these factors across each church. What we found revealed that members of the Pentecostal churches and those of the Zion-City AICs were more likely than non-members to abstain from sexual activity. Belonging to these churches was also associated with a lower risk of having non-

marital sexual partners as well as a lower risk of having a high turnover of sexual partners in their lives (Refer back to chapter 5). Although we had hypothesized based on existing literature that these denominational differences would be linked to the ability of these churches to provide information regarding HIV/AIDS to their members during services and church activities, fieldwork data showed that churches in general hardly discuss such information with their members. In fact, these churches almost intentionally avoided having these discussions with their members due to the widely spread stigma around HIV/AIDS in the area.

Linked to the findings above is the issue of participation in church activities. Evidence obtained from the ACDIS data shows that church participation (spending more time in church activities) was significantly associated with individual sexual behaviour. Specifically, adolescent youth who participated in church activities were 81 percent more likely to abstain from sexual activity until they were married. Findings from the ACDIS further indicated that the relative risk of having multiple sexual partners among married individuals who participated in church activities was significantly reduced (by 92 percent) and this was significantly different from the married individuals who did not participate in church activities. Lastly, the relative risk of having a high turnover of sexual partners was significantly reduced by 88 percent if individuals participated in church activities than if they did not. Correspondingly and important to note is that the study found that a high level of church participation was found among Zion-City and Pentecostal churches than in the Mainline and Zionist-Apostolic Churches, affirming further the denominational differences mentioned above.

In linking the findings on participation and conducting a further analysis on fieldwork data, we found that the churches with their members create what we have called church-based social space (which means individual commitment, regular group interaction, enforcing measures of social control and provision of social and emotional support) and that it was through these social spaces that the churches are able to influence their members' behaviour. The study found that the churches which are able to integrate the four factors exhibited what I have referred to as intensive social spaces and these churches were more successful in minimizing risk sexual behaviour than the churches which exhibited extensive social space (weak in some of the factors). The ability of church-based social spaces to influence individual behaviour stemmed from the fact that the exhibited social space allowed the individual member to accept, reject and negotiate the aspects that reduce his or her solidarity ties to the group. In other words, for a

committed individual, making a decision to go against the moral and ethical rules including sexual activity as prescribed by their various churches is a process which involves calculating and weighing gains and losses[29]. Particularly in the current context where these negotiations of losses and gains are influenced by HIV/AIDS, whose impact is now felt considerably in terms of increasing number of deaths, affecting individuals at family, household and community levels, individuals need to be part of something if they are to cope with the prevailing circumstances. And because the churches are the main organizations where the majority of the people in the community are able to organize resources, losing the support of members weighs more than engaging in activities that are contrary to expected norms. The option therefore is to follow expected behaviour or face the unpleasant consequences of neglect from fellow members, and reduced levels of social support.

But the study also found that the constructed social spaces, and therefore group events and interaction platforms were predominantly composed of a female population, with a male leadership. The implication here is that the disciplining of behaviour makes female sexuality *a priori* and completely neglects male sexuality. And in such circumstances, the potential of churches to minimise risk behaviour may be limited. But the findings also suggest that this varied across churches because in some churches, a well-balanced congregation was often found, and in some churches (e.g. the newer Pentecostal churches) women were involved in leadership. This means, although not exhaustively, that the teachings were received by both men and women, and in this case the disciplining of behaviour would be seen to apply to both men and women.

The more problematic aspect of church-based social space that the study found is the sort of conflicting views which characterise churches when they emphasise abstinence and fidelity on the one hand, and then perpetuate gender differences already prevalent in these communities. This makes it harder for women especially to adhere to the moral teachings despite the strict code of conduct exerted by these churches. But as the study has shown, aberrant members often return to their churches because their churches offer more than being simply prescriptive.

The sort of fluctuation between tradition and modern cosmologies observed among members of the various churches remains a hindrance to church based social space in their role

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[29] – also see Stark 1984:279 (Stark 1984).

of minimizing risk behaviour. In a way, this is complex because some of these traditions are intricately linked to people's identity and some of these traditional practices and healing methods, even the harmful ones, may never be completely avoided even among the most religious of the members. But the extent to which members fluctuate between tradition and modern frameworks also varies across churches and some of these practices may not be harmful at all.

8.2: Study Conclusions.

Drawing from the analysis of the existing data and the data collected for this study, and taking into account the constricting aspects that may ensue from the constructed church-based social space, the main conclusion drawn suggests more broadly that it is regular participation and involvement in church activities, including attending services, group meetings, prayer groups, cell groups, _the days' as well as jovial activities organised by members outside the church, which has an effect on the member's behaviour in general and the member's sexual behaviour specifically than church affiliation. This leads to an important conclusion of distinguishing between two terms often used interchangeably and yet significantly different from each other: church affiliation and church commitment. If members are not committed, it is unlikely that they will benefit from church teachings. They are also unlikely to take part in church activities and to enjoy the support networks which they obtain by being members of a church

Therefore, the ability of the churches to influence behaviour is found in their ability to construct church social spaces, from which churches and their members have a sort of reciprocal relationship, shaped by churches as institutions with doctrines, rules and regulations, on one hand, and individual beliefs and needs, on the other. Thus, the churches ability in altering the behaviour of members is found in their power to construct a social and psychological space where clear boundaries of expected norms are set out, and, from which they can assist members in need. This spans a range of services including physical, social and emotions needs. Considering Bourdieu's conception of social space, different church institutions by nature do not all present the same position in society and hence have different social spaces catering for different needs. Some offer extensive social space, which attracts people with restricted social needs (common amongst Mainline and Zionist-Apostolic churches). Other churches, notably the Pentecostal and Zion-City churches, go beyond extensive social space characterised by expected social support, attracting individuals requiring emotional and spiritual support.

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Second, the churches that are constructed on the basis of Intensive social space, characterised by a strong interaction among members as well as social and copying resources, are more likely to influence the behaviour of their members more strongly than those churches that exhibit extensive social space. In the former instance, church doctrines of control are reinforced by the spatial proximity of individuals within the group and their mutual support ties.[30] The convergence of religious groups and social spaces provide effective controls on behaviour because of the frequent interactions and shared expectations within these groups. In intensive social spaces, members are likely to attempt to understand one another at a much deeper level, and feel inclined to assist one another in a variety of ways as well as policing each other's behaviour. The level of church involvement in an individual's life becomes invaluable (also see Ellison and Levin, 1998:700-720). In these churches, members tend to gain and try to retain a close identity derived from church membership. This is what Garner describes as ‗socialization' an aspect that refers to the church group involvement in the lives of members (2000: 49).

Beyond the benefits of socialisation, intensive social spaces provide expected support and emotional, physical and spiritual support. Thus, in communities ravaged by the HIV epidemic, where members of the community are poor, this kind of support is important because it gives individuals a sense of belonging. Through prayer meetings and bible study, there are numerous opportunities to offer mutual support, especially in the current critical state of the epidemic where the impact of modernisation – globalisation – is making economic conditions unpalatable for people in rural communities. Family ties are being undermined by the distress and death engendered by the epidemic. Traditional social security supports have been undermined and churches and church-based social spaces are fundamental in understanding the role of religion in the mitigation and prevention of HIV/AIDS.

In linking these aspects to sexual behaviour, we cannot conclude that churches are able to totally prevent the occurrence of these sexual behaviours, but what can be deduced from these findings is that churches can minimise their occurrence. From the above we see that some churches, based on their exhibited social spaces, are able more than others to enforce their sexual

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[30] Preston-Whyte (2003: 89-94), Kaleba (2000:23) and Baylies (1998:319-42) have argued that ‗by making AIDS an open secret' membership is important not only for those who are sick but the people and communities around them.

norms, thereby creating an environment in which the contribution of churches in the prevention of HIV can be understood.

8.3: Recommendations

In view of the above, although it is almost impossible to make recommendations on the potential role of churches in the prevention of HIV/AIDS precisely because church-based social space from which the churches are able to enforce their sexual norms cannot be replicated, a few suggestions can be made:

- **The need to include smaller church groups in HIV-related issues**: We now know that the ability of Pentecostal and Zion-City churches in influencing their members' behaviour was linked to their organisational structure, particularly in the smaller groups (the intensive social space these churches construct). Without suggesting that these should be replicated, equipping the leaders of these small structures with adequate information about the epidemic would assist quite substantially with providing information to their members since these leaders engage with individuals at a more intimate level than church leaders at the top of the hierarchy.

- **Recognising the context:** As findings have suggested, the effect of churches in influencing behaviour is related to the ability of the constructed social space to help members navigate through social and economic demands they were facing. Here, members were assisted in times of need. But more than the physical needs, members also obtained emotional support and felt a sense of belonging. Although these are hard to replicate, some of these interactions can be copied into specific preventative programmes in secular HIV/AIDS organisations. This can be done by providing platforms for emotional and social support in order for individuals to avoid engaging in risky behaviour in order to obtain the much needed support. What would even be more important is to link the organisations which focus on HIV prevention to the churches. Involving the churches in these programmes will strengthen the effect of the secular organisations because they will add the spiritual appeal possessed by churches together with ethical and moral codes, which put churches in a far stronger position to enforce sexual norms than the secular organisations.

- **Importance of further research:** Based on the above, further research conducted on a wider scale regarding church based social space needs to be done. And as the social landscape of HIV/AIDS changes with increased treatment uptake, individuals may change the extent to which social support is needed and in turn the churches' role in prevention. Further research is needed to explore two but equally important issues relating to marriage, churches and HIV/AIDS. The first is that if marriage is a risk factor for the spread of the HIV infection as some scholars have begun to show, how relevant will be the religious emphasis on marriage? Second, in places where marriage rates are low suggests also that a large number of people who are not married are likely to be engaging in sexual activity, a behaviour discouraged by churches, and yet, these individuals continue to have membership in the various churches, what is the church's position on this matter? This is a paradox that needs to be uncovered, which this study could not fully engage in.

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Abridged Version of the PHD proposal submitted to Ethics committee at the University of KwaZulu-Natal

FACULTY OF HUMANITIES, DEVELOPMENT AND SOCIAL SCIENCES

Doctoral Research Proposal

Name: **Student No.:**	**Millicent Atujuna** **991235514**
School:	
	School of Development Studies, University of KwaZulu-Natal

Degree: PHD	Research only	**Provisional Title** Faith Based Organizations and HIV/AIDS prevention in rural South Africa

Supervisor **Name**: Prof. E.M Preston-Whyte **School**: School of Development Studies University of Kwa-Zulu Natal-Durban	**Co-Supervisor** **Name**: Prof. Philippe Denis **School**: School of Theology University of Kwa-Zulu Natal-Pietermaritzburg

I confirm that I have discussed this project with my supervisor and I am satisfied with the proposed outline and practicability of the project

Applicant's signature: …………….………………………………………… Date: ………………….…

I am satisfied with the merit and practicability of this project

Supervisor's signature: ………………….……………………………………. Date: ………….……………

Approved by the School Board Signature…………………………………… Date: ………………………

Comments of the Research Committee member who attended the Presentation:

Name: ……………………………………Signature……………………………Date …………………….

Note: Please complete this form, or using the headings, provide the required information in not more than 3 pages.

A.   SHORT DESCRIPTIVE TITLE

Faith Based Organizations and HIV/AIDS prevention in rural South Africa

B.   OUTLINE OF TOPIC AREA/RESEARCH PROBLEM

In brief, the scale of the HIV epidemic in South Africa today as well as in other countries in Sub-Saharan Africa (SSA) has intensified debates around the need for the religious institutions to play a significant role in the prevention of HIV/AIDS. The reasons provided suggest that Faith Based Organizations (FBO's, including churches and organizations affiliated with various denominations), have great potential: they have immense influence within communities, as well as the ability to mobilize communities (Chidester, 1992 Oosthuizen, 1997:8-27, Tiendrebeogo & Buykx 2004). However, some may be reluctant to focus on secular issues, and others may oppose particular effective strategies of AIDS prevention, such as condom use.

Research in western countries has demonstrated empirical associations between religion, mortality and health, including HIV infection, and there is some indication that these associations may hold for SSA as well (Gregson et al. 1999; Hummer et al. 1999, Gomo et al, 1995), Yet, research on issues that combine religion and HIV prevention for countries in eastern and southern Africa with high levels of HIV (the AIDS-belt countries) produced few published studies and the extent to which religion has featured in AIDS prevention programmes is superficial and does not provide sufficient information as to how religious organizations contribute towards the prevention of the HIV pandemic. Given the magnitude of the epidemic in SSA and the widespread participation of Africans in religious organizations, it is surprising that there has been no systematic assessment of the extent to which, and the mechanisms by which, religious organizations in SSA facilitate or impede effective responses to the epidemic. Thus, the central question of this dissertation: to what extent, and through what mechanisms, do FBOs contribute to the prevention of the epidemic? South Africa is an appropriate location for this study, since it has both high levels of religious affiliation (Garner 2000 and HIV prevalence.

FOCUS

This study aims to look at the potential for FBOs to contribute to individual efforts in the prevention of the HIV infection. Focus will be on four types of Christian FBOs, including 2 mainline (originally mission churches) churches,-Roman Catholic and Anglican, 1 Pentecostal church and 1 African Independent Church (AIC) – Zionist church. The objective for this selection is to allow comparison between the different Christian FBOs in terms of their level of involvement in prevention of HIV.

Brief Literature Review

Reviewing earlier literature on the work of the church as a whole, the relationship between religion and health features prominently (Sundkler 1961: Oosthuizen 1992, Schoffeleers, 1999, Mcetywa 2001). Linked to that and in more refined ways, Sherkat and Ellison explore a number of aspects within which religion is influential, including family issues, social movements, and politics, but more important and relevant to this study is the increasing recognition of the influence of religion on health and well-being. Sherkat and Ellison suggest ways in which religion may influence health as follows: (a) 'Religious involvement may promote mental and physical well-being by regulating personal behaviours in way that decrease the risk of disease'. Such behaviour may include alcohol use, smoking and substance abuse. (b) 'Religious congregations offer regular opportunities for social activity and interaction, as well as informal social support, emotional assistance and instrumental aid to those in need'.(c) 'Religious groups foster a sense of community, leading members to feel valued, and cared for'. These scholars emphasize that 'religious support may be particularly effective because of shared norms of altruism and reciprocity and common beliefs about suffering and helping behaviour' (Sherkat & Ellison, 1999: 373-4). These aspects point to the idea of the ability of religious members to form networks and based on religious norms, such networks might be more effective in comparison to ordinary networks that people may belong to

In line with the above, studies conducted on religious involvement and mortality and health; show significant differences between those patients affiliated to religious groups and non-church affiliates (Seeman 1996). Further, elaborating on a set of direct, mediating, and moderating links between multiple dimensions of religious involvement and psychological distress and well-being, Ellison et al (2001: 215-249) found that frequency of church attendance showed positive association with well-being. Others have argued that members find support and develop social ties to which they turn to in case of problems (Baylies et al (1999), Sherkat & Ellison, (1999:371, Liebowitz 2002, Williams, Kaleeba et al 2000).

C. CONCEPTUAL/THEORETICAL FRAMEWORK

The conceptualization in the literature above suggests an analysis founded in the Social Capital approach. The notion of social capital was first developed by Hanifan in 1916. The basis of its current debate, however, revolves around the work of Pierre Bourdieu (1977, 1986 1993), James Coleman (1990, 2000) and Robert Putnam (1993 and 2000). In their discussions of capital, these theorists focus on varying issues but the common idea running through their conceptualization of social capital is that it provides a resource that members obtain from belonging to a social network and utilize in achieving individual or collective goals.

The work of Pierre Bourdieu on symbolic capital is particularly important as it enables the exploration of non-material resources that are necessary for an individual or community to survive in a given context. His discussions around cultural capital (knowledge of things, or 'competence to behave in a certain manner in order to be accepted in a certain culture), as well as explorations of how having cultural capital enables one to access other networks are important (Bourdieu 1986-forms of social capital). An analysis of Bourdieu's work suggests that individuals, who belong to an organization such as church groups (Manyanos-religious women organizations), obtain cultural capital (institutionalized) and are then able to join other networks (Stokevels, burial societies, and other informal credit and savings institutions) from which social capital is a product (see Holness 1997:24-30, Portes, 1998: 3-5, Oosthuizen: 1997:8-9, Brandel-Syrier, 1962, Brandel-Syrier, 1984: 13-18). According to Bourdieu, 'Social capital is the aggregate of the actual or potential resource which are linked to possession of a durable network of more or less institutionalized set of relationships of mutual acquaintance and recognition which provides each of its members with the backing of a collectively owned capital'(Bourdieu, 1997:51).

Taking cognizance of the negative aspects of social capital (Woolcock 1998, Campbell 2003: 51-2, Fine 2003:34, Mayoux 2001:436, Molynex 2002:169, Fine et al 2000), social capital seems an approach that should be explored. What is important in this respect and one of the reasons why this theoretical approach has been selected, is that the Christian faith attempts to instill in people moral behaviour, virtues of equality before the eyes of God, and virtues of altruism, and because members subscribe to these tenets (Ellison et al, 2001:218). One can hypothesize that social capital generated within a religious context would be able to contribute among other things, to individual efforts in preventing HIV infection.

D. KEY ISSUES TO BE ADDRESSED/RESEARCH QUESTIONS TO BE ASKED

Key Questions to be addressed
- ➢ Are there differences among FBOs that might affect their response to HIV prevention?
- ➢ What form of social control/discipline is employed by different churches that might affect people's behaviour in general, and HIV risky behaviour in particular (i.e *doctrines,* disseminated in sermons as well as in informal lessons)?
- ➢ What is the composition of social groups/networks that exist within particular FBOs, and how do these networks impact on prevention?
- ➢ To what extent do religious based social networks - bible study groups, associations (youth, women), church choir, support groups-influence individual HIV related behaviour and attitudes?
- ➢ To what extent are social networks both cause and product of religious affiliation?
- ➢ Is social capital a useful concept in understanding variation across FBOs in terms of how they contribute to prevention of HIV/AIDS?

Working Hypotheses
1. Most religious leaders will acknowledge the presence of the epidemic in their sermons and informal lessons, but the attitude to the epidemic and HIV will vary across FBOs
2. FBOs that are more open - minded on most aspects including gender questions, are more likely to impact positively on prevention than those that are not
3. Evangelical or Spirit type churches are associated with a higher level of participation in activities such as prayer meetings and bible study groups, and thus, faith-based social networks of the evangelical denominations are expected provide greater social support and social control for those failing to follow expected religious norms.
4. The effects of religious affiliation on risky behavior (both self-reported and as measured by sero-status data) are expected to be greater for respondents who belong to 'spirit type' churches than those who do not.

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Area and study population

The area of study is the Africa Centre Demographic Surveillance Area (DSA) a predominantly rural area in the southern part of Umkhanyakude District, in KwaZulu-Natal. The selection of this area permits taking advantage of the extensive data collected by the Africa Centre for Health and Population Studies, which will be supplemented by the collection of new ethnographic data (see section 7.1.2 Main proposal). Four Faith based Organizations FBOs (two mainline/mission churches (.Anglican and Roman Catholic), one Pentecostal (spirit type-apostolic church) and one AIC- Zionist) will be selected for the study, and only individuals affiliated to the selected religious denominations will be selected. For comparative purposes however, individuals who are not affiliated to any religious group will also be included in the study.

The methodology used is modeled on an ongoing study Malawi Religious Project (MRP) by Watkins. The major reason why this methodology has been adopted is to facilitate comparison, and thus the generalizability of this study's findings.

2.5 Research approach/ methods

The design and methodology utilizes both quantitative and qualitative approaches. For the quantitative approach, the study will take advantage of the existing longitudinal Africa Centre Demographic Information System (ACDIS) data collected by the Africa Centre for Health and Population Studies. An analysis of the relevant Africa Centre Demographic Information Systems data (ACDIS) will be undertaken. While the ACDIS employs a wide range of questionnaires for health related issues as well as religious questions. In analysis, these will be linked to religious questions in the data, to provide information on individual religious affiliation and their attitudes to health and HIV prevention members.

Qualitative Approach and Data collection: Ethnographic Research

Ethnographic methods of research will be employed to compliment the ACDIS data. The major reason is to allow this research to investigate social and contextual patterns, meanings given by people to their actions and social settings. This will provide: (a) Institutions, (b) Individual and network data. The major research tools will be in-depth interviews, participant observation. Documentary sources (speeches by religious leaders, TV documentaries on religion and HIV, newspaper articles) will also be analyzed. Since the study is predominantly ethnographic, field work will take 6 months.

Identifying participants for the in-depth interviews

At the *institutional level* interviews with religious leaders from the selected religious organizations will be conducted. These religious leaders include clergy and preachers in mainline (Roman Catholic and Anglican), Pentecostal (evangelical or charismatic) and also in a variety of African Independent church such as Zionist. Using the ACDIS data maps, 4 lists of the denominations in the Demographic Surveillance Area as listed above will be obtained. From each list, I will randomly select two churches to be interviewed. The second church will only be visited if leaders in the first are not willing to participate or cannot be reached. A total of 8 religious leaders will be interviewed since the researcher intends to interview 2 religious leaders in each religious denomination. **Participant Observation and Recording** will also be done to compliment institutional data; In addition, the researcher will record sermons noting, in particular, religious leaders' reference to HIV/AIDS prevention strategies. Contingent on the permission from the religious leaders, the researcher will record all weekly sermons for the duration of the fieldwork.

At Individual and **Network level**, In-depth Interviews will be conducted. Using the previous Household Socio-economic questions on religious affiliation in the ACDIS, I will randomly select 6 individuals.(3 female, 3 male) from each category of FBOs (i.e. 6 Catholics, 6 African Independent, 6 mainline Anglicans, and 6 Pentecostal members. This will give a total sub-sample size of 24 members. I will then select an addition of 24 non-church affiliates (to any religion). 16 young adults (15-20) in the different FBOs will also be interviewed (see section B above).The total number of participants to be interviewed is 72. Field notes will be taken during the interviews but also observation of the participant's surroundings will be noted. From these individuals, I will be particularly interested in knowing what kind of groups people spend time with. These include women's groups, prayer groups, and bible study groups. I will ask to attend these groups. The focus here will be on religious activities and networks. This is aimed at building insights into whether discussions around HIV/AIDS, sexual behaviour of their spouses or partners are talked about, and whether they link that to divine intervention.

Transcribing and translating will be done immediately and data entered in Nvivo for analysis. For identification, I will use ACDIS

numbers for participants, and dates in the format of year month and date. For example, an interview collected on the 20th 9 2005 will be named 135_20050928. This is for anonymity purposes. The first 3 digit number is the participant.

F.   PROPOSED WORK SCHEDULE AND ENVISAGED TARGET DATES

Dates	Duration	Task
June 2005	1 month	Analysis of ACDIS
June –July 2005	1 or 2 months	Obtaining ethics clearance.
August 2005-November 2005	4 months	Pilot study Qualitative (ethnographic) Data collection and translating and transcribing
Jan-March 2006	2 months	Pilot study Qualitative (ethnographic) Data collection and translating and transcribing
April- end June 2006	3 Months	Analysis of Qualitative data and continued analysis of ACDIS Data
July 2006	5 months	Interpretation, and writing different chapters
January 2007	5 months	Re-organization and continued write-up
End June 2007	3 months	Draft thesis write-up
July 2007	3 months	Final thesis write-up
November 2007		Thesis submission for marking

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APPENDIX B: IN-DEPTH INTERVIEWS WITH RELIGIOUS LEADERS

THEMES

START

My name is _____ and I am here with the University of KwaZulu-natal and Africa centre for Health and Population Studies--- (Must use the consent form

RELIGIOUS LIFE HISTORY & CONGREGATIONAL LIFE

Confirm that he is a religious leader among congregations listed

Religious trajectory & conversions— what church did you go to when young, did you change? Why did you change?

- Revivals? Fellowships? Do you ever attend? (if not, why not?) When did you start participating in these? Why? What are they like? Did you ever attend and stop? If so, why?

- Do you preach every week? Do you have visiting preachers? How often?

- Do women preach in your congregation?

CHURCH DOCTRINE

- What is the origin of your church, if Christian, What Christian denomination are you? If Zion, how many Zionist churches are there and how do they differ?

- Could you please tell me about what your teaching focuses/Doctrine on?

- As a (BN, Zio, Roma,), what do you actually believe in, (Way of worship)
-
- What is it about your teaching that makes members more committed to congregational beliefs.

TIME AS LEADER of the CONGREGATION

Some churches have different ranks, for example, Cardinal, bishop, dikon, priests, preachers, how are you organized in your church? Which category does he belong to?

How long have you been a religious leader? Have you always belonged to this category?

What is satisfying about your work in this congregation?

Tell me about the composition of your members when you are celebrating mass/service/meetings/(**Here I want to know people attending in terms of:** Gender distribution Numbers (how many attend Age)

Please tell me where they come from? Do they come from this area, or they come from other areas.

His role as a pastoral Counselor: We want to know about the problems in the congregation as well. What problems do people come to you with? What types of difficulties do people ask you about, and what kind of responses do you give? How do you address such problems when they come up?

What about problems faced by him/her as a religious leader: When there are problems, where do you go for help with these? Who does this leader consult with when things get difficult—friends? Other pastors? How does he cope with these things?

SUSPENSION from church and why: Do people ever get asked to leave the church? Why? Is it hard for you to do this? Do you give people second and third chances? How does this happen?

What about religious leaders?

SERVICES to the people – what sort of activities does the congregation engage in? Do you or other members from your congregation participate in fellowships or revivals? What are they like?

COMPETITION WITH OTHER DENOMINATIONS

- what brings new members? What makes people leave? Probe for stories about who left, who came and why. In these stories, do

you see that members are being —snatched" by other denominations? Which traditions are —snatching"? How do these congregations attract others?

- What about relationships with other denominational authorities or other outside groups? To what extent these provide support, leadership, funding? Are they helpful? Supportive? Is money given with strings attached?

How are other decisions in the church influenced by these other relationships (other denominations or groups)?

SUPPORT NETWORKS:

- As a form of support, which people do you rely on most in your congregation?

Do you feel that there people in the community support each other adequately (probe or give examples-ask for sugar, etc)

Tell me a story/example where that is the case

What about the groups you attend, /Role of social groups Vs religious groups

- Which ones are church based

- How are they composed, do they vary according to age, are they almost in the same age group? Or are they mixed both young and old?

- What sort of activities do you do together?

- What do members expect from one another (Expectations of members in these groups)

- If religious groups, what is their ability to reinforce doctrines and informal lessons of their religious organizations, including activities or messages given by religious leaders.

- In the other community groups you mentioned, what activities do you engage in? How do they differ from the activities that are done in church based groups?

BIGGEST PROBLEM FACING YOUR CONGREGATION?

Generally, what would you say is the biggest problems facing your congregation as a whole (l**et leaders mention the problems they are facing)**

(If some of these are not mentioned then, probe) by giving examples such as poor building structure, lack of funds (ask what such funds would be used for)t, or that they are loosing members to other congregations. May also mention AIDS.

SIN and problems faced – what does the leader believe about the relationship between sin and the problems facing the congregation?

HIV/AIDS

- Have you ever heard about HIV/AIDS? How and when?

- Have you ever seen some one who has, or died of AIDS? (Tell you a story about it)

- What are your views about AIDS? Where do you think AIDS comes from? Can AIDS be avoided? How?

- Have you ever talked to your congregation members about AIDS? (in what context- was it during the service or just in informal discussions)

- As a religious leader, do you face situations where congregation members come to talk to you about AIDS? Have you ever talked with someone who is worried about getting AIDS from their spouse/boyfriend/girlfriend?

AIDS & RELIGION

- Do you ever preach about AIDS in your congregation?

- The last time you preached about AIDS, what started the talk (e.g. did someone die)?

- Are there any teachings or doctrines that are specifically related to HIV/AIDS control

- Are there any mechanisms instituted by your church or your congregation to control further spread of the HIV infection.

- What does your congregation or church say about condoms? What rules do you follow regarding the use of condoms?

- What if someone approached you and said that they had HIV, would you advise them to use condoms?

- What about family planning? Do you ever discuss family planning with members? What do you say?

- Do you think that many people dying of AIDS these days? (If yes) What makes you say that- do they talk about it about it at funerals, do family, friends talk, how do you know?

  - Are you as a religious leader worried about the fact that so many people are dying?

  - Do you feel that you want to help but there is nothing you can do about it? Because some religious leaders feel that they should help but they do not know where to start what.

  - Why is it that no one ever mentions what a person has died of, especially HIV/AIDS. This would help the community at large.

- Any plans in place to support people affected and infected by HIV/AIDS

- Are there any Links or networks you have or developed recently with other religious denominations

- Whether such links are partly due to HIV/AIDS as a problem that needs collective response

CHURCH DISCIPLINE/ SOCIAL CONTROL

- Can you tell me about a time when someone in your congregation behaved in a way that showed he/she was not a following congregational moral?

- As a leader of the congregation, what are you instructed to do?

- Can you tell me about a time when someone in your congregation behaved in a way that showed he/she was not a following congregational morals?

- What did he/she do?

  - Tell me what happens if some one in your church becomes pregnant if they are not married, what happens to such people in your congregation?

  - Tell me what happens if a church member engages in sex before marriage

  - What about if they were married and became pregnant by other men, what is done? (E.g. are they excommunicated, or asked to leave the church? Do they confess and are forgiven?) Please tell me about a time when something like this happened. How did people find out about this? What was done?

- What did your congregation do about it?

- What if in this case, it a religious leader, what happens
- What religious denomination expects members to do and not do
- How does the church ensure that members fulfil the requirements of their church or religious organization?

- Are there any mechanisms put in place to prevent members from misbehaving/falling

- How do groups/cells/youth help members to follow the church principles

- Sometimes people fall because they are poor, hungry, for fun, for money, status, what your church do to prevent such circumstances from happening?

Are people who attend your congregation different from those in other congregations? How/in what ways?
- probe
-

RELIGIOUS SIGNIFICANCE OF ILLINESS, Death and HEALING

- **A: Healing in church**
 	
 - Does your church ever preach about supernatural healing from God? How does such healing occur?
 	
 - Has anyone from your congregation testified about having been healed supernaturally from a major illness? What happened?
 	
      o   What about healing HIV/AIDS in church, has it happened?
 	
      o   Has anyone ever joined your congregation because they noticed healings or miracles in your church? Explain
 	
 -

APPENDIX C: IN-DEPTH INTERVIEWS WITH MEMBERS

THEMES

START

- My name is _____ and I am here with the University of KwaZulu-natal and Africa centre for Health and Population Studies---(**Must use the consent form**)

RELIGIOUS LIFE HISTORY & CONGREGATIONAL LIFE
Confirm attends same congregation listed   Religious trajectory & conversions—, what church did you go to when young, did you change? Why did you change?   • Were you ever more religious than you are now? Why? Less religious? Why?   • Revivals? Fellowships? Do you ever attend? (if not, why not?) When did you start participating in these? Why? What are they like? Did you ever attend and stop? If so, why?   • Do they consider themselves born again? When did you become born again?   • How has your life changed since you become born again   • How many hours do they spend in church activities in a week?   • Who preaches on the days or services? Do you have visiting preachers? How often do they come?   • Do women preach in your congregation?
Level of Participation in church
  • What sorts of things do people in your congregation do together? Prayer meetings? Bible Choir? Do you attend? What is it like? What about friends, do they attend? Have you made new friends through these?   • Do you have close relations with members of you congregation? In what way? Tell me a story. Do you welcome other people who are non members to your congregation? Are they treated the same way as members?   • What about the leader?   • Do you (or other members) go to religious meetings? Which ones? Please tell me about some of them.   • What are the things you like about your congregation? Dislike?   • Do members in your church make contributions to the church? In what form (e.g. Money, labour, donations, give examples)   • What happens if someone can't give anything? How do you decide how much to contribute? How important is it to you to contribute?
SUPPORT NETWORKS: Now I am going to ask you some questions about the support you give and receive in your everyday life
• Who are the people you rely on the most for assistance? E.g. if you are sick with any kind of illness and can't work in your garden, who would help? If you need money for the hospital, where would you look for it? Neighbour /family members   • Who do you rely on the most? *(**Probe for relationship**)*.

- How has he/she assisted you in the last week or month? Please tell me a story about the last time.

- Is he/she in your congregation? Is he/she a family member?

- Who are the people who rely on you the most? How have you assisted them in the last week or month? Please tell me a story about the last time.

- **(First ask if he/she has children, if not skip)**If you were to go the market or go to Durban, who would you leave with your children Other than that one, who else?

- How are orphaned children taken care of in your community? If no one was to care for your children, do you think members of your congregation would?

- Generally, tell me how members of your community support one another?
- So do you think it is important to become a member of a religious organization? Why?

What about the groups you attend,
- Which ones are church based

- How are they composed, do they vary according to age, are they almost in the same age group? Or are they mixed both young and old?

- What sort of activities do you do together in those groups? (probe for missing persons in church)

- What do members expect from of you (Expectations of members in these groups)

- If religious groups, what is their ability to reinforce doctrines and informal lessons of their religious organizations, including activities or messages given by religious leaders.

- What are other community organizations or groups do you belong to other than religious groups, what activities do you engage in? How do they differ from the activities that are done in church based groups?

CHURCH DISCIPLINE/ SOCIAL CONTROL

- Can you tell me about a time when someone in your congregation behaved in a way that showed he/she was not a following congregational morals?

- What did he/she do?

  - Tell me what happens if some one in your church becomes pregnant if they are not married, what happens to such people in your congregation?

  - Tell me what happens if a church member engages in sex before marriage

  - What about if they were married and became pregnant by other men, what is done? (E.g. are they excommunicated, or asked to leave the church? Do they confess and are forgiven?) Please tell me about a time when something like this happened. How did people find out about this? What was done?

- What did your congregation do about it?

- What about religious leaders? Do you know of religious leaders who behave in ways that also show they are not in agreement with your congregational morals? What happened? Was the person expelled? How did you hear about it?

- Do you think that your church elders practice what they preach? For example, they say practice fidelity when in actual fact they commit adultery? If not in your congregation, **have you heard about one where this happened? Where was it? What happened?**

-
- What the religious denomination expects members to do and not do
-

- How do the members ensure that they fulfil the requirements of their church or religious organization?

- Are there any mechanisms put in place to prevent members from misbehaving/falling

- How do groups/cells/youth help members to follow the church principles

- Sometimes people fall because they are poor, hungry, for fun, for money, status, what your church do to prevent such circumstances from happening?

Are people who attend your congregation different from those in other congregations? How/in what ways?
- probe

AIDS

- Please tell me about how and when you first started hearing about people who some say might have AIDS?

- When did you first hear about AIDS on the radio?

- What are your views about AIDS? Where do you think AIDS comes from? Can AIDS be avoided? How?

- Do you think that many people dying of AIDS these days? (If yes) What makes you say that- do they talk about it about it at funerals, do family, friends talk, how do you know?

- Have you ever talked with your spouse or boyfriend or girlfriend about AIDS?
- What about your neighbours? Talked with them? Have you ever talked with someone who is worried about getting AIDS from their spouse/boyfriend/girlfriend?

- Are you worried about getting AIDS from your spouse?

AIDS & RELIGION

- Does your religious leader ever preach about AIDS in your congregation?

- The last time he preached about AIDS, what started the talk (e.g. did someone die)? What did he say?

- Do you think people in your congregation are worried about AIDS?

- Have you talked with them about these worries?

-

- Has anyone in your congregation gotten sick and some people thought it might be AIDS?

- How did your congregation respond to this person? What about your leader?

  - Does your leader say anything about condoms? What does he say? Does he say condoms are never okay or sometimes okay? If never, why (e.g. is it against God, not effective)? If sometimes, when? How often does he talk about condoms? If not

  - What if he said something about condoms, how would the members respond?

  - Does your leader say anything about family planning? What does he say? Does he say family planning is never okay or sometimes okay? If never, why not? If sometimes, when? How often does he talk about family planning?

  - Does everybody in your congregation agree with him or do some disagree? If disagree, who, what do they think, is there conflict?
  -

  1.

- **LEVEL OF ACCEPTANCE IN THE CHURCH**

- Do members of your congregation attend the funeral of a member; even if they think it was his/her immoral behaviour that lead to his/her death? yes

- Do you think people help around as much as they should do these days? In what ways? yes

- What about helping orphans, visiting sick or helping those caring for the sick? Does your congregation do this? (e.g. a committee, going as members of the congregation, or just as an individual? Is this particularly for AIDS or has your congregation always done this

- Does your congregation react differently if the sick probably has AIDS than if they have other illnesses such as diabetes? Is there disagreement, do some people say it's the person's own fault if they get AIDS but others say they are sorry for them even if it was their own fault? Ask about relevant story. Care of sick but not so often- only members of the church

- How about 5 years ago? How did people in your congregation think about someone sick with AIDS then? Would they have reacted differently to someone sick from AIDS and someone sick from something else then?

-

-

RELIGIOUS SIGNIFICANCE OF ILLINESS, Death and HEALING

- **A: Healing in church**

- Does your church ever preach about supernatural healing from God? How does such healing occur?

- Has anyone from your congregation testified about having been healed supernaturally from a major illness? What happened?

  o What about healing HIV/AIDS in church, has it happened?

  o Has anyone ever joined your congregation because they noticed healings or miracles in your church? Explain

- **B: The importance placed on GODS**

- Some people say that only God can determine a person's future. Others say that individuals can determine their own future.

- -If you could only pick one, which do you think is more important for your future: God's help or your own efforts?

- What things in your life do you leave up to God to determine?

- What things in your life do you think you plan your self without God's help?

- Do you think that God financially provides for those that are more religious? Are those that are more religious likely to have an easier time with financial matters? Can you tell me about a specific time when someone you knew was financially blessed?

- Some believed god does provide but others think that traditional healers- Sangoma are the ones that provide, what do you think?

- Do you think that a person who is more righteous lives less, lives more, or lives the same number of years as someone who is not righteous?

- Or if it depends, what does it depend on?

-

APPENDIX D: IN-DEPTH INTERVIEWS WITH NON AFFILIATESREFERENCES

IN-DEPTH INTERVIEWS WITH PEOPLE WHO MAY BELONG TO A CERTAIN RELIGION BUT ARE NOT PRACTISING OR ARE NOT RELIGIOUS AT ALL

START
- My name is _____ and I am here with the University of KwaZulu-natal and Africa centre for Health and Population Studies---(**Must use the consent form**)

RELIGIOUS LIFE HISTORY & CONGREGATIONAL LIFE
Confirm whether they ever belonged to any religious group. Also ask which religion they ever belonged to and why they decided not to actively participate or abandon their religion

SUPPORT NETWORKS: Now I am going to ask you some questions about the support you give and receive in your everyday life
• Who are the people you rely on the most for assistance? E.g. if you are sick with any kind of illness and can't work in your garden, who would help? If you need money for the hospital, where would you look for it? Neighbour /family members • Who do you rely on the most? *(**Probe for relationship**)*. • How has he/she assisted you in the last week or month? Please tell me a story about the last time. • Does he /she a member of a particular church or he or she is just member you family or community? • Who are the people that rely <u>on you most</u>? How have **you** assisted them in the last week or month? Please tell me a story about the last time. • **(First ask if he/she has children, or any other important)** If you were to go the market or go to Durban, who would you leave with your children. Other than that one, who else?   **At Community Level** • How are orphaned children taken care of in your community? • Generally, tell me how members of your community support one another? • So do you think it is important to become a member of a religious organization? Why?
What about the groups you attend, • Which groups do you belong too (e.g. Stokvels, singing group, men's group or women's group) • How are they composed, do they vary according to age, are they almost in the same age group? Or are they mixed both young and old? • What sort of activities do you do together? • What do members expect from of you (Expectations of members in these groups)

AIDS
• Have you ever heard about HIV/AIDS? How and when? • Have you ever seen some one who has, or died of AIDS? (Tell you a story about it) • Why do you think so many people are dying of AIDS these days? (probe) • What are your views about AIDS? Where do you think AIDS comes from? Can AIDS be avoided? How?

- Have you ever talked with your spouse or boyfriend or girlfriend about AIDS? (**or if they told you a group they belong to, ask whether they ever talk about AIDS and probe for more information- e.g. what do they say, how did they start talking about it, is it because someone died, was it a member of the community, a friend, member the group etc**)

- What about your neighbours? Talked with them? Have you ever talked with someone who is worried about getting AIDS from their spouse/boyfriend/girlfriend?

- Are you worried about getting AIDS from your spouse?

The importance attached to God

- Some people say that only God can determine a person's future. Others say that individuals can determine their own future.

- -If you could only pick one, which do you think is more important for your future: God's help or your own efforts?

- What things in your life do you leave up to God to determine?

- What things in your life do you think you plan your self without God's help?

- Do you think that God financially provides for those that are more religious? Are those that are more religious likely to have an easier time with financial matters? Can you tell me about a specific time when someone you knew was financially blessed?

- Some believed god does provide but others think that traditional healers- Sangoma are the ones that provide, what do you think?

- Do you think that a person who is more righteous lives less, lives more, or lives the same number of years as someone who is not righteous?

- Or if it depends, what does it depend on?

APPENDIX E: AN EXAMPLE OF A TRANSCRIPT

I: How do you ensure that, because even though that is what you teach, how do you ensure that they young people follow that? Probes- ensure that people take the message of behaving like a naz?

P: That is every difficult as you know people have their own minds, but most of the people in the community know how the naz should behave and all members should act as the police, if ever your are doing the wrong thing, they will say that this Shembe person is doing this and that and that and that, and yet we are not supposed to do that, so the other people who are not Nazareth also know that we must behave in the way that Shembe taught us. So it is very difficult to know whether they are behaving well, but we believe in the spirit of God that people are behaving well

I: How do you ensure as a religious leader or your congregation, given the categories in church, that the virgins stay virgins until marriage? (The phone rings and he answers the phone) what mechanisms are in place to ensure that they maintain such? (He answers the phone and we wait)

P: We do encourage and teach the young girls to remain virgins but they are also visited by the old members of the community or members of the church, who checks their virginity and sees that they have not yet engaged in sexual activity, so if they are will to do that, then we do get somebody. This is on voluntary basis. So if ever the girls are taken to a homestead to be checked whether they have slept with someone, when we find that the girls have slept with some one, we tell them they have to be cleansed, must not sit with those who are still virgins. So that is the way of controlling the young ones.

I: Do you do it every month, every year?

P: It depends on the person who is performing that. It can be a month, then they must come, but when she has many places where she has to check the girls, and then it might be more than a month

I: Ok. Thank you very much for doing this interview, I have become more aware about what is happening.

I: with the virgins, do they have a leader and is she a virgin?

P: Yes, they have a leader but must be older than them. She is supposed to guide them

Other additional questions

P: I asked about whether I can come and visit the groups. He says that I cannot visit them but the best thing is to interview them separately. Women are not allowed to go to the girls group so it would be difficult.

I: I asked him about whether Shembe is a black Jesus as many people say and whether the Shembe people refer to him as God.

P: Why they say that he is God, is because of that Holy Spirit which came to that lady, she swallowed the flower and heard the voice saying that what you have swallowed is not a flower by the Holy Spirit. Now that is why people say he is God, like Jesus Christ. The people who are not Nazareth misinterpret it because they do not look for the correct information. He is just a prophet like other prophets and preaches about Jesus Christ. We see Shembe as a real prophet sent by God to us Deut. 18 V18 and he is the one who Jesus promised us. In terms of preaching, we use the Old Testament, the old one and the new one. Now there is a third testament that is the work and word done by Shembe. However, all the activities are not yet written. we do not want to read only the old testament and forget what is happening now in our time. Always we refer to 2000 years ago, 1000 years ago, even now

APPENDIX F: OBSERVATION AND FIELDNOTES TAKING GUIDES

Observation and field-notes taking
Sermons/services

Name of Church	
Denomination type	
Area	
Activity	
Date	

General information	
Here am looking at the general things	_____
Building structure	_____
Surrounding areas	_____
Peoples general behaviour towards each other	_____
Body language	_____
Space bubble (close or distant, warm or cold)	_____
Manner in which prayers are conducted (_speak in tongues or give people freedom to speak out)	_____
Testimonies	_____
Pray in silence	_____
General themes emerging from discussions	
Note down	Comments _____ _____ _____ _____ _____
HIV/AIDS	

Any teachings related to or on HIV/AIDS	
The extent to which religious leaders in the different FBOs talk about HIV/AIDS	_____
	_____
Level of confidence in discussing HIV/AIDS related issues, sexual issues	_____
	_____
•	

RELIGIOUS ACTIVITIES/MEETINGS/PRAYER GROUPS

General information	
Here am looking at the general things	
Building structure	
Surrounding areas	
Peoples general behaviour towards each other	
Body language	
Space bubble (close or distant, warm or cold)	
Manner in which prayers are conducted (_speak in tongues or give people freedom to speak out)	
Testimonies	
Pray in silence	
General themes emerging from discussions	
Note down	
HIV/AIDS	
What sort of religious Activities done which might be directly or indirectly be related to the epidemic	
At funerals, weddings, what is mentioned that is related to HIV/AIDS?	
•	

APPENDIX G: AN EXAMPLE OF FEILDNOTES

Denomination: CAT
Activity: Sunday Service
CAT_160706MA
10.00-4.00

13/08/06

I arrived just before 10h00 and a few cars were parked by the premises of the church. Also a few people mainly teenagers and children were playing around waiting for the service to begin. There were also a few elderly women. As I parked the car, I noticed that there was a car with a Durban number plate and it turns out that it belonged to a priest who was going to lead the service. He greeted the children playing in the compound and he came over to greet me. He came because he said he saw the Africa centre car and remembered that there was a friend of his who used to work at the centre called *Jabu* who initially worked for *Kadar Asmile* before he came to the AC. The initial approach was of course, speaking in Zulu until I told him that I understood very little of Zulu. Having asked me where I came from, it turns out he did his seminary studies in *Gaba* Seminary in Uganda. He had basic understanding of Swahili as well as *Luganda*. He had been educated in Germany, then Canada and the US. He was a well travelled man who told me he was currently on Sabbatical and was going to Chicago where he would be doing some research until January 2006. In later discussions, it turns out that he had problems with the Bishop in the area, and was sent to Durban where he had been working until today.

As the priest rushed off to prepare, I entered into church and found my self a sit. Sunday school for the young kids started and the kids started making noise in the little room adjacent to the church hole. As I entered, there were few people in the church, a few men occupying the last three benches in the middle column. There were a lot of youth already in church and a few ladies. It was 10.00 but it did not look like people would ready to start at that time. Indeed the service did not start until 10.30.

Meanwhile, I sat next to a lady called *Philile* and we started chatting about a number of things. We introduced ourselves and during the introductions, she mentioned that she was married to Mr. Buthelezi. I asked her a question about whether she has always been a catholic and she told me that she was Lutheran but she married in the Catholic Church. Her husband is catholic and so she is converting to Catholicism. She also mentioned that she is currently taking classes that teach them about the catholic religion. She indicates that they are not very different, Lutheran and Catholicism but she likes it here. The classes are every week. It is during these teachings, that a member is taught all about the church. Once the classes are done, she would be baptised and confirmed. She indicates that if a catholic were to move to Lutheran for example they would be no classes because they do not do that. It is only in this religion that people attend these classes.

Chatting with philile
Being a member
Youth not all being in church, were busy practicing somewhere, in Nkodibe
—Creating brothers and sisters for your self for the future you do not know
Seating arrangements"
HIV/AIDS not food but spreads in a manner every body engages- husbands not faithful
Interpretation of the Jesus poster

Service begins
Readings and format of the service

APPENDIX H: CONSENT FORM

Introducing the Study to Participant before the interview
Faith Based Organizations and HIV/AIDS prevention in rural South Africa

Good Morning, /afternoon/evening, my name is _____. We are from the Africa Centre for Health and Population Studies and the University of Kwa-Zulu Natal. We are conducting research on how religion might support individual efforts in the fight against HIV/AIDS and we wanted to discuss with you only if you want us to. This research is for academic purposes and is aimed at investigating whether religion impacts on the way people behave and how it is responding to issues around HIV/AIDS.

This discussion will take about 30 minutes. We will ask you to talk about your religion, how it is different from other religions and how it is involved in helping people in this time of HIV and AIDS. We will also ask you whether your religion has programmes for the youth that might help young people from engaging in behaviour that might put them at risk of getting HIV infection. Further we want to know what church you belong to and any church activities that you participate in and how often you participate in these activities.

All information that you give us will be kept confidential. The information collected will be stored at the Africa Centre and only researchers working in collaboration with Africa Centre and the university will access it.

Also, we will not use your actual names. We will give you dates to identify your interview and will use a disguised name to make sure that no one links the information you have given us to you. No one will be identified by there name in any of the reports we plan to write.

You will not personally benefit from the study but the results will help us to contribute to the understanding of how best we can engage in the prevention of HIV/AIDS.

Your participation in this study is voluntary and you have the right not talk to us if you do not want to. If you agree to take part in the study, we will ask you to sign for us a small form as an indication that we did not force you to participate in the study. You can sign before or after the discussion, which ever you want to do. You can also end the discussion at anytime if you feel uncomfortable. In case you want to withdraw information given after the interview, you can call the Africa Centre toll free line on **0800203695**, and they will connect you to the principal investigator or interviewer.

Zulu Translation

Okwengeziwe kwesibili (Appendix 2): Ukwaziswa ngocwaningo ngaphambi kwemibuzo yocwaningo (interview schedule) .

Izinhlangano ezakhiwe phezu kwesisekelo senkolo (Faith-based organizations) kanye nokuhlanganyela kwazo ekulweni kanye nokunqanda ingculazi ezindaweni zasemakhaya e- Ningizim -Afrika.
Sawubona,   Igama lami ngingu ……………………………. Siqhamuka Kwisikhungo Sezempilo kanye neZokufundwa   Ngokuthuthukiswa   Kwemiphakathi Yabantu (Africa Centre) esingaphansi Kwe-Nyuvesi Yakwa Zulu-Natal (University of KwaZulu-Natal). Senza ucwaningo ukuthola ukuthi inkolo ingasiza kanjani ekulweni nesifo sengculazi. Sinesifiso sokuxoxa nawe uma usimukela, nawe futhi uma uzimisele ukuxoxa nathi. Lolu cwaningo olokuthola ulwazi ngalesisifo ezingeni lokufunda (academic level). Lolu cwaningo luhlose ukuthola ukuthi   ezenkolo zinamehluko muni eziwenzayo endleleni abantu abaziphatha ngayo nanokwazi ukuthi inkolo iyibheka kanjani indaba yengculazi.

Le ngxoxo izothatha isikhathi esingangamaminithi angamashumi amathathu.
Kule ngxoxo sokucela ukuba ukhulume ngenkolo yakho: ihluke kanjani kwezinye izinkolo, nanokuthi izimbandakanya kanjani emizamweni yokulwa kanye nokusiza abantu abaphethwe isifo sengculazi. Sizobuye sikubuze futhi ukuthi inkolo yakho inazo yini izinhlelo zokusiza intsha ukuba iqhele ekuziphatheni ngendlela ezokwenza izithole
isisezinkingeni zokuzithola isinengculazi. Sithanda futhi ukwazi ngezinhlelo ozimbandakanya(participate in) kuzo esontweni olilunga lalo, nanokuthi uzimbandakanya kangakanani kulezi zinhlelo.

Lonke ulwazi osinika lona loba imfihlo phakathi kwethu nawe. Ulwazi esilutholayo kinina logcinwa esikhungweni se-Africa Centre, futhi lolo lwazi luyobonwa kuphela ngabacwaningi abaxhumene ne-Africa Centre kanye ne-Nyunivesi yaKwaZulu_- Natal.

Futhi, ngeke silisebenzise igama lakho langempela. Siyosebenzisa usuku esenze ngalo inhlolovo (interview) ekutholeni ulwazi osinike lona. Akekho futhi oyobalulwa noma avezwe ngegama lakhe kunoma imuphi umphumela esicabanga ukuwubhala emibikweni yethu.

Awunakuzuza lutho ngokushesha kulolu cwaningo, kodwa imiphumela iyosisiza ekwazini kangcono ukuthi singalwa kanjani ekunqandeni ukubhebhetheka kwengculazi (HIV/AIDS)

Ukuzimbandakanya kwakho kulolu cwaningo akuphoqelelwe, futhi unelungelo lokuba ungakhulumi nathi uma ungathandi. Uma uvuma ukuba ingxenye yocwaningo, siyokucela ukuba ugcwalise ifomu (form) encane ukukhombisa ukuthi asizange sikuphoqe ukuba ingxenye yocwaningo. Ungasayina ngaphambi noma ngemuva kwezingxoxo zocwaningo, kukuwena ukuthi ukhetha kuphi. Uvumelekile futhi ukuba uyeke ukuxoxa nathi uma uzwa ukuthi awusazimisele ukuqhubeka nathi ngezizathu ezithile. Uma ufuna ukungaqhubeki nolwazi obusinika lona, ungashayela i-Africa Centre kulenombolo: **0800203695,** ibona abazokuxhumanisa no mcwaningi omkhulu.

Copy Certified by : _____	
Department: _____	Date: _____
Signature:_____	

Appendix 2: Consent Form

I _____ have read the information about this study and understand the explanations of it given to me verbally. I have had my questions concerning the study answered and understand what will be required of me if I take part in this study.

Signature_____ Date_____

(or mark)

Zulu Version

Incwadi Yemvume

Mina, _____Sengifundile mayelana nokuqukethwe inhlolovo noma ngiyaqonda izincazelo zenhlolovo njengoba ngazisiwe futhi ngachazelwa ngazo ngomlomo. Isiphenduliwe imibuzo yami ngalenhlolovo, ngakho ngiyaqonda ukuthi yini ebhekeke kimina uma ngiba yingxenye yale nhlolovu

Signature_____Usuku: _____

Copy Certified by : _____	
Department: _____	Date: _____
Signature:_____	

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APPENDIX I: A FEW SELECTED QUESTIONS FROM THE ACDIS QUESTIONNAIRE

Some Relevant Questions in the ACIDS DATA

Section 3.1.1: RELIGION (18+)
1. What religion does _____ follow?

2. Does____ consider him/herself born again?

3. How many hours per week does ___spend in services and other church activities?

(Choir, bible studies, voluntary caring etc)

Some of the Questions in Women's and men's general health Questionnaire
Sexual relationships

1. How old were you when you first had sexual intercourse?
2. What is the main reason you have not yet started having sexual intercourse?
3. How many days is it since you last had sex?
4. What is the main reason you are currently abstaining from sexual relations?

1. How many different sexual partners have you had in you lifetime?
2. How many different sexual partners have you had in the last 12 months?
3. How many different sexual partners were you having sex with for the first time?
4. How many partners have you had sex with in the last month?

HIV/AIDS Knowledge and Awareness

1. Ways that a person can get HIV/AIDS?
2. Is it possible for a healthy looking person to have HIV?
3. Know anyone who has dies of AIDS?

Net works and AIDS
4. Have they ever had a HIV test?
5. Were they able to share the results with someone, and who?

APPENDIX J: CHURCHES IN THE AREA AS SET IN THE DATA

Religious Groups in the Area (These are the codes used for the different churches but have been decoded in the next appendix

```
  What |
 religion |
 does HH |
 member |
 follow? |      Freq.      Percent       Cum.
------------+-------------------------------------
      AEC |         84         0.19         0.19
      AEV |        626         1.43         1.62
      AHM |        150         0.34         1.96
      ANG |        649         1.48         3.44
      AOG |        411         0.94         4.38
      APT |      1,928         4.40         8.78
      BAP |         80         0.18         8.96
      CAT |      1,758         4.01        12.97
      CHR |        426         0.97        13.94
      COC |        338         0.77        14.71
      DRF |        205         0.47        15.18
      EMM |          3         0.01        15.19
      ETH |        138         0.31        15.50
      FGO |        305         0.70        16.20
      FMI |        881         2.01        18.21
      GAP |         68         0.16        18.36
      GSC |        296         0.68        19.04
      HOB |        917         2.09        21.13
      HUN |         46         0.10        21.23
      JHV |        463         1.06        22.29
      LUT |      2,006         4.58        26.87
      MET |        579         1.32        28.19
      MSL |         14         0.03        28.22
      NAP |         86         0.20        28.41
      NAZ |      6,780        15.46        43.88
      NON |     11,412        26.03        69.91
      OCC |          6         0.01        69.92
      OCH |        782         1.78        71.71
      OTH |        872         1.99        73.70
      OZI |      5,265        12.01        85.71
      PHO |        193         0.44        86.15
      SAL |         78         0.18        86.32
      SDA |        217         0.49        86.82
      SHE |          2         0.00        86.82
      SJA |        453         1.03        87.86
      TMZ |          7         0.02        87.87
      UCC |         61         0.14        88.01
      UNV |         34         0.08        88.09
      ZCC |        547         1.25        89.34
      ZCI |         79         0.18        89.52
      ZCO |         12         0.03        89.54
      ZIA |        233         0.53        90.08
      ZIO |      4,351         9.92       100.00
------------+-------------------------------------
    Total |     43,841       100.00
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APPENDIX K: BROAD RELIGIOUS CATEGORIES FROM THE DATA

The churches above were recoded into the following groups

<u>NEW RELIGIOUS CATEGORIES2010</u>

Mainline Christian Churches
1. Roman Catholic Church (CAT)
2. Anglican Church of SA (ANG)
3. Dutch reformed Church (DRF)
4. Methodist church (MET)
5. Lutheran church (LUT)
6. Baptists(BAP)

Pentecostal/charismatic/evangelical (spirit type churches [emphasis born again supernatural experiences]
1. African Evangelical church (AEC)
2. African Evangelical Church (AEV)
3. Assemblies of God (AOG)
4. Full Gospel Church of God (FGO)
5. Faith Mission(FMI)
6. Pentecostal Holiness church (PHO)
7. Universal church of God(UNV)
8. Seventh day Adventist(SDA)

ZION CITY AICs

1. Nazareth/ Shembe (NAZ
2. Zion Christian Church (ZCC)
3. Church of Christ (COC)
4. Zion African Church(ZIA)
5. Church of God and saints of Christ (GSC)
6. Apostle Twelve(APT)
7. Zionist (ZIO)

ZIONIST-APOSTOLIC AICs
1. St. Johns Apostolic church (SJA)
2. Apostolic Holy Messenger(AHM)
3. Emmanuel of God(EMM)
4. Ethiopian Church(ETH)
5. Galilee Apostolic Church (GAP)
6. Holy Banner(HOB)
7. Holyness Union Church (HUN)
8. Nkanyezi Apostolic Church (NAP)
9. Thulani MaZulu (TMZ)
10. Opasheni(ZCO)
11. Isiqhano ZCI)
12. Other Zionist(OZI)

Other Religious groups & Other Christian denominations

1. Islam / Muslim (MSL)
2. Judaism /Jewish (JEW)
3. Hinduism / Hindu (HIN)
4. Buddhism / Buddhist (BUD)
5. Other (OTH)
6. Salvation Army (SAL)
7. Jehovah's witness (JHV)

8. Christian (CHR)
9. Other Christian church (OCC)
10. Other Christian (OCH)
11. United Congregation Church (UCC)

APPENDIX L: CHURCHES FOUND DURING FIELDWORK

Church distribution: an Update

When the study started, the mapped churches were very few. It would appear that more church structures have developed over time, or they did exist but during mapping, certain structures were left out because they were not recognized at the time. We do not purport to have covered all the churches as some may have been within household, which were relatively difficult to find, but with more time, it could be done. The table below presents observed churches and mapped churches in the areas covered

	KwaMsane Township and KwaMsane Reserve	BSID/NEAREST Street
1	**Mapped Churches and in DATA**	
	NOTE: The first category presents mapped information that was provided at the start of the study. No BSIDs were provided. The second category provides same information but included more information of location. We provide nearest BSIDs and or nearest street /road. The third category presents the unmapped churches in areas we worked in.	
	Nazareth Baptist church (Thulubuke temple)	**Could not find BSID**
	Zion Church	**Could not find which one**
	Methodist KwaMsane	**Could not find BSID**
	36,314	**NOT FOUND**
	Dutch Reformed (No BSID SEEN)	Nkonjani Street, 632
	Mfundo Street, 328	**WHICH ONE**
	_Don't know Street, 0026a	?
	Full Gospel Mission	?
	Unkulunkulu Unathi catholic church	?
	HOLY REDEEMER	?
2	**Mapped churches: Where we found them**	**BSID/NEAREST Street**
	Nazareth Baptist church (Thulubuke temple)	Nearest BSid 21454
	Full Gospel mission church (on 207)	Nearest 61224
	Dutch Reformed church	628 Impala street
	Assembles of God	26486
	Unkulunkulu Unathi catholic church (no bisid)	Opp.1215 Mpukunyoni str.
	St Johns faith Mission church	26418
3	**Unmapped churches and observed churches**	**BSID/NEAREST Street**
	Jehovah's witness	Nearest Bsid 10815
	HB Zionist Reserve	Nearest Bsid 31727
	Faith Mission, near Mnonto primary and Magistrate court	Opp. 326 Indlovu street
	_Echurch' (Anglican church)	673 Mpukunyoni road
	Zionist in homestead	737 impala street
	True vine community church (old covenant Nomatiya Street,	Corner Dube and somkhele east street
	Methodist church	Left off Somkhele east str.
	Holy redeemer (moved from Nomatiya)	Nearest 26486
	Mosque	Nearest Bsid 31725
	Apostolic church	Nearest Bsid 31725
	Hlabisa house –Ethiopian Zionist (in homestead)	46150
	African Evangelical church	1259 Mvubu Street
	Zionist church: apostolic Twelve	Could not find this one but mentioned

	Ogengele	BSID/NEAREST Street
	NOTE: In the following tables, only 2 categories are presented. The first category presents mapped information that was provided at the start of the study. No BSIDs were provided. The second category provides unmapped churches in areas we worked in. showing nearest BSIDs	
1	**Mapped churches**	
	40,011	Could not find
	APOSTOLIC	Bisd not provided
	NAZARETH.BUILDINGS	Bisd not provided
	PENTACOST.CHURC	Bisd not provided

2	Churches found	
	Zionist church	40035
	Pentecostal holiness church	Nearest 31014
	African evangelical church (new buildings)	Nearest 45019
	African evangelical church (nearest	Nearest 40044
	HB Zionist church (homestead)	Nearest 25178
	Apostolic twelve, Mrs. Ngwenza	40094 nearest
	African Christian apostolic church in Zion Sabbath	Nearest 56854
	Second Sabbath –homestead	Nearest 45123
	Zion plunks	26007
	Nazareth roadside (Thandanani)	Nearest 31000
	Bhekuzulu temple, Nazareth	Nearest 41469
	Homestead Zion- for the currently built church	Nearest 45156
	St. Johns Mission House (big one)	30169
	Zion Plunks	(next to Ntandokazi school)
	Ngoyameni Apostlic church (in homestead)	45009
	HB in zion (in homestead)	45163
	Israel Apostolic church in Zion (Sabbath)	Nearest BSID 45163

	Nqopheni	BSID/NEAREST Street
1	Mapped	
	Evangelical Lutheran	15002
2	Observed	
	Jehovah's witness	13033 Nearest
	African evangelical church	25074 nearest
	HB in Zion	13033 nearest
	Methodist (unusable)	Nearest15022
	Faith Mission (Mpukunyoni Upper primary)	In School
	Apostolic Twelve (attend at Kodibe h. school)	In School
	Enkazimulweni Nazareth Church	26727

	Myeki	BSID/NEAREST Street
1	Mapped	
	Mission House	
	ENkululekweni Nazareth church	
	Church of Zion	
	Usizo Lwamakrestu	
	Bethesda (Homestead)- this mapped but they could not find the number	55002 nearest
2	Observed and unmapped	
	Ekukanyeni ACC in Zion	Nearest 11990
	Zionist next to homestead	65100
	2 Zion churches with in homestead	Nearest 55002