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DEDICATION

I dedicate this thesis to my late parents, Seviria Makora and Silvester Mandeya, as well as my paternal and maternal grandparents, Afra Chiteka and Tobias Mushanagwenzi, Agostina Nzero and Nicholus Makora.

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ABBREVIATIONS

AACSS:	All African Conference Sister to Sister
AIDS:	acquired immunodeficiency syndrome
ART:	anti-retroviral therapy
ARV:	anti-retroviral drug
CiM:	Churches in Manicaland
GBV:	gender-based violence
EHAIA:	Ecumenical HIV and AIDS Initiatives and Advocacy
FGD:	focus group discussion
HIV:	human immunodeficiency virus
NGOs:	non-governmental organisations
PLWHA:	person or people living with HIV/AIDS
SJ:	Society of Jesus
Sr:	Sister (nun)
UNAIDS:	United Nations Programme on HIV and AIDS
UNICEF:	United Nations Children's Fund
WCC:	World Council of Churches
WHO:	World Health Organization
ZACH:	Zimbabwe Association of Church-related Hospitals

ABSTRACT

The advent of HIV and AIDS has had a negative impact on the Catholic, Anglican and Methodist churches (as well as others) in Manicaland, Zimbabwe. This was due to the difficulty of accepting the reality of this pandemic. This happened because the disease came with unbearable psycho-social suffering rooted in stigmatisation and discrimination, especially among women, who were the most vulnerable group. This study critically examines and exposes the effects of HIV and AIDS on Manyika women. The researcher argues that, on the one hand, some religious and cultural practices contributed to the spread of the HIV and AIDS infection. On the other hand, some of these practices discouraged the spread of HIV and AIDS pandemic and needed to be enhanced. Furthermore, even if churches are involved in the battle against HIV, their efforts are hindered by cultural practices such as the Manyikas' unwillingness to discuss taboo issues such as sex and gender in public. This makes women vulnerable. In addition, the problem has been complicated by the fact that the issue of sexuality is not openly discussed in the churches. Using qualitative methods, the researcher conducted interviews with Catholics and found that there is a need to continually engage with these communities. Their lived experiences can be used to bring about their liberation and improve their capacity to deal with their situation. The argument of this study is that there is an urgent need to liberate and empower women in the era of HIV and AIDS. The journey that has already been started by the Circle of Concerned African Women Theologians ("the Circle") could assist in the liberation of women to deal with the HIV and AIDS pandemic. In addition, this can build on Catholic Church HIV and AIDS interventions among the Manyika people of Zimbabwe as a premise of that process of liberation.

Chapter 1: Overview

1.0 Introduction

The Catholic Church exists to meet holistic imperatives and requirements to respond effectively to illnesses. Viewing the HIV and AIDS pandemic through the theoretical lens of liberation theology could enable the Church to deal constructively and compassionately with the pandemic among women in Manicaland, Zimbabwe. Culture offers people a way of living. Therefore, the Church and culture influence the lives of all people in society. Consequently, this study can be located within the larger context of evaluating the Catholic Church's response to HIV and AIDS. Given the pioneering role of the Catholic Church in addressing the pandemic, there have been a number of efforts to review its effectiveness in engaging with HIV and AIDS. Alongside other faith-based organisations, the Catholic Church has played a major role in facing HIV and AIDS. Mombe *et al* (2012), Azetsop (2016) and Kurian (2016) have provided some useful, global reviews of these efforts.

This study complements these efforts by examining the impact of Catholic teachings as well as religious and cultural beliefs and practices on Manyika women's vulnerability to HIV and AIDS. However, this study has opened the mind of the researcher to the fact that it is not only the Roman Catholic Church that is toiling day and night to mitigate HIV and AIDS. The Circle of Concerned African Women Theologians (the Circle) consists of diverse groups working in the battle against HIV and AIDS. The Circle connects with some Third World individuals working on women's emancipation (Owusu-Ansah, 2016). A number of Circle members are members of the Ecumenical Association of Third World Theologians as well. The Circle gives us hope that we may achieve our goal of an AIDS-free generation by 2030. The researcher has discovered that women and girls are the most vulnerable group. As Dube (2001: 11) notes, the Circle

> confronts all the factors that deny African women and others on the continents their rights and dignity, life as a continuous flowing force must continuously be nurtured by all, and at all times, African women are also part of the life force of creation, it seeks to ensure that power flows from all and to all, it seeks to clear a space for transformation.

Almost all the different churches are involved in HIV and AIDS and they are also concerned about the status of women in society. It is in this study that I have come to realise the need for women to talk for themselves and not to wait for some other people to speak on their behalf. The researcher observed that there is an unnoticed group of religious women who seem to toil daily without being acknowledged. The introduction of the All African Conference Sister to Sister (AACSS) will acknowledge and empower them in the face of HIV and AIDS. It is through empowerment that these religious women may be more effective. Research has shown that HIV and AIDS has increased

religious women's workload. It is through getting some help that they will not suffer the problems of burn out.

Uchem (2006: 1) sheds light on the Church's concern by pointing out that:

> There is a growing consensus among mission experts about the value of collaborative ministry as one of the current trends in mission today. This is born out of the realization that the missionary mandate of Christ – "Go make disciples of all nations" (Matthew 28: 19) – is addressed to all Christians by virtue of our baptism. As the Vatican II document put it, "the church on earth by its very nature is missionary" (Ad Gentes Divinitus, No. 2; Lumen Gentium, no. 1), and the obligation to spread the faith falls individually on every disciple of Christ. "Missionary activity is a matter for all Christians" (John Paul II, 1990: No. 2, 119). By the whole Church, then, is meant all its members, both men and women, lay and ordained.

Uchem (2001: 24) points out the importance of a growing consensus on curbing HIV and AIDS and this really gives a true picture of a firm foundation that was laid down. It is plausible to say that the Circle has been the major player on incubating the spirit of collaboration, that is, coming together and working as a team. Nevertheless, there are many other players who have contributed to the development of working together. The Church is viewed as the body of Christ. With the understanding that the Church is made up of people, in this sense it is the body of Christ that has HIV. Hence, in the era of HIV and AIDS, it therefore means that the infected and affected are taken care of.

According to Kurian (2016: vii):

> for the past 30 years, the ecumenical journey with HIV and AIDS has embodied a remarkable pilgrimage within global Christianity. In dealing with HIV, societies and faith communities not only have been challenged in the way they think and act but also have been in some measure transformed.

In affirmation, the researcher points out that several faith communities have been in a Christ-like way sacrificing a lot in order to help the infected and affected. The ecumenical movement's work on HIV and AIDS interventions was not and is not selective but includes both women and men. Kurian further points out that the ecumenical movement's involvement of HIV and AIDS involves some outstanding individuals who have contributed to HIV and AIDS in different ways, such as Ms Ayoko Bahun-Wilson, Dr Erlinda Senturias, Professor Ezra Chitando, Dr Gert Ruppell, Hendrew Lusey-Gekawaku, Professor Dr Isabel Apawo Phiri, the Rev. Fr J. P. Mokgethi-Heath, Professor Dr Musa Dube, Rev. Dr Nyambura Njoroge, Rev. Pauline Wanjiru, Rev. Philip Karuvilla, and Dr Sue Parry, as well as the World Council of Churches (WCC) publisher Michael West (Kurian, 2016: ix).

The researcher applauds these contributors for their continuous involvement in HIV

and AIDS issues. Everyone is called upon to join in their small way these tireless individuals on HIV and AIDS interventions. I support the idea of churches working in collaboration on HIV and AIDS, as it appears to be very effective and should be encouraged. Kurian (2016: 1) indicates that there are about 350 Anglican, Eastern and Oriental Orthodox, Old Catholic, Protestant, Independent, and united churches involved. The WCC's vocation to support the churches and the ecumenical movement in their efforts is not exceptional. I point out that the prophetic statement recommending churches to face AIDS with clarity of vision and in truth has been effective, as highlighted by Kurian's (2016: 6): "even after 30 years, the words are deeply moving and challenging … As a result of the WCC AIDS declaration, several of the major Christians denominations were challenged and energised to move forward in dealing with AIDS".

This study focuses on the Manyika women in the Manicaland province of Zimbabwe. Owusu-Ansah (2016) indicates that Mercy Oduyoye used the impetus to initiate a meeting on this theme in the WCC planning committee for 1989 at Accra. In turn the planners became the central committee for the Circle. I take pride in mentioning the tireless African theologians who are aiming at liberating and empowering African women. While the study acknowledges there are both negative and positive practices among Christians, It explores and and identify ways gravitating towards the liberation and empowerment of women.

1.1 Aim

This thesis aims to examine cultural and theological (or Church) practices in relation to the HIV and AIDS pandemic among the Manyika women of eastern Zimbabwe. The study focuses on Manyika women, the Catholic Church and Manyika culture. It aims to contribute to dialogue and understanding that will help to liberate women from oppressive cultural practices and empower Manyika women to raise their voice on matters that affect them. It will also try to draw attention to the religious and cultural resources that alleviate the emotional suffering and stigmatisation of Manyika women and their families and communities caused by HIV and AIDS. John Paul II, quoted by Igo (2009: 177) indicates that "Gender is no biological accident, it is a theological statement made by the creator". Hence the need for justice. As the study notes, this call for justice has been passionately and eloquently made by the Circle. and must, therefore, be placed within the context of the efforts by the Circle to ensure that religion and culture become liberating resources in the face of a debilitating epidemic.

1.2 Objectives

The specific objectives of this thesis are

1. to determine the perception of risk of HIV and AIDS among Manyika women in Manicaland
2. to identify the impact of HIV and AIDS on Manyika women in Manicaland
3. to establish the extent to which cultural practices are influencing the spread of HIV among women in Manicaland Province of Zimbabwe
4. to examine the way the doctrines and practices of the Catholic Church might be influencing the spread of HIV and AIDS among the Manyika women of Zimbabwe
5. to identify how the Manyika women can be liberated and empowered in the face of the HIV and AIDS epidemic in the light of the Catholic Church and culture.

1.3 The context of the research

1.3.1 Background information

To put this study into context, there is a need to provide some details about HIV and AIDS. In this section, the study summarises the facts about HIV and AIDS. Human immunodeficiency virus (HIV) is the virus which causes the acquired immune deficiency syndrome (AIDS). The virus strains the ability of an individual's immune system to fight infections. Individuals with advanced HIV are considered to have AIDS. This is indicated by a lab test that determines the number of CD4 T lymphocytes (white blood cells) in a blood sample (AIDS gov, 2017).

A person is diagnosed as having full blown AIDS when their CD4 (T-cell) count is less than 200 cells/mm. It can take many years for those who host the virus to develop full-blown AIDS. HIV and AIDS cannot be cured but can be managed clinically with great success. People acquire the virus through transmission from the bodily fluids of an infected individual. Infection pathways include: (a) having unprotected sexual intercourse with an infected individual; (b) sharing contaminated needles during drug use; (c) obtaining tattoos and or body piercings using infected equipment; (d) receiving medical or dental procedures using contaminated equipment and (e) mother to child transmission (HIV and AIDS Guide, 2015).

Anti-retroviral therapy (ART) for people living with HIV and AIDS (PLWHA) is very successful in suppressing viral infections and preventing the transmission of infection to sexual partners, according to a July 2014 report from the United Nations Programme on HIV and AIDS (UNAIDS, 2014). Globally, almost 14 million people are receiving ART. UNAIDS argues that the pandemic could be well controlled by 2030 given higher levels of access to ART. However, experts argue that it is likely that a large percentage of those infected with HIV and AIDS have not been tested for the virus and are unlikely to be aware of their status (Government of Zimbabwe, 2015). Consequently, it could be argued that many are not receiving treatment and continue to spread the disease to their unsuspecting partners. Experience with the Manyika people supports the argument that combatting the spread of HIV and AIDS is possible in Zimbabwe. Many Manyika

women are unable to go for testing while they are still asymptomatic. Unfortunately, they usually go for testing only when symptoms of the HIV virus have manifested themselves, which is too late for them to take advantage of effective clinical management. The researcher argues that women are indirectly and directly denied access to HIV testing because

> gender inequality is present within relationships and marriages … More than a third of women who have been married have experienced physical or sexual violence from their partner. This prevents women from being able to negotiate using a condom, and puts them at higher biological risk of HIV. (AVERT, 2016)

Much as I applaud the introduction of ARVs, it is sad to note that many women are still dying of HIV. Some women are prevented from going for testing by their husbands, whilst others are afraid to do so as they fear being rejected, discriminated against and stigmatised when they are found to be HIV positive. These findings are corroborated by Stangl and Grossman (2013).

There are several factors that contribute to this late testing, including: (a) lack of finances; (b) Shona cultural shaming of those with the condition; and (c) patriarchal attitudes that silence and oppress women. These factors tend to mutually reinforce each other. Kelly (2010: 14) confirms the above argument, observing that patriarchal attitudes "are rooted in social, economic, gender-based, cultural and behavioural situations that make people vulnerable to contracting or transmitting the disease".

Many Manyika women who are infected with HIV are therefore unable to access medical treatment and the appropriate care, support, and education that is needed to prevent the infection from spreading further in communities. In addition, there is very little literature or research that focuses on the situation of the Manyika people. Although the lack of access by Manyika women to the required medical treatment and patient education is alarming, this fact does not appear to be considered a serious problem by relevant local leaders, government officials, policymakers and the Manyika people themselves.

This study will seek to provide better understanding of the dramatic risks posed by various at-risk groups that fail to take the consequences of HIV and AIDS seriously. For example, the UNAIDS (2014) report argues that, compared with the general population, HIV prevalence is approximately (a) 28 times higher among people who use injectable drugs; (b) 12 times higher among sex workers; (c) 19 times higher among homosexual men; and (d) up to 49 times higher in the transgender population. Adolescent girls and young women account for one quarter of new infections.

In order to promote greater awareness of best practices for managing and preventing HIV and AIDS, we need to explore culturally sensitive and local approaches at national levels. Promoting sound policies to address barriers to effective interventions for HIV and AIDS is critical.

Respected organisations involved in the care of HIV and AIDS individuals, such as the health professionals, local community organisations and churches, including the Catholic Church, play an important role in helping diverse stakeholders to understand and comply with effective interventions against the pandemic. Hollenbach (2011: 280) calls this conforming to the notion of common good that "calls for an ethic that stresses active solidarity and enables all persons to participate in the life of the human community in ways that benefit their dignity". This is essential in the case of HIV and AIDS, as this pandemic is everyone's business.

I acknowledge the enormous work done on the battle against the HIV and AIDS pandemic by many different stakeholders locally and internationally. There is a much evidence that Zimbabwe Association of Church-related Hospitals (ZACH)'s HIV and AIDS interventions have made a great difference since they started. "This achievement shows that 99% of pregnant women who come to mission hospital for ANC, L and are tested for HIV and receive their results". Therefore, treatment is given to those found in need of it. The introduction of staff training from upper levels to lower levels while working with the provincial medical directors' office has made them the hospitals more effective. The introduction of voluntary male medical circumcision, "VMMC and Care and Treatment" funded by President's Emergency Plan for AIDS Relief through International Training and Education Centre for Health and the Centers for Disease Control and Prevention has contributed greatly to these interventions (ZACH, 2016).

It is not only the Church that has been in the battleground against HIV and AIDS. Many other organisations and individuals are involved in these interventions. The Zimbabwe National AIDS Council has demonstrated its commitment towards alleviating of the impact this disease thus: "Zimbabwe has the obligation to take actions to end the AIDS epidemic by 2030". Their experience has given them new insights on how to make their interventions more effective:

> All prevention packages should be backed by strong community empowerment that is linked to a wider system of critical enablers and structural health and development synergies. (Zimbabwe National AIDS Council)

Yet despite all these great efforts, HIV and AIDS is still ravaging humanity. Church and culture, with the different forms of education, have been viewed as weapons that can be used to alleviate the impact of this disease. despite economic, social, pastoral and educational challenges the Catholic has been taking the lead on HIV and AIDS interventions. Makwanya and Chikomo in Chikwekwete and Opongo (2015: 66) point out that Pope Benedict XVI considered the Catholic Church in Africa to be "the spiritual lungs of humanity. There is a lot of desperation in the community and society in which we live". The Catholic Church has the power to influence individuals to work towards HIV and AIDS interventions with the help of culture and education and it needs to working together with other stakeholders to achieve this goal.

A demographic and health survey conducted in Zimbabwe in 2010–2011 showed a decline in the prevalence of the disease among adults aged 15 years and above (Demographic Health Survey Programme, 2015). The Global AIDS Response Progress Report (2015) found that several factors were responsible for this reduction globally, including comprehensive education about HIV and AIDS among high-risk populations, including the youth, leading to an overall decline in new infections.

The Zimbabwe Multiple Cluster Indicator Survey Report (Zimbabwe National Statistics Agency, 2015) notes that "Zimbabwe has put more efforts on HIV and AIDS interventions around social and behavioural change. Its distribution coupled with intensified awareness on correct use of condoms made a difference". By addressing the key drivers of the HIV and AIDS pandemic these interventions have helped many children, their mothers and families to live longer.(UNICEF, 2014). This report also stresses that Zimbabwe has received international acclaim for its use of best practices in condom distribution.

1.4 Challenges in the church response to HIV and AIDS

Unfortunately, the Catholic Church does not endorse condom use (*The Guardian*, 2015). Keenan and Fuller (2005: 61) explain and give an example of the existing problem faced in relation to HIV and AIDS, rooted in Catholic ethics:

> [W]e can observe further more that the difficulty in following the moral Catholic teaching is real, especially among the poorest families … Many rules and moral guidance that we have in ecclesiastical documentation are not followed due to the brutality of our social reality.

I have observed that at times poverty or economic hardships force women and girls to indulge in illicit sexual activities in search of money. Poor women who are bread winners, and more than a third of women who have been married have experienced physical or sexual violence from their partners in Manicaland. This prevents women from being able to negotiate using a condom and puts them at high risk of HIV. Some women looking for jobs are forced by desperate circumstances to use their bodies as the passport to employment. Others get involved in sex just from their own desires, or to find someone to pay for their academic studies (researcher's personal experience).

Yet from the point of view of a Catholic nun who has received training in religious matters, and who has read Catholic Church documents, it seems that the Catholic Church is very rich in terms of spiritual, physical and material resources for moulding individuals whoever they are. It is not selective in its services to all mankind as its mandate is to win salvation for all. The Church can also support people in helping to mitigate the AIDS epidemic. In support of this argument I point to Uchem, who notes that

> [T]he goal of mission is for people to experience reconciliation, a healing

> of their alienations and to have a felt sense of the salvation which Christ has accomplished for all of humanity. This should not just be in fine abstract terms or relegated to an after-life only but is to be translated into concrete life situations. Salvation needs to be expressed in concrete terms, which positively influence our social, economic, political and cultural context, which at the moment does not favour all. The Good News has to be really "good" and has to be "news". (Uchem, 2006)

Most Manyika women who are involved in sex work are from very poor families, and they need money to look after their families. Sex work is not allowed in Zimbabwe. The prohibition of sex work in Zimbabwe prevents women from freely and openly obtaining condoms and from going for treatment when they are infected. However, some prevention programmes are now able to reach some of them have brought about some improvement. Nevertheless, the researcher argues that sex workers are human beings who need their human rights to be appreciated in all spheres of life. Most sex workers are breadwinners and this is aggravated owing due to current economic hardships, lack of employment and the non-availability of cash in banks in Zimbabwe. Some of these women have no portion of inheritance. The researcher believes that the majority of these women are suffering on all fronts they have no access to condoms and when infected, they have no access to treatment owing to the nature of their work, so that they die in their silence (AVERT, 2016).

The Zimbabwe Multiple Cluster Indicator Survey Report (Zimbabwe National Statistics Agency, 2015) further points out that "even though there is large scale distribution of condoms, gaps in consistent use of these persists, particularly among unmarried people". Condom use among people living with HIV and AIDS in Zimbabwe remains low despite high levels of sexual activity. The Government of Zimbabwe remains committed to achieving zero new infections, zero HIV-related deaths and zero HIV stigma and discrimination. but the low level of use of condoms remains a serious barrier to achieving these goals (Zimbabwe National Statistics Agency).

The Government of Zimbabwe still needs to provide ART to those infected. Nonetheless, most of universal targeted goals were met by 2012 in most of the key prevention services. Furthermore, the Zimbabwean government adopted the 2013 World Health Organization (WHO) guidelines, which resulted in an increase in the number of people receiving ART services and a challenge to the culture of silence around the disease (UNICEF, 1990, Zimbabwe National Statistics Agency 2015).

The Zimbabwe National AIDS policy has successfully adopted a medium-term interventions policy on HIV and AIDS. The use of ART and other methods has helped more people to live longer with HIV and AIDS. Despite these interventions, Zimbabwe still needs to have a long-term policy aimed at eradicating HIV and AIDS among the entire population.

The following pages display three different maps that illustrate the area of investigation

of the HIV and AIDS epidemic in Zimbabwe.

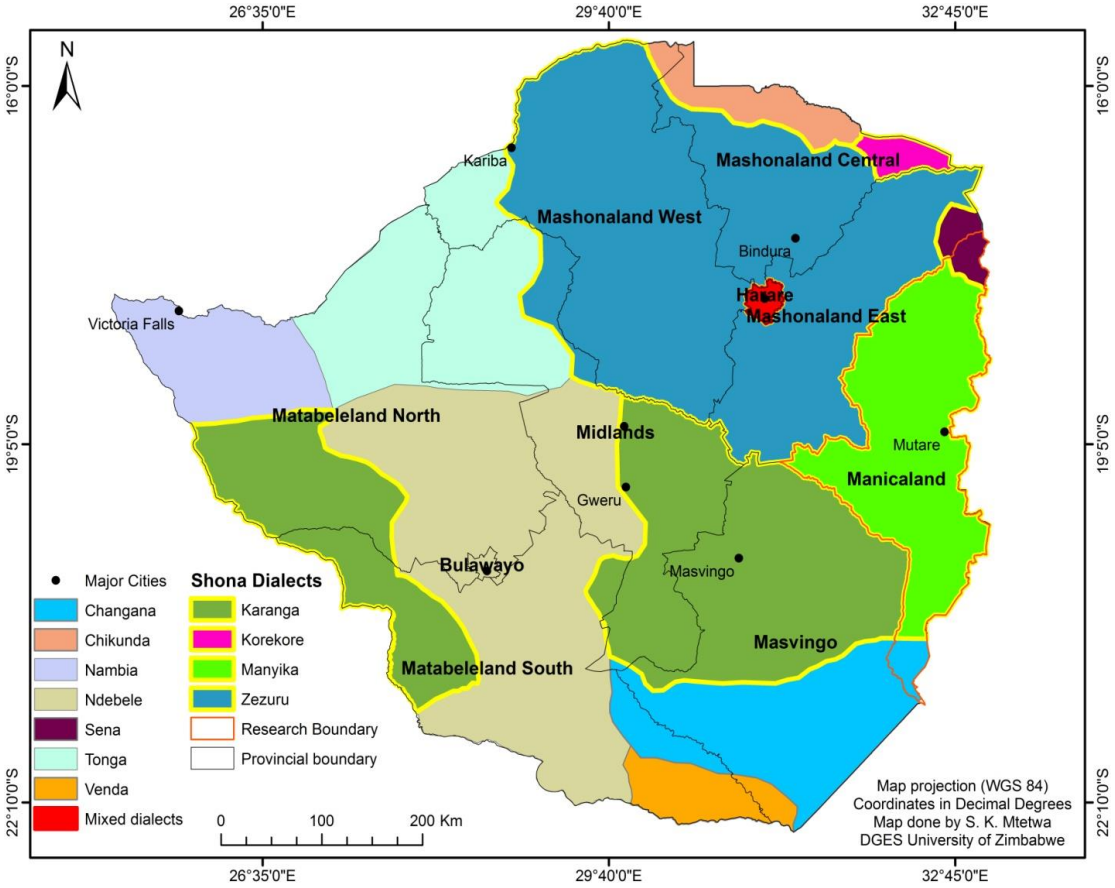

Figure 1.1 Zimbabwean dialects by ethnic group

Source: Data on the cities, district and provincial boundaries provided by Mtetwa (n.d.), and for the language dialects by Study.com (n.d.).

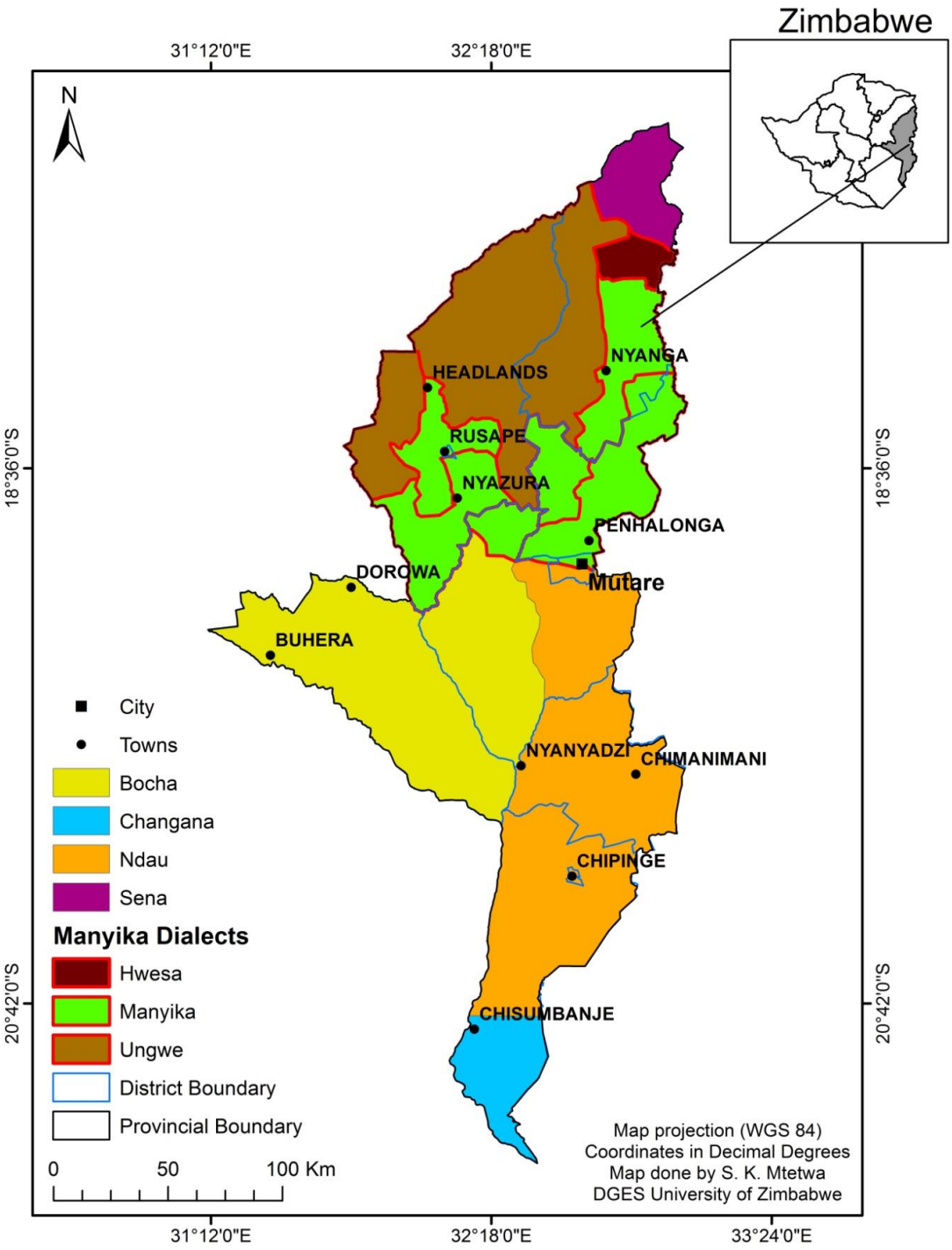

Figure 1.2 Shona ethnic groups in Manicaland

Source: Data for the cities, towns, district and provincial boundaries was provided by Mtetwa (n.d.) and for Manyika dialects by Wikipedia (n.d.).

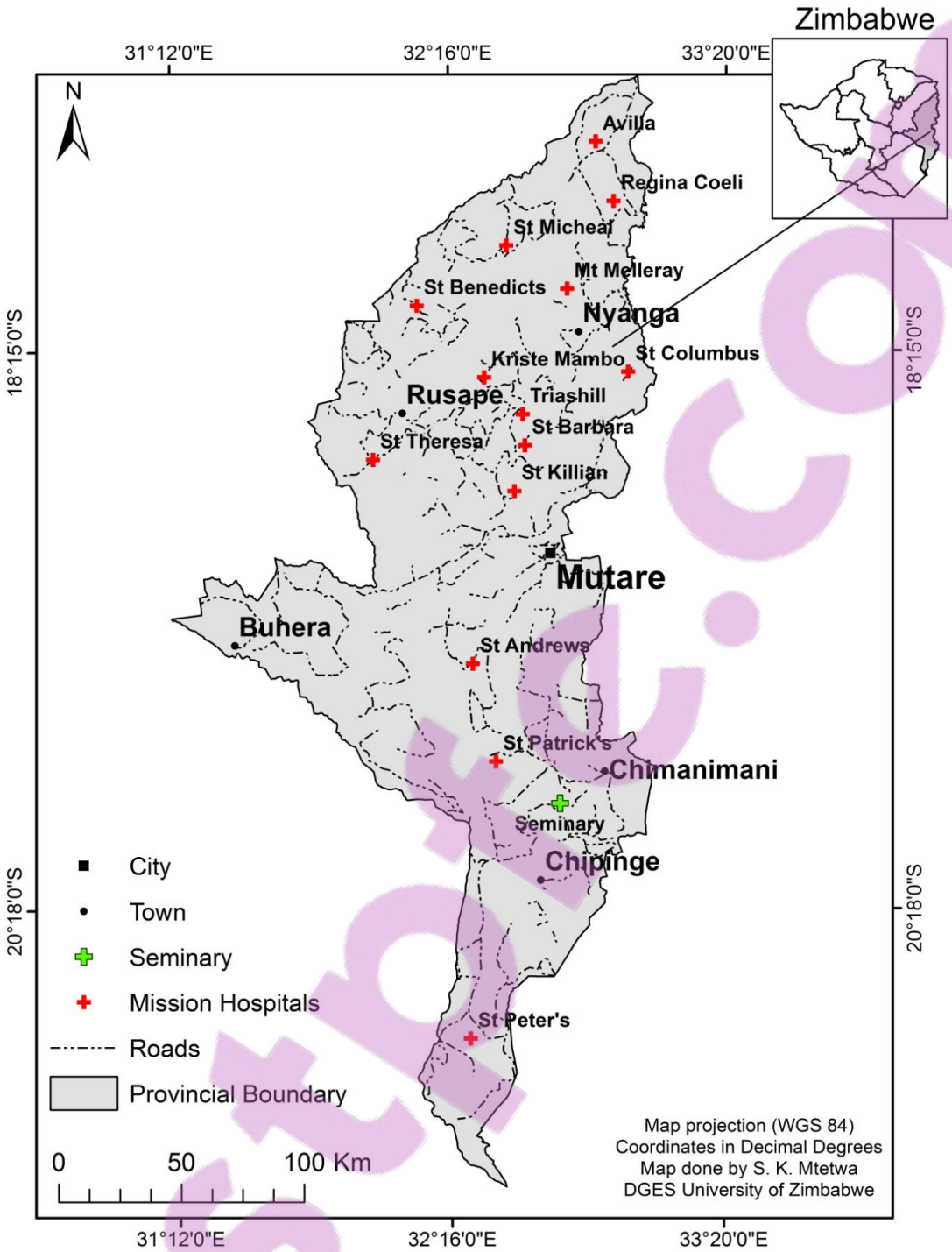

Fig 1.3 Roman Catholic mission hospitals

Source: Data for the towns and provincial boundary was provided by Mtetwa (n.d.) and for the mission hospitals by Wikipedia (n.d.).

1.5 Mutare in Manicaland

The area where the investigation took place, Mutare, is located in Manicaland province, about 263 km from Harare, the capital city of Zimbabwe. The distance from Mutare to Beira in Mozambique is about 290 km. The area of Mutare is about 16,700 hectares

(Bourdillon, 1976) and its population is about 1,752,698. This figure may not be accurate, as the Manyika people are secretive people and at times it is difficult to get accurate information. The Manyika people, who settled in Manicaland in the 15th century, originate from the Barwe people of Mozambique. The name "Manyika" was used only for the residents of Mutare and their surroundings (Bourdillon, 1976). The establishment of Manicaland is described by Parsons (2012: 18) thus:

> Officially since 1971, it has been a (self-proclaimed) city, provincial capital of Zimbabwe's easternmost province of Manicaland, and the site of the most important border crossing between Zimbabwe and Mozambique (the Forbes Border Post), through which pass significant amounts of trade to and from the Mozambican port Beira on the Southern Indian Ocean.

Many people in Mutare, therefore, have some connection with people in Mozambique. Zimbabwe's economic meltdown has left few people in the country untouched. Unemployment is above 80 per cent, annual inflation in 2008 was officially estimated at more than 11 million per cent, and shortages of basic foods, electricity, fuel and potable water are commonplace. This was what happened in the 2008 economic crisis, which resulted in the people in Mutare constantly moving to and from Mozambique in search for food and other basic commodities that were not available in Zimbabwe. (IRIN, 2008)

1.6 HIV and AIDS prevalence in Manicaland

In Manicaland, more women than men are infected with HIV and AIDS. This is consistent with the national trend. The decline in HIV and AIDS prevalence amongst women is 20% and amongst men it is 41% (Zimbabwe National Statistics Agency 2015). Many child-headed families and grandmothers have the burden of looking after orphaned children in their old age. In other cases, children are forced from their homes and separated from their siblings, as they are taken by different families and therefore deprived of the natural bond with their own families. The number of school dropouts has been on the increase, particularly amongst girls. All this is a result of the death of their parents, in most cases, their mother. Although women and girls are the most affected by this situation, men are included in this research since they are key drivers of sexually transmitted infections, which include HIV and AIDS (Chitando, 2009). It is by identifying the root causes of the spread of this disease among women and girls that the researcher seeks to find ways and means to curb the spread of this pandemic. One effective option is to include men in this research.

1.7 Churches in Manicaland

There is a considerable body of literature on the role of churches and faith-based

organisations and HIV and AIDS (see Parry, 2013, Chitando, 2007, Haddad 2011). These works have highlighted the major strengths and some of the challenges on how faith communities have responded to HIV and AIDS. They have shown how churches have been driven by compassion to provide treatment, care and support to people living with HIV. They have also shown how faith communities have invested in looking after orphans and vulnerable children. However, they have drawn attention to the way that churches have entrenched stigma and discrimination, as well as having problematic gender systems. In this section, I offer an overview of churches in Manicaland and their engagement with the pandemic.

The main denominations in Mutare are the Catholic, Anglican, Methodist, Presbyterian, Seventh Day Adventist, and Baptist churches (Parsons, 2012). The Methodist churches are located around Old Mutare, the Seventh Day Adventists near Nyazura, the Anglicans between Bonda and St Augustine in Penhalonga, and the Catholics are found all over Manicaland, having begun in Triashill Mission near Nyanga. In detailed history of Manicaland Zvobgo (1996) states that the churches brought harmony in Manicaland. The Catholics were under the leadership of Bishop Donald Lamont, who was well known for his courageous opposition to oppression and violence under the Smith rule (1965–1980) (Parsons, 2012). Mbona (2013) points out that the Catholic Church has been collaborating with other churches in the battle against HIV and AIDS. As a leading member of ZACH. ZACH is made up of about 126 church-related healthcare centres (Mbona, 2013). Many hospital centres in Mutare have an outstanding record in the area of HIV and ADS interventions.

The introduction of the Diocese of Mutare Community Care Project at St Joseph Mission hospital is an example of the Catholic Church's contribution. Many children whose parents are living with HIV and AIDS are assisted with school fees. The Diocese has introduced dual healing and income-generating projects for those impacted on by HIV and AIDS, such as growing traditional herbs to boost immunity. The Evaluation Report shows that between January 1993 and June 1995, church hospitals have provided important AIDS-related care (Mbona, 2013). the mission hospitals that have been fighting HIV and AIDS are Triashill, St Barbara's (Mutasa), Avila, Mt Melleray and Regina Caeli (Nyanga), St Michael's and St Therese (Makoni), St Peter's (Chipinge), St Joseph's Sakubva (Mutare), and St Andrew's (Marange) (see Figure 3). These care centres serve as homes that offer comfort, acceptance, dignity and medical treatment for many people living with HIV and AIDS.

According to Mbona (2013), the Catholic Relief Services Mutare Community Home Care had 600 HIV-positive clients who received care and support. Approximately 365 children who have been orphaned by AIDS have been assisted with school fees. In addition, 29 AIDS-related income-generating projects were introduced at Mt Melleray, St Barbara's, St Peter's and Avila. Significantly, 30 income-generating projects were established with the intention of enhancing the sustainability of AIDS-related care programmes and eventually expanded to address other HIV-related challenges.

Unfortunately, the human resources of existing Church structures became overwhelmed so that some of the people affected by HIV and AIDS failed to receive assistance (Mbona, 2013). Nonetheless, the Roman Catholic Church is striving to carry out compassionate and pragmatic responses to the pandemic, although its HIV and AIDS intervention programmes are stretched due to the high level of need and the insufficiency of resources. As Igo (2009: 3–4) remarks: "as Christians we are called to care for each other. Therefore, everyone is responsible for all the infected and affected".

1.8 Research questions

The following research questions underpin this study:

1. What is the perception of risk of HIV and AIDS among Manyika women?
2. How has HIV and AIDS affected Manyika women in Manicaland?
3. To what extent are cultural practices influencing the spread of HIV among women in the Manicaland Province of Zimbabwe?
4. In what way are the doctrines and practices of the Catholic Church influencing the spread of HIV and AIDS among Manyika women of Zimbabwe?
5. How can Manyika women be liberated and empowered in the face of the HIV and AIDS epidemic?

1.9 Rationale

There is rising alarm that in sub-Saharan Africa, more women than men are infected with HIV and AIDS. Biological factors alone cannot explain why women and girls are more prone to contracting HIV and AIDS. Gender disparities in African societies also play a role (*Rwanda News Agency*, 2010). The researcher acknowledges that much research has been done in the past on this topic, but unfortunately the problem still exists and recent researchers are still concluding that rural women are at high risk. Wilson (2013: 113) points out that "women have been perceived as socially disempowered or vulnerable". She notes that women are at risk. Similarly, Decoteau (2013: 179) says that "some women are still following their culture where the man is the head of the house and they have to bow to whatever the man is saying". Stine (2010: 321) notes that "women are vulnerable for many reasons: … there are inequalities between the sexes and women have a lack of power to challenge these inequalities". Hence the need to examine critically socially and religiously constructed practices that have grave implications for the spread of HIV and AIDS. Finally, it is by identifying the principal reasons why women and the girls are at high risk of contracting HIV and AIDS that this study and future research will be able to address these undesirable practices.

Chitando (2009: 102) quotes Dube who argues that we need to appreciate the racial aspect of HIV and AIDS. Dube (2003: 9, 135) says: "in these days one is seen to wear the 'badge' of HIV and AIDS by virtue of geographical and racial identity". She

believes that social injustice, globalisation, unfair international relations and other problems that increase exposure to HIV are caused by racism. Similarly, Chitando (2009: 102) stresses the need for black peoples' liberation that has been argued by black theologians who also argue strongly that black people, both on the continent and in the diaspora, must to be motivated so as to be proud of their identity and fight HIV.

Alongside the call from within black liberation theology, the link between HIV and AIDS and AIDS has received urgent and consistent attention from the Circle. Phiri and Nadar (2006: 78) state that "everything about women is filtered through the voice of the narrator, who is male". The voice of women is not heard in many spheres of life. In addition, Mercy Amba Ewudziwa Oduyoye has contributed enormously to theological debates about women's emancipation (Amoah, 2012: xii). Oduyoye was the first to carve out a space in which many African women theologians could carry out research focusing on women and it is high time women are heard in all spheres of life.

Phiri and Nadar (2012: 3) make the same point when they observe that "religion is not practised individually but in community". They believe in calling all people to participate fully in different communities in finding solutions to African problems. Oduyoye (2001) demonstrates through her writings that she wants women to be liberated. The researcher points out that women should not let down fellow women theologians who have already laid a firm foundation for women's liberation. Through my experience I have seen that women have the potential to develop when given the opportunity. Consequently women need to fight for their rights. The majority of these women have been academics in the field of religion and culture (Kanyoro, 2002: 89).

This researcher would believes that with the help of liberation theology, women will continue fighting till they get their freedom. Dube (2003: 79) blames globalisation for the suffering of black people, particularly women. "Twenty-two years of bleeding and still the princess sings!" This is a call to all, particularly women. However, there is also need for women to value themselves, believe in themselves and also be proud of themselves. Cimperman (2005: 50) emphasises the need for self-care for women; "three specific markers of self–care in terms of HIV and AIDS are commitment to growth, rationality and self-acceptance". As my investigation explores the theme of Church and culture, focusing on women and rooted in HIV and AIDS, my personal experience should not be over looked. As a nun I have been involved in pastoral work and have witnessed the deep suffering of most Manyika women due to social inequalities faced by women in the face of HIV and AIDS. Although it is now more than 30 years since the diagnosis of the first case of HIV infection, HIV interventions are overlooking gender issues and the plight of women. It is the hope of the African women theologian that liberation may come about, as Chitando (2009: 148) notes: "African women theologians have raised the flag of the discipline. They have also challenged men to change their behaviour in the wake of HIV". Some men are responding to this but other men are not. Consequently, this flag needs to remain aloft. When African Catholic women enter convents; " Conflicts developed between the Church and the practitioners

of the Shona culture over the question on whether the African women had the right to" do so (Creary, 2011: 41). Moreover, African women face other challenges:. "Chichester's lobola policy also exposed Africa women who were to become nuns to physical violence" (Creary, 2011: 58).
Having explained the rationale for this study, the following section describes the research methodology.

1.10 Research methodology

In this section, the research methodology adopted is briefly described while Chapter 3 offers a more detailed analysis of the methodology. This is meant to assist the reader to gain an appreciation of the main approaches that were adopted. The methodology of a study consists of the steps, procedures and strategies taken for gathering data (Polit and Beck, 2012: 733). Creswell (2009: 4) explains that using a qualitative approach helps the researcher to explore daily problems faced by individuals. The description of research methods shows the reader how the research was carried out, including the philosophical assumptions behind it (Zikmund *et al.*, 2009). There are three common approaches used in conducting research, namely quantitative, qualitative and mixed methods (Pemberton, 2003). The choice of the type of method to use depends on the type of data required by the researcher. It is argued that as study of human experiences require the use of a qualitative methodology. Consequently, this researcher chose a qualitative methodology. There are five kinds of qualitative research methodologies, namely, content analysis, case studies, ethnography, phenomenological, and grounded theory studies. Each of these five methodologies is discussed in detail in Chapter 3. It is in qualitative research that we have the phenomenological and ethnographic approaches in this research type.
According to Leedy and Ormrod (2001: 157), a phenomenological study seeks "to understand an experience from the participants' point of view". This type of research is therefore centred on the participants' experiences and daily interactions. In this type of study participants' expressions, feelings, beliefs, and emotions can be grasped. As this method is appropriate to this research, it was used in this study. Phenomenological methods are used by social researchers in diverse disciplines such as psychology, sociology and social work (Trochim, 2006a). This research method focuses on clusters of meanings to arrive at one main meaning (Creswell, 1998). Similarly, Van Manen (1990) indicates that the phenomenological approach tries to comprehend a people's way of life and understandings of a particular situation (or phenomenon). Mapuranga (2010) also discusses the phenomenology of religion and points out that there are as many kinds of phenomenology as there are of phenomenologists.
According to Jackson (1997: 7) the phenomenology of religion is a family of approaches and not a single one, and thus different authors have presented it differently. Ferguson (1997: 13–17) explains that phenomenology aims to have a balanced and non-biased research and values religion, unlike other approaches. This is one of the reasons

why I selected this approach. Segal (1969: 19) tends to differ, indicating that there is a lack of *epoché,* as the phenomenologists do not mention how to achieve it. "Phenomenologists invariably neglect to explain how to practice it". The researcher was aware of the weakness of this type of research. However, this method enabled her to understand the Manyika way of life and their experiences. This approach was very useful, as it corrected some biased information rooted in their secretively in the face of HIV and AIDS. As a Manyika and a religious nun, the interpreter had a double advantage in that she was aware of HIV and AIDS issues and had the chance to observe the cultural and Church practices that the Manyika women were involved in. She therefore knew what: (a) had happened in the past; (b) was currently being experienced by Manyika women impacted by HIV and AIDS; and (c) could possibly be done in future to alleviate their emotional suffering and stigmatisation in the face of the ongoing HIV and AIDS pandemic. She is not a stranger to Manyika culture and the Catholic Church and is familiar with most of the daily practices in the life of Manyika women. She was thus able to have maximum and fruitful interaction with the participants who were able to describe their lived experiences (Leedy, 2010). In phenomenological research the participants speak for themselves on issues that affect them, and how they think these problems can be solved (Creswell, 1998: 39; Polit and Beck, 2012: 495). This methodology allows for new insights to be gained that are relevant to the research questions (Makore-Rukuni, 2001).

The investigator also used an ethnographic methodology in this study. Ethnography is a qualitative method that helps the researcher to learn about people and to give a full description of how they live in society through the use of observation, interviews, documentation and readings (Brewer, 2001; Pemberton, 2003; Leedy and Ormrod, 2001). This was a reason why the researcher choose this approach.

Ethnography used to describe and explain shared cultural norms of a group and this research focuses on the behaviour, customs and way of life of the group under study. Ethnographic research enabled the researcher to discover the cultural practices that increases the spread of HIV and AIDS among Manyika women. These two approaches were useful in answering the research question and were suitable for this researcher is herself a Manyika.

The Manyika people are a unique group, whose way of life is difficult to understand because they tend to be a secretive and reserved ethnic group, and are not willing to share information about their way of life to strangers. This enabled me to learn about the whole culture as an active participant (Trochim, 2006b).

The study also involved describing, analysing, and evaluating. Using pragmatic and pedagogical approaches, the researcher drew out the practical implications of how the HIV and AIDS pandemic are experienced by Manyika women.

1.11 Literature review

A detailed review of the literature is offered in Chapter 2. While the relevant literature

helps to substantiate the issues that will be investigated, it does not constrain the views of participants. It also raises possible questions or hypotheses that need to be addressed. The researcher appreciates that many scholars and medical researchers have built up an enormous body of research on HIV and AIDS. International organisations such as the World Health Organisation (WHO) and relevant United Nations agencies such as UNAIDS, UNICEF, diverse non-governmental organisations (NGOs) such as Médecins sans Frontières (Doctors without Borders) and faith-based organisations such as the Catholic Relief Services have produced many international studies seeking to understand patterns related to the global HIV and AIDS epidemic. The Government of Zimbabwe (2015) Global AIDS Response Progress Report indicates that several factors have caused a reduction in the transmission of the HIV and AIDS globally, including comprehensive education about HIV and AIDS among high-risk populations, including the youth. Using education in HIV and AIDS interventions is one of the many effective methods that should be encouraged. The Zimbabwean government has adopted the 2013 WHO guidelines, which resulted in an increase in the number of people receiving ART and challenging the culture of silence around the disease (UNICEF, 1990, Zimbabwe National Statistics Agency, 2015). This shows that the problem of HIV and AIDS is everyone's business. Kofi Annan, the former UN Secretary General, stresses the importance of women: they are indispensable in the family (Stine, 2010).

Chitando's (2009) study provides a detailed review of the extent to which African theology has engaged with issues of HIV and AIDS. Although the researcher critiques Chitando's overall optimism on the role of the Church and men's capacity to partner with women, the researcher found his overall historical and contextual framing of the development of an African theology of HIV and AIDS helpful.

Alongside Chitando's formulation, the researcher locates herself firmly within the writings of the Circle. However, while most of the contributors to the Circle HIV and AIDS theology are predominantly Protestant or lay Catholic the researcher seeks to complement the many Circle publications on HIV and theology (for example, Dube and Kanyoro, 2004; Phiri *et al.*, 2003, Hinga *et al.*, 2008). The Circle has provided some penetrating and informative reflections on women's vulnerability to HIV and AIDS, as well as underscoring the impact of cultural and theological factors on this.

Ayanga (2016) explains the origin of the Circle. It was started in 1989 in Accra, led by Mercy Amba Oduyoye. It aimed to be the voice of the African Christian women "at the grassroots level". It is through this information that the researcher learned that African women have the potential to be leaders when given the chance. The Circle had voiceless African women at its heart and it wanted to liberate and empower African women. Its work is not confined to one place, as it is for all voiceless women in Africa. The Circle works in collaboration with the Ecumenical Association of Third World Theologians, to bring African women out into the open. (Ayanga, 2016). Its vision and mission is to be the voice of African women through research and publications.

Consequently, women need to join the Circle and work towards the emancipation of

African women. Ayanga (2016) points out that for many years African women in religion and culture have not been participating in the growth of theology. For Ayanga (2016), voicelessness is a horrible disease. Others say that individuals who keep quiet are incomplete. This statement challenged the researcher, and is meant to be a challenge to everyone to break the silence by getting involved. The journey towards African women's emancipation and freedom for African women will benefit everyone. Both African women religious and the laity suffer the bondage of inequality and injustice. But research and publications can become the voice of the voiceless in academia and in society (Ayanga, 2016). The Circle was born at the time when HIV and AIDS was also having its impact. When was discovered that HIV and AIDS was mostly targeting women and children the Circle was instituted to rescue women. Oduyoye and the Circle carried out outstanding work together with Dube and others. notes Books and articles by Dube (2009) have contributed to the work of the Circle theology (Ayanga, 2016).

Besides Dube's works, many publications a focus on the vulnerability of African women in HIV and AIDS. In 2003 31 books were published, and this continued till 2007 (Ayanga, 2016). After 2007 the number of publications started to fall. Nevertheless, we need to appreciate the work of our predecessors, such as those by Oduyoye, *Daughters of Anowa* (1995) and *Introducing African Women's Theologies* (2001), by Kanyoro on cultural hermeneutics (2002) and other methodological issues, Musa Dube's (2003) Dube and Kanyoro's (2004)'s efforts to assist theological institutions to integrate HIV and AIDS into their programmes and curricula. Ayanga (2016) states that if all religious institutions took up the issue of introducing HIV and AIDS teaching in schools it would make a difference. The researcher's experience in introducing this subject in schools has shown that most students seemed to be unwilling to take this course. Some of them told me, "We are afraid of registering this course on HIV and AIDS because we are stigmatised by other students". Some students began to whisper that "those who take this course are HIV and AIDS positive".

Ayanga (2016) further states that women in the church are only the recipients of theology: they do not create a theology that is rooted on their own experiences. It is true that women's voice is often not heard. The most visible activities in the church are done by men. However, behind the scenes these activities are led by women, but their involvement is unnoticed. African women studying theology are advised to work together to solve these problems. Many mothers are in deep sorrow seeing their children leaving home in search of work and being made slaves or sex toys for their bosses. As a result of Zimbabwean economic hardships some of the country's fine young women search for employment outside their country. At a public seminar at Arrupe Jesuit University on 14 March 2018 young Zimbabwean women shared their story of mistreatment in Kuwait in search of employment. They narrated a horrific tale that showed the power of rich and influential people who take advantage of those deprived of resources.

On its part the Circle has managed to be the voice of non-Christians religions. As there

are many faith communities the Circle needs to be more rooted in ecumenical matters and accommodate Islamic and African traditional values and their attitudes. The Circle's 25 years of achievement in by the research and publications was demonstrated by Ayanga (2016). The researcher equally wishes to contribute towards research and publications to add value to research on women's voice in important issues.

Similarly, Ndikhokele and Madipoane (2016) have expressed their gratitude for the outstanding work done by the Circle and many other contributors and have offered their work to women's theological formation on the African continent to the Circle, and to all our predecessors, mothers and sisters who worked as a team for the birth of the Circle. Owusu-Ansah (2016) points out that it was by getting in touch with the ecumenical movement that Oduyoye made contact with Isabel Johnson of the All Africa Conference of Churches Women's Desk, and Daisy Obi of the Christian Council of Nigeria, who was director of the Institute of Church and Society, and organised the first conference of All African Women in Theology in 1980. Oduyoye went on to initiate a meeting on this theme in the WCC Planning Committee for 1989 at Accra (Owusu-Ansah, 2016). In turn, the planners made up the central committee for the Circle. The committee was composed of Elizabeth Amoah, Betty E. Ekeya, Kev Zoe-Obianga, Musimbi Kanyoro, Brigalia Bam and Bernadette Mbuy-Beya. John Pobee, who was staff member of the WCC Programme for Theological Education, is remembered for his help in providing the funding to administer the Circle. From then on, the Circle continued with to develop in a diversity manner (Owusu-Ansah, 2016).

According to Owusu-Ansah (2016) the problems that are faced by African women in today's situation emanate from issues of power and authority. Some taboos, norms and laws do not allow women to be involved in some activities. If these issues are addressed African women will be liberated and empowered (Kilonzo and Mugwagwa, 2009; Manyonganise and Museka, 2010).

Owusu-Ansah (2016) reminds the reader that the younger current generation of the Circle still faces challenges. They need to continue helping the weak to stand up and strengthening those losing hope, as well as undertaking high-level research and publication.

1.12 Structure of the thesis

This thesis consists of six chapters:

Chapter 1: The introduction deals with aims, research objectives, methodology, literature review and relevant background information on HIV and AIDS in Manicaland.

Chapter 2: This chapter reviews the literature relating to the influence of culture and the Catholic Church on the spread of HIV and AIDS, focusing on Manyika women. This is done to learn from previous studies and to identify gaps in knowledge. It also identifies possible ways of creating new knowledge in future research.

Chapter 3: This chapter discusses the qualitative research approach and how the study

is organised. The chosen research method is a qualitative study using a phenomenological approach, and the research seeks to contextualise cultural and religious perspectives relating to people living with HIV and AIDS within the Manyika community, together with a theological interpretation of the Bible and hermeneutics in this area. This research will make use some of the qualitative research methodologies approaches available (Pemberton, 2003), focusing on Manyika women as both passive victims and potentially powerful agents for positive change. The sociology of religion is another body of research used in the study.

Chapter 4: This chapter explores the empirical evidence on how HIV and AIDS affects Manyika women of Zimbabwe. In this chapter the findings on culture and Catholic Church practices in the face of HIV and the effect they have on women and girls are discussed.

Chapter 5: In the final chapter, the findings of the research will be summarised. The researcher will demonstrate that the research objectives have been met and the research questions have been addressed. The researcher will offer constructive recommendations for the way forward. The chapter will also highlight positive ways by which the Roman Church could engage with Manyika communities in order to cultivate theologically driven practices and policies that favour fostering the well-being of Manyika women and girls.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

The previous chapter dealt with the introduction, aim, research objectives, methodology, literature review and relevant background information on HIV and AIDS in Manicaland. This chapter undertakes a review of the literature. It acknowledges the extensive body of research in the area of HIV and AIDS that has been undertaken both globally and nationally. Gaps in current knowledge will be identified and then one of the gaps related to the roles of culture and the Church regarding HIV and AIDS will be highlighted. Hence, the literature review will explore relevant research articles and books and highlight areas that require further attention. Further, my approach to the review of the literature inserting my own life history as a Catholic woman religious who has first-hand experience of Manyika culture. Uchem (2001: 24) argues:

> Since gender roles are socially and culturally constructed, and learned from generation to generation through the process of socialization, they can also be unlearned. Already, things are beginning to change, though only slowly. No doubt, such a phenomenon as domination and subordination, which took centuries to construct, will also probably take as long to dismantle. For further change to happen we need to look at the attitude of Jesus in the gospels.

I have personally seen the ways in which gender roles are socially constructed. For example, in my own Manyika culture if a woman is married and gives birth to a baby boy, people say "*Agara pamusha",* meaning that she fully belongs to that family into which she has married. The also say, "*Rudzi rwakura"* meaning that the lineage has increased. But when a woman gives birth to a baby girl, nothing positive is said, except to the mother of the child, who is told, "you now have someone to gossip with". Another example is the sad story of my late mother who used to be beaten by my father for no apparent reason, or for small things such as putting too much salt in the vegetables or when she differed from him in any way. I am told that there were many occasions when my mother's brothers, especially Uncle Evaristo, came to our home wanting to take her back. But, thinking of her children, she would refuse. I am told that one time she was beaten up and was left almost half dead and was taken to the hospital by some well-wishers. It is reported that when she was discharged from the hospital her brothers came and took her to their home. There they forbad her to go back to her husband, saying, "Enough is enough, you will not go!!!" So my mother had to escape. The main reason for her running away from the place of "safety" to a "dangerous" place of injustice and inequality was her concern for her children. Were it not for the resilience and commitment of most women, about three-quarters of our families would have broken up in Africa and beyond. Perhaps most of the well off people whom we now see around us would not be holding those positions if their mothers had not chosen to suffer for them and rather than taking the easy and comfortable way out. Consequently, I humbly

admit that my mother was one of those women who were totally dedicated to their family. If she were one of those women who throw their babies into toilets, she would not have endured the pain of forcing herself back to the family where her "enemy" was. It was through her resilience and love of her children that she finally manged to convert my father, who eventually become a staunch Catholic. This life of brutality and misery was the fate of most of the women in my village. It is true that this sort of an attitude is changing slowly owing to many different activists who are fighting for gender equality. I believe that education rooted in the gospel mandate is also contributing to this small change, as mentioned by Uchem (2001). In addition, the outstanding works by African theologians have contributed to reducing the cases of violence against women in homes. This literature review will be presented in the following thematic order: HIV and AIDS pathogenesis and epidemiology, HIV and the Catholic Church, and HIV and culture.

2.1 HIV and AIDS pathogenesis and epidemiology

Although the main theme of this study is the impact of culture and the Catholic Church on HIV and AIDS among Manyika women, it is necessary to highlight relevant information about the epidemic. This is important as the scientific facts will enable one to appreciate the impact of sociocultural, gender and economic variables on women's vulnerability to HIV and AIDS. HIV is a condition in which an individual has contracted the human immunodeficiency virus (Musingafi *et al.,* 2012: 3). This virus destroys the body's immune system and makes the individual susceptible to opportunistic diseases and infections. This disease can be spread through having unprotected sex, sharing instruments such syringes with infected individuals, during pregnancy, childbirth and breastfeeding and through blood transfusions. Myths, such as the one that if an infected man has unprotected sex with a young woman (virgin) he will be cured of this disease (AVERT, 2016) have accelerated the spread of the disease in many communities.

White blood cells (CD4) plus T helper cells (CD4-T lymphocytes) play an essential role in helping people to fight off a wide array of infections, but are destroyed by HIV. CD4-T cells send signals to other types of immune cells, including CD8 killer cells. CD8 cells are lymphocytes that comprise transmembrane glycoprotein and serve as co-receptors that are found on the surface of cytotoxic T-cells. Cytotoxic T-cells are needed to kill the rapidly multiplying cancer cells. CD4+ T-cells are needed to help the autoimmune system to overpower infectious pathogens (AIDS gov, 2016).

CD8+ T-cells are critical agents in cellular immune responses, especially for controlling viral infections. During HIV infection, CD8+ T-cells can recognise infected cells and cover them with secretions of perforin and granzymes (Gulzar and Copeland, 2004). The cytotoxic T-lymphocytes can also eliminate virally infected cells by engaging death receptors on the surface of the infected cells. Furthermore, the CD8+ cytotoxic T-lymphocytes suppress viral binding and transcription, respectively (Gulzar and Copeland, 2004). HIV has adopted many strategies to withstand CD8+ T-cell

responses to fighting pathogens. For example, HIV often mutates in order to escape CD8+ T-cell recognition or they disrupt proper CD8+ T-cell signalling. Consequently, improper T-cell receptor stimulation "creates an anergic state in these cells" (Gulzar and Copeland, 2004). By disrupting the CD4+ T-cells and the antigen-presenting cells that are required for the proper maturation of CD8+ T-cells, HIV is able to decrease the circulating pool of effector and memory CD8+ T-cells that are able to combat viral infection. The final result is the destruction of the CD8+ T-cell function (Gulzar and Copeland, 2004). Hence, when the virus attacks the CD4 T cells, it is able to multiply within infected cells. Blood samples that measure the number of CD4 cells (the CD4 count) are needed to detect the presence of the HIV (AIDS gov, 2017).
The disease forms when the virus has destroyed the body's immune system, weakening it. This reduces individuals' ability to resist other diseases, making them vulnerable to a variety of illnesses:

> AIDS is the medical term used for a set of symptoms and opportunistic infections that arise from the HIV. The transition from HIV infection to full-blown AIDS generally proceeds as follows (Musingafi *et al.*, 2012: 5–6):

a. A "window" period between infections with HIV and before the body responds by producing antibodies. The person is free from symptoms, appears negative when tested, but is capable of passing the virus to other persons. The window period lasts between 3 to 6 months;
b. A "dormant" period when a person is HIV positive but the virus is still sleeping or inactive). Therefore, no signs of illness appear. However, the person will test HIV positive if tested;
c. An AIDS-related complex stage that marks the beginning of the clinical illness with non-specific symptoms/signs. Such symptoms may include swelling of lymph nodes, nausea, chronic diarrhoea, weight loss, fever and fatigue;
d. The full-blown AIDS stage when a patient presents obvious symptoms and signs of AIDS: this represents the final stage of HIV infection. Without treatment, AIDS patients at this stage are likely to die after a short time. However, the era of ART has changed the situation dramatically.

2.2 Epidemiology of HIV and AIDS

Epidemiology is "the study of the distribution and determinants of health-related states or events (including diseases), and the application of this study to the control of diseases and other health problems" (WHO, 2017). The challenges of preventing, containing the spread of, and clinically managing HIV and AIDS are a problem worldwide. Nonetheless, the characteristic patterns of opportunistic HIV infections vary in major regions in different parts of the world. There is no vaccine to date, although scientists continue to work on finding a cure (Musingafi *et al.*, 2012).An understanding of

epidemiology is needed for the reader to have a clear picture of the distribution and determinants of HIV and AIDS. This allows the reader to look at HIV and AIDS infection in women and men. It is by only after having enough knowledge about an issue or issues that one sees the need to take action. Haacker and Claeson (2009) underscore the importance of identifying epidemiological patterns surrounding HIV and AIDS, and learning lessons that may help to contain the HIV and AIDS pandemic. Zimbabwean leaders, policymakers, and Manyika women and men in the Eastern Highlands in particular should also learn from global HIV and AIDS epidemiological patterns in order to apply these studies to controlling the spread of HIV and AIDS among Manyika communities.

Every small action makes a difference. Mbuy-Beya (2001) invites us all to give a hand, and to "stand up and walk", meaning that although HIV and AIDS has "crippled" us, we still have the potential to fight this disease and win the battle against us. Green (2011) points out that the incidence of HIV and AIDS is decreasing in some African countries, such as Zimbabwe. It could be argued that even though there is a noticeable decrease in HIV and AIDS infection rates, there is still much to be done, as many women are infected and affected by it.

According to Mbonu *et al.* (2009), many people living with HIV and AIDS (PLWHA) in sub-Saharan Africa face a combination of severe medical problems associated with the disease. Furthermore, the stigmatisation of those identified as being HIV positive serves to reinforce barriers to reaching others who are at risk or infected with HIV. Such negative social attitudes enhance secrecy and denial, and thus serve as catalysts for fostering HIV transmission. Furthermore, the stigma and humiliation associated with HIV and AIDS discourage many people from seeking HIV testing, support and treatment.

Social stigmas about HIV and AIDS negatively impact on the quality of patient care after a diagnosis of HIV and the perception and treatment of sub-Saharan African PLWHA and their partners by their communities and families (Mbonu *et al.,* 2009). The women's movement and activists writing on HIV and AIDS indicate that young women living with HIV have been left out from the global networking opportunities by their counterparts. "But powerful women in government and influential NGOs did not always represent all women, especially poor women" (Mbali, 2013: 94). It is due to the lack of support that many women are bearing the brunt of suffering.

Parsons (2012: 92) expresses his shock at the level of secrecy he witnessed amongst the Manyika: "before all else, to a degree that frequently shocked me, HIV infection is lived as an intense secret, often even within domestic spaces where its existence is all known.'' Accordingly, it might be difficult for the Manyika to discuss openly how processes related to HIV and AIDS impact on their lives. Owusu-Ansah (2016) indicates that education is needed in such situations. Women need education to know that it is important to report incidents of threat and assaults against them so that the perpetrators can be punished. Some women do not report their husbands because they

are the breadwinners and if they end up in prison their children would not be catered for. Oduyoye wonders how love can be manifested in destruction (personal communication, 11 June 2005).

Kapstein and Busby (2013) emphasise that it is the basic human right of everyone infected by HIV and AIDS to get treatment. PLWHA need counselling. Women's issues that are detrimental to their rights should be solved. Kanyoro (2001: 163) thinks that a solution to women's plight in the face of HIV and AIDS could start with incorporating "discussions on culture in our African communities so that women find it safe to speak about issues that harm their well-being". This study aims to facilitate dialogue that will lead to breaking down Manyika taboos and fostering open and honest approaches to living with HIV and AIDS among Manyika women. The use of counselling in the process of HIV and AIDS interventions should not be overlooked. According to Van Dyk (2005) HIV pastoral care and counselling is a form of spiritual counselling. This kind of counselling accommodates everyone despite their religion, gender, colour, race or ethnic group. HIV pastoral counselling is not selective. It is meant for everyone. Van Dyk (2005: 249) notes, however, that "many clergy find it difficult to counsel HIV positive people properly because they are themselves ignorant about the disease and its ramifications".

Although the Government of Zimbabwe is to be applauded for its contributions towards HIV and AIDS interventions, which include introducing policies to reduce new infections, there is still a need to provide ART to those infected, although targeted goals were met by 2012 in most of the key prevention services. Furthermore, when the Zimbabwean government adopted the 2013 WHO guidelines there was an increase in the number of people receiving ART services and challenging the culture of silence around the disease (UNICEF 1990, Zimbabwe National Statistics Agency, 2015).

The Zimbabwe National AIDS Policy has successfully guided medium-term interventions on HIV and AIDS. The use of ARVs and other methods has helped more people to live longer with HIV and AIDS. Nevertheless Zimbabwe still needs to have a long-term policy aimed at eradicating HIV and AIDS among the entire population.

2.3 HIV and women in Africa

"Women will continue to be helpless and hopeless spectators of their unwilling (and often unwitting) husbands fuelling the spread of HIV unless they themselves have the power to decide" (Kapoor and Nanda, 2010: 18). Yet some women seem to be comfortable with their position of inferiority. The two scholars also discuss poverty and HIV:

> Poverty and marginalization can compel people to submit before others. They cannot exercise their choice and will. Helpless women can fall prey to the lust of others. A powerless person cannot defend his sister and daughters from immoral criminals. Their exploitation can fuel HIV.

(Kapoor and Nonda, 2010: 30)

In my village I have seen a number of women being battered by their husbands in front of their children. These are the very same women working day and night to see that all children are fed and school fees are paid for them all, while their husbands are daily enjoying sitting around with friends drinking at a nearby bottle store. As if this was not enough, the mid-1980s saw the terror of HIV and AIDS emerge to hunt the same prey (African women). Women are often not allowed to refuse or question men on sexual issues. As economic dependence and cultural norms require women to defer to the will of their husbands, they may often be obligated to engage in unprotected sex with their partners (UN, 2008). Many men infected with HIV do not reveal this to their wives. Some men will seek treatment while the wives are not aware that they are infected. The issue of wife inheritance also places women at risk for HIV and AIDS infection. These social injustice and inequalities experienced by African women in the face of HIV and AIDS can be traced back to men's dominance of women in history.

I have discovered that many homes are child-headed families. In some homes old women are faced with the problem of looking after infected family members and because they lack resources such as gloves and disinfectants, they end up contracting the infection themselves. The burden of looking after HIV and AIDS orphans also falls on them. Discrimination and stigma from the family, the community and even the workplace does not spare them. They fall from the frying pan into the fire. This HIV and AIDS epidemic has crippled Africa. Chitando (2009: 160) draws this apt metaphor: "Africa is bleeding from the devastating effects of HIV and AIDS". The solution for he offers is that "like the woman who had endured a flow of blood for twelve years (Luke 8: 43–48) Africa searches for healing". Some traditional practices have also fuelled this situation amongst Manyika women. Moreover, those who have joined the religious life are not immune to all these inequalities and injustices. My experience has shown me that it is the same everywhere. Creary, 2011: 76) corroborates this by pointing out that

> [t]he experience of African women who choose to enter Catholic religious congregations in colonial Zimbabwe generally supports Elizabeth Schmidt's argument that Africa women who eschewed patriarchy in the African cultures of the late 19th and early 20th centuries merely exchanged it for western form of masculine domination.

The researcher notes that her own congregation does not escape from this argument by Schmidt. Our congregation was founded by Bishop Donald Lamont, who had a heart for the marginalised, and his aim in founding our congregation was to help the marginalised in society. In saying, "I want you to be the other hand of Mary" he meant that we should help the marginalised, and those in the lower ranks of society. Unfortunately our first sisters suffered the very same problems of inequality and injustice in the different missions they were assigned to under the leadership of certain priests. Let it be clear to the readers that I am not putting the blame of all this on our

founder, but on the male religious under whom our sisters were placed. Some of the priests treated them well, while others did not. I am happy to mention some of those who wanted to see us developing and made great efforts for this. The efforts of Fr John Murphy O. Carm and Franciscan nuns Srs Alcantara White, Kathleen Hickey and Elizabeth Murphy set up a momentum that has been continued by the Carmelites right up to the present time. The priests who ill-treated us were not reported owing to fear and the sister's inferior position. The sisters were voiceless and no one could muster the courage to inform our founder about this. In addition, our founder on his part was not aware of these injustices and inequalities since he was involved in national politics and was busy fighting for the oppressed and voiceless in Zimbabwe. It is this that resulted his deportation to his home country, Ireland in the 1970s. Unfortunately, he never had chance to come back when we were freed from colonial rule. He passed away in Ireland on the 14 August 2004.

> The stories and experiences of these African nuns clearly shows them as agents taking some measure of control over their lives and their actions had significant effects on African culture as well as on the reaction between European administrators and missionaries. (Creary, 2011: 78)

I applaud our African Carmelite nuns, living and dead, for their resilience, rooted in faith, love and hope. Our pioneer sisters had a tough time, but because of their faith, they managed to persevere. In my experience even though some of our priests dominate us in the missions, some of our own sisters do the same. Some of us do not want to see others being successful in life. They pull them down, perhaps owing to jealousy coupled with ignorance. Eze *et al.* (2016) appear to question African women religious' way of life, saying "In addition, this paper recommends further research towards exploring women's contribution to their own victimization of gender discrimination". These writers demonstrate that they feel there is gap of knowledge that needs to be filled concerning the way of life for African nuns. I pity all African women in leadership, as experience has shown me that they suffer greatly. Too much is demanded from them by both their juniors and other people, especially in times of economic hardship.

Fr Ambrose Vinyu, who encouraged and motivated me to value education, has encouraged and motivated many nuns, some of who hold very high positions in Zimbabwe. According to him, education is the best weapon to fight injustices and inequalities. His motto is, "*Fundai, masister",* that is, "Sisters, get education". May I say that in my experience it is true that there are injustices and inequalities in religious houses. This view is supported by Creary (2011). But what could be the source of gender inequalities and injustices? Eze *et al.* (2016: 10) have one suggestion:

> Our mothers have learnt to serve men, [so] that even when our fathers and mothers return from work you see the fathers sit down to reading newspapers or simply relaxing while the mothers are running around in the kitchen to prepare food including washing and ironing clothes.

I explore this further by indicating that as our mothers were taught how to handle men, they put it into practice. During that time our mothers lacked the knowledge to question the issues of injustices and inequalities. In the past, when one happened to come to the realisation of the oppression and exploitation and tried to question this, the response was a dismissal, for example being divorced if married. Now if one is a nun, she is asked to leave the congregation. Eze *et al.* (2016: 10) note:

> There are variation of opinions within interview narratives as well as the focus group discussions pointing to the fact that sisters in the African context due to a long time socialization process of observing their mothers serve their fathers in carrying out different chores also tend to serve priests whenever there was a gathering or function. For example, one priest aged 35 in the focus group discussions said: It is expected that sisters as women serve the meal when we gather for Church celebrations. The same way it happens in the family is how it also happens in the Church.

It useful to the reader to look critically at all these long quotations as they are full of hidden realities from the world of women. My experience of the religious life in this contemporary world is that a few African nuns are nowadays aware of their rights and are able to question some cultural and Church practices that affect them. Such a group is not invulnerable to HIV and AIDS. We also have a group of nuns who are still at the whispering stage; it is difficult for them to be heard and they are vulnerable to HIV and AIDS infection. The last group of African nuns is the group that is voiceless; they too are more vulnerable to HIV. There is need for education in such situations: Women need more education to know that it is important to report incidents of threat and assaults against them to places where perpetrators could be punished (Owusu-Ansah, 2016).

It is with pride that the researcher points out that we as African women are the African women theologians who must take up the challenge of getting started now in the fight for the rights of women by the power of the pen through continuous researches and voicing for the voiceless. This will bring awareness of the plight of women to some of us who feel they are comfortable and view those who voice as rebels.

Chitando (2009: 34) does not hesitate to applaud the African theologians who have worked consistently on HIV and AIDS. Dube and Kanyoro (2004) did well in challenging the some of the cultural and religious practices that that encouraged that suffering of women. They have also encouraged the participation of women of the Church, for example, in reading the Bible and discouraging the subordination of women.

Chitando (2009: 148) along with many other concerned women theologians, needs to be credited for his unwavering support in standing for women liberation's. He narrated well that it was after such a long time as the 1980–1990s that African women began their journey towards liberation in the face of HIV and AIDS. Their breaking through

was basically assisted by their writings. The Circle has been able to marry HIV and AIDS and the Bible. Musa Dube is a typical example of the Biblical scholars. It is through the Circle's work that African theology has made HIV and AIDS take root in theology. The Circle has done tremendous work in encouraging and initiating partnerships between many different institutions locally and abroad on the subject of HIV and AIDS in relation to theology. It is through this that I was inspired to carry out this research which is my contribution to the Circle's work.

2.4 The Catholic Church and HIV and AIDS

The Roman Catholic Church has been taking a leading role on HIV and AIDS interventions as corroborated by Vitillo (2007: 5):

> Over the past twenty years in collaboration with many other Catholic organisations, Caritas International has disseminated a huge amount of information about HIV/AIDS in order to combat ignorance and fear and show the best practices.

Many people have been helped by Caritas in our missions. I have witnessed my own family and many others being given food, disinfectant and clothes for the infected. We also had school fees paid for the orphans and children of infected parents. There were many workshops that were held in our areas and at schools on HIV and AIDS. The approaches used were holistic, and effective and both the infected and affected were helped to combat ignorance and fear.

However, much as Caritas succeeded in combating ignorance and fear, there is much be desired, especially when looking at women's situation in the face of HIV and AIDS. The problems of injustices and inequalities for women are the breeding grounds of HIV. If the Church had started earlier to address issues that make women vulnerable it would have made us reach the HIV and AIDS-free generation some time ago. Nevertheless, this should not make us lose respect for the activists mentioned earlier and if our response is to work in connectedness, nationally and internationally we will win the battle.

The Catholic Church's involvement in the battle against HIV and AIDS was a worldwide enterprise, as Vitillo (2007: 5) notes:

> We have encouraged our members to fund HIV/AIDS programmes in the whole gamut of activities from training to care so that there is scarcely a Caritas in the world not involved in some how combating the pandemic and its effect on people.

The Catholic Church's approach to HIV and AIDS intervention is inclusive and holistic in trying to rid the pandemic of stigma and discrimination and ensure compassionate, non-judgemental care (Vitillo, 2007: 6). In this intervention the Catholic Church has demonstrated that it values human dignity. It is there to save the lives of all, despite

their religion, race, colour, ethnicity or political affiliation. This is what Christ demands from the Catholic Church. However, the Church would be more effective if it examines itself and tries to avoid the factors that are preventing it from be more effective. These include the interpretation of Christianity in church teachings that encourages the subordination of women to men and male domination in all spheres of life. The researcher acknowledges the African Jesuit AIDS Network and the Catholic Relief Services for contributing to the same theme of fighting against HIV and AIDS. Mouton (2003) also brings up another way of looking at HIV by pointing out that "For many people today, particularly African women, I Timothy 2: 8–15 is a canonical text that resists being read iteratively". The researcher's experience corroborates the view that women have been silenced by the 1Timothy passage on matters that affect them.

The issue of male imagery is not only an issue in a Christian context. In African tradition, starting in the family, male figures are more respected than girls. In Manyika culture, when a woman gets married she gives up her surname and uses her husband's. The children they will have use their father's surname. Moreover, women's lives are dominated by patriarchal requirements. In this situation women are silenced by men. When it comes to decision making in the family, church, work- place and any other places, it is men and not women who decide. At times if a man fails to perform a task, other men may say "Be a man", meaning that failure is for women. Now if a woman performs well, men will say, "You are a man" meaning that men are the only the ones who perform well. I am strongly convinced that this is a social construction and it is possible to change this way of thinking. It is important to note that there are some women who are ignorant of male domination and when they see and hear about their fellow women complaining they are taken as rebellious. Such women are still in darkness, and we need to be patient with them. Others share this hope:

> It is religion alone which can prevent their alienation and offer them faith, hope, love, forgiveness, and grace. Spiritual support is very different from that which either business or government can offer. It can change one's thinking for the better for the rest of one's life.

This is not different from the Catholic Church's teaching. In short, this is a gospel mandate which is a call to all Christians. Some individuals could go to extremes of forgetting themselves at the expense of sick persons:

> One of the greatest example of selfless and loving care of the infected and sick is provided by our 8th Sikh Guru Sri Harksishan Sahibji, who did not care for his own safety while doing such human service.

According to these authors "[s]elfless services (or riskkamseva in Sikh parlance) has been the badge of the Sikh Gurus and their ardent followers. We have examples of Gurus after Gurus who blazed this torch". I must say it is a unique situation in which they totally forget their own needs in order to serve the infected. From my experience

in Zimbabwe, although we did get involved on HIV and AIDS interventions at different levels, I do not think most of us did this without trying to protect ourselves by using gloves, in fear of contracting the disease, also sometimes avoided physical contact with the patients.

Knox (2008: 81) notes that the Roman Catholic Church takes seriously the issue of HIV and AIDS: "The body of Christ has AIDS. The Church has AIDS. It is our people who are living, suffering and dying because of this virus". Cimperman (2005: 67) further notes: "In our earlier discussion of justice we saw both Catholic social teaching and the gospel cited to support change for the benefit of all".

However, it is worth pointing out that although the Catholic Church is taking the leading role on HIV and AIDS, there are many other churches such as the Methodist and Anglican who are also working on the problem of HIV and AIDS. According to Kurian (2016: 4), "For the Churches, the challenge of HIV and AIDS has involved soul searching. Their pastoral calling to minister to the sick and marginalized has drawn many Christian institutions to care for people living with HIV and AIDS". The researcher argues that although the churches have been carrying out this mission they need to examine their work seriously and reduce their weaknesses in order to be more effective. Kurian (2016: 6) affirms this statement by saying that "based on the report from the consultation, the WCC, Executive Committee meeting in Reykjavik, Iceland, in September 1999, released a statement making prophetic recommendations to Churches to face AIDS with clarity of vision and in truth". Again, may I say that it is the person or the individual infected or affected that Kurian is seeing urgently in need of genuine love, care and acceptance.

Kurian (2016: 9) stresses the need to value, appreciate and get involved:

> To correspond with the fourth World Conference on Women, held in Beijing in 1995, the WCC drew together experience of women's health and the challenges of HIV from Brazil, Argentina, Costa Rica, Chile, India, Thailand, Papua New Guinea, Uganda, DRC (Zaire), Tanzania, and the USA.

This demonstrates that the issues of women are a worldwide concern, as many countries mentioned above were involved. This also signifies that the problem of HIV and AIDS is everybody's problem. Kurian continues: "Deeply concerned about the realty unfolding epidemic, in 1994 the WCC Central Committee meeting in Johannesburg, South Africa, mandated the formation of a consultative group to conduct a study on HIV and AIDS".

I note with pride that Arrupe Jesuit University is among very few Zimbabwean universities that has been demonstrating this kind of approach by offering a course on HIV and AIDS to students and to non-academic students from 2008 to 2011, though it was then still a college when HIV and AIDS was being taught. This university even

went further in its involvement on this epidemic by assisting many marginalised people and Rudo (not her real name) is one typical example of those who have been and are still being assisted. She is a mentally challenged woman who used to live on the street, where she was sexually abused (see Appendix One).

According to Kurian (2016: 10) the group headed by Dr Christoph Benn and made up of medical professionals clergy, religious and lay persons took steps to help the marginalised. Kurian (2016: 15) says Njoroge continues to lead WCC Ecumenical HIV and AIDS Initiatives and Advocacy (EHAIA) wholeheartedly and with full commitment. He goes on to note that the "WCC EHAIA has been guided by an international Reference Group (IRG) consisting of Church leaders living with HIV, ecumenical partners and technical experts from international organizations". Thus, different people from all spheres of life, including the infected are supposed to get involved on HIV and AIDS interventions.
According to Kurian (2016: 19) different churches gathered and looked into the issue of HIV and AIDS. He reported:

> In the year 2001 the church of Norway Bishops Conference, the Southern African Catholic Bishops Conference, and the Anglican Communion across Africa took a prophetic stand on HIV.

I could say this collaboration made it possible for the church to take seriously the responsibility of the issues of HIV and AIDS. Rev Dr Olav Fykse Tveit, General Secretary of the WCC, said: "The core attitude of accountability is appropriate when we talk about the past, but also what shall bring us forward together to give quality to the information of cultures and our relationships". This statement is of paramount importance when we evaluate our involvement in HIV and AIDS issues with reference to the past issues. Surely, what is important is for us as Christians to come together and reason and see the way forward, rooted in our culture and our relationships. However, as that culture consists of both positive and negative practices we need to leave out those practices that are harmful to humanity and women in particular (Kurian 2016).
The researcher notes that the era of HIV and AIDS has aroused interest and led church leaders to unite and work together. Kurian (2016: 21) says:

> In 2002, the African Network of Religious leaders living with and personally by HIV and AIDS (ANERELA) was formed by the group of inspired leaders that included Canon Gideon Byamugisha, the Rev Fr J. P. Mokgethi–Heath, Rev Christo Greyling and Phumzile Mabizela.

According to the WCC (2002) poverty and inequality have placed African women in an unbearable position. In confirmation I would say women's suffering has taken a long time and it is high time they were liberated and empowered. I applaud the many different agents who working in this area including the newly introduced Ecumenical Advocacy Alliance, which views the problem of HIV and AIDS as the biggest health

problem affecting humanity today. The disease shows the need for individuals to take responsibility to help each other. In addition the Alliance calls for believers to take responsibility of the gospel mandate in their communities (WCC, 2002).

The WCC discovered the necessity of mandating the formation of a chosen group to carry out a study on HIV and AIDS that would help the ecumenical movement focus its response in three areas. It was the responsibility of this study to help the church to live up to its expectations. The ecumenical journey members demonstrated unity and hard working for the common good. However, their evaluation was that the churches' involvement has inadequate and in some instances the churches made the problem even worse. Nevertheless, it is still their responsibility to view their members as the one body of Christ. "They are confronted with people, members" (WCC, 2002: 5) I would bear testimony that the churches despite their weaknesses have been and are still carrying out the gospel mandate.

The church, being the body of Christ, also invites people to the source of healing. WCC (2002: 79) notes that "The church can be a healing community only if is truly a sanctuary, that is, a safe space, a healing space". Finally, the WCC (2002) points out the need for further study in the area of HIV and AIDS. The goal of this study was to enlighten readers about this epidemic.

Kurian (2016) explains that this movement has spread all over other regions. In 2006 it participated in the International Network of Religious Leaders – lay and ordained, women and men living with, or personally affected by HIV (INERELA). Interventions in HIV and AIDS have widened. Again, in support of this, Kurian (2016: 21) said, "The ecumenical movement, WCC-EHAIA and many church-related organisations such as Christian AID and World Vision have been accompanying this vital movement through its journey of service". He adds (2016: 21) "The leadership of ANERELA and later INERELA have been torch bearers in the ecumenical journey with HIV and AIDS and have been vital in breaking the silence on HIV within the churches and other faith communities". In Asia, the Catholic Bishops of Myanmar and the Catholic Bishops of India sent pastoral letters on HIV and AIDS to their subjects, guiding them to respond as followers of Christ. Asian church leaders from the Lutheran World Federation and the United Evangelical Mission also dedicated themselves to HIV interventions, calling this response a "Covenant of life" in Indonesia. Kurian (2016: 27) explains "The historic Global Consultations on Ecumenical responses to problems of HIV and AIDS in Africa held in Nairobi, Kenya in November 2001". It is at this gathering that the following concern was raised: "We cannot speak of them and us when it comes to HIV and AIDS. The pain and fear of this disease have touched us all". With the interaction of churches different denominations there has arisen a mature enrichment in this pandemic. There has been a gain in knowledge and skills and empowerment. This is why the ecumenical response has brought about a shift of altitude from "them" to "us" in the process of dealing with HIV and AIDS (Kurian, 2016: 27).

I am not denying that we already have religious leaders and non-religious leaders who

are HIV positive. Experience has shown that this group has been suffering stigmatisation, discrimination and rejection. The truth is that even though theoretically we have all the knowledge and skills on how to handle such people, practically we are found failing to love, care and accept them without judgementalism. Much needs to be done in the area of the necessary practical and proper way of handling the infected. As Kurian (2016: 29) indicates, the "Churches Compassionate Response to HIV and AIDS", the title used by the WCC Central Committee in September 2006, challenges churches and communities, using Romans 8: 35: "Who can separate us from the love of Christ?"

I was privileged to attend the Conference on World Mission and Evangelism, with the theme, "Movement in the Spirit called to transforming discipleship" at Arusha in Tanzania, from 8–13 March 2018. At this conference Mwaniki (2018) presented a paper pointing out that the church was called to undertake transforming discipleship in order to address historical and structural gender inequalities that undermine the human dignity of women. She went on to say that "there is still androcentric theology that underlies attitudes that undermines the dignity of women". It is high time this message is appreciated.

Parry (2008) opines that the Catholic Church has played a leading role in providing HIV and AIDS interventions. Furthermore, the HIV and AIDS pandemic has forced the Catholic Church to confront this fact in a united way so as to provide practical care and support in a holistic manner. Parry further points out that the best way to alleviate HIV and AIDS is by looking into its root causes and encouraging people to value human rights and take care of PLWHIV in families. Gospel values should be intimately linked with and incorporated in day-to-day activities. The Catholic Church mandates us to love and care for one another. Dube (2003: 71–83) uses Luke 6: 36 as a way of inviting the Church to help people infected by HIV: "Be compassionate, just as your father is compassionate". In the same vein, the Southern African Catholic Bishops' Conference has also demonstrated its concern for people suffering from HIV and AIDS stating: "[W]e encourage your families and communities to accept with love and to stand by you". The response to the pandemic calls for a more holistic approach.

The researcher points out that helping individuals infected and affected by HIV and AIDS in a holistic manner empowers them. Thus, Igo (2009: 218) points out the need for using theological reflection on the issues of HIV and AIDS:

> HIV and AIDS, as we have seen, is an opportunity for us Christians to confront some of the central questions concerning life and faith, and to emerge from a theological impasse … as well as to encourage others to do so.

The researcher Catholic Church's has taken a stand on HIV and AIDS in relation to culture by introducing the issue of inculturation as a way of solving some of the problems, rooted in women's vulnerability, that are faced by people in the presence of

HIV and AIDS. Chitando (2009: 46) puts this well by quoting Majawa (2005). In his detailed analysis of inculturation, Clemence C.A. Majawa, a Catholic theologian, argues that the second Vatican Council (1962–1965) played a major role in the popularity of the term. He cites Pope John II's reference to inculturation as the incarnation of the gospel in native cultures.

According to Chitando (2009: 45–51), African theologians argue that Christian churches in Africa need to embrace the importance of African culture in the life of the Church. This attempts to redress colonial social injustices and counter the disrespect shown by Christian missionaries towards indigenous African cultures. Although positive African cultural values should be upheld, patriarchal values have led to many misogynistic cultural practices and the victimisation of women in the name of preserving African culture.' Dube (2004) opines that, in some instances, churches have tended to pay attention to the negative aspects of African culture. Chitando (2009: 57), meanwhile, avers that the challenge facing the Church is how to encourage positive beliefs and values in Manyika culture, while discouraging those that perpetuate stigma and the social alienation of PLWHA. Chitando and Klagba (2013b) lament the fact that people living with HIV and AIDS are dying because they could not be convinced to take HIV treatment, which they view as showing a lack of faith in God. To worsen the situation infected women are sometimes blamed for having brought the AIDS infection into the family:

> In Africa in particular, women were often blamed for bringing the virus into families. They would be thrown out of the marital homes when and if their spouses died of AIDs related complications. Women in Africa were often victims of negative cultural and religious beliefs. These often taught that HIV and AIDs were a result of sin, broken taboos and witch-craft. Thus at their meeting held in Addis Ababa, Ethiopia in August of 2002, Circle women presented papers on HIV and AIDS and how religion, culture and other social practices helped make the woman more vulnerable and susceptible to HIV infection. (Ayanga, 2016: 3)

The main root of such a problem is the failure to integrate culture and the Bible. Maluleke (1998a: 133) thus notes that "at crucial moments, connections with African culture would be made, provided that culture was understood as a site of struggle rather than a fixed set of rules and behaviours".

Maluleke (2001) highlights the need to value women in all spheres of life, making critical use of the Bible by upholding its positive teachings and argues for Biblical teachings that in his view are negative or misinterpreted and perpetuate the suffering of women. Despite all these weaknesses, the Church has been playing a pivotal role in assisting those in need. There are also positive practices found in the Church, which should not be overlooked.

Mapuranga and Chitando (2006) aver that Pentecostal gospel music in Zimbabwe is

taken as a source of "healing and regeneration". Mapuranga (2012) further highlights the influence of music both in and outside the church, giving the example of Mutukudzi, an artist who boldly challenges sexual and gender-based violence (GBV) and addresses HIV. Mapuranga (2012) upholds the effectiveness of using music by giving examples of songs such as "*Tozeza baba*", which challenges violence in the home. Here in Zimbabwe as stated by Mapuranga music can be used in HIV and AIDS intervention. Sikh priests also suggests that music can be used as a main weapon to fight the stigma of HIV and AIDS (Kapoor and Nanda, 2010).This is a method that was commonly used in Zimbabwe to raise HIV and AIDS awareness. Zimbabweans also included musical dramas to push the point home, usually in schools at all levels. However, these days these strategies seem to have fallen into disuse.

History shows that the Catholic Church has been a welcoming and safe haven for all who are infected or affected. The Gospel of Matthew clearly instructs Christians on the need to show generosity, compassion and hospitality. This shows the importance of providing practical care for all those in need, which presumably includes PLWHA and not only people with other serious illnesses, who unfortunately often face social rejection and ostracisation. Magesa (2013: 68) stresses the need for holistic healing, saying that " the art of healing is not only in terms of the body, healing the individual body in a mechanistic way, but primarily and holistically in terms of healing the cosmos".

Chirongoma (2012: 183) also emphasises the urgent need for churches to work together to help the hungry, the needy, the sick, and the dying. She admits that the Roman Catholic Church in Zimbabwe has been playing a pivotal role in offering food and health care to many needy people. The activities of the Catholic Relief Services are a typical example of such good acts. Mlambo (2015) directs the reader to Mombe *et al.* (2012) for confirmation of great works done by faith-based organisations. CRC has introduced community-based programmes that provide services to people infected and affected by HIV and AIDS. Home-based care programmes have also been established and these provide networks of support to these people. Chitando (2009: 123) challenges Christians who are not participating on the battle against HIV and AIDS, asking, "Who is Christ to an African continent that is dying from AIDS and living with HIV? and "What does it mean to be (one body) when some members are living with and affected by HIV?"

Faith-based communities have an important part to play in creating safe social networks around PLWHA (Parry, 2008). This means that, although not everyone is infected by HIV and AIDS, it is understood that even those who are not directly infected are affected somehow through their relationships with extended family and wider community members. The Church, which is made up of Christians, is believed to be the body of Christ. Consequently, if some members of the Church are infected, it means that all other members are affected. This implies that "If one part of the body of Christ is suffering, then the whole body suffers. If one part is honoured, every part rejoices

with it" (1 Corinthians 12: 26). Parry (2008) also accentuates the need for collaboration amongst the various stakeholders within Christian faith communities, who include people living with HIV, relatives, medical health care providers, community health care workers, and church and community leaders to transform negative cultural attitudes collectively. Such coordinated efforts by faith communities could help to (a) reduce stigma; (b) enhance patient care and outpatient management; (c) improve family support services; and (d) promote the education of patients and their families.

According to Tutu (2010: 9), " [Today] we know how to treat HIV and AIDS and how to prevent the transmission of HIV". The interviews and the focus group discussions (FGDs) undertaken in this study have demonstrated the truth of the last statement. Yet, much as many infected people are now receiving treatment, there are also a good number of the infected who are not accessing treatment and knowledge on prevention owing to gender inequalities and injustices within societies. Consequently there is still a lot be done in the area of emancipation of women. The problem of silence is still prevailing and it needs to be addressed. Tutu indicates: "Our silence serves only to increase risk and vulnerability needlessly". I corroborate this by saying that I have discovered that silence is the fertile breeding ground of HIV and AIDS. There are many women who have lost their lives owing to the silence. Although some tried to speak up when things got worse, they were never heard until they were silenced forever by death. Therefore it should be noted that while there are gender inequalities and injustices in society the scourge of HIV and AIDS will not end. In addition, women will remain in their unbearable state.

Accordingly, collaboration between diverse stakeholders is also likely to result in better utilisation of limited resources, both human and financial. Furthermore, the sharing of experiences on how to provide better services to PLWHA would allow collective intelligence to expose significant knowledge gaps and challenges breaking the silence on talking about the HIV and AIDS.

Parry (2008) stresses the need to focus on the education of girl children. This is important to help churches to confront the problems of gender inequality within Manyika society, and to reduce female vulnerability. The education of girl children is likely to empower entire families and communities to reduce the possibility of infecting future unborn children. The failure to finance secondary education is likely to force teenage girls to become involved in commercial sexual activities or early marriages. It has been observed that Manyika women and girls often rely on physical, emotional, psychological, and spiritual help from the Catholic Church.

2.5 African theological responses to HIV and AIDS

Theology is

> a way of pondering on the Divine Being within a particular context, people, time, will and framework of belief. It is a way of looking for divine will

> and revelation within the lives of people in the situation they found themselves in. (Dube, 2008)

Thus, given that Africans in general, and the Manyika in particular, generally hold profoundly religious world views, theology can be used as an effective weapon in the battle against HIV and AIDS. Maluleke (1998b: 61) argues that even if outsiders bring new religious practices, Africans do not let go of the traditional religion in which they is deeply rooted.

Chitando (2009), indicates the response to HIV and AIDS needs to give urgent consideration to (a) inculturation theology, which involves examining cultural practices and beliefs and encouraging positive values and all the good that surrounds them; (b) African liberation theology, which is African belief in God in the era of HIV and which could be an effective weapon against HIV and AIDS; (c) reconstruction theology that builds up or unites people before God, as he asserts (2009: 7) that "African theology must respond creatively to the HIV and AIDS epidemic"; and (d) African women theology, which is rooted in issues of gender, whereby oppression and exploitation of women in the face of AIDS should be examined. Ayanga (2016) is also aware of the negative consequences of some cultural beliefs and says:

> The voice of women in decision making and leadership positions have thus remained muted because of the lack of opportunities for the training that would equip them with both knowledge and necessary skills.

Ayanga believes that theology can be used in the liberating fight for women. She argues that "African women doing theology must move on holding each other's hands to respond to current pressing issues". She is trying to tell the world the importance of equipping women with enough knowledge and skills to protect themselves from men's domination. Experience has shown me that women have the potential to fight injustices and inequality.

Chitando (2009) appreciates the work of the Circle and gives signs of hope from his critique of African women who have developed the Circle, and has been involved in addressing HIV problems in collaboration with other organisations. Ayanga (2016: 5) also looks at tremendous work done by the Circle and warns them by pointing out areas of concern:

> The Circle must also continue to engage with the issues that gave birth to it. There are women in Africa whose voices are still whispers, whose experiences are regarded as non-issues and who still wallow in abject poverty. In spite of great gains in some of our communities, the girl child remains an endangered species. Among the Pokot and the Turukana of Kenya, for example, some kind of parity has been achieved in school enrolment but the problem of retention for the girl child remains a great challenge. The Circle needs to continue engagement with culture and

cultural practices that make it difficult to go beyond the mere basics of primary school.

I support Ayanga's suggestions that the Circle has to carry on with its good works. However, we all need to respond to its invitation to write and publish papers. It is through carrying out interventions that we will free women from their vulnerability to HIV and AIDS.

Chitando (2009: 69) notes that "while male theologians have enjoyed the privilege of leading Churches, theological institutions and other Church-related institutions, African women theologians have operated 'from the margins'". However, as Chitando (2009: 71) confirms, there have been some developments that have seen some women now moving from obscurity into positions of prominence that were previously dominated by men and "if one wants to be aware of the contemporary development in African theology, one has to be familiar with the writings of African women theologians". Chitando (2009: 148) explains, "the Circle has made some creative breakthroughs in the area of the Bible and HIV". Oduyoye (2001: 16) encourages women, stating, "From this perspective [women from Africa] identify what enhances, transforms or promotes in such a way as to build community relationships. Women do theology to undergird and nourish spirituality for life". In concurrence, Chitando (2009: 65) points out that "African women's theologies have demonstrated a lot of creativity and passion in their engagement with the pandemic".

Theology does not always foster the acceptance and inclusion of PLWHA. Indeed, some churches have considered HIV and AIDS to be God's punishment for the immoral acts of humankind (Dube, 2008), although such interpretations are not accepted by medical experts in the field of HIV and AIDS in contemporary society. If many people remain conditioned by such judgmental belief systems, then these undesirable views may lead to ignorance of how to reduce the spread of HIV and AIDS. Ackermann (2003: 40) notes that we must evaluate experiences so as to improve "our thinking and acting are born out of experiences. Experiences of pain and of joy shape our views and our values, past and present". The researcher supports this by indicating that human experiences are very helpful in building up a broken life. Kanyoro (2002: 23) in the same vein, points out that "[stories] help to make connections between faith and action because they make use of experience and reflection as the intervals of connection". Experience has taught me, too, that when I have something troubling me and I happen to share it with someone rooted in God, thus telling my story, I feel relieved or liberated. Kanyoro (2002: 24) explains "theology is no longer only an intellectual exercise but also the expression of the religious experience of God's people".

The subject of HIV and AIDS has a deeply theological aspect (Dube, 2004). The illness raises challenges about (a) the meaning of life; (b) our concepts of God; (c) our understanding of the role of the Church in everyday life; (d) coming to terms with human fragility and failures; (e) accepting without judgement the fact that people are prone to making unwise moral choices (sinning); and (f) embracing such human

vulnerabilities within human community. Therefore, it can be argued that life in the contemporary era of HIV and AIDS, whether or not individuals are personally infected, creates critical ethical and social confrontations in life for Manyika women as a whole. Wilson (2013: 113) examines how Christians and Catholics in particular, have been trying to investigate the causes of the spread of HIV and AIDS. "Tight trousers spreading HIV and AIDS" was a reason advanced in a report made by the participants of Central Church of Africa Presbyterian (CCAP) AIDS workshop in Karonga District. Unfortunately, universities in Zimbabwe and elsewhere have become a breeding ground for HIV and AIDS. The blame for this is often placed on women, who are said to seduce men in the name of fashion and modernity.

The above situation occurs in Manyika culture as well. The practice of secrecy is dominated by whispers that do not help the voiceless. They actually increase the injustices and inequalities women face and because of them there is a fertile breeding ground for HIV and AIDS. Perhaps by critically examining cultural practices and relating them to examined theology the intended goals of liberating and empowering African women will be achieved.

It is important to take note of the negative contribution of women and girls when it comes to sexual issues. For example, when young women may be immodestly dressed and compete to obtain the latest items of flashy clothing, some of which leave them half naked at institutes for higher education such as colleges and universities. These young women may also have relationships with sugar daddies. In order to help these women and girls effectively we need to educate them.

Students who dress modestly may be regarded by men as backward or rural, as Phiri and Nadar (2006: 78) note: "everything about women is filtered through the voice of the narrator, who is male". This means that the voice of women is not heard in most spheres of life.

Mercy Oduyoye has contributed enormously to theological debates about women's emancipation (Amoah, 2012: xii). Oduyoye was the first to carve out a space in which African women theologians were able to carry out research focusing on women. In this way, she has paved the way for the liberation of African female theology and the deliverance task of African women. Phiri and Nadar (2012: 3) note that "religion is not practised individually but in community. Hence emphasis is placed on working in community to find solutions to African problems". Oduyoye (2001) demonstrates through her writings that she wants women to be liberated. The researcher applauds the formation, in 1989, of the Circle of African Women in Geneva with Mercy Amba Oduyoye taking the lead. The majority of these women have been academics in the field of religion and culture (Kanyoro, 2002: 89). The Circle is made up of multi-faith individuals who are rooted in Biblical theology. The main focus of the Circle is that theology for them is meaningless unless it is lived.

The Circle calls all, especially African women, to get involved in "African women's emancipation. According to it, "African women are also part of the life force of creation"

and when we look at the ideal life of any woman at home we may confirm this view. African women are life giving as they ensure that all children are taken care of. Consequently they are called to become part of the Circle and contribute to the emancipation of women through writing, research and publications. However, although women might be interested in joining the Circle, they may lack certain stepping stones to do so, including education and exposure. Perhaps if the Church and the government funded scholarships for girls and young women to further their education, it might help. In addition, if the subject of gender could be introduced in schools at all levels, it could make a difference. The invitation made by the Circle is also for Manyika women to engage in their own liberation and empowerment.

Chitando (2009: 83) observes that the Circle insists that "cultural practices that compromise women's health and wellbeing in the wake of HIV should be interrogated and discarded or modified". Owusu-Ansah (2016: 1) explains:

> "[T]he Circle" is a multi-religious association of women theologians in Africa. The Circle began with the vision of its initiator, Mercy Amba Oduyoye of Ghana. She saw the need to call on other women theologians in Africa to face together with her the challenges of the African woman theologian. According to her, in 1974 she found herself as the only female theologian among her colleagues. As she pondered over what it meant to be the only woman theologian among men, the expectations of her colleagues to speak for African women became too enormous for her to bear alone. In a period of 5 years, she sought out other female theologians in other parts of Africa. She searched through theological colleges, universities and other institutions.

These African women theologians have demonstrated that women have the potential to liberate and empower themselves if only there is a total collaboration among themselves. So far the invitation message to other women of Africa, especially young African women, is spreading like wildfire. Many have received the message of taking action on the issues of injustices and inequalities coupled with HIV and AIDS faced by African women. However, responses might be slow owing to economic hardships in Africa. Most African women who might be willing may not be able to afford to further their education, and they may lack the relevant resources, knowledge and skills to do so. It is from experience that I have come to learn that education is power. When one is ignorant of ones own and of others' rights one may not even realise that one's life circumstances are oppressive and exploitive. Women of this kind do not understand why some women are crying out for justice and liberation. For them, all is well.

Igo (2009) highlights contradictory dynamics associated with the stigmatisation of HIV and AIDS. He admits that the Church has been responding to the HIV and AIDS pandemic for the last 28 years. The demonstration of genuine compassion and solidarity by individuals, families and communities has achieved results. However, in some of its

teachings, Christians are treating women as inferior and expecting them to obey their husbands and not to have a voice in sexual matters. Haddad (2013: 155) observes that patriarchy within the Church is responsible for the placing women in this position and expecting them to "be faithful".

The researcher argues that in all spheres of life, women have found themselves in inferior position, even in the Church. Chitando (2007: 44) is concerned about the situation of women and suggests that "churches need to engage with men in order to transform dangerous ideas about manhood in Africa". Masuku (2014: 164) shares these sentiments, pointing out that in some cases, the Church's silence is often intended to find favour with political leaders at the expense of the poor. In the same vein, Kanyoro (2001: 36) points out that "in the African indigenous thought system, culture and religion are not distinct from each other". The researcher values the idea of interconnectedness given by Owusu-Ansah (2016: 2) when she points out that:

> African women's theology is a theology of interrelatedness, that is, they acknowledge the interrelatedness of men and women and of people and nature; this means that it is ecology sensitive. It is also culture sensitive as much as it encourages dialogue between cultures and within cultures in order to criticise what is oppressive and to develop what is liberating in African customs. African women theologians implement their research findings through a ministry of storytelling. Ideas are conveyed through a narrative theology using biblical stories such as Hannah's story, Jezebel's story, Mrs Job's story, Samson's mother's story and many such stories from the Bible.

One wonders what message can be take from the quote above. In Africa we have the full sense of *Ubuntu* which means "I am because you are and because you are therefore I am". This summarises the African way of life which is characterised by connectedness. In Africa in the past extended families were valued, unlike today. The same approach used to apply to the community or society. All young people belonged to all adults, meaning that all adults were responsible for disciplining any child they come across misbehaving. I would say this helped in the reduction of promiscuity and any other form of offence. Perhaps this would have been useful. This kind of cultural practices needs to be revived. It is reported that *nhimbe* or *jangano* is a practice whereby the people form a local community where one is invited to go and work for their neighbour, which is done in turns. At funerals, wedding or any form of gatherings, that spirit of connectedness got all involved. The same spirit would help the individual to respect nature: I am sure forest fires would be lessened. This way of life would make a difference in the face of HIV and AIDS and people would be able to deal with the positive and negative practices found in the culture.

Kanyoro (2001: 159) observe that "harmful traditional practices are passed on as cultural values and therefore are not discussed, challenged or changed". The researcher

suggests that culture and religion need to be blended together by taking only that which is constructive from each.

Uchem (2004: 6)'s annual report of 2005–2006 points out that it is also inspired by the words in various church documents on social justice issues. Pope John XXIII in 1963 said: "Those who know they have rights have the responsibility to claim their rights while others have the corresponding duty to respect them as they claim these rights" (John XXIII, n. 44).

In a Letter to Women on the eve of the UN conference on women in 1995, Pope John Paul II made "a heartfelt appeal that everyone, and in a special way, states and international institutions, should make every effort to ensure that women regain full respect for their dignity". (Letter to Women, No.1). He also called for the full inclusion of women in decision making at all levels.

The Catholic Church's head has been demonstrating ever since the importance of valuing human rights in the world. This message of human dignity has been a cry from different popes to the whole world. It is the gospel mandate for the Church to fight the inequalities and injustice that are found among God's people especially this era of HIV and AIDS. In his letter his letter, his Holiness Pope John XXIII indicates that he is aware of the situation of women and asks for collaboration to end these injustices and inequalities from "everyone, and in a special way, states and international institutions". The same appeal on the ending of injustice and inequality is made by African theologians. Perhaps addressing the issues of injustices and inequalities rooted in both culture and Church would be more effective. This could be made possible by true leadership where participation, accountability, transparency, the rule of law, consensus and efficiency are not questionable. Like the Pope, the bishops, and African women theologians, many other stakeholders and individuals are calling all to be involved in African women's plight. This is the type of participation required. It is the involvement that shows that we are together: "It is by working together that we unite and it is by dividing ourselves that we fall".

Then, if it this the case how can accountability apply to this? Accountability means being responsible, which means then that it is the responsibility of everyone to see that the injustices and inequalities suffered by African women are ended. Transparency is a condition whereby all is brought into the light. There is nothing being unreasonably hidden, be it material things or information. Hence, in the battle to win women's dignity transparency is a necessity. Transparency should be applied by all activists during the process of achieving our goal for liberating African women and empowering them. Uchem (2004: 6) notes that

> the 1971 document of the Synod of Bishops has this to say:
> Action on behalf of social justice … is central to being Catholic. It is not new, nor is it optional. It is an essential dimension of preaching the gospel, or in other words, the Church's mission for the redemption of the human

> race and its liberation from every oppressive situation. (Justice in the World, no. 6).

Uchem's quote is pregnant with urgent commands to participate on issues of justice. She notes that the message is for everyone. It is a gospel mandate.

Nevertheless, it could be further argued that Catholic Church also needs to examine some of its practices that unintentionally contribute to the spread of HIV and AIDS infection. Kelly (2010: 234) once again highlights the attitude of Catholic Church towards the use of condoms through the utterance in October 2002 of the Bishop of Chad, who said; "the role of the Church is rooted not only to promote the use of condoms but rather conjugal fidelity and chastity in other words responsible sexuality". The Catholic Bishop of Zambia expressed a similar view in his assertion: "we state very emphatically that the much-talked-about condom is not the answer to eradicating HIV and AIDS… safe sex or protected means and abstinence before marriage and fidelity in marriage". However, the above stance seems to take another twist when, on Sunday 21 November 2010, Pope Benedict XVI departed from his traditional stance, pointing out that condoms could be used "in certain cases" (Kington and Quinn, 2010). Even though the Pope Benedict XVI allowed the use of condoms to some extent, the Catholic Church still needs to reconsider its stance on the use of condoms. The Catholic Church could be more effective in its HIV and AIDS interventions by taking some of the culturally constructive practices and blending them with the teachings of the Church. Azetsop (2016) reveals that Catholic Church is getting involved in issues of culture and theology rooted in improving the life of humanity. The Church could be more effective if it collaborated with the health department, the government and other organisations in matters relating to HIV and AIDS interventions. Churches should work together in the battle against HIV and AIDS and stop blaming each other. He condemns religious divisions and grudges, jealousies and suspicions that are all barriers to HIV and AIDS interventions. It is believed that some infected people are not prepared to go for HIV testing for fear of facing rejection, stigmatisation and discrimination. There is need for a process of planned social change designed to promote the well-being of the population as a whole in conjunction with a dynamic process of economic development.

2.6 Catholic religious responses to HIV and AIDS

There are also Catholic religious who have contributed to the struggle for gender justice. Such Catholic religious need to be appreciated and encouraged to continue with the battle for Catholic religious women's freedom. Uchem (2001) says that "Sisters work mostly in church-owned institutions where they receive not salaries but very little stipends, less than 20% of what they otherwise deserve if paid according to their qualifications or government rates". Priests who tolerate this are no different from men who oppress and exploit women in the secular world where women and children work in the fields with the children and at the end, when the produce is sold the men gets the

money. The same applies in the mission situation whereby the nuns used to do pastoral work and other tasks and were not paid or given any remuneration. Uchem (2001) also points out that

> Some well-to-do church members now take it as their obligation to support priests and seminarians financially and materially, but unfortunately they do not extend such support equally to sisters and their novices, that is, those in training. Sadly, sometimes, when some of the laity in some parish councils have moved a motion to give financial aid to sisters, some parish priests have been known to block these moves or downplay sisters' financial needs with distorted presentations of sisters' vow of poverty. The same mentality of seeing sisters as outsiders rears its ugly head again around the issue of financial support of sisters in the way some priests negatively influence the attitude of the laity towards sisters.

Accordingly, I invite the readers of this study to forget about our past mistakes and start carrying out the gospel mandate, which is acting like Christ. Of course, it is not easy; it demands dying to the self. In her experience the researcher has found that religious women's work is not noticed and appreciated in many Catholic institutions. Most lay people are very willing support priests and nuns; but they may end up supporting priests only. This is because they are told that the nuns have enough and do not need any assistance. I treasure Uchem's following written experience as presenting the true reality of African women's religious life. This quote tallies with my lived experience. I give it in full to share Uchem (2006: 14)'s portrait:

> Furthermore, in a retreat centre managed by some Catholic Church nuns in another diocese, one day, a priest failed to turn up for morning mass. After a long period of waiting, the community persuaded Sister C. A., one of their members to conduct a communion service for them; and many people from the neighbouring community were in attendance. They were almost halfway through the service when the priest turned up. Sister checked with the congregation if it would be all right for them if the priest just carried on from where she stopped and all agreed. Sister went out to meet the priest and put the proposal before him. He said that he could go away, if they so wished, and come back in the evening to celebrate mass for them; but he would not say "half mass". So Sister let him say mass and he began from the beginning and went over all the grounds she had already covered. It was a most humiliating experience for Sister, as she reported. Previously, she had been in a variety of mission situations where she conducted services for church communities. It really beats the imagination what kind of belief system and theology of church and ministry some of

> the priests act from. Thus, with only very few exceptions, the tendency of most of our clergy is to see the Church and ministry as their own property and to view sisters who want to be more centrally involved in the life and ministry of the church as outsiders coming to usurp their rights and property. All this goes on without a thought about how the people might benefit more if sisters became more involved in pastoral ministry than the present arrangement allows.

The kind of behaviour narrated by Sr Rose Uchem in the above quote is also experienced by some of us in Zimbabwe. I explain this, using my own experience on the issue concerning mass among religious which I should say is a bone of contention We are all aware that the priest has the power to say mass as he gets this power from his ordination. We all appreciate and respect this. We also taught never to attack a priest "The priesthood is a Masterpiece of Christ's divine love, wisdom and power, Never attack a priest" (Pieta Booklet on Prayer, 2007). However, this kind of power needs to be used properly and should benefit all. Unfortunately, some priests see it as their privilege to come and say mass at only those times that suit them and insist that they should not be questioned if they come late every day or not come at all. The experiences of nuns waking up in the early morning after prayers and meditation and then waiting for priest who never shows up for mass or communicates informing that he is not coming is a typical example of their failure to respect the religious women. There are various other kinds of behaviour that are displayed by priests who look down upon religious women, although not all priests behave in such a negative manner. We do have priests who are aware of the inferior position of women, and they make efforts in trying to raise us up, though at times at their own risk, as they can be directly or indirectly attacked by those who enjoy seeing the misery of African women religious< Such attacks include made-up stories accusing them having love affairs with nuns, which is a way of trying to keep them from helping these nuns. There are some priests who take advantage of economic hardships and trap young nuns and sexually abuse them by giving them money or buying them things. The researcher applauds Bishop Paul Horan of Mutare Diocese who is working towards ironing out these injustice and inequalities by not tolerating any priest who is involved in sexual abuses or not carrying out their duties, especially saying mass or inflicting any form of injustice on nuns. He is making sure that all sisters working in religious institutes are paid.

2.7 The problem of faith healing

Having reviewed the literature relating to the challenges that Catholic women religious are facing in the context of HIV and AIDS, in this section I turn to the issue of faith healing. There are many women (and men) who have lost their lives to AIDS because of the teaching that biomedical treatment is not "holy". In some churches clients on ARVs have been told that swallowing these drugs shows lack of faith. Faith healing is

not there to replace medicine or the body's healing process; these two complement each other.

I have come across many people who have been prevented from taking their medicine by some church leaders. Some of these people have died and others have worsened in their condition by not taking HIV and AIDS drugs and replacing them with faith. These church leaders who completely discourage people living with HIV from using medicine and make them use faith as their only source of healing are to be blamed. I would rather go by the Catholic Church's approach to healing. Catholics encourage the use of "faith" and "science" (Wamala, 2010: 14). I have come across a number of people living with HIV, who use both the ARVs and faith. Perhaps all church leaders should come together and challenge each other on promoting negative practices that encourage the spread of HIV and AIDS. Wamala (2016: 14) points out about the importance of complete healing: "At this point it is important to think also about holistic healing (Shalom)". In this case different church leaders should gather and help each other find the best way to save life. Churches should be the homes for the marginalised and should liberate and empower women.

Wamala (2010: 12) posits that "the Church is the Body of Christ, and when one member of the body is in pain, the whole body is sick". Wamala (2010: 12) explains: "When Christians reach out and touch those with HIV and AIDS, they can transform suffering into a living example of God's love". Therefore we are all invited to visit and be with the infected. Our being with them, that is, touching them or coming close to them and listening to them, leads them have a sense that they are loved and still cared for. It also gives them a reason for living. Their loss of hope will be regained. Being touched means a lot to them. Wamala says:

> Following the example of Jesus, people of faith are called to eat with people with HIV and to share their homes with them. (Matthew 25: 6); to touch people with HIV and give them intimacy (Matthew 8: 2–4); and to heal people with HIV (Luke 17: 11–19).

By such supportive gestures people living with HIV and AIDS may revive their sense of being human and regain their lost human dignity. They may regain their sense of belonging, which they may have lost. They may be healed emotionally and psychologically, though this might not take away the physical pain. Wamala (2010: 14) goes on to say "in this era of HIV there is a stronger urgency for us religious leaders to encourage our people to use 'faith' and 'science.'"

In the early phases of the epidemic, obedience to Islamic teaching was thought to be the best protection". In addition, HIV and AIDS was presented as a disease brought from countries with loose sexual morals. This is also how HIV and AIDS was and is perceived by my own people in Zimbabwe. There were many different perceptions about HIV and AIDS in the early days of its manifestation, and one of which was that it was a disease that had come from other countries with very low morals and was

associated with prostitutes. But perhaps prostitution is not always done with the full consent of the individual. Some women are involved in prostitution because of poverty. According to Ssenkim (2010: 46):

> As a development worker and a Christian, I have learnt that most people engage in prostitution not for its own sake but as a survival mechanism, having lost out on other sources of income. Therefore, we need to accept them first and welcome them. Following which we can assist them in finding better forms of employment.

From the discussion above, I have discussed both the negative and positive practices that are found among Christians. Throughout the world different churches or faith-based organisations are working tremendously towards an HIV and AIDS-free generation in the future. What is important is to see the Church continuously working towards improving areas of weakness and cherishing the areas of strength. In addition, the Church needs to work in collaboration with many other different denominations and stakeholders on HIV and AIDS interventions and women's emancipation.

2.8 The churches in Manicaland organisation and HIV/AIDS

Manyonganise (2017: 118) describes how the churches in Manicaland (CiM) organisation started in 2000. She points out that the CiM was made up of 40 groups from Catholic, Protestant, Pentecostals churches and AIC members. Manyonganise (2017) speaks of unity and diversity of the CiM, meaning that there is a richness in bringing together different Christians whose doctrines are different. The purpose of forming this group was to fight violence. Manyonganise (2010: 16) argues that "in African societies, women have their physical mobility controlled". The author would then conclude that Manicaland women's issues were also reflected elsewhere in African. Having read Manyonganise's work she would argue CiM should also have included addressing HIV and AIDS issues in its goals. One of the church members in Mutare told the researcher that churches in Manicaland never worked on HIV and AIDS issues, Violence in any country actually may be a breeding ground for the spread of HIV and AIDS infection. Manyonganise (2017) in confirmation reports that:

> The rapes left women vulnerable to HIV and AIDS. For example, nine of the women interviewed by Aids Free World "believe that they were infected with HIV and AIDS as a result of the rapes, and an additional seventeen women also tested HIV-positive in the months following the rapes, raising the possibility that rapists infected them". The women who witnessed political violence against women and were interviewed in a FGD highlighted three cases that show the severity of violence experienced by women after the 29 March 2008 elections.

Chirongoma (2009: 86) introduces up another form of violence which is also a breeding ground for HIV and AIDS. She points out that "79 500 persons over 15 years of age living with HIV [were] displaced", which exposed them to more vulnerability and sexual abuses. The author questions the absence of the voice and involvement of CiM on HIV and AIDS in this scenario. We have lost many women who would had been living with HIV and AIDS and who would have survived had the CiM been involved in the battle against this epidemic. Nowrojee and Ralph (2000: 163) note that silence about abuses against women hides the problems that devastate, and sometimes end women's lives.

Consequently, I urge CiM to get involved HIV and AIDS issues at this stage its contribution will still make a difference. According to Manyonganise women are not involved in working towards peace in Manicaland and yet they are the very people who are mostly targeted in political violence. She argues that the absence of women who are participating in gaining peace is a failure for the Manicaland people as a whole and a barrier to peace. Manyonganise (2017) points out that most of the approaches that are used are gender exclusive. Manyonganise (2017) believes that the greater number of men who were in the CiM could be the reason why women had no voice and concluded that the churches were gender-insensitive. Nevertheless, Nowrojee and Ralph (2000: 163) note that "silence about abuses against women hides the problems that devastate, and sometimes end women's lives". Similarly, Melandri (2009: 14) argues that "the invisibility of women in transitional justice processes has still not been adequately addressed". In confirmation of the above scholars' argument, the researcher has witnessed a number of deaths and believes that if silence was not cherished these suffering women would still be alive. In Manicaland we lack people like the African theologians Mercy Oduyoye and Musa Dube. Although there is hope, since in Zimbabwe we now have some dedicated individuals who are speaking up for the voiceless, such "willing horses" are crippled by challenges such as the economic hardships in Zimbabwe, and hence lack the lack of resources to plan towards this huge pending project, and political challenges and the spirit of individualism "myself and my children first". The idea of the common good is dying away. Very few people are willing to join people who challenges those who are not willing to work for the common good in fear of losing their lives. The spirit of *Ubuntu* no longer exists, and they lack support from the Church, the government or any other well-wishers.

Njoroge (2009: 5) looks at the inner core of the church leaders and sees the effects of culture on religious people. She argues that "the subordination of women is one common thread that runs through many religious communities, in the Bible, in African religion and culture, and in most of the world's cultures and religions". The researcher noted that this subordination has its roots in our Shona culture, whereby girls and women are raised in the family believing that boys and men are superior to them. This attitude can be deconstructed if we all join our fellow women who are already on the road to women's liberation and empowerment. As for the case of Manicaland, there is

very little that has been done towards women's emancipation. Some indicate that nothing has been done so far. We have not focused on women, maybe because the church leadership is male-dominated. In addition, Ndinorumbiza in an interview also confessed they had not looked into women's problems. He said most women require the permission of their husbands to attend women meetings and workshops and for those who do attend find it difficult to express themselves.

An interview reported in Manyonganise (2016) shows that one of the problems of reconciliation was that women were restricted, and in her interactions with them, women had complained that they had not been given space to talk. Manyonganise (2016) continued to support the idea of Manyika women's injustices and inequalities through her findings. One of Manyonganise's interviewees said CiM did not help women. They created awareness but did not implement healing programmes on the ground, especially for women.

The researcher confirms this by pointing out that the situation of women is even worse than what is narrated above, as women's vulnerability to the HIV and AIDS infection is not mentioned above. The life of Manyika women is worse than elsewhere, owing to their coupled with silence rooted in cultural values. We are burying them day after day in their silence. Manyonganise (2016) indicates that one of her interviewees said that they had not considered women's issues but were planning to create an environment in which this could happen. In the above discussion there was no mention of HIV and AIDS, and yet people are infected and affected. The introduction of ARVs may have contributed to the silence as well since the majority of the infected can now appear well physically, and many people behave as if the problem has been solved. These days the churches in Manicaland are as not worried about HIV and AIDS as they are about political violence. Gender issues are not considered as problems that need to be looked into with urgency. There is need to reconsider this attitude. In the following paragraph the reader is presented with the relationship of culture and HIV and AIDS. Even though the CiM did not focus specifically on curbing HIV and AIDS individual churches of different denominations have been and are still involved HIV and AIDS interventions.

2.9 Culture and HIV and AIDS

In this study I discuss a culture in which gender is mostly based on patriarchal foundations. The following paragraphs discuss culture and HIV and AIDS in detail focusing on women. Dube (2004: 89, 94, 64) points to the engendered nature of cultural dynamics:

> Culture is a particular way of life, whether of people, a period, a group or humanity in general. Culture, being a central instrument in the social construction of men and women, should not be overlooked. It is important in the sense that it constructs gender, and it should be mainstreamed through various institutions and stages of life.

Throughout Africa, the spread of HIV and AIDS among women and children is greatly influenced by the cultural and economic disempowerment of women. Even women who are not HIV positive "bear the brunt of caring for the infected" (Dube, 2004). Akoto (2012: 104) agrees that certain repressive traditional and religious observances have harmful consequences for women. Some cultural practices, however, could be used to empower women and female children. Wilson (2013: 46) points out that in African culture, girls are often counselled by their elders not to indulge in sexual activities with men in order to get money. Wilson cites one instance in which a woman stated that she no longer gave advice to young girls for fear of being insulted by men. Nevertheless, that the practice of counselling young girls has been very beneficial, and these good cultural practices are needed.

Wilson (2013: 46) avers that providing and accepting guidance is an essential way of living well in society. Akoto (2012: 104) urges women to work together to fight for their rights. Women and men also need to work together and regain lost constructive cultural practices in the wake of the surge of HIV and AIDS infections. In Africa, most of the manual tasks in homes, the community and society, are done by women, and so women have the potential to liberate themselves when given the chance to do so. Hence the need to include men in this research, so that they may dialogue and see the way forward on curbing the spread of HIV and AIDS among women and emancipating them.

Chitando (2008: 26) indicates that the HIV and AIDS epidemic in Africa is rooted in a "lack of resources, economic powerlessness and an unequal distribution of power based on gender… Poverty drives the HIV epidemic". The inferior position of women is not peculiar to the Manyika people, or even to Africa. However, gender discrepancies are more evident in African countries. Dickinson (2009: 150) argues that "women's inferior position makes them vulnerable to HIV and AIDS". Presumably, witnessing and experiencing the lamentable position of women in society motivated theologians to "began to look at the ways in which the construction of male hegemonic masculinities contributed to the spread of HIV" (Nadar and Phiri, 2012: 127). Nadar and Phiri (2012: 128) note the urgent need to liberate women from male domination; a message to spread to others, in their assertion that "the aim in doing research is not just to access knowledge but to impact knowledge as well".

Their vulnerability arises both from women's physiology and cultural norms. Culturally, Manyika beliefs and customs are rooted in patriarchal hierarchies (Bourdillon, 1987: 49–52). African men are commonly regarded as the heads of household and primary bread winners, despite the fact that African women carry out much of the agricultural labour. It is the women who collect water and firewood, painstakingly grind maize, millet and sorghum for staple food, carry out the bulk of domestic duties and provide child care. Oduyoye (1995: 59) explains the role of a woman as a caregiver saying that

> a hen might step on its chick, but not with the intention of killing it. A

> tortoise has no breast and yet she feeds her young ones … and when you catch the mother hen, the chicks become easy prey.

This statement indicates that a woman is more essential to the family than a man. "An orphan without a mother is really an orphan and an orphan with a father is not an orphan".

Oduyoye (1995: 60) further stresses the importance of women despite their lowly position in society, asserting that "when one's mother or child lies dying, one does not pursue disputes". The problem of women's subordinate position has addressed by many researchers. According to Ayanga (2016: 3):

> In Africa in particular, women were often blamed for bringing the virus into families. They would be thrown out of the marital homes when and if their spouses died of AIDs related complications. Women in Africa were often victims of negative cultural and religious beliefs. These often taught that HIV and AIDs were a result of sin, broken taboos and witchcraft. Thus at their meeting held in Addis Ababa, Ethiopia in August of 2002, Circle women presented papers on HIV and AIDs and how religion, culture and other social practices helped make the woman more vulnerable and susceptible to HIV infection.

Research has shown that women have been men's slaves for a long time. Chirongoma (2007: 173–186) notes that although women are accountable for the prosperity achieved through farming, it is men who own the wealth. Women are always assumed to be the primary family caregivers. Furthermore, owing to their economic dependence and the cultural norms that require them to defer to the will of their husbands, women may often obligated to engage in unprotected sex with their partners. Despite efforts to empower women in Zimbabwe, the process seems to be moving at a slow pace in the sense that most women still have no say in sexual matters "both within and outside the institution of marriage" (Chingandu, 2007: 4–5).

Other factors that contribute to placing African women and girls at high risk of HIV and AIDS include, for example, the systematic rape of many thousands of women in the eastern region of the Democratic Republic of Congo (Toyin and Amponsah, 2013). Victims of rape are especially susceptible to contracting HIV and AIDS, among other sexually transmitted diseases. It is often girls who are faithful and do not indulge in unauthorised sexual activities who are victims of rape. Weinriech and Benn (2004: 34) corroborate this by pointing out that young faithful women are raped at home and in the streets, as myths spread that "virgins cleanse one with HIV and AIDS". Such cases have taken place not only in Manicaland but in Africa as a whole. Baloyi (2010) notes that in some cultures, talking about sex is taboo, and matters of sex are only discussed in the bedroom.

African women and men living with HIV and AIDS tend to face enormous social

stigmas, but Parker and Aggleton (2007: 449) indicate that not much research is being done on how this impacts on the effectiveness of interventions. “Placing culture, power and difference center stage with respect to stigma, stigmatization and discrimination opens up new possibilities for research and interventions”.

African men generally tend to have more sexual partners and more extra-marital encounters than women (Welbourn and Hoare, 2008: 44, 47). Further, married women find it difficult to persuade their husbands to use condoms. The most devastating effects of stigmatization and discrimination for women are the social rejection and ostracisation that women and girls suffer from their family (Dempsey, 2016). Discrimination can be based on different factors such as gender, age, health status, race or socioeconomic background. (Kelly, 2010: 132). PLWHA, particularly women, may be blamed for bringing HIV and AIDS into the household and may be isolated. Patel (2012) discusses the importance of considering women in policy making. Although women are generally taking the leading role in most developmental activities, they are not fully recognised in policy making and thus they bear the brunt of HIV and AIDS.

Toyin and Oyeniyi (2015: 172) do not consider culture to be a major contributor to the spread of HIV and AIDS, arguing that the pandemic is due to risky behaviour such as prostitution, especially among poor families. They further argue that “irrespective of religion, every person, young or old is vulnerable to the pandemic; however, there is a higher rate of vulnerability among females than males” (2015: 172). Impoverished women may do anything to enable their families to survive and they are ready to sacrifice themselves for the survival of their children and families even despite their being looked down upon by men in society (Haddad, 2009).

Participants in interviews have drawn attention to the fact that although 52 per cent of Zimbabwe’s population is made up of women, gender and power relations do not favour them (Garwe, 2010). Furthermore, culture and discriminative legislation coincide to reinforce patriarchal oppression and marginalisation of women. In addition, women with disabilities suffer double discrimination, on the grounds of both gender and physical or psychological impairments. Women with disabilities are more vulnerable to HIV and AIDS for many reasons: poverty, low literacy levels, vulnerability to rape (especially those who are hearing or visually impaired), and a general lack of access to information about this pandemic. Kaulemu (2010: 125) advocates a comprehensive programme that addresses issues of food production, disability prevention, and increased income for people with disabilities, and discourages gender-based discrimination. Women’s movements have achieved considerable success in improving women’s human rights (Haralambos, 2008), and feminism has helped women to raise their expectations and to build self-esteem.

The findings of the study are consistent with others’ observations. According to Wilson (2013: 53, 56), the oppression and exploitation of women by men has had many other negative impacts. Some married men abandon their wives to look for other wives, after which they no longer support their original families. If they happen to come back home,

there is the possibility that they may spread HIV to their innocent wives. It has been observed that in Manyika culture, some men leave their partners for good, whilst others leave the wives for a while and often return when they are ill (HIV and AIDS infected) and require love and care. Wilson further indicates that in Malawi, some women have tried to solve this problem with the so-called "love me medicine". Such *mushonga* (medicine) is also used in Zimbabwe for the same purpose, although it goes by a different name. In Zimbabwe, it is called *mupfuhwira/ chipotanemadziro*. Wilson explains that this medicine is used to keep the husband at home and not seek sexual satisfaction with other women. In some instances, if the man is being unfaithful and the wife suspects it, she may use the medicine for "locking'' him or another medicine that is placed under the husband's pillow at night, which makes the husband say the name of his lover aloud in his sleep. Such medicines are dangerous, however, and could kill the man. If a man suspects his wife of being unfaithful, it can increase conflict between the couple and even lead to separation. But if it is the man who is suspected, it is taken as a normal thing and he is not supposed to be questioned about it. Unfortunately, most cases of unfaithful men include many who perpetrate domestic violence. This violence is typical of patriarchal domination in the home, as is highlighted in Manda's (2009: 24–25) definition of patriarchy as "a cultural practice that supports gender inequality between men and women whereby power and authority in both the private and public sphere is firmly vested in men".

In addition, I have observed that the subordination of women is rooted in both culture and among church members. While women are often seen as secondary to men, however, I have discovered that in Manyika culture, to some extent, women are valued. When a person dies, be it a man or a woman, they cannot be buried before their mother arrives. If the mother cannot be located or has passed on, someone from the mother's side should represent the mother.

Although there is a lot of literature written about women's subordination and marginalisation, there is very little action that has been taken by men in response to the writings of African women theologians. Subordination and marginalisation are terms that go together. For example, when a woman is living in subordination, it means she is denied her rights to speak on issues that affect her at the same time she is marginalised. Some women sink into deep poverty as a result and their needs are not even noticed in society. They do not have the chance to participate fully in political matters and it is they who bear the brunt of HIV and AIDS, as they are the most vulnerable group. Despite women's contributions in the family, community and society, nationally and internationally, they are allocated an inferior position in society. Yet there is a common saying that where there is a successful man who will find a woman behind him. Thus, that women have the potential to develop when give the chance to. This includes Manyika women in Manicaland.

Unfortunately, church leaders seem to be passive sometimes and their interventions are mostly delayed. It could be for this reason that Chitando and Chirongoma (2013a)

remind the Church to take note of the voiceless through their writings. In addition, Sr Rose Uchem stressed the necessity of including HIV/AIDS education in seminary training to prepare participants to minister effectively and with compassion. Haddad (2009: 16), notes that "we have been ill-equipped to deal with the moral complexities of the crisis, precisely because we are ill-equipped to deal with questions of sexuality and patriarchy". The study supports the idea of encouraging the Church to make use of its influence to discourage harmful traditional practices in society by focusing on women, in particular. Njoroge (2009: 77), meanwhile, emphasises the need for action to be taken, saying that "the 'doing' of theology implies participation and exploration, highlighting the activity that produces theology". The Church needs urgently to take up the task of doing, which entails looking for other effective methods, or addressing weaknesses, in its existing HIV and AIDS interventions, thereby liberating women. Ackermann (2007: 13) says that this "constitutes a reclaiming of our humanity and in this process, we critique patriarchal, androcentric and sexist images and reconstruct a new vision of what it means to be a redeemed human being". Similarly, Owusu-Ansah (2016: 5) says that

> [t]he Circle researches into issues on culture and religions and bring them to bear upon women's lives and situations. Themes that have been researched and campaigned within African women's theology include domestic violence, gender disparity, stereotypes, sexuality, discrimination, sexism, disempowering language, patriarchy, equality and education. Currently, religious violence threatens the fabric of African societies posing a great danger to women and children ([such as the] recent Boko Haram abduction of young girls and women). There is a passionate call to current and younger generations of the Circle theologians to contribute towards religious harmony in African societies and the world at large. It is our duty to strip off the masks and give voice to what they hide.

Given these themes have hope in the liberation and empowerment of women. I feel that I am called to join the battle of winning back women's freedom in the face of HIV and AIDS. Although, through the Circle, women are now able to raise their voice, there is a need for collaboration in raising our voices so as to be heard. There has been some improvement in the care and acceptance of the infected and affected but the position of women in Africa has not changed much.

When HIV first emerged, many different expressions were used to explain or describe it. These created a lot of fear and started the stigmatisation and discrimination of those infected. Consequently, HIV and AIDS has been portrayed as frightening and as being associated with death; moral irresponsibility; a punishment from God; a crime (by infecting others who are innocent); unacceptable sexual behaviour or drug use; self-inflicted suffering; and prostitution (Igo, 2009). The pandemic spares no one, not even priests and nuns (the clergy). It has been reported that stigmatisation and discrimination

takes place not only in the outside world but in religious houses as well. Infected nuns and priests experience discrimination, and this has resulted in some suicidal tendencies. This is why the need for an awareness of the consequences of stigmatisation and discrimination is of paramount importance to the Church. In my work I recognise with gratitude the work of Mbuy-Beya, a Catholic nun. Labeodan (2016: 1) explains how women have been excluded from theological participation:

> Theologising is seen mainly as male prerogative; hence, women for a very long time were excluded, mostly black women. Against this bedrock, Mercy Amba Oduyoye averred that women need to be visible in theology and also in religion and culture because these were areas that affected them directly.

While women have in the past been excluded from an involvement in theology now the doors are now open to us, We need to recognise that negative practices breed HIV and AIDS and we need to help people to stop practicing them. They go much wider than encouraging the spread of HIV and AIDS. Good cultural practices the respect of a mother in the home. Her place in the home cannot be compromised, as she is the master of her kitchen and is aware of the needs of each child. A child who has lost a mother and is looked after by the father is very different from one who has lost a father and is looked after by the mother. Oduyoye and many other African women theologians have brought to light all these truths that have been lying hidden for years. They have now led the voiceless to begin talking. Now they are encouraging us all to speak out so as to be heard and get our stolen female dignity back. Perhaps this would also contribute to the gaining of an HIV and AIDS free generation by 2030.
Labeodan (2016: 3) points out that

> [t]he Circle is also concerned about ensuring that African women have a "safe space" to reflect on and discuss diverse issues that are of paramount importance to them. They critically evaluate culture and religion in all their varied expressions in order to expose patriarchal, sexist and imperialist tendencies. In all these, the Circle is also concerned not only in women's struggle for liberation for themselves alone but also in liberating and empowering all humanity.

Thanks to the Circle we now we are on a new page. Perhaps we may take up the approach to theology that it should be lived, meaning that we are all to get involved in speaking up for women and promoting a world that recognises the role of all women in all spheres of life.

However, may be possible only through the grace of God's transformation of all individual sisters. Discussion may be centred on the issue of resisting outside pressures (such as the advances of wealthy politicians and clergy who are tired of celibacy) that tempt religious women to "fall" and end up contracting HIV and AIDS. Pope Francis's

directive to the bishops around the world that they must adhere to a policy of "zero tolerance for the man/women of cloth who sexually abuse children, a sin that shames us" is to be applauded. Since his term of office began in 2013, this Pope has been exposing sexual scandals in the Church (*The Guardian*, 2017). It has been the experience of nuns that some members of the clergy are promiscuous and when they are caught, the men are sent away and the blame only falls on the women. If the woman is a nun, she has to leave the congregation immediately. Pope Francis has since issued a directive, however, that there is no excuse for any priest who has been involved in sexual relations.

The purpose of the AACSS movement is well demonstrated by the AACSS conference held in Malawi on 1 August 2015 and in Mutare in 2015. The Malawi AACSS Regional Conference Report (2018) noted that religious women from Malawi, Zambia and Zimbabwe met to address issues that affected them. Religious women of the Zimbabwe-Mutare Diocese gathered to explore issues pertaining to HIV and AIDS among religious women. There were five women's congregations represented by 40 sisters who concluded that they needed to face HIV and AIDS with courage and realism.

Mercy Oduyoye (in Mbuy-Beya, 2012: 119) states that "the lack of women's rights has killed more women than any physical malady: hence, you have made an immense contribution to improving the health and life of African women". Being a nun with extensive religious experience, Mbuy-Beya (2012: 5) points out that the practice of evangelical councils is made very difficult because of our socioeconomic and cultural context, but it is not impossible. The consecrated woman must dissociate herself from the struggle for power and have her own unique ambition to bring the gospel and humanity into her neighbourhood and workplace.

Nuns should not only refrain from the scramble for power, but also from the scramble for worldly possessions. Nuns sometimes strive for material things, which leads them to be tempted by rich men and "fall", subsequently becoming vulnerable to HIV and AIDS infection.

AIDS should not be viewed as either "a medical-pharmaceutical problem or solely as an issue of a change in human behaviour. It is an issue of integral development and justice, which requires a holistic approach and response by the Church" (Kelly, 2010). Oduyoye (2007) has critically examined the way men live and upholds the notion of relating masculinity with the creator.

Ackermann (2004 37), in the same way, remarks that "a particular understanding of the place of men in the Christian tradition, has resulted in continued inequity for women". The researcher stresses that as male dominance and the patriarchal system is socially constructed, it can be solved by people themselves. As they have been socially constructed they can be socially deconstructed as well. This process needs the participation of men as well for viable results.

Nonetheless, most women are not found in high public spheres among the Manyika,

such as in the courts. Shoko (2007: 21) notes that women are allowed in the courts only when they have a case to be discussed that directly concerns them. Otherwise, the courts are only composed of men. This works to the disadvantage of many African women, as observed by Phiri (2004: 20) who states that "there is a need to include the voices of all women, not just theologians, because it is acknowledged that the majority of African women are engaged in oral theology". Kanyoro (2001: 175) argues that although some "women cannot read and write but they sing, they dance and they speak". Rakoczy (2004) explains that patriarchy is how people perceive, think, feel and live human lives. Oduyoye (200: 18) notes that "issues of particularity and universality are as critical to the understanding of Africa as they are to the understanding of all African sources". However, Kanyoro (2002) reminds us to consider the value attached to practices by members of a culture when discarding seemingly negative cultural practices.

Kanyoro (2002) gives the example of the virginity test, which could be condemned when it is looked at from the colonial view of Africa as a "dark continent". There are some cultural practices that are valuable and need to be kept. Siwila (2015) points out that communities whose way of life is rooted in their cultural traditions may draw benefits from and highly value these traditions.

The researcher, has interacted with many Manyika parents, having spent 9 years teaching the Shona language at secondary school level and she has gained a lot of knowledge about the different beliefs and norms of the Manyika during this time. There are many beliefs associated with the HIV and AIDS pandemic among the Manyika. When the pandemic first emerged, it was believed to be a curse from the angered ancestral spirits (*midzimu*), who were said to be disciplining individuals and their families who were not observing cultural norms. Some of the Manyika people also attributed HIV and AIDS to witches (*varoyi*). Accordingly, in either case, the illness required the individual to consult a *n'anga*, or traditional medicine man, to get healed. Consulting a *n'anga* is done at the family level and requires the presence of all family members. In most instances, the visit to the *n'anga* may cause division among family members as one or more members may be wrongly accused of being responsible for the illness. This discourages many people from consulting traditional healers and they opt for western medical treatment (Bourdillon, 1976: 152). Some of the accused may be threatened with death, and end up seeking refuge in the mission stations.

2.10 Churches' leaders in relation to culture, women and HIV and AIDS

Many scholars note, and this is confirmed by my experience, that the churches have been getting involved with HIV and AIDS. Since the epidemic started, though, from the very beginning they have been hesitant owing to the many different interpretations of the origin of this disease. It was even given terrifying names. It is very sad to note that some church leaders are not living up to what they preach. Such leaders need to examine themselves and live according to the gospel's demands. Church leaders are supposed to be role models by observing ethical values. In his presentation at Arusha

conference Ezekiel (2018) notes that "the church needs to be prophetic and uncompromising when meeting justice". I agree with the Ezekiel, as experience has revealed that some church leaders dine with political oppressors at the expense of the poor. In this era we need church leaders likes Bishop Desmond Tutu, Bishop Lamont and many others. Chitando (2009: 49) also discourages cultural practices that do not value the dignity of women. Some Church leaders have been ready to die for their people. While in the past Zimbabwe was known as the bread basket of Africa today many people are sinking into deep poverty. This is a two-edged sword, not sparing women. Biri (2018) in her presentation echoes this message: "Africa is rich but poor". Therefore all churches are invited to be the Nathan and Elijah of this era.

In my experience as an African woman, a Manyika woman, a Catholic nun and a lecturer living in the midst of injustice and inequality, I have come to realise and value the great work done by the female theologians. In addition I have learned from many scholars such as Mbiti (1969) and Idowu and Cornwall (1973: 103) what it means to be "African" from different perspectives. Above all, I have discovered that there are two more gaps besides the main one of Manyika women.

2.11 Review on literature on churches, culture, women and HIV

This chapter has provided a detailed analysis of the literature on the key themes in this study. There is a wealth of published material on churches, culture, theology and women's vulnerability to HIV and AIDS. I have reviewed some relevant publications in these areas in the foregoing sections. However, I have noticed some gaps. The first gap is that most of the publications do not allow women to speak for themselves, but the researchers tend to interpret women's experiences. Perhaps if women are given a chance to speak for themselves they would be able to articulate their challenges more clearly. By recounting their own stories and experiences through writing they will be heard by the world. As a result, women need to be given opportunities to come up front and get involved in writing and publications. I must say nowadays it is much easier for them, as African women theologians and many other activists have already opened the door to this destination. African women need to join the Circle and participate, be accountable, be transparent, observe the rule of law, come to consensus, and be efficient on all matters that affects them.

The second gap is that most studies have not included the perspectives of religious monks and nuns. The discovery of existing silence on the inclusion of religious men and women in most researches has been disturbing to the researcher. The gender inequalities and injustices taking place within the religious way of life have not been subjected to detailed research It should be noted that in as much as I speak of the hidden religious life of both men and women, I do highly appreciate their total dedication to the Church. However, this dedication can be perfected through the examining and evaluating how they are living this type of life in the midst of inequalities and injustices, economic hardship and the era of HIV and AIDS. As Socrates indicates, the

unexamined life is not worth living. It is essential to explore the religious life of both men and women and highlight their strengths and weaknesses as well. (Jesus had to become a "weak" Jesus for our sake. The "weak" Jesus became the strong Jesus of the resurrection.) As religious we need to face the truth and die to the self so as to carry out the Gospel mandate effectively. This is only possible if we are humble enough to accept the areas we need to improve according to our way of life and our call to regaining religious discipleship.

2.12 Conclusion

This chapter has explored the literature available on the central research topic. While much has been written on HIV and AIDS since the disease was first identified in the 1980s, there is very little relevant research that focuses specifically on the Manyika people of Zimbabwe. Many researchers working in the region emphasise the oppression and exploitation of women by men. Hence the existence of God is questioned by some people. As Ackermann (2013) states, "We know God only in so far as we do ourselves. All that we know, perceive and believe is grounded on our experience as human beings and in our reflection on this experience".

Accordingly, it is hoped that this research will inspire Manyika women and other women elsewhere to address the devastating pandemic in collaboration with other well-wishers. In the following chapter the researcher discusses the methodology adopted in this study.

CHAPTER 3: RESEARCH METHODOLOGY

3.0 Introduction

The previous chapter has reviewed the literature and has revealed that a lot of work on the subject of HIV and AIDS has been done by many researchers. The investigator acknowledges the extensive work on HIV and AIDS that was done and is still to be carried out. The literature review has shown that there are some gaps in the knowledge that need to be filled in this research on the impact on women of both Church and culture. In addition, the research points out that it is on other scholars' work that this study is built.

This chapter presents and discusses the research methodologies that were used in this research. The study has already provided an overview in 1.8 and is now presenting the reflections on methodology in a more detailed way. However, the two sections that discuss the methodological foundations of this study must be understood as complementary. The earlier section alerts the reader about methodological issues early into the thesis, while this chapter expands on the themes. Polit and Beck (2012: 733) define methodology as the steps, procedures and strategies taken in gathering data. Zikmund *et al.* (2009) confirm this approach, indicating that the research methodology discussion shows the reader how the research was carried out, including the philosophical assumptions of the research. Pemberton (2003) points out that there are the three common approaches that can be used in conducting research, namely quantitative, qualitative and mixed methods. However, the choice of the type of method to use depends on the type of data required by the researcher. A study of human experience requires the use of a qualitative methodology.

Quantitative research involves the collection of numerical data that is subjected to statistical treatment in order to prove the accurateness or truthfulness of the end results, "alternate knowledge claims" (Creswell, 2003: 153). Therefore, this quantitative research method would not be appropriate to use for the matter under investigation, in the sense that cultural practices and church practices involve human experiences, feelings, beliefs, and emotions, which are not quantifiable. Creswell (2003) explains that quantitative research strictly deals with numbers and experiments.

Best and Khan (1989: 89–90) say that quantitative research is centred on its original premises, and the outcomes are known before the process is over. Quantitative research is not responsive and open to its subjects. Best and Khan (1998: 98–90) appreciate that this investigation method is not as taxing or as rigorous as the qualitative method and does not take as long to apply. Burns (2000: 9–10) also states that the advantages of quantitative research are that the researcher is assured of exactly correct end result(s), is able to regulate the procedure, is able to work out complicated analyses and does not take a long time to collect data. The researcher argues that this type of methodology is not relevant to the collection of data from Manyika women as their way of life is rooted on life experiences and behaviours during the era of HIV and AIDS. Data collection

would require face-to-face interaction to get direct responses, and the research is restricted to the Manyika people of Manicaland.

Creswell (2002) noted that quantitative researchers base their data analysis on numbers. Leedy and Ormrod (2001) concur that the quantitative research method involves numbers, statistics and experiments in the data collection. Quantitative research does not enable the researcher or participants to bring out experience, feelings and hearing, and to express emotions (Leedy and Ormrod, 2001). Burns (2000: 9–10) supports this argument by indicating that quantitative methodologies do not consider people's unique ability to interpret their experiences, and their responses to these. He argues that the true answers are taken to be the same for all people. The given results can become the end in itself.

The objective of the current research is to investigate experiences, feelings and emotions of Manyika people infected or affected by HIV and AIDS. The study focuses on a sensitive aspect of the life of a people. In addition, participants also discuss possible solutions to the challenges they face. It could therefore be argued that the use of statistics and experiments does not apply to this research.

3.1 Qualitative research

Creswell (1998) portrays qualitative research as a holistic approach that involves discovery. He also describes qualitative method as an unfolding model that happens in a natural setting and helps the researcher to develop a deep understanding of the situation under investigation. Burns (2000: 9–10) opines that the advantages of using qualitative method are that it allows the researcher to get insights that are sometimes missed. The description helps the researcher to get correct information from individuals, gaining new insights, and it touches individuals' lives and gives them hope. This type of research can be described as an effective model that happens in a natural setting and helps the investigator to gain a level of detail from actual experiences (Creswell, 2003). Qualitative methodologies are purely about observing, interacting and describing in the whole research process, and the researcher is inside the study whereas in quantitative research the researcher is strictly outside of the phenomena under investigation (Pemberton, 2003). Babbie (2015a) describes qualitative research as the art of finding information in a research process. It is a way of solving the problem in an orderly manner.

Creswell (2009: 4) opines that using a qualitative approach enables the researcher to explore and understand and ascribe meaning to the daily problems faced by individuals. Creswell (1998: 18) points out that through face-to-face interviews, the researcher is able to gather evidence of the realities, based on the actual words used by the participants as they narrate their experiences. Qualitative research requires that contributors or locations are purposefully chosen in a way that best helps the researcher to carry out the study (Creswell, 2001: 178). Likewise, the researcher purposefully selected study participants, a procedure whose importance Creswell highlights. This

type of research can be described as an effective model that happens in a natural setting and helps the investigator to gain a level of detail from actual experiences (Creswell, 1998).

However, Burns (2000: 9–10) highlights some of the disadvantages of this research, such as that data collection takes longer and is difficult to control, and the researcher's active sensitivity and alertness is demanded throughout the process of data collection. Leedy and Ormrod (2001) reveal that a qualitative study is less structured and forms and develops new theories.

It could therefore be argued that the qualitative research method would suit the area under investigation, since the study takes place in a natural setting and the researcher wished to gain more knowledge about people's experiences. The researcher views this kind of research method as appropriate to deploy in this study in order to obtain information from Manyika women.

Pemberton (2003) indicates that there are five qualitative research methodologies, namely content study analysis, case studies, ethnography studies, phenomenological studies, and grounded theory studies. Each one of the five qualitative research methodologies is discussed in the following paragraphs though not all these approaches were used in this study.

3.2 Methods

3.2.1 Content study

Leedy and Ormrod (2001: 155) describe content study analysis as "a systematic examination of the contents of a particular body of material for the purpose of identifying patterns, themes, or biases". Currie (2007) indicates that in a content study the compilation of facts is done in two diverse phases. At first researchers assess the truths of the data, and then they examine statistics. The researcher is of the view that although this method could have been be used for this study, it is not the most fitting method, although the researcher uses published statistics drawn from data published by the Ministry of Health, Zimstat (Health and Demographic Surveys), the National AIDS Council of Zimbabwe, UNAIDS and UNESCO.

One research question, which focuses on finding how cultural and Church practices are influencing the spread of HIV and AIDS among Manyika women, requires accurate and detailed information from human participants about their experiences. Currie (2007) indicates that in the content study the compilation of facts is done in two diverse phases.

3.2.2 Case study

According to Creswell (1998: 15), a case study "explores in depth a program, event or activity, a process, or one more individual". Creswell (1998) specifies that the case study could be a single case or a set of cases restricted by time and place. The researcher

argue that this type of research would not be suitable to this particular study, which requires flexibility in terms of time and place depending on the situation of the respondents. Leedy and Ormrod (2001: 149) points out that case studies are intended to find out "more about a little known or poorly understood situation". Pemberton (2003) indicates that data gathered using this research methodology is broad and acquired from many different bases such as face-to-face interviews, observations, physical artefacts and archival records. The researcher points out that though this method is qualitative, it is not well suited to answer the research questions for the present study.

3.2.3 Ethnographic study

Ethnography is a qualitative method that helps the researcher to learn about people within society. This method allows a researcher to give a full description of how people live in society through the use of observation, interviews, documentation and readings (Brewer, 2001). Leedy and Ormrod (2001) indicate that ethnography is the study of an entire group of people who share a common culture. Pemberton (2003) opines that ethnography focuses on the everyday way of life to find out about norms, beliefs, social structures and other issues. An ethnography is a description and explanation of shared cultural norms of a group and this research focuses on the behaviour, customs and way of life of a group under study. Ethnographic research enables the researcher to discover cultural practices that increases the spread of HIV and AIDS among Manyika women. The researcher obtains the data through storytelling, which expresses inner thoughts, feelings, contradictions and so on (Hammersley, 1992). As the area under investigation relates to Manyika culture, the researcher views this approach as one that could be most suitable to answer the research question, which relate to human experiences expressed in feelings, emotions, beliefs etc.

The Manyika people are a unique group, whose way of life is difficult to understand With this in mind, the researcher found the ethnographic approach most appropriate for this research, as the ethnographic approach enables the researcher to learn about the whole culture of a chosen people, and allows the researcher to become immersed in Manyika culture as an active participant (Trochim, 2006b).

3.2.4 Phenomenological study

Phenomenological study has been used by most social researchers in various disciplines such as psychology, sociology and social work (Trochim, 2006a). According to Leedy and Ormrod (2001: 157), a phenomenological study seeks "to understand an experience from the participants' 'point of view.'" This type of research is therefore centred on the participants' views, which are rooted in their experiences and daily interactions. In this type of study participants' expressions, feelings, beliefs, hearing and emotions are clarified. This research method uses clusters of meanings and at the end, the investigator arrives at one main meaning (Creswell, 1998; Van Manen, 1990).

This kind of research methodology is appropriate for this study because it enables the

investigator to understand the perceptions, perspectives and understanding of certain situations. It allows participants to describe their own lived experience(s) of a phenomenon. It is through the phenomenology that the participants can express their lived experiences such as their emotions, feelings, and the use of language (Leedy, 2012). In phenomenological research the participants speak for themselves on issues that affect them and how they think these problems can be solved (Creswell 2007: 39). This kind of methodology allows for new insights to be gained that are relevant to the research questions (Makore-Rukuni, 2001). It is for the reasons cited above that the researcher used the phenomenological approach as it enabled her to gather more information about the way of life, realities and experiences of Manyika women and determine the issues that have engendered socioeconomic inequalities, and how cultural and religious practices have influenced the spread of HIV and AIDS among women.

Polit and Beck (2012: 495) indicate that the phenomenological approach helps participants to describe their experiences of the things they undergo, with the vivid expression of their feeling, seeing, hearing believing, remembering and many other things.

In phenomenological research the participants speak for themselves on issues that affect them and how they think these problems can be solved (Creswell, 2007: 39). As phenomenology looks on people's way of life and how they get meaning from the world, it could be argued that this approach is relevant to the current research. The use of this methodology helped the researcher to understand how the practices of the Church and culture were influencing the spread of HIV and AIDS infections.

3.2.5 Grounded theory

Creswell (1998: 14) defines grounded theory as the "researcher's attempt to derive a general, abstract theory of a process, action, or interaction grounded in the views of participants in a study". Grounded theory focuses on data collection, data analysing and repeating the process, which is a continuous comparative approach (Leedy and Ormrod, 2001). It could therefore be argued that the grounded theory methodology was not suitable for this research, as the researcher obtained sufficient information from common sense interviews and focus group discussions and in addition from the participants themselves through the researcher's interaction with them to gain more insights.

3.3 Research design

According to Burns and Grove (1997: 195), a research design is "a blueprint for conducting a study with maximum control over the participants that may interfere with the validity of the findings". In addition, Parahoo (1997: 142) sees a research design as a "plan that describes how, when and where data are to be collected and analyzed".

The researcher has set out above the arguments as to why the ethnographic and phenomenological approaches can answer the research. These are:

1. What is the perception of risk of HIV and AIDS among Manyika women?
2. How has HIV and AIDS affected Manyika women in Manicaland?
3. To what extent are cultural practices influencing the spread of HIV among women in the Manicaland Province of Zimbabwe?
4. In what way are the doctrines and practices of the Catholic Church influencing the spread of HIV and AIDS among the Manyika women of Zimbabwe?
5. How can Manyika women be liberated and empowered in the face of an HIV and AIDS epidemic?

This research was carried out in using three research methods: ethnographic, phenomenological and case study. The findings would be used to develop guidelines for liberating and empowering Manyika women in Manicaland.

3.4 Sampling

According to Burns and Grove (2003: 31), sampling is the process of selecting a group of people, events or behaviour on which to focus one's research. Polit et al. (2001: 234) also point out that in sampling, a part of that which represents the whole population is chosen. Qualitative research entails the purposeful selection of participants or a site that will best help the researcher to answer the research questions. Consequently, the study participants were identified through purposive sampling (Creswell, 2001: 178). The purposive sampling approach allowed the researcher to focus on the study progress. The sample was selected from six parishes that were indicated by pseudonyms: Ruvimbo, Tinotendera, Chitedero, Chido, Zvikomborero and Shamiso parishes in Manicaland. A letter was sent to the Bishop of Mutare Diocese seeking permission to involve the six parishes in this study. When permission was granted by the Bishop, the researcher sent letters to these parishes asking for permission to involve participants between the ages of 18 and 60. It was important to have men involved in the study to avoid the problem of gender bias. The researcher also undertook to keep in touch with the selected participants and update them on all that was required of them, and the date, venue and time that meetings would be held. Maintenance of confidentiality was prioritised during the whole process, and participants were free to drop out if they wanted to (De Langen, 2009).

According to Holloway and Wheeler (2002: 128), sample size does not always have an effect on the outcome of the research. Holloway (1997: 142) notes that sampling should continue until saturation is reached. In this research, four women and four men were drawn from each parish to participate in the study. A total of 48 respondents expressed willingness to take part in the research but during the process, 18 dropped out for different reasons, possibly owing to the very sensitive nature of the research. Apart from the 48 respondents, the participants also included six each of religious women and men, and five of each of the following: traditional female and male leaders, male and female health practitioners and medical practitioners, male and female politicians and male and female NGO workers in the health sector, bringing the total number of

participants to 82.

3.5 Data collection method

Leedy (2010) encourages data collection to be done focusing on the method that has been employed from the beginning, which in this case comprised ethnographic and phenomenological approaches. Data were collected using these two approaches in two phases, namely in-depth individual interviews and FGDs. Parahoo (1997: 52, 325) defines a research instrument as "a tool used to collect data. An instrument is a tool designed to measure knowledge, attitude and skills". In the FGDs the participants were given semi-structured questions to discuss amongst themselves. They were given the chance to compare and contrast their different experiences (Krueger and Casey, 2000), which they related. The researcher used the ethnographic and phenomenological approaches to get reliable information from Manyika women and men in the Manicaland province of Zimbabwe. I had 6 months of field research, as well as going back for additional consultations

3.5.1 Individual interviews

Babbie and Mouton (2001) indicate that an in-depth interview with a small number of respondents is suitable for exploring a particular idea or programme or situation, since participants are able to express themselves freely to the interviewer. In support of the above Welman *et al.* (2005) opine that in-depth interviews are suitable for sensitive research topics. The issue of the spread of HIV and AIDS among Manyika women is a sensitive issue, and the in-depth interviews required the researcher to be very sensitive. Each interview took between 45 and 60 minutes, depending on the individual's experience and the degree to which they were willing to share their experiences (De Langen, 2009). Therefore, the researcher continued with the process until data saturation occurred.

3.5.2 Focus group discussions

FGDs were held with selected participants to help them express their true feelings about issues that affected them (Burns and Grove, 2005: 542). In FGDs, when participants have a lot to share about the given topic or have intense or lengthy experiences related to the topic under discussion, the ideal number is 4–6 participants (Greeff 2005: 305). Group rules were set to ensure that the discussions were well rooted in the objectives of the research. The emphasis on confidentiality and permission to opt out of the group if one was no longer interested was maintained until the process was over. Participants were encouraged to ask questions or seek clarification before the start of the FGD. It was agreed that every member would contribute and be listened to, and that all ideas would be analysed and every contribution was considered of value. The application of the above principles demonstrated commitment to ethical considerations. The seating arrangement was circular, so as to enable every member to see each other, and for the

researcher to be able to communicate with every member of the group. The researcher moved around and listened and contributed in these group discussions. The researcher's assistant had the task of observing and taking down detailed notes of what every participant said (Burns and Grove, 2005), while the researcher was responsible for asking questions, facilitating the discussion, following up on ideas and making a smooth transition from one discussion to another. One FGD was conducted per day and would last for 1 to 3 hours per group, excluding breaks for refreshments. Since the process was be highly sensitive and women might became very emotional and need to be heard, more breaks were needed. The researcher observed data saturation so as not to continue with the process for longer than was necessary.

Participants were paid R20,00 ($3,00) each as a token of appreciation for their time and contribution. None of the participants were aware that they would be given this small token, and this did therefore not influence their willingness to participate. The researcher's assistant was paid a sum of R200, 00 ($30,00) as agreed on beforehand.

3.6 Ethical considerations

The researcher is very conscious of the need to uphold ethical considerations relating to the rights of the participants as she carried out the research. Polit and Beck (2012: 156) indicate that studies involving human beings should be handled with due respect and sensitivity. The human rights of participants should be respected. Given the requirement of informed consent, the prospective research participants were fully informed about the procedures and the risks involved in the research and were asked to give their written consent to participate. The principle of voluntary participation demands that people should not to be coerced into participating in research. Confidentiality was also of paramount importance to both the researcher and the participants. The participants were assured that the information they gave would not be made available to anyone who was not directly involved in this study. Moreover, the participants remained anonymous throughout the study so as to guarantee (Creswell, 1998: 153) privacy and confidentiality. The stipend given to the participants was also handled in an ethical manner to ensure that it was not seen as a way of coercing people to participate, as indicated above.

3.7 Conclusion

Three qualitative methodologies, case study, the ethnographical and phenomenological approaches, were deemed suitable to be used in this study, as the Manyika people are generally known to be a reserved group. The use of the above-mentioned methodologies ensured that the researcher would be well placed to obtain useful data that would answer all the research questions on their thoughts on HIV and AIDS. The following chapter will discuss the data analysis and findings in detail.

CHAPTER 4: RESEARCH FINDINGS

4.0 Introduction

Chapter 3 discussed the types of methodologies that are found in research in general, that is, quantitative and qualitative method. The discussion was then narrowed down to the research methodologies that were suitable for this study and each of these was explored at length. Finally, the researcher chose to apply the ethnography and phenomenology methodologies in this investigation, as will be demonstrated in this chapter. This chapter presents the findings based on the research questions on the perceptions of Manyika women, the influence of cultural norms and values, the role of the Roman Catholic Church and emancipation, focusing on the spread of HIV and AIDS. The interviews were conducted at two levels: those directed at the laity (both women and men) and those directed at religious women and men.

Van Rensburg *et al* (2013: 84–86) point out that qualitative research has its roots in symbolic interactionism and concentrates on qualitative aspects, which include the meanings, experiences and understanding realities of the participants, as well as their attitudes, surroundings, beliefs and practices. Although the research focused on women, men were not excluded from this study. The discussion and analysis of the findings centred on the previously stated research questions, namely:

1. What is the perception of the risk of HIV and AIDS among Manyika women?
2. How has HIV and AIDS affected Manyika women in Manicaland?
3. To what extent are cultural practices influencing the spread of HIV among women in the Manicaland Province of Zimbabwe?
4. In what way do the doctrines and practices of Catholic Church influence the spread of HIV and AIDS among the Manyika women of Zimbabwe?
5. How can Manyika women be liberated and empowered in the face of an HIV and AIDS epidemic?

4.1. Selection of study area

The city of Mutare, which occupies an almost central location in Manicaland, has not been spared the devastation caused by HIV and AIDS. It was considered to be a suitable area in which to carry out the research and collect data as it contained six different Catholic parishes. The places of parishioner gatherings were used to select the participants for this research. Chitendero parish was chosen to be the central location where the in-depth interviews and the FGDs took place. The participants were both religious and lay women and men from the six parishes and the research was planned to involve 100 people, both lay and religious people in Manicaland from the six parishes. However, during the process some of the participants dropped out.

Respondents in an urban setting such as Mutare can be regarded as having a valuable working knowledge of Manyika culture, as all these people from different parishes

came from rural mission settings. The researcher carried out in-depth interviews and FGDs at the time when these people gathered for their Church workshops at Chitendero parish, which was their central place for church gatherings.

4.2 Interviews

The in-depth interviews were conducted with key female and male lay participants, aged from 18 to 60 years who were purposefully chosen from amongst the parishioners. A total of 30 lay people were interviewed at Holy Trinity Cathedral as 18 had dropped out. The ethnographic approach was deployed. In-depth interviews were also carried with purposefully chosen key female and male religious informants from 30 up to 60 years of age. A total of six religious women and six men were interviewed at Holy Trinity Cathedral. The ethnographic approach was deployed to determine the doctrines of the Catholic Church that impact on the spread of HIV and AIDS, the prevalence of HIV and AIDS among the Manyika women, and the role of cultural norms and values on the spread of HIV among these women.

4.3 Focus group discussions

The main purpose of the research was to draw out information from the participants about their normative knowledge, attitudes, beliefs and practices in relation to the prevalence and spread of HIV and AIDS. The FDGs lasted for about one hour and were held in the Holy Trinity Cathedral church hall. Gender, age, infection, care of the infected and availability were the important selection criteria for this study. Note-taking and tape-recordings were undertaken simultaneously. The sessions were held in an atmosphere that was considered relaxed for the participants, who were drawn from a targeted group that shared the same social and cultural beliefs, opinions and attitudes. The FDGs were a valuable research tool to gather information on oppressive and exploitative attitudes and beliefs in society, particularly those affecting women.

4.4 Findings

According to Creswell (2007: 207), the researcher should be involved in every step of the research process. This means the researcher needs to go out and find the “truth” in order to have sufficient knowledge of social issues of the participants. With this in mind, the researcher arrived at the findings. This study used pseudonyms to maintain confidentiality and to protect participants from any future threats.

4.4.1 The perception of risk of HIV and AIDS among Manyika women

Question: What are the perceptions of risk of HIV and AIDS among the Manyika women in the Manicaland?

Responses of male and female lay participants

The findings in the first phase using the ethnography approach revealed that HIV and AIDS exists in Manicaland. Most participants noted that HIV and AIDS are devastating the Manyika people, women being the most affected group, although the disease is not talked about openly. People are afraid of being rejected, stigmatised discriminated against by the extended family members or by the community. Even though they are aware that the cause was HIV and AIDS, some said they were bewitched. Munati said, *"Kuno kuManyika chirwere cheAIDS chiriko asi hachitaurwi, kungoona nezviri kuitika chete"*. (Here, in Manicaland the diseases of AIDS exists, but it is not talked about. We only see (it) from what is happening). Mr Gumbo indicated that the problem of HIV and AIDS was existed in his statement *"Kambezo katipedza asi hakataurwi"*. (*Kambezo* has wiped (finished) us out (off) but it is not talked about. *Kambezo* means "a small sharp axe".)

> Munati: "*Kuno kuManyika chirwere cheAIDS chiriko. Vanhu vari kufa nacho as zvinonzi afa nemalaria, mwoyo, mudumbu, musoro, asima. Uye vamwe vanoti munhu uyu akaroiwa. Vamwewo vachiti mumhu uyu akaisirwa muchetura muchikafu"*.
> (People are dying of HIV and AIDS but they say they have died of malaria, stomach ache, headache, asthma. Some people say that the person died of witchcraft and some say the person has died of food poisoning at work).
> Kambezo: "*Kambezo kapedza dzimhuri kumabasa vazhinji vakafa zvekuti mabasa mazhinji haasisina vashandi vaiva nyanzvi pabasa. Kambezo: Kana wawanikwa neavo vanoita musikanzwa soupfamb"i.*
> (Kambezo/the adze has wiped out families. There is now low production in work industries. The quality of work is now poor as most experts have died of AIDS. Those who are infected are prostitutes or they have indulged in prostitution. Some people say that those who get infected have been bewitched. However, some say that these infected have been poisoned at work. Others say it is a result of angering their ancestors. The ancestors are angered by not brewing beer for them).
> Tegan said: "*Tanzwa nokuchengeta vazukuru isu tachembera, kurwara kwavo, kudya kwavo, kudzidza kwavo uye misikanzwa yavo idambudziko redu isu chambere. Uku samba uye nezvekushandisa zvacho hatina kana mari yekuendesa kuchipatara"*.
> (We are overwhelmed by looking after the HIV and AIDS orphans. We are now too old to look after HIV and AIDS orphans as we no longer have the strength. We have no enough food to feed them).

He said that in terms of illness "we cannot afford to send them to the hospital. They need a good diet. We have no money to send them to school. We cannot afford to pay their fees, buy books and uniforms. Again, we no longer have energy to keep an eye on

them when it comes to misbehaviour. These days technology and peer influence is now too influential to the youths and in homes they need a firm hand that guides and direct them on the right way to life as they grow".

> Chango said: "*Tiri kunetseka nekuona tiri kupa mutoro kuvana vedu kunyanya mwanasikana. Vamwe varikufa nezvigumbu zvekusabatwa zvakanaka pakurwara kwavo. Nyaya yekupfekerwa magloves uchigezeswa zvinorwadza. Uye zvinoitika kuti tikasire kufa. Tinoona setinosemwa pakusabatwa namaoko. Zvisinei hapana chokuita nokuti ivo vanotigezesa vakasapfeka magloves naivowo vanobatira chirwere. Saka wangova nacho kufa kuri nani pane kurarama neutachiona. Hapana chokuita mumhuri hatichabatwi sazvakare sezvo ndiro dzatinodyira namakapu atinoshandisa, patinogara nokurara pose potyisa vasina. Kufa kuri nani".*
> (We are very troubled to see we are giving our own children a burden especially the girl child. Some of us are dying with grudges of not being looked after well by their own children in their own illness. The method of being washed and washed and dressed with the use of gloves is painful and it makes us to die early. It looks as if we are being discriminated against and stigmatised in this way. Yes, we do understand that there is not option for our caregivers since they also need to protect themselves. Anyway there is no other way they could protect themselves from HIV and AIDS. Surely, there is no option. We are no longer being handled as we used to be when not infected. The utensils, and cups that we use are no longer used by anyone else. Wherever I sleep or sit at home, no one wants to be sit there as they are scared of contracting HIV. Dying is the best and safe solution).
> *"Mhuri zhinji dzotungamirirwa nevana uye vame vana vosiya chikoro. Mwanasikana ndiye otambura panyaya yekuchangeta varwere".*
> (Many families are child-headed and the girl child is the most affected by HIV.

Most participants indicated that the number of school dropouts has been escalating, predominantly girls. Some have left school as their parents were dead and no one could continue paying their school fees.

> Todii said: HIV and AIDS brought serious suffering to religious people. It has crippled our pastoral work. We are now scared of contracting the virus when visiting the sick, administering sacraments. Even when saying mass or services for the infected, we try to avoid associating with HIV and AIDS. The main perception of the majority religious when seeing someone infected is that they got it from sexual activities. Some religious conclude

that the infected is a prostitute or was; if it affects religious women when they were still juniors, they are send home. If they are no longer juniors they stay in the congregation but it is a hell on earth. They are really rejected, stigmatised, discriminated against by other community members. Their plates, cups, the place they sit and sleep are a no go area for other community members. This is because they are afraid of contracting HIV.

When young women want to join the religious life are discovered to be HIV positive they are not accepted. The congregation's future is always in the hands of young. By not admitting young women to join they ensure that the congregation will have no future.

Sr Courage said: "*Isu ndisu vekutangatanga muchita ichi tichigara tsika dzechiManyika. Chita chedu chekutanga kare-kare muna 1962 kubva ipapo kusvika muna 1980 hapana gore ratakambosangana nechirwere cheHIV and AIDS. Uye taisaona kunyanya kutambura kwoita vanhu mazuva ano, zvikuru vakadzi. Urombo hwaisabva hwaita sehuripo sanhasiuno. Chokwadi vanhukadzi savanhu vanoti mission ndeyavo saka ivo vanoita garden rekurima zviririmwa hombe uye rine mvura yakakwana.Isu topihwa kagarden kadoko uye kasina pekutora mvura. Mvura yekudiridzisa ndeyokuona nekutamburira tinototakura namabuckets. Ivo vanoita zvipfuyo zvakawanda isu tisina. Havadi kuona tichibatsirwa kupihwa zvinhu navatenderi Vanoudza vatenderi kuti musape nanasister nokuti vane zvinhu zvakawanda uye vane mari nokuti vamwe vavo maticha nemanurse*".

(We are the first sisters to join this congregation from the Manyika culture. Our congregation was started long ago in 1962. Since then up to 1980 we never were faced with the HIV and AIDS epidemic; we actually did not have problems. It is true we have witnessed that both lay and religious women are suffering more than men in this era of HIV and AIDS. There are some priests who look down upon sisters due to Shona cultural practice whereby men had to be respected. Some of these priests do not give nuns their due respect in all areas of life. Such priests take the mission institution as their own. There is unequal distribution of resources. Such priests don't want to see us work in their missions as administrators, bursars and some other positions in schools or hospitals. In most cases priests are usually one or two at the mission and sisters are more that than priest number. We are given a small garden which does not have enough water. Yet the priests themselves have a very big garden with plentiful water. The priests have many domestic animals such as goats and pigs; we have less. They do not

want to see us helped, given things by the believers, “Do not give to the sisters, because they have many things and they have money because some of them are teachers and nurses”. However, I am happy to say that we have some priests who are ever helping us to develop and be liberated and empowered. We are and these priests who wish us well are lightening our burden in this era of HIV and AIDS. These priests have demonstrated that they have our sisters at heart and are after the development of our congregation.

Another study participant, Rutendo, said that culture had both positive and negative aspects: “*Tsika namagariro uye nechirwere cheHIV and AIDS zvinoti kunaka zvozoti kuipa. Kune mamwe maitiro anoita kuti chirwere che HIV and AIDS chiderere sokuti kuraira vana kuti vagare vachiita tsika dzakanaka vasingaiti misikanzwa yekutamba nevakomana. Tsika yekuongorora umhandara hwomwanasikana pakuroorwa. Tsika yokukurudzira vana vose kuti vave vanhu vanoshanda nesimba muupenyu. Kubatsira vana kuti vaite mabasa ekuzviriritira. Uye tsika yekubatsira vanotambura zvikuru munguva ino yeHIV and AIDS”*.
(The relationship and culture in the era of HIV and AID can be positive or negative outcome depending with the situation. The culture of disciplining and informing helps the youths to acquire knowledge and be empowered in daily life. It is these positive practices, such as the culture of disciplining the youths, that helps to decrease the spread of HIV and AIDS. It also encourages the youths to help people who are in need in the era of HIV and AIDS).
Mazvita pointed out: “*Chirwere cheHIV and AIDS chatiparira basa rekushanyira nekunamatira varwere nokuviga. Tavakuona kukosha kwekudzidza pamusoro paichi chirwere. Taiona sekunge kudzidza nezve AIDS kusina basa. Taiona sekupedzerwa nguva pakudzidza nezvechirwere ichi. Uye vamwe vedu pavaida nnezvekudzidza nezvechirwere ichi kuUniversity vaisekwa nevamwe. Uye taifungidzira kuti vanacho saka taisamboda kunzwa kana kutaura nezvacho. Taiona sekuti chirwere chevarombo*”.
(HIV and AIDS has brought us more pastoral work. We have a heavier workload for visiting and anointing the sick. Also to attend burials is another load. We are now seeing the importance of having knowledge and skills in handling HIV and AIDS. When at university making choices for the courses to register most of us looked down upon the AIDS courses.

> Some of us who happen to be interested were thought to be HIV and AIDS infected. They were even stigmatised and discriminated without having been infected at all. They were laughed at by others … We thought the disease of HIV and AIDS was the disease of the poor).
> Owing to lack of knowledge of how HIV and AIDS is spread or contracted, we were even more scared and this led us not to accept our fellow infected religious. This made them suffer a lot since they lacked acceptance, compassion, being listened to, loved and cared for. We need to encourage HIV and AIDS education at all levels.

The research revealed that some old women are facing the burden of looking after the orphans in their old age and in conditions of poverty. As Mbuya Tope confirmed:

> *Weduwe tanzwa nokuchengeta wazukuru isu tachembera uye tisinachekubata.*
> (Alas, we have the burden of looking after our grandchildren in our old age and we do not have the financial means to do so).

Several women reported that, in this situation, signs of hope have been given by the Church, government and NGOs, who provide assistance through HIV and AIDS interventions in Manicaland. Chingondi stated, "*Takaponeswa uye tiri kuponeswa ne Church, hurumende ne maNGO ndidzotarisiro dzedu munguva yechirwereichi".* (We were saved and we are being saved by the Church, government, and NGOs: they are our hope in the time of this disease). Chinga said *"Asiwo vamwe vevashandi varikudyirapowo".* (But some of the workers at times take advantage, by taking some of the goods given and depriving us, who are supposed to benefit. The Church, government and NGOs have saved us and we look to them in the face of this epidemic).

The study also revealed that there are people living with HIV who are no longer able to perform tasks such as looking after their families. As Gedzi stated, "*Vamwe vakadzi varikutatarika vari mudzimba. Havachagoni kuriritira mhuri dzavo ne AIDS. Uye vamwe varikutofa nayo asi hazvitaurwi asi ichi chirwere chiriko*". (Some women are struggling at home. They cannot sustain their families because they suffer from AIDS. Some are already dying of AIDS, but no one speaks about it. However, the disease exists).

Responses of religious women and men

The results from all religious women and men revealed that HIV and AIDS has brought a lot of misery to all people in Manicaland and women in particular. Sr Bhandi said: "*HIV iriko irikuusa dambudziko guru kuvanhu voseve vapikiri navasiri asi hazvitaurwi".* (HIV exists and it is causing immense suffering throughout the Manyika community but it is not spoken of). Twelve religious women and men pointed out that some religious women and men have also been infected by HIV and AIDS. Sr Pandari

confirmed this, saying that "*AIDS yavamo muvapikiri asi hazvitaurwi"* (AIDS exists among the religious but it is not spoken of). Sr Batsira said: *"Vamwe vapikiri vakatofanayo asi hazvitaurwi. Ko vana vari kuuya kuzopikira vaine AIDS moita sei navo*". (AIDS exists amongst the clergy. Some religious have died of it is not spoken of. What do you do when some of the infected come to be ordained?). Twelve respondents indicated that the issue of HIV and AIDS had increased their workload of visiting the sick to anoint and lay hands on them. Unfortunately, no one was free to talk about the disease. As Fr Keto noted, "*Basa rawanda rekushanyira varwere veHIV mudzimba nemumaConvents kuzovazodza chizorwa chavarwere kuvanamatira asi chirwere chacho hachitauwri. Uye chirwere ichi chinoita sokungechisiko".*

Five nuns pointed out that some nuns are still dying of this disease and yet the majority of religious people keep silent about it. Sr Josi said *"Vamwe vedu varikufa nechirwere ichi asi hazvitaurwi kuti ndichochauraya"* (Some of us are dying of this disease but it is not mentioned that this is what is killing us.) The disease of HIV appears not to exist in Manicaland, but it is there.

In summary, the perceptions of HIV and AIDS among Manyika women are that this disease has caused a lot of unbearable problems, such as many deaths, orphans and illnesses, child-headed families and the closing down of homes. However, most people do not talk about it. Most people appreciate the great assistance offered to them by the Church. The religious are also finding this disease as devastating, and not at all selective, as some they themselves are also infected. HIV and AIDS has increased the pastoral workload.

4.4.2 Impact of HIV and AIDS on Manyika women

Question: How have HIV and AIDS affected Manyika women in Manicaland?

The research indicates that the impact of HIV and AIDS on Manyika women seems to be associated with economic hardship and sexual behaviour. The study has shown that HIV and AIDS has increased poverty. Gau noted: "*AIDS yakausa urombo hwekushaiwa zvinhu zvokudya, kupfeka, kuriritira mhuri uyedambudziko rekuparadzirwa kwayo nekuda kwekushaiwa".* (AIDS has brought poverty in terms of the lack things to eat and wear and the means to support the family and the problem of its spreading with the desire of what is lacking). Most respondents revealed that many homes were now closed, as both parents had been killed by this pandemic. Foto said "Most homes have been closed down due to HIV". Some people face discrimination, ejection and stigmatisation. As Tendi said *"Wedu zvakaoma vazhinji vedu tatambura nokusabatwa zvakanaka nepamusana pekuti tine utachiona hweAIDS".* (How difficult things are for us! We are suffering and being mistreated because we suffer from AIDS).

Numerous participants reported that in most cases, women are in a dilemma when it comes to the spread of HIV and AIDS, as they would rather die supporting their families than see them sinking into deep poverty. Furthermore, Fonadi complains that people with HIV and AIDS are shunned: *"Tanzwane kusemiwa nokutarisirwa pasi nepamusana pekuti tine chirwere cheHIV".* (We are looked down upon because we

suffer from HIV). A few respondents revealed that long-distance drivers, such as those from Zimbabwe to Zambia, Malawi and Mozambique slept with prostitutes when they were out of the country and when they came home, they infected their innocent wives with HIV. These participants asked: "What could be the solution to this?" "Should they travel with their husbands?" "Is this practical?" Aga resigned herself to fate with the words *"Tofa hedu neAIDS"* (We are just dying of AIDS).

The respondents answered their own questions, pointing to self-control, behaviour change and faithfulness as the best solutions, which are reinforced by the Catholic doctrine of faithfulness. A few widowed participants indicated that they were overwhelmed by taking care of their grandchildren whose parents had died of HIV-related illnesses. Mbuya (Grandmother) Gondoya lamented: *"Totambura nokuchengeta vacheche vari kusiiwa nekuda kweAIDS".* (We have the burden of looking after babies left in want by AIDS). There are many child-headed families, and the girl-child suffers at the cutting edge of HIV and AIDS.

Twelve participants pointed out that prevention of mother-to-child transmission has been successful and has made a difference. Majai confirmed this, saying "*Parizvino zvav anani nokuti pakuti pavane budiriro redziviriro yekutapukira kwechirwere kumwana kubva kunaamai".* (Now things are some what better since measures are being taken to prevent the spread of the disease to women).Ten participants said that most people believe that HIV was caused by witchcraft. Hence, many families were divided and thoe infected were not receiving medical treatment. Togo noted: "*Nyaya yekutendera kuti AIDS iri kukonzerwa nekuroiwa yaputsa dzimba".* (The belief that AIDS is a consequence of witchcraft has destroyed families). Eight participants responded that some men were abusing girls in the belief that they could be cured of HIV if they slept with very young girls. This is a sad thing for the families, and especially the parents of these girl-children. As Hago, revealed: *"Vamwe varume vanorara nevanasikana vadiki kuti varapwe AIDS vaudzwa nen'anga. Izvi zvinorwadza vemhuri kunyanya vabereki vomwana".*(Some men sleep with young girls because they have been told by the traditional medicine men that by doing so they will be cured of AIDS. This causes suffering among relatives, especially the girls' parents.)

Responses of religious women and men

All respondents notes that HIV and AIDS has brought suffering to women in particular. Some religious men and women have been infected by and are living with HIV, but they are not accepted by other religious people. Eight respondents indicated that some religious women who were infected by HIV suffered greatly as their community members shunned them because they did not expect them to be infected. Thirteen respondents said that many religious women and men were dying of HIV and AIDS because they were unwilling to disclose their status and seek treatment for fear of stigmatisation and discrimination, and when they are infected women are blamed by men for having the infection. Sr Teki, for example, said: *"Vamwe vedu vatovanayo AIDS, varikutambura nekusabatwa zvakanaka nevamwe vari kusemwa nevamwe*

vavo". (Those among us who have contracted AIDS are being ill treated and shunned by their fellow clergy men and women).

Eleven respondents were of the view that the introduction of the AACSS efforts to confront HIV and AIDS has contributed much to stopping the spread of HIV and AIDS. The movement has helped some infected religious people to gain acceptance in their communities after workshops on HIV and AIDS had been held. This movement has also helped to empower and liberate religious women. As Sr Panoti puts it, *"Pava neshanduko diki kubva pamagungano avakuitwa mazuva ano".* (There has been a slight change as a result of the meetings that are taking place nowadays).

4.4.3 Role of cultural norms and values in spreading HIV and AIDS among Manyika women

Question: How are cultural practices influencing the spread of HIV among women in Manicaland Province?

Responses of male and female lay participants

The study revealed that cultural norms, values and beliefs contribute the spread of HIV and AIDS in positive and negative ways. Both negative and positive practices are discussed in the following paragraphs.

Desirable cultural practices

Many participants cited positive practices in Manyika culture that help to reduce the spread of HIV and AIDS. Examples of these are the sharing of food within communities and gathering for sorrows and joys. All elders are expected to be on the look-out for all youngsters who are misbehaving. This is confirmed by Jeketo's observation, *"Tinewo zvakanaka zvinotarisirwa kubatsira kusapararira kwechirwere cheAIDS sokuti ibasa romubereki wose kana kuti vakuru vose kuona vateye ziso pamwana vose kuti asaite misikanza".* (We have positive practices that could prevent the spread of AIDS since it is the responsibility of every parent or all elders to watch all children ensure that they do not misbehave). Elders, being role models, encourage girls to come home early and discourage them from falling love with a boy without the knowledge of their aunt. Girls are taught good manners by their aunts, while boys are taught by their uncles. Most respondents pointed out that in Manyika culture the traditional educators in most rural areas are the aunts and uncles (*vanatete* and *vanasekuru)*. As Matudza stated: *"Mutsika yedu chaiyo, wanatete nawanasekuru ibasa ravo kuraira vasikana navakomana vasati varoora uyevaroora".* (In our tradition, itself it the task of paternal aunts and maternal uncles to counsel young women and men before they get married.)

As soon as a girl starts menstruating, she is introduced to her paternal aunts (*vanatete*) who will journey with her in her development until she is married. During her married life, the aunt continues to mentor her. Only death separates the two. Traditionally, prostitution and any other unbecoming behaviour are condemned. As Chipogo noted: "*Aaiihura airangwa kana dzimwewo tsika dzisina kururama dzairangisa".* (A child who was promiscuous or misbehaved in any other way was reprimanded). Parents

discouraged girls from sleeping around with boys, even with the boy they would marry. They should be virgins when they get married, and during the process of marriage, girls were examined by their aunts to see if they were virgins. The aunts used symbolic items such as a broken egg or a sheet with a hole to show that a girl was not a virgin, and this was a great embarrassment to the girl's parents. If an unbroken egg or a sheet without a hole was presented to them it was a great honour to them. This practice discouraged girls from indulging in sexual activities before marriage. Rutogo said, *"Zvaiitwa kare zvekuongorora kana kutarisa musikana kuti achiri mhandara here zvaibatsira kwazvo kuti vasikana vasaite misikanzwa nevakomana".* (In the past, girls were physically examined to see if they were virgins. This helped very much to prevent girls from engaging in sexual misbehaviour with boys).

Eleven women expressed belief in "locking", whereby a man and a woman caught committing adultery would be "locked" or could not separate when they wanted to stop the process of intercourse. Such practices reduce women's vulnerability to HIV and AIDS, to some extent.

A total of 22 respondents revealed that it was not only girls who were given some guidance on cultural values. Boys were placed in the care of their uncles (*vanasekuru*) at the onset of puberty. The uncles would journey with the boys, teaching and instructing them up until their marriage and beyond. If the aunts or uncles died, they were replaced. However, these mentors were not known by any other people except the families of the children they would be journeying with.

In all, 20 respondents revealed that in urban areas nowadays, some of these practices had no longer existed: *"Musikana achangoroorwa aitofanira kudzidza zvinodikanwa apa pamusha mutsva uyu". (*A girl getting married had to learn the necessary things here in their new home). Girls and boys are now getting unconstructive advice from their peers and the use of technology is contributing to the spread of HIV and AIDS infections. As Tetiko observed, "*Weduwe, vana vedu mazuva ano vavakuwana ruzivo rwusingavaki uye runotutsira dambudziko reAIDS kubva pa* technology". (Alas, children these days are getting unconstructive knowledge from technology and this worsens the AIDS challenge.)

Some cultural practices in different parts of Africa are similar to those of Manyika culture. Baylies and Bujra (2005: 105) point out that traditional educators, sometimes called traditional marriage counsellors or *bona fimbusa*, are found throughout Zambia. Each educator draws on the specific customs of their ethnic group to teach what is regarded as appropriate sexual behaviour and gender roles. This study confirms that good cultural practices discourage the spread of HIV and AIDS. Therefore, those not living by them, or those seeing them as instances of backwardness, should cherish constructive cultural practices.

Several male respondents stated that in Manyika culture, marriage is highly valued. When a boy gets married, he is entitled to more respect than the single boy. The married man is allowed to sit with the elders at family or village courts (*padare*). When the

woman is newly married, she lives with the family of the man for some time to get used to the home. She is regarded as a new member of the family and starts to learn how they live in that family. As Rotiha revealed, a girl who has recently married has to learn how things are done in the family she has been married into. If she fails to bear a child because her husband is infertile, secret arrangements are made for her to sleep with the brother of her husband without the knowledge of the husband. Unfortunately, if the partner is infected with HIV and AIDS, then the virus could spread.

> Rotiha: *"Chirwere (HIV and AIDS) ichi chakauisa kuvengana, kupumhana uroyi uye kuparara kwemisha. Chirwere ichi chakanyanyorwadzisa madzimai. Kufa kwomukadzi pamusha ndokuparara kwazvose. Vanhukadzi ndivo vanonzi vane mhosva pamusoro pechirwere ichi. Kana murume akafa nechirwere ichi zvinonzi mukadzi amuuraya. Mhosva dzose dzinonzi dzakonzerwa nemukadzi. Mukadzi anonzi ngateerere kusvika pakufa. Saka kana murume afa anonzi ngaagarwe nhaka nemunin'ina wemurume ane AIDS, akaramba hanzi ngaabve. Asiwo kune rimwe divi isu vakadzi dambudziko redu riri pamapfekero. Vamwe vedu tava kufamba takashama. Isu takashama kudaro varume vanenge vasina kushama asi vachitamba nesu. Izvi zvose zvinoita mubhedha wekuti HIV and AIDS iwane pokurira*".
> (This disease (HIV and AIDS) brought mutual hatred, mutual witchcraft accusations and the break up of the of household. This disease has affected women most. The death of a woman in the home means the destruction of everything. It is the women who are blamed for this disease. When a man dies of this disease, it is said the woman killed him. All the blame falls on the woman. The woman is told to be obedient until death. Women are accused of being responsible for this disease. When the husband dies the woman is forced to be inherited by the brother, who may be a man with AIDS, and she cannot refuse. However, on the other hand, we women also contribute on our suffering by the way some of us dress. Some of us are now go around half naked. Going around half naked will attract men. Look at what happens at most dance-shows. Women dance whilst not properly dressed. As we dance half naked, the men dancing are fully dressed. Honestly, this is happening without our knowledge. I have observed that in most cases men dance fully covered themselves. We need to come to our senses and refuse to perform such acts whilst half naked. It is through being half naked that women encourage the growth of HIV and AIDS).

Ndonga said: *"Chirwere ichi chakauisa hurombo mumhuri, munzvimbo uye munyika yedu yeZimbabwe".* (This disease [HIV and AIDS] brought poverty in the family, in

the locality and in our country of Zimbabwe. Tonga said, "*Vanhu, vainge varivo variritiri vedzimhuri vakapera kufa. Uye vamwe vave varwere saka mashandiro avo asiyana nezvavaiita vachakasimba. Vamwe vedu takaviswa mumabasa nemhaka yechirwere che HIV and AIDS".* (The people who were the breadwinners were infected. Jongwe said: *"Regai nditi pari zvino chirwere ichi chava nani pakuti vazhinji vedu tave kurarama nacho".* These days it is much better: some are now manging living with this disease (HIV and AIDS).

> *"Jongwe anoenderera mberi achiti: Tichirarama nacho ichi chirwere hapana achaziva anacho neasina nokuti maARVs abatsira zvikuru. Asiwo zvinorwadza kuti vamwe varume vari pachirongwa kana kuti vakomana voroora vangaudzawo vasikana vavo chokwadi. Vanotozoti vava kutogara vose vozoziviswa*".
>
> (While we live with this disease there is no knowing who does or does not have it because ARVs are a great help. But it is a pity that some men have an agenda, or boys get married without telling girls the truth. They will just tell them when they are living together then they will let people know. It is always good to go for testing before getting into marriage, so that both are aware of their status. It is the duty of the churches and the state to continue bringing awareness of HIV and AIDS, and empowering the youth).
>
> Bandu said, "*Chirwere ichi ADZI chakanangana nevanhukadzi. Vanhukadzi tisu tinonyanyotambura nepamusana pokuti chaita midzi yacho mumagariro edu. Varume vagara vakapihwa chinzvimbo chapamusoro. Varume havabvunzwe hapana musha untongwa nemukadzi, kana kutongeswa mumba kana kumweyo zvavo. Nokuda kwemamiriro akadai kana murume akashereketa haabvunzwi asi kana ari mukadzi inyaya hombe. Mukadzi anogona kutorambwa nemurume. Patsika yechiManyika murume anotozivikanwa kuti anogona kutombowana kana kundorara navame kana nomwe mukadzi ozorevurura zvake. Asi vakadzi hazvitenderwi. Uye varume vanogona kuwana vakadzi vakawanda asi mukadzi haabvumirwi kuwanikwa nevarume vakawanda. Iyi tsika ngaiongororwe nokuti vakadzi vari kutambura".*
>
> (This disease HIV and AIDS is mostly affecting women. We women are suffering the most due to cultural norms and beliefs. In our culture men have been given a higher positions in society while we women are given a low position. We are not allowed to or challenge men in our culture, because: "There is no home that is ruled by a woman". This saying is always a reminder to us. If this happens a woman is sent away to her home

(divorced). If a man gets up to mischief he is not asked but if it is a women it is a big deal. They say in Manyika culture it is normal for a man to go out and sleep with other woman or women and he not supposed to be challenged. He is even given a chance to confess and his error will be brushed away. Man can have many wives but woman cannot have many husbands. Men can come home late and drunk every day, but they are not questioned. Women work in the fields alone with the children but at the end when the products are sold the man gets the money. There is injustice and inequality in this. There is a need to look into women's issues.

About 80 per cent of the female participants noted that in the past, girls and boys did not indulge in sexual contact before marriage. Unfortunately, the reverse is true these days, They said, "*Makarekare vanasikana newanakomana vaisaita misikanzwi yekurara vose vasati varoorana".* (In ancient times young men and women did not misbehave and sleep together before getting married.) Togo points out, *"Vana wemazuwa ano havachaiti uye havachatsiurwi".* (Children today refuse to obey and have no shame.) This has placed them at a high risk of contracting HIV. The study highlights the need for the aunts and uncles to revert to their traditional roles, as, as Baylies and Bujra (2005: 86) observe, society has lost cohesion and money has caused the erosion of traditions.

Among the respondents 70 per cent reported that traditionally, caring was not only evident in homes, but everywhere. For example, when one came across an older person carrying heavy luggage, one was expected to give a hand immediately. Similarly, when any adult came across a young person misbehaving anywhere, it was the adult's responsibility to discipline them. In this way, the eyes, of parents were everywhere. There was no "mind your own business" or "durawalls" (security wall) attitude characteristic of a society where one does not know what is happening on the other side of the world. Regrettably, the reverse was now true, very likely owing to urbanisation. However, the research findings indicate that most respondents support positive traditional practices in Manyika culture. They wished that these traditional values were upheld, especially in the era of HIV and AIDS.

Undesirable Manyika cultural practices

Several respondents stated that certain undesirable practices needed to be taken seriously into account in the face of HIV and AIDS. The respondents pointed out that experience and history had shown that women were oppressed and exploited by men in the area of sexuality. Tradition demands that women submit unquestioningly to their husbands, even in sexual matters. Even if they are aware that their husbands are HIV positive, they are not allowed to negotiate the use of condoms.

A large number of female respondents pointed out that they had no opportunity to discuss sexual issues, as they were told that this was why they were married. This is expressed in Rutengi's statement: *"Hapana patinombowana mukana wekukurukura*

nezvebonde. Zvebonde hazvitaurwi". (We are not able to find the opportunity to talk about sexual matters. Sexual matters are not talked about). In most cases, they are reminded of the lobola payment when they try to question the men about anything in the home. This is borne out in Keroti's statement: "*Tinongoyeuchidzwa mari yeroora kana topokana nezvinodikanwa navarume vedu".* (When we oppose our husband's wishes, they remind us about the lobola money they paid for us). Male respondents were of the view that some men were also at risk of contracting HIV when they were tempted or seduced into having sex by women and girls by their way of dressing. The Commonwealth Secretariat (2002) also claims that women seduce men into having sex and men cannot resist because their sexual needs are strong.

During the data-gathering process, most of the female respondents reacted emotionally. They revealed that there was a lot of sexual violence in homes and at work. As Matudza noted: *"Wedu, nyaya yechibharo iya nyanya inowanikwa mudzimba nekumabasa".* (Alas, the issue of rape/sexual violence is a real problem within the home and at work). Most male participants accepted these accusations of female oppression and exploitation on behalf of their fellow men. Several male participants agreed that women needed to have the freedom to speak out about what affected them, and acknowledged that women needed to be liberated and empowered to help them to overcome these problems.

However, most male respondents also pointed out that not all men are oppressive and exploitative. In fact, numerous male participants suggested that men's oppression and exploitation by women also needed be looked into. Oppressed men were undergoing very deep suffering in the sense that they had no one to talk to about their plight. Several male participants concurred, giving many examples of some women who even treated their husbands as slaves. If these oppressed or exploited men tried to share their plight with other men, they were laughed at and told to be men and to go and fight back. Such men also deserve to have their rights respected and need to be emancipated. Hence, further research is required in this area with a focus on men and their concerns. Many male participants pointed out that men were currently afraid of women, as women's inferior position has been publicised, and if a false accusation is made against the man, he will suffer even if he is innocent. Most male participants raised the latter point as a worry and indicated that this needed to be considered as much as women's problems were.

Several female respondents reported that the issue of wife inheritance was still being practiced in Manyika culture. Most people did not talk about it. This practice dictates that if a husband dies his brother will inherit the widow, taking her as his wife even though he may have his own wife. If this man is infected with HIV and AIDS, he will very likely pass it on to the woman. Tikoti pointed out: *"Nyaya yekugarwa nhaka irikuita kuti wamwe wedu wabatire chirwereche AIDS"*. (Wife inheritance is causing to some of us to catch the disease). Most respondents demanded the end of this practice. Respondents also mentioned another practice whereby some people, in times of crisis

or hunger, asked for food and promised to repay their debt by giving people their baby girl or unborn baby. If the child was a girl she was given to the family that helped them (*kuputsirwa*) and when she was grown up, she was often forced to be married to a man who might well be her father's age. Such a man might be infected and could expose the young woman he married to HIV infection.

Many respondents mentioned the practice of "fertility testing by the father". Here, the father sleeps with his daughter when she reaches a marriageable age to see whether or not she is fertile. The child she bears will remain at her home as a member of her family when she goes to be married. While this practice is not common in Manyika, it is in evidence in other parts of Zimbabwe. About 90 of women participants reported that rape existed in the family, which they were unable to report because their husband could be the perpetrator. This was reflected in Mandine's statement, *"Tatambura nenyaya dzechibharo. Ndinomhangara sei iye ari baba wemwana abata mwana? Tinotadza".* (We are suffering from sexual violence. How do I report him when the man who is the father of my child has sexually abused her? We just can't bring ourselves to do so). Women faced threats and physical abuse to prevent them from reporting sexual abuse to the police. As Mandine says, *"Umwe haamhangari nyaya yechibharo achiedza kusafumura zita remhuri yake".* (Some do not report the matter of sexual violence to avoid bringing shame upon their family)

Most respondents revealed that traditional healers (*n'angas*) also contributed to the spread of HIV and AIDS infections. Some women who failed to conceive a child visited the *n'anga* and were sometimes forced to have sex with the *n'anga* and were then given medicine to take home. Such acts promote the spread of HIV. Infected men and women were also advised by *n'angas* to have sex with young girls and young boys, respectively, in order to be cured of HIV and AIDS. A few respondents also revealed that some *n'angas* used the same razorblade for various clients, thereby placing them at risk of contracting HIV. In summary, the findings show that some traditional practices placed women at a high risk of contracting HIV and AIDS.

Responses of religious women and men

All respondents revealed that some of the cultural norms and beliefs are vital in the fight against HIV and AIDS. Several respondents indicated that there were some cultural practices such as the role of the aunt and uncles in families which could also help. All these positive cultural practices served the same purpose as the Catholic Church's teaching and they discouraged the spread of HIV and AIDS. Twelve respondents indicated that evangelising individuals who had not been brought up in the culture was more difficult than evangelising those within the culture. All respondents revealed that some of the cultural practices encouraged the spread of HIV and AIDS. The practice of wife inheritance and of consulting the *n'angas* encourage the spread of HIV and AIDS and these practices were always in conflict with the Church's teaching, according to respondents.

4.4.4 The Catholic Church's response to HIV and AIDS

Question: How are the doctrines and practices of the Roman Catholic Church influencing the spread of HIV and AIDS among the Manyika women of Zimbabwe?
Many respondents said that the Church has been taking a leading role in the battle against HIV and AIDS. They agreed that there were some weaknesses in its HIV and AIDS interventions. All the religious women pointed out that the subordination of women, which seems pronounced in the Bible when it is not interpreted properly, can be used to maintain gender inequalities and increase the spread of HIV and AIDS. Uchem (2006) affirms this:

> There are certain challenges facing missionaries everywhere today. These include: the changing meaning and practice of mission; justice and peace (in face of so much injustice in our world); interfaith dialogue, inculturation, the rapidly changing world politically, culturally, socially, economically, technologically and so on.

Several respondents indicated that the failure of religious people leads to challenges in controlling parishioners and can contribute to increases of the spread of HIV and AIDS. The following paragraph points to the strengths and weaknesses in the leadership of the Church.

Responses of male and female lay participants

The study revealed that the Roman Catholic Church has done substantial work in the form of HIV and AIDS interventions, which are rooted in Catholic Church's doctrine and teaching. Several respondents revealed that the Church had provided assistance and met physical, emotional, spiritual, psychological and social needs. It had come to the rescue of many Manyika women who were sinking into deep suffering owing to the HIV and AIDS pandemic. The holistic approach is successfully channelled through the mission health institutions. Angandi confirms this in the statement *"Weduwe hatina neremuromoba. Sangano reKatorike rakabatsira zvikuru-kuru padambudziko reHIV"*. (Alas we have no enough words to express our gratitude to the Catholic Church it has helped us so much in issues relating to the HIV pandemic).
The introduction of home-based care for HIV and AIDS and of awareness and prevention interventions, and provision of treatment by the Church is reported to have made a great difference. The research finds that the Catholic Church has, to a great extent, been contributing to reducing the incidence of the HIV and AIDS pandemic.
All respondents have testified that they had been getting help from the Catholic Church in the face of HIV and AIDS, and that if it were not for the Church's interventions, things would have been worse for them. Several participants' experiences and observations have shown that the Church is their only hope left in the era of HIV and AIDS, as reflected in a statement by Handine, *"Takazvionera toga kuti sangano ndiro diziro redu panguwa yatiri yeAIDS*". (We have seen for ourselves that the Church is our refuge in the time of AIDS). Most participants testified that some had been given and were still receiving material support such as food and clothes, as well as counselling

and treatment from Roman Catholic Church institutions).

All respondents acknowledged that they had acquired knowledge and skills for establishing herbal gardens and undertaking other self-reliance projects so as to provide fees for their children. They also reported that in times of conflict in their families or with outsiders, priests or nuns normally helped them in conflict resolution. Most respondents pointed out that Church activities were very helpful physically, spiritually, psychologically and socially. The Church's teaching on forgiveness, acceptance and compassion were greatly valued. Numerous respondents indicated that most women living with HIV and AIDS are experiencing less suffering. Koteri pointed out that *"Wanhu wane utachiona wawa nemagariro ari nani".* (People living with the HIV virus now have a better standard of living). Hence they are able to perform some of their daily chores owing to the holistic assistance given by the Catholic Church. Some infected women on ARV treatment are even going to work just like anybody else.

All respondents indicated that the Church had been helping them holistically. Most priests and nuns had been encouraging their members to respect the sanctity of marriage. The religious respondents revealed that the Catholic Church's doctrines and teachings in relation to HIV and AIDS for married couples and all other age groups through marriage classes, HIV and AIDS awareness, retreats, and workshops all contributed considerably to reducing the incidence of HIV and AIDS. These interventions had helped some women to handle marital and other challenges relating to this pandemic.

Most respondents pointed out that the Church was the first point of call for abused women. All indicated that most women came to seek help from nuns and priests, as women in the Church trust each other more than their families. Women see the Church as a source of solace and peace as this is where they are encouraged to endure and carry their cross, as Christ did, for the sake of their children (Luke 9: 23). The Church's teaching on the pillars of love, forgiveness, understanding, acceptance and endurance help women to endure in the face of HIV and AIDS. Women are able to look after their infected husbands, children or relatives who have gone astray and return home when they are ill (Matthew 25: 40).

The research reveals that the Catholic Church also discourages traditional practices that encourage the spread of HIV and AIDS to women, such as wife inheritance. In Asago's view*, "Sangano reKatorike rinobatsira pakurambidza tsikadzakaipa dzinokurudzira HIV setsikayenhaka"*. (The Catholic Church has helped to discourage bad practices such as wife inheritance that promote the spread of HIV). Fourteen female respondents testified that they had been victims of wife inheritance and reported this to Church leaders and been rescued. Various female participants reported that they had had to seek refuge at the mission when they were abandoned or refused to submit to traditional wife inheritance or any other form of oppression and exploitation. They also indicated that some of these women were still staying at the mission places.

In all, 23 respondents acknowledged that the Church is fighting against the HIV and

AIDS pandemic by providing people with knowledge on its transmission and how to deal with the infection. Workshops, the introduction of income-generating projects, where women grow vegetables, make mats, and mould pots and the provision of food, treatment and clothes to infected and affected individuals are some of the outstanding contributions made by the Church.

Numerous male respondents reported that the Church is making many people aware that traditional healers can cheat or manipulate them, placing them at risk of contracting HIV, and how they can bring individuals into conflict with other family members or with the extended family members, by blaming family members for causing HIV and AIDS. Catholic Church doctrines discourage people from consulting *n'angas*, who claim to be able to cure HIV and AIDS, discourage infected people from taking their ARV treatment, and give them false advice about how to get healed. The Church provides HIV and AIDS awareness workshops that provide information on transmission and prevention and also helps people to avoid being cheated by *n'angas*. Several participants revealed that they have managed to look after the infected in times of economic crisis after being empowered to do so by the Church and through the use of income-generating projects. Baylies and Bujra (2005: 77) indicate that women have become financially independent in recent years. The researcher, in support of the above, emphasises the need to continue empowering Manyika women with the help of the Church.

Sixteen respondents said that oppression and exploitation by men placed women at high risk of contracting HIV and AIDS infections. These respondents felt that the Catholic Church overlooked women's oppression and exploitation throughout its history. Several male participants admitted that this needed to be looked into. Most participants revealed that although women had contributed enormously to the growth of the church throughout the world, their outstanding work was not recognised. The findings also show that some men suffer from an inferiority complex in the home, at church, and at the work place, due to women's giftedness. It is this feeling of inferiority complex that men want to ide from women. As the common sayings go, a home is a home because of a woman: "*Musha Mukadzi"* (the home is the woman) and "Where there is a successful man there is a woman behind him". However, thanks to Padare, a men's organisation in Zimbabwe, some of these men get help.

Several male participants believed that if women were given enough freedom they would dominate men. As Jokchi stated, "*wakadzi wanogonesa saka wakapihwa mukana wakusununguka tinotsikwanawo awa".* (Women are very capable, so if they are given opportunity, to be free, we will be crippled by them). In order to avoid this, men continue clinging to their position of superiority. Most women participants argued that the Bible helps men to continue oppressing and exploiting them. There is a scripture: "Wives, submit yourselves to your own husbands as you do to the Lord" (Ephesians 5: 22). Nonetheless, the research found that women have also been raised from their inferior position by the gospel of Luke.

The study revealed that church leaders from many different churches are also accountable and are blamed for the spread of HIV and AIDS. According to Mumuti, *"Wamwe wewatungamiriri wemasangano akasiyanasiyana vari kukonzerawo HIV"*. (Some of the leaders of different churches are also spreading HIV). Some of these religious leaders have been seen impeding women's participation in the Church and in many other spheres of life. Seventeen women respondents pointed out that sexual abuse by church leaders was swept under the carpet, to the detriment of women and girls. Gondine observes that "*Mune zveupfambi zvinoitika musangano zvisingataurwi asi kungohwanzwa"* (Promiscuity occurs within the Church that is not talked about but exists). In support of the above, several female respondents revealed that the Church was itself a barrier to women's autonomy in not taking appropriate steps to stop these offensive relationships.

Nineteen participants reported that sometimes church leaders did not practice what they preached. These participants reported that some priests and brothers were sleeping with girls and women despite their vows of celibacy. As Agatuti revealed, *"Wamwe waPriest uye mabrothers arikurara newasikana asi iwo waka pika mhiko dzekusaroora".* (Some priests and brothers are sleeping with young women despite their vows of celibacy). By doing so, they are breaking religious law and running the risk of spreading and contracting HIV. These respondents pointed out that no strict measures had been taken against these priests and brothers. These 16 respondents noted that some nuns were not living up to their vows, casting doubt on their commitment. For this reason, some parishioners had stopped attending Mass or any Church services. Such behaviour also contributed to the spread of HIV and AIDS.

Twenty-two respondents revealed how other churches, such as the Apostolic churches, contributed to the spread of HIV by forcing young women to marry old men as directed by the "Holy Spirit". At times, these old men may be infected and therefore infect these young women. Nineteen participants indicated that some churches do not allow their members to seek medical assistance, as they believe in direct healing from God using what they call "blessed water", or "blessed oil" (the water or oil that would have been blessed by the pastor) and laying hands on the sick, accompanied by prayer. These people do not see the importance or benefit of going for HIV tests.

Some of the measures that the Catholic Church has taken are explained in detail in Chapter 2. Accordingly, from these findings the study confirms that the Catholic Church is an extraordinary and unwavering pillar of support when it comes to HIV and AIDS interventions, even though there are some challenges.

4.4.5 Prospects for women's emancipation

Question: How can the Manyika women be liberated and empowered in the face of an HIV and AIDS epidemic?

Responses of male and female lay participants

The findings of the study were that Manyika women have the potential to create

awareness among others of their need to be liberated and empowered. Twenty participants admitted that their involvement in this study had been an eye-opener, making them aware of the need for them to work together amicably for their emancipation. As Ngandu asserts, *"Tsvagurudzo iyi yezvataita nemi Sister yativhura maziso epfungwa"*. (This project *which we have done with you* has opened our hearts and minds, Sister). In total 20 participants were aware that this could not be done in a short period of time, but could take years. However, with the help of researchers with the interests of women at heart, it would be possible. The need for women's emancipation is evidenced in Chapters 2 and 3. Through the research already done and that still to be done, this study has contributed to the liberation and empowerment of Manyika women. Consequently, there was need to keep on running with the baton for women's emancipation right up to the finishing line.

Responses of religious women and men

Eight participants were of the view that the presence of religious women in a parish made that parish alive. Both religious and non-religious women should be made aware of their importance in the family, community, parishes, workplace and society in the era of HIV and AIDS. Sr Tolondi stressed that *"[w]apikiri uye wasisiri wapikiri ngavabatsirwe kuti wamire woga muupenyu".* (Religious and sisters should be helped to stand alone in life). Ten participants said that women could be empowered through the use of workshops, retreats, drama, media, and church sermons, among other things. Twelve participants noted that women are able to organise, observe, listen, understand, care and endure perfectly well. Their natural talents should be identified and nurtured and they should be given the freedom to express them. All the female religious participants expressed the view that the empowerment of women was essential at their mission places, which have become the refuge of the rejected women. Eight religious women supported the idea of women's emancipation and revealed that HIV and AIDS had increased their workload, leaving them suffering from burnout.

According to all the religious women and men, the church was faced with the problem of dwindling vocations. The numbers of young men and women coming to join religious life was diminishing whilst the pastoral workload was increasing. As Sr Palogi observed; *"Vasikana navakomana vanouya kuzopikira wave washoma mazuva ano".* (Fewer young men and women are becoming priests and nuns these days). The study suggested that in addition to the battle against HIV and AIDS, there was also a need to promote vocations so as to have enough religious women and men for future HIV and AIDS interventions.

Chido said: "Hatinziwi kufara kutaura nezve chorwere ichi. Tiri kurwadziwa. Ummm hazvina kutinakira. Tinotenda kuuya kwe mishonga ma ARVs". (We are dying of this dieases and we are not happy to talk about it. We are grateful for the introduction of the ARVs).

Janga said*: "Iichokwadi ndinorwara nacho chirwere ichi. Asi zvakaoma mabatirwo andoitwa pose pose zvapo. Kafa kurinani".* (Yes, it is the truth that I am infected by

HIV. But it is difficult. The way the infected are handled anywhere is not good. It would be better to die).

Eleven participants pointed out that some religious people were selective in their service in the sense that they preferred to visit the homes of rich people. In some instances, the homes of the poor were not visited, as they did not have material things to give to priests or nuns who visit religious). As Sr Toga noted, "*Varombo havashanyirwi nokuti havana chokupa vapikiri".* (The poor are not being visited because they have nothing to give). Paradoxically, it is the poor and women in particular who are in most need of the support of the religious.

The Catholic Church is developing its response to HIV and AIDS response by not only fighting it from the outside but from within. This is explained by the presentations of the five different groups of religious women in Mutare in the Manicaland Province of Zimbabwe's workshop on HIV and AIDS. To the question: How have HIV and AIDS affected the religious in Manicaland? they answered:

> Some religious women who are infected are not seeking access to treatment for fear of being victimised, rejected, stigmatisatised and discriminated against by their families and other people in society.

They concluded that the religious contract the disease through sexual indulgence, according to a workshop of the Mutare diocese women religious on Saturday 30 May 2015.

The AACSS is a movement that aims to empower African women religious to address HIV/AIDS problems effectively among them and all women and girls in general by bringing new knowledge and skills on HIV and AIDS interventions. This AACSS originated in USA in 2002. A group of African women theologians, including women religious met at Yale University Divinity School with Sr Margaret Farley, Religious Sister of Mercy, a member of the faculty and they started this group. The purpose of AACSS is to help women to empower one another to confront cultural, religious and patriarchal norms that negatively affect them. Accordingly, the AACSS shares the objective of mitigating HIV and AIDS, focusing on women, who are more vulnerable to HIV infection than men. The group specifically addresses the people of Africa. These sisters saw that African women were strong and powerful but were not able to stand up for their rights or defend themselves owing to the lack of resources, as well as the patriarchy.

Some study participants reported that the provision of resources could enable women religious in Africa to come together at local and regional level and discuss issues that were affecting them, and see the way forward as a team. Consequently the Sisters in the USA raise funds and offer basic assistance towards organising conferences for empowering religious women in Africa.

The study participants noted that one purpose of AACSS was to stop the shame and fear among women religious that are infected by HIV and AIDS, and to help each other

to live with hope. I have witnessed the deaths of some of our sisters owing to lack of support, and fear but with the help of AACSS, our infected sisters may manage living with HIV and AIDS better than in the past.

During the study, I observed that some religious institutions were finding it difficult to look after the sick since they were facing financial crises themselves. As congregations or religious communities, they provided an entry point for being helped as well as helping others. People living with HIV appreciate it when a religious person helps them. Experience has shown me some religious people hesitate to make sick calls because they do not have enough knowledge of HIV and AIDS.

From the above report, we learn that the Church is not only looking at the outside world in its HIV and AIDS interventions, but that it is also examining itself at the core. Since the blind are not able to lead blind, nuns should be emancipated so as to be more effective in their religious calling. Mbuy-Beya (2012: 218) points out that "[T]he African nun is a woman and a mother. She is called to give life and to protect the life of her people".

> Vangani, a traditional healer said: "*Isu tinogona kurapa chirwere che HIV and AIDS asi vanhu vazhinji havazvitenderi. Vazhinji vanoti tinoda mari. Hazvisizvo. Pane vazhinji vakatorapika asi havazvitauri. Zvisinei, ifai heny,u notsatitendera. Uye nokutarisira mishonga yedu yechiwanhu pasi. Isu tinoshorwa ne dzichechi panyaya yekurapa iyi. Ndosaka vanhu vari kungofa vasina kurapiwa nesu n'anga"*. (We are able to heal the sickness of HIV and AIDS but many people do not believe this. Many people say we want money and yet this is not the case. So we will leave the infected to die in their unbelief in our healing powers. Most churches look down upon our medicine. We are despised by the church on this matter of healing thus people are dying without being healed by us, the traditional healers).
>
> Gutu, another traditional healer, said: "*Imi vanhu kadzi mototora tsika dzavarungu muchititoda kuenzana nawo pamagariro navarume mumba. Chengetai warume wenyu nokuaitira zvose zvavanoda nguva dzose pasina kupikisa. Yeukai roora*".
>
> (As traditional healers we would say that women should remain in their rightful position, which you call inferior. But this is their rightful place in society. You should remember that we need to keep out traditional rules. In the past we were taught that a woman is not the head of the family. Do not adopt the customs of western culture (European culture) and make it yours. Women should kneel to their husband. Provide services needed by their husband at all time and at all cost. And remember lobola).

Probably, the issue of lobola is the one perpetuating the oppression and exploitation tendencies, as men tend to say that women have been "bought". As a result, men treat

women as their assets.

One woman theologian said: "*Tinonzwa kurwadziwa tichiona matambudzikire ari kuita vanhukadzi. Rwendo rwekutambura kwavakadzi rwakabva kure. HIV and AIDS yakabva yaonawo pokugara nyore. Zvakatangira pakuzvarwa chaipo. Aberekwa mwana vanobvunza, "Mwanai?" Mhinduro, 'Mukomana'. 'Ahaaa, makorokoto magara pamusha, uye rudzi rwakura.' Pakukura pambapo musikana ndiye anoita mabasa ose. Mukomana anongonzi ndewe mbudzi nemombe. Kuchikoro mukomana anozi aende, musikana kupedza mari nenguva.Pakundoroorwa udzvanyiriri nekuswetwa simba zvinenge zvakamumirira. Tinoti pamusoro pazvose izvi, munhukadzi ngaasunugurwe nekuburikidza nekunyora, kuita tsvagurudzo nekudhindisa mabhuku. Vanhukadzi mukai!!!* (We feel hurt when we see the troubles women are facing. It starts from birth. When a child is born they ask 'What is the sex of the baby?' Answer "A boy". Then you hearing them saying, "Ahaaa, congratulations, you now belong to the family and the tribe has increased". As girls grows up in that house they do all the housework, and boys are told that their job is to herd goats and cattle. Boys are sent to school, but sending girls to school is considered a waste of money and time. All housework is done by girls. When it comes to marriage, exploitation and oppression await them. On account of women, a woman should be free and go out and write and do research and publish books. Women, arise!)

One politician said: "*Isu wezvematongerwo enyika tinoonawo chirwere che HIV and AIDS chiri kuonekwa chichipa dambudziko guru kuupfumi hwenyika. Asi zvikuru vanhukadzi watambura zvakanyanya kupinda vanhurume. Urombo hunoitawo kuti vanhukadzi vanyanye kubatira HIV. Zvinosakiswawo nokutadza kuvhotera mutungamiri wenyikea akanaka. Wamwe watungamiri havafungi vanhu vavanotungamirira. Vanongozvifunga ivo voga nemhuri dzavo chete. Uye pakuombwa kwebumbiro romutemo vanoita voga saka pazvisungo vaniisa zvinovanakira chete, kwete zvinonakira vanhu vose. Tinoti wedu ngatibatsiranei nekuona kuti munhu wose apawo mazano ake zvikuru avo vanotarisrwa pasi*". (We politicians of the land see HIV and AIDS giving a lot of problems for the economy of the country. We see women suffering more than men. Poverty causes more women to be infected by HIV. This is also caused by failing to vote for good governance. Some political leaders do not think about the people they lead. They only think about themselves and are not worried about them marginalised or the poor. We

say, let us work together by ensuring that everyone has an opportunity to contribute ideas, particularly the marginalised).

Some study participants indicated that even when it comes to voting for the leader, the rigging takes place. When it comes to the constitution-making process, not all people are involved and this results in the exclusion of some people in policy making. Thus, women are not included on policy. They should be involved since they are the very people who know what affects them most. Hence, the need to include women in policy making. It is through inclusion that women are able to speak out the things that affects them.

> One NGO representative said: "*Isu tiripo pakunobatsirawo chete. Tinobatsira vanhu vanotambura nokushaya zvinhu zvakasiyiana –siyana parizvino tiri kubatsira vane chirwere che HIV and AIDS"*. (We are only there to support. We support people who struggle on different fronts. At the moment we are assisting those who have the disease.)

The researcher appreciates a lot of assistance that has and is still being given by many different NGOs. However, in as much as the NGOs help, we in Church settings also need to take a leading role in participating in HIV and AIDS interventions.

4.6 Conclusion

Whereas the previous chapter reviewed the literature that relates to the key questions guiding this study, this chapter presented the major findings. Although I had presented parts of my findings in my interaction with the literature, this chapter focused exclusively on what my study participants said about women, culture, the Catholic Church and HIV and AIDS. This chapter presented the views of religious men and women on the key themes under study. It also brought presented reflections by lay people, NGO workers and others on the impact of culture and the Catholic Church on women in the context of HIV and AIDS. The following chapter will present an analysis of the study findings, make some recommendations and conclude the study.

CHAPTER 5: ANALYSIS, RECOMMENDATIONS AND CONCLUSION

5.0 Introduction

The previous chapter presented the study findings. The findings have demonstrated that women are vulnerable to the infection by HIV and AIDS owing to negative religious and cultural practices. On the other hand, positive Church and cultural practices discourage the spread of HIV and AIDS among women. This chapter is composed of an analysis of the findings, recommendations and a conclusion. The study has established that HIV and AIDS is having a devastating impact on the Manyika people, and that women are worst affected by the pandemic owing to their subordinate position in society, their lack of socioeconomic resources and inequalities in society. As women, they bear the burden of caring for the sick and are subjected to oppression and exploitation by men. Poverty has driven some Manyika women to indulge in sexual activities in a bid to look after their families. The results discussed in this section address all the research questions identified in Chapter 1. The following paragraphs contain the analysis that emanates from the research, in a bid to resolve the research questions. This section is therefore divided into subheadings that are linked to the research questions and findings. For each section, I present the study findings and reflect on possible resolutions. These my recommendations on how to mitigate the impact of HIV on women in the culture and the Church follow. Further recommendations are offered at the end of this chapter in order to equip the culture and the Church to empower women.

5.1 Research questions and findings

In this section, the chapter summarises the major findings outlined above, in the light of the study objectives that were articulated in Chapter 1.

5.1.1 The perception of HIV and AIDS among Manyika women in Manicaland

The findings have described people's perceptions of HIV and AIDS in Manicaland. As indicated in Chapter 4, the research results indicate that Manyika women are affected by HIV and AIDS in a very real and intense way. Manyika people are known to be a secretive ethnic group, especially with regards to taboo issues such as HIV and AIDS, and this has encouraged the spread of this disease. This is supported by Parsons (2012: 92), who indicates that he was "frequently shocked" at the degree of secrecy amongst the Manyika people. So many Manyika people, particularly women, have died as a result of this pandemic, and family members and friends often do not reveal that AIDS is the cause of death. When asked about the cause of death, they normally talk of common diseases such as headaches or stomach aches.

The challenge of this disease is reflected by the increase in child-headed families and in school dropouts. The separation of family members, particularly siblings, as they are

taken into the care of different relatives following the death of both parents, is another sign of the prevalence of HIV and AIDS. The study revealed that some Manyika people are reluctant to go for HIV testing for fear of being blamed by family members or by the husband, in the case of a woman. The researcher recommends that the culture of silence be ended by introducing education about HIV and AIDS into schools at all levels and holding more HIV and AIDS awareness workshops. Some men go for testing and keep their HIV positive status a secret and continue having sexual intercourse with their wives, who are not aware of this. In this instance, the researcher recommends that the silence on HIV and AIDS be broken by encouraging the optimum use of counselling sessions, encouraging families and communities to talk about it using drama, and by teaching about HIV and AIDS. All should go for an HIV test in order to know their health status. More detailed information on the perception of HIV and AIDS is provided in Chapters 1 and 2, and confirmed by Chapter 4. The researcher points out that from her observation people's perception on HIV and AIDS has been changing owing to the introduction of education and a lot of studies that have been undertaken on the HIV and AIDS pandemic.

5.1.2 The impact of HIV and AIDS on Manyika women

The second research question on how HIV and AIDS has affected Manyika women in Manicaland has been addressed in Chapter 4 of this study. The findings show that these women face gender imbalances, coupled with exploitation and oppression by men in the face of HIV and AIDS. The undesirable consequences are explained in detail in Chapter 4. The findings are that most Manyika women are at high risk of contracting HIV owing to their subordinate position in society, and their biological make up, and because they are burdened with more responsibilities than men. Hence the need for them to be emancipated through the constant implementation and evaluation of Church and government policies designed to protect women, and their rights to decision making, especially in issues that affect them. The research suggests that these policies should be developed and implemented by the Church, chiefs and headmen and other organisations.

Furthermore, the study found that poverty forces women to get involved in sexual activities so as to get money to look after their families. The researcher therefore recommends that legislation passed at all levels should be targeted at husbands who take away their wives' earnings and squander it, leaving their wives and children to suffer. Legislation against this should be passed with the involvement of the Church, chiefs and headmen and others. The Church should introduce programmes that teach men and women how to live in harmony and that empower women. In addition, the Church should introduce more income-generating projects and workshops to develop knowledge and skills for making money, in a bid to discourage transactional sex.

The study also suggests that more workshops need to be organised by the Church in collaboration with other stakeholders so as to develop knowledge and skills in the area of HIV and AIDS. All women should have enough knowledge about their rights on

sexual issues, and be encouraged to report abuse and ill-treatment by men without fear of victimisation. The study further recommends that women and men be educated on the importance of true happy and balanced marriage through workshops, and such topics should be introduced in learning institutions. Therefore, it is of paramount importance for schools and other stakeholders to be involved in HIV and AIDS intervention.

5.1.3 Cultural and church practices

The study has confirmed that some cultural and religious practices influence the spread of HIV among women in Manicaland. The findings are that some negative practices in both the culture and religion have robbed women of their freedom to make decisions relating to sexual and any other issues that affect them. Through the use of phenomenology and ethnography, I have learnt that HIV and AIDS has made Manyika women suffer more than men. Women have been mostly affected owing to negative religions and cultural practices. As Kelly (2010: 251) points out, "So long as these root causes continue to prosper, the pandemic will continue to thrive". These findings have shown that the unequal distribution of power between men and women exists and this is encouraging the spread of HIV and AIDS. On the one hand, men are given superior positions in all spheres of life. On the other hand, women are given inferior positions. I have mentioned some of these negative practices that forbid women to make decision on maters that affects them. Women are made to look to men for decisions, and this is a breeding ground for HIV and AIDS. However, the findings have shown that women contribute enormously in terms of family, community and societal development. Unfortunately, their contribution goes unnoticed. The study has confirmed that behind most successful men there is a woman. In addition, despite their inferior position, women play the role of caregiver. It is this that makes them to vulnerable to HIV infection.

Conversely, all the positive practices should be encouraged. These practices should be promoted through workshops, drama, and by the Church. Leaders at all different levels should collaborate to eradicate the oppressive and exploitative behaviours that affect women in their daily existence. The findings point out that although the Roman Catholic Church has proscribed condom use, the researcher recommends that it should reconsider this stance. Church leaders need to fulfil Christ's mandate to preserve life. In addition, Church and societal heads, and private and public institutions should reconsider their policies about women's empowerment. In most seminaries, HIV and AIDS does not feature on the curriculum, although the existence of the pandemic is clear to all. After seminary, trained graduates cannot then address the topic in schools, parishes and any other workplace.

There are positive practices that both Church and culture have and these discourage the spread of HIV and AIDS. They include respecting one's body and not indulging in sex before marriage, since, as Igo (2009: 136) notes, "Our bodies are sacraments". There are many strategies that may be used to ensure that a young woman is not sleeping with

men or boys before marriage. Further, ideals of communism, caring for the other person, solidarity and others must be cultivated and maintained.

5.1.4 The empowerment of Manyika women

Finally, the study found that it is possible for the Manyika women to be liberated and empowered in the face of an HIV and AIDS epidemic. This is a project that has been undertaken by many individuals, groups, churches, institutions and organisations. However, there is need for mere dedicated participants to get involved to make further progress in responding to HIV and AIDS. The findings of Chapter 4 are that all female participants believed they had the potential to liberate and empower themselves if they are given back their freedom. This calls for participation from both men and women towards women's emancipation. Church leaders and other organisations should develop policies that protect women from all forms of abuse. The study emphasises women's need for knowledge and skills relating to the area of HIV and AIDS through education and policy making. This research's contribution to the gap in knowledge is to work towards the liberation and empowerment of women.

5.2 Personal impact of the study on the researcher

This study has been an eye-opener for me in the sense that I have been inspired to join African theologians on women's emancipation after reading the works of scholars such as Mercy Oduyoye. Her dedication and tireless involvement in building the Circle and its maintaining its growth is a challenge and I have been motivated to write, research and publish information that denounces gender injustices and inequalities in societies. I am inspired by Musa Dube, Isabel Phiri, Elizabeth Amoah, Musimbi Kanyoro, Tapiwa Mapuranga and others who explore the effects of culture and church on women, especially in this era of HIV and AIDS. Moreover, the work of the Zimbabwean Circle chapter towards African women's liberation and empowerment has awoken and motivated me to become a Catholic woman religious activist in favour of women's rights. I have come to appreciate the urgency of the liberation and empowerment of women in Africa. I have discovered that women are indeed suffering around me and also inside me. Sr Rose Uchem and Bernadette Mbuy-Beya, my fellow religious women, inspired me by revealing the reality of injustice and inequalities that take place in religious institutions. In confirmation on the oppression and exploitation of African religious women I would say all is true. I have been experiencing being marginalised as an individual and as a group in some of the following areas:

1. When saying our morning prayers, all our breviaries (books of prayers, hymns, psalms and readings for the canonical hour), the statements we read and recite are written for men.
2. Biblical interpretation has tended to be dominated by men, celebrating male heroes and understating the presence and achievements of women.
3. We can easily be denied having Mass at the times when we need them as male

priests have the prerogative of saying Mass.

4. When going to the outstations, or anywhere else, we may be forbidden to sit in the front of the car by a priest because we are women.
5. Pastoral sisters are not paid, although recently some bishops have accepted our request to be paid.

There are some religious men who include Pope Francis who do their best to see us in a better position in life. Yet some religious men are no different from the laymen who work towards maintaining the inferior position of women in society. although some men are concerned about the welfare of women in society. They critically examine the plight of women that is entangled in the culture, church and HIV and AIDS. Their efforts to identify the causes and suggest the way forward in establishing partnership with women has made me play my part. We should cherish the all the positive practices and continue working towards women's emancipation.

5.3 Conclusion

This study has outlined the vulnerability of Manyika women to HIV and AIDS. It has highlighted how religion, culture and gender socialisation have combined to make their lives burdensome. However, the study has demonstrated that there are some positive cultural beliefs and practices, as well as Church responses that can constitute a firm foundation for the liberation of Manyika women, as well as that of other women in Zimbabwe and Africa.

Parry (2013: 161) notes that "HIV is a threat to individuals, families, communities and society as a whole. No country has been unaffected". Parry also gives hope by saying that today we have hope as we look toward the possibility of AIDS-free generation. However, at this stage, and basing my view on my findings, I support the many Circle scholars who argue that women are oppressed and exploited in society. Chapter 4 shows that women are suffering gender imbalances in the face of HIV and AIDS and that they are at high risk of contracting HIV and AIDS infection due to their inferior position in society. Despite women's outstanding caregiving roles in all spheres of life, they are more vulnerable to HIV and AIDS. because they are over burdened with many responsibilities. Furthermore, poverty forces some women to get involved in sexual activities so as to get money and look after their families. Above all, some negative practices in both religion and culture have robbed women of their freedom of choice with regard to decision making in sexual and other matters that affect them.

The Church and the government should ensure that relevant sexual and health education is introduced in all schools at all levels. The government should take strict measures towards men who abuse women. HIV and AIDS is everyone's business, so we all need to play a key role in bringing about change on HIV and AIDS interventions. The government should develop and implement a clear policy of zero tolerance of the HIV and AIDS epidemic by 2030.The issue of confidentiality and boundaries of respect on issues surrounding HIV and AIDS status regarding people thus infected should be

considered in policy making. Higher priority should be given to achieve gender equity in society and in Church so as to enable women to have a voice on matters that affect them. A culture that favours women and girls should be developed in the family, community and society. Material for GBV training programmes should be developed and disseminated in the Church, schools and at all levels and increase the number of women involved in church-related and government leadership.

The Church should work in collaboration with many other institutions and the Ministry of Health to establish comprehensive HIV and AIDS interventions. The Catholic Church should introduce the subject of HIV and AIDS in the curriculum in seminaries. Universities should be encouraged to carry out studies on HIV and AIDS and explore the impact of this epidemic on family, community and society. In a nutshell, the research results and recommendations emphasise the need for collaboration among all stakeholders on HIV and AIDS interventions.

This study has described the tremendous unnoticed work done by women, nuns in particular. Despite their vulnerability, nuns are found taking the leading role in HIV and AIDS interventions. Women are now beginning to find their voice and speaking out against the inequalities and injustice placed on them by men. This has mainly come about through many factors, but the role of the Circle has been outstanding in this respect. As Owusu-Ansah (2016: 5) puts it:

> [It has] has highlighted the work and achievements of an older generation of Circle theologians, bringing to the fore how they have impacted Africa and the world at large. Through research, writing and publications, these women have addressed issues of female abuse and marginalisation, gender disparity and brought so many women to occupy positions of prominence. They have also served as mentors and leaders to many women who otherwise would not have reached where they are now in their academic endeavours. The challenge to younger and current generations of the Circle is to continue to follow the trend to lift up the feeble knees and encourage the weak and hopeless, to take up research and publication to another level, and to research into themes that are relevant to current human and women's need.

The theme: "Called to transforming discipleship" in the 2018 Arusha Conference on World Mission and Evangelism has had a lasting impact on this researcher and on many of the participants from different denominations and different cultural backgrounds from all over the world. It is in this research that the negative practices in the culture and Church are found to be overshadowing the positive ones. Accordingly, there is need: (a) to liberate and empower Manyika women by encouraging the desirable practices found in both religion and culture; and (b) to encourage all women to speak out on matters that affect them. Women have the potential to fight for their rights in society. Finally, religious women and men, particularly of Catholic should be

encouraged to write more. This should be possible through collaborating with many other stakeholders in HIV and AIDS interventions. Labeodan (2016)'s concluding words are important here:

> It is expected that with the legacy of the founding mothers of mentoring, opening the doors of the Circle to all irrespective of creed, education or literacy and being dogged and not giving up will go a long way in strengthening the Circle. Still on the issue of mentoring, it is important as a succession plan that women within the Circle with leadership qualities are identified and mentored for the continuity of the Circle. There is the need to continue to encourage our women to be educated as this will help to enhance their place within the society.

Therefore the researcher makes the following recommendations:

1. All negative religious and cultural practices such as excessive submissiveness and inheritance of wives should be thrown away, and all positive practices should be encouraged. This will ensure that Manyika women enjoy a better quality of life.
2. Policies are needed for both infected and affected women and the girl child. These policies should include the rights of women to make decisions, especially on issues that affect them at home or elsewhere.
3. HIV and AIDS education should be introduced in schools at all levels. This will contribute towards positive health outcomes.
4. It should be made clear to all women that men are not permitted to oppress and exploit them. Women have the right to refuse sex whether they are sure or unsure of their partner's status. This would empower Manyika and other women to assert their rights.
5. In order to save life condom use should be reconsidered by the Roman Catholic Church. Such a stance promotes a pro-life position by the Church.
6. The policies that are made at all levels should be to focus on women's liberation and empowerment and to discourage men who take their wives' earnings and squander the money More income-generating projects should be introduced. More workshops, and knowledge and skills for income-generating projects should be carried out to discourage transactional sex.
7. Both women and men need to be educated on the importance of a true, happy and balanced marriage through workshops and such topics should be introduced in higher learning institutions.
8. In Zimbabwe, women suffer at the hands of men because of the practice of lobola. They are treated as commodities and have no say, as they are told, "I bought you". There is a need to reconsider the lobola payment.
9. Church leaders need to fulfil Christ's mandate to serve the rejected or outcasts (the infected). Some religious leaders fail to visit people living with HIV owing

to their fear of contracting the virus. This is a sign of lack of knowledge on how the virus is spread. In many seminary institutions, the subject of HIV and AIDS subject is not taught and yet seminarians are going to come across the infected and affected in the parishes when their studies are complete.

10. There is need to look into the issue of the AIDS levy. My findings revealed that most of the supposed beneficiaries are not getting anything from this fund.

HIV and AIDS is a reality and if all or some of the above recommendations are followed, the year 2030 will see a generation free of HIV and AIDS. African women's long awaited liberation and empowerment will be realised and Africa will flourish.

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Appendix 1: Do we really care about women's vulnerability?

The researcher has changed the names of the following report to protect the identity of the persons involved.

People with mental health problems face poverty, homelessness and are looked down upon by most people in society. They are vulnerable to HIV infection. It is very sad to note that at times these people wander about and lose contact with their own families. They live a life of destitution, and some die in deep misery. http: //www.theguardian.com/society/2004/apr/28/equality.mentalhealth 14/04/2015. Mental health problems affect women and men equally, but some are more common among women. Abuse is often a factor in women's mental health problems. Various social factors put women at greater risk of poor mental health than men. It is a pleasure to write a report on Arrupe Jesuit University fulfilling the Gospel mandate by coming to the aid of Rudo with the help of Annex hospital.

Rudo, now known as Maria Chishamiso, in August 2014 decided to make the Arrupe College entrance her home. The beautiful entrance to Arrupe Jesuit University in no time became a garbage dump. It was a eyesore for many different people visiting this college for academic, spiritual and social purposes. Rudo did not stop her business of collecting all sorts of things she came across, ranging from old cardboard boxes, old tins, tree branches, grass and old rags. Rudo was found helping herself with food from the bins. This stimulated the Arrupeans to offer her food from breakfast to supper every day. Several times Rudo was given a blanket but unfortunately she would lose it, not knowing where she had put it. She was never violent. She could obey orders. It was because of all this that the Arrupeans decided to send Rudo to the Annex. Hence, sometime in October 2014, Rudo was admitted to the Annex where she received her treatment. Unfortunately she happened to have a high temperature and was sent to Parirenyatwa for treatment; and as they were not so sure about her status, they had her chained to stop her from being violent. It was after learning that Rudo was harmless and not violent that they released her. When she "recovered", they sent her back to the Annex. After some time she had a very high temperature again that they sent her again to Parirenyatwa. This time they did not chain her. Before being discharged when feeling much better, Rudo would be entertaining other patients and nurses. The nurses were taken by surprise by Rudo's disappearance in the hospital sometime in December 2014. Learning about her disappearing, the Arrupeans were annoyed with the Annex and Parirenyatwa and critised their negligence. A Letter of Concern was written to the Annex by Arrupe College.

The conflict between Arrupe Jesuit University and the health practitioners came to an end when Rudo reappeared at Arrupe Jesuit University sometime in March 2015. We all rejoiced to see Rudo alive and returned her to the Annex again. With the help of the doctors and nurses at Annex, Rudo was able to come to her senses and began to recall the names of the places where she once lived and other important places where we could get information to trace her relatives. It is because of this that the Arrupe Jesuit

University sent Cashios Mutemachani and Sr Mandeya to join the Annex representative (Mr Given Rice) to go to Murewa which was the place Rudo had mentioned as being where we could get information of the whereabouts of her relatives. On Friday 10 April 2015 the team headed for Kuyamura village in Mutawatawa Growth point (Uzumba-Maramba-Pfungwe) in Murewa district with Rudo. Rudo's village is near Sapuranyambuya Primary School, and it is about 25 km from the police station in Mutawatawa district. It was interesting to see Rudo talking and pointing to places of interest on the way. Rudo would tell us of the place she used to pass when going to Harare. She could also tell us names of certain places. When we arrived at the place where people of the village where Rudo was married, she showed us the shop where people could leave their luggage and come and collect it later if they were not able to carry it home. She could remember the police station. She showed us this place and assured us that we were close to her father-in-law's home. We decided to confirm Rudo's directions from the police and also learn whether the car would get to this place. We were very happy to learn that all the places that were being mentioned by Rudo were in existence. Unfortunately the policeman whom we talked to was new to that area and, though he knew the names of the area, he was not familiar with the roads. Consequently he told us to leave the car and go on foot, thinking that the place was close. So we did as he had told us. As we were descending into the valley we asked Rudo how much further we had to walk, and she said that we still had to go a long way. None of us believed her until we had walked for 3 hours.

As we were descending, Rudo told us that we were passing the Heroes Acre; and this was confirmed by the signpost. As we proceeded, suddenly there was a downpour of rain which stopped after a short while. We all interpreted this downpour as a good sign or as a sign of hope for our journey. The journey got tougher as we went on. We found ourselves going through bushes that forced us to walk with our heads bent down to avoid being pricked by thorns. At one instance, Sr Nganditende found her veil hanging on the thorn bush! This was a tough going, but no one gave up. We continued with our journey despite the setting of the sun. Our problems, continued to increase as we found ourselves sinking in the mud. Our brisk pace slowed down, as we now walked with caution so as to avoid sinking in the mud. It was after this long, tedious walk that we arrived at a home where we asked for directions since it was now dark; and Rudo could no longer locate it. Here we were welcomed and well directed. It was after such asking again for the direction that we were directed to a home that is connected to Rudo's father-in-law (*vatezvara*) who also knew Tsitsi and whom Rudo also knew.

On our arrival at this home Rudo broke the silence in the dark by shouting out saying "I am Amai Makanaka I am now back!!!" The woman who was there came to meet us and welcomed Rudo and asked her about her hand, which was cut by the husband in a dispute long ago. The woman expressed her joy on seeing Rudo back and she expressed her sorrow about Rudo's children who had been suffering and failed to further their education despite their intelligence. She said that Rudo's daughter Makanaka had

married a year before, after finishing grade 7; and her son Rukudzo had finished grade 7 last year and is had stopped going to school. She indicated that both children are intelligent; they were doing well in school. According to her interpretation, Makanaka got married so young because of problems at her home. The woman reported that her step-mother ill-treating her. This woman eventually accompanied us to Makanaka's father-in-law.

It was dark and the dogs were barking at us. The inmates heard the barking dogs, and they came out to rescue us. We were surprised to hear Rudo introducing us, to her husband. Rudo's mother-in-law who had accompanied us introduced us to Rudo's son called Rukudzo now aged 15. The boy was very happy to meet his mother, whom he could not remember as she left when he was very small. Yes, the story of Ruth was confirmed; she had got married sometime the previous year, as although she was bright at school, she had no money to pursue her education. In addition, one could say that the difficult environment could be one of the factors that led her to plunge into early marriage. After gathering all the necessary information to find Rudo's family and relatives, we asked if we could be accompanied to the village where Rudo's daughter was living. It took us about half an hour to get from that place to Rukudzo's place. There we found them gathered in the kitchen as it was time for prayers; and after breaking the news, Makanaka stood up screaming and rushed to hug her mother Rudo. She cried out pathetically saying that she thought she had no mother here on earth. We were so touched that we all found ourselves in tears. Our emotions were calmed by one of the elders who said that we should thank God that Makanaka and Rukudzo had finally got their mother back. It was after this talk that we were offered food; but unfortunately owing to the late hour and our anxiety at returning on foot in the dark to where we had left the car, we could stay no longer. So we were accompanied by the whole household for a great distance, and Rudo was walking and talking with her daughter, which I found very good and therapeutic for both.

When they all returned, we were again accompanied by the Good Samaritan woman and her son who had been moving around with us. She showed us a better road to follow that would take us to the police station where we had left the car. Yes, it was not a joke; we had to walk for 3 hours again. But we were so happy that we did not feel much pain as we had achieved what we wanted: information about Rudo's relatives and above all we had found Rudo's children.

We got to the police station at around 12:00 pm feeling very hungry and thirsty. So when we arrived, we asked for some water from the policeman and we bought some food.

Finally we left for Harare and arrived back around 3:00 am. We were all tired and limping, but we were all filled with great joy having discovered so much about Rudo's relatives having found Rudo's children.

In conclusion, we may say that the discovery of Rudo's children and relatives was a miracle. This was all facilitated by the Arrupeans and the health practitioners at the

Annex and Parirenyatwa who had been supporting Rudo and finding ways and means of lessening Rudo's difficulties and helping her to establish contact with her past. Many others not mentioned here helped Rudo on her life journey. Out of hospital Maidei was assisted to reunify with her family and now she is living happily with her family.

It had reported that when Rudo (Maria Chishamiso) was wandering in the streets of Harare in Mount Pleasant she came to have three children, including one boy who was taken to Makumbe orphanage and the other boy to Chinyaradzo orphanage. Both were sent to these places through the Social Welfare. Unfortunately the third child who was a girl is said to have died. The above information has been confirmed to be true by several people from the Parish of Our Lady of Wayside of the Roman Catholic Church in Harare at Mount Pleasant. This was the time when Fr Help was the parish priest. Many reports have testified that Fr Help had been helping this suffering young woman holistically. It is because of his teaching that most people were moved to help Rudo who eventually was further assisted by the Arrupe Jesuit University.

It is the joy and pleasure of Arrupe Jesuit University to see Rudo (Maria Chishamiso) recovering and reuniting with her family and her children in particular. Therefore, we call for united efforts from all people who are able to help this young woman to enjoy her motherhood at its best. There are many other women who are being helped; as Arrupe Jesuit University is a place where great minds are bred and people marry theory and practical work. May I say that, "Arrupe Jesuit University never give up this spirit of helping as your moto, "ever to save and love" the world is witnessing".

Appendix 2: All Africa Conference: Sister-to-Sister

SATURDAY 30 MAY 2015.

The AACSS is a movement that offers a process to empower African women religious to address the HIV/ AIDS issues among them and all women and girls in general by bringing new information and hope.

AACSS had its birth in the USA in 2002 when a group of women African theologians, including women religious met at Yale University Divinity School with Sr Margaret Farley, Religious Sister of Mercy, a member of the faculty. The women religious brought to light the need for women, especially African women religious, to gather in Africa in order to break the silence of shame surrounding the HIV and AIDS pandemic, and share their experiences and ideas among themselves in terms of their faith and religious values. In response, Sr Margaret Farley and a fellow religious Sister of Mercy, Sr Eileen Hogan, considered the possibility of forming this conference in Africa south of the Sahara where Sisters would become sisters to one another.

The Sisters of Mercy in America endorsed the initiative to respond to the profound need of African women in sub-Saharan Africa. They viewed African women as strong and powerful but handicapped by a lack of resources, and by the patriarchy which was alive in their cultures. With resources, women religious in Africa could come together at the local and regional level to share problems, discern, collaborate in ministries and implement effective action plans. The Sisters in the USA see their role as raising funds and offering basic assistance in organising conferences. Their guiding principle is putting the agenda of the conferences into the hands of those affected by the pandemic.

A UN Report released in June 2011 states that sub-Saharan Africa remains the region where the majority of new HIV infections occur. Rampant stigma and discrimination continue to contribute to infection rates and to the vulnerability of women and girls who continue to be disproportionately affected by HIV.

The World Health Organisation reports in July 2014 that sub-Saharan Africa is the most affected region with 24.7 million people living with HIV in 2013. Sub-Saharan Africa accounts for almost 70 per cent of all new HIV infections. It is women who generally bear the burden of caring for family members who are stricken as well as orphaned children left behind by their dead parents. Young women between 15 and 19 are particularly vulnerable to HIV. The UN report states that although the percentage of women (aged 15+) living with HIV has stabilised globally, the percentage of women living with HIV is still climbing in the sub-Saharan region. While approximately 6.6 million people are on ARV, an additional 9 million need the drugs, according to UNAIDS. Former US President Bill Clinton said: “People in rich countries don’t die from AIDS any more”. But those in poor countries still do. That’s not acceptable. We are religious people who claim that we bring the compassion of Jesus to those whom we serve beginning in our communities? What is our role in this situation that AACSS seeks to address?

AACSS helps religious women to shatter the silence of shame and fear among women

religious that surrounds the pandemic, by bringing together women religious in sub-Saharan Africa to discuss the crisis of HIV/AIDS, listen to and learn from the pain and struggle they face in the battle against it. This enables the women to empower one another to confront the cultural, religious and patriarchal norms operative in their context, and to collaborate in prevention and care strategies.

Appendix 3:

No. 27 Tenth Ave
Mutare, Zimbabwe
+263–20–62530
youthalive@youthalive.org.zw
Developing young people of Integrity, Service and Good Character; Responsible community members and Leaders of Today and Tomorrow.

- Education For Life
  - Behaviour Change Process
  - Club Formation And Support
- Life Skills And Child Protection
  - Adventure Unlimited
  - Treasure Life
  - Choose Freedom
  - New Horizons
  - Kibing
- Capacity Development
  - Training Of Trainers
  - Leadership Training
  - Basic Counselling Skills
- Girls and Young Women Empowerment

- Publications
  - Information Education and Communication Materials
  - Resources and Policies
- News
- Photo Gallery
  - Education For Life
    - Behaviour Change
    - Club Formation and Support
  - Life Skills and Child Protection
  - Capacity Development
- Contact Us

Behaviour Change Process Workshops

Role plays during a Behaviour Change Workshop

Most young people (aged 15–35) in Manicaland have basic knowledge about sexual reproductive health and HIV. However, some still have gross misconceptions about them. As a result, this group records alarmingly high STIs and new HIV infections.

Our Education for Life Behaviour Change Programme seeks to address the underlying cause of the above problems. This is achieved by engaging participants in an intensive 3 to 5 days group counselling process. During which time beneficiaries are equipped

with skills and relevant information as a means of helping them adopt safe sexual behaviour.

Why the Education for Life Behaviour Change Programme?

Wendy receiving her certificate after completing the 3 day BC process

In the beginning of the AIDS pandemic, a great effort was made to ensure that all people had sufficient information about the virus; to protect themselves and prevent the spread of HIV. There was heavy emphasis on mass media messages, posters, and input sessions. All this was necessary. However, as the years have passed it has become evident that information on its own is not enough. This process, called EFL-Behaviour Change, is an attempt to provide that "more".

In essence, EFL-BCP is a combination of life skills development and reproductive health education. The result is a empowering and transforming experience for young people from all walks of life.

How Our BCP Model Works

Although similar to the National Behaviour Change strategy, our intervention is values-based and established on the principle of risk avoidance. We believe that the prevention of HIV is a call to life, the life of the whole person. This person is a sexual being, not just a person who has sex. Thus, any effective preventative programme must take this into account and deal with the person's whole life. Our unique model is based on the skilled helper approach by Gerard Egan. It has been re-structured to suit the unique needs and backgrounds of our target group. The process has 3 stages.

STAGE 1: EXPLORING LIFE

1a) Telling the Story: Behaviour is never exhibited in a vacuum; it is always the behaviour of a person with a unique background and environment. Therefore, it is important to explore life experiences of the distinct individual. There are often hidden causes that need to be identified. This occurs through a guided telling of one's story.
It is kept general at first to ensure a full picture and also to allow the gradual building of trust and a feeling of safety within the group setting.
1b) Focusing: The main means of HIV transmission is sexual activity with an infected person. Hence, it is important to begin by focusing at this aspect of sexuality. People often find it difficult to discuss issues regarding sexual behaviour and many lack adequate understanding about the gift of human sexuality.
1c) Looking for what has been overlooked: Many people continue with unsafe behaviour despite having heard many facts about HIV. There are many reasons for this. Some deny the reality or pretend that it isn't true for them; others simply have inadequate or inaccurate knowledge. On the other hand, some have experienced so much that they despair of being able to avoid infection or being able to live a positively vibrant life with the infection. For these reasons it is necessary to help people look more closely at their own lives. Our Behaviour Change program seeks to help individuals and communities reflect on their values, attitudes and lifestyles so as to make responsible and informed choices.

STAGE 2: THE NEW PICTURE

2a) Calling forth Alternative Goals: Many people fail to change their behaviour because they do not consider alternatives. They are stuck. Even when they or someone else makes a suggestion, the first reaction is to say "but it won't work for me". This stage challenges people to come up with a variety of alternatives without making any judgements about whether or not they are feasible. This will be done later. To judge at this point is to limit one's options. The task of this stage is to open up as many options as one can.

2b) Critiquing: note every alternative generated in Stage 2a will be possible in each individual's situation. To simply choose a goal without looking at whether or not it is possible only results in failure and discouragement. During this stage, the individuals in the group look at the implication of each alternative before making their choices.

2c) Making the Choice and Committing: In this stage, it is now time to decide just what new picture or new behaviour is most suitable. It will be one that is not only possible, but one that the person feels they can stand behind. Once the choice is made, the project clients are helped to make a commitment to it. It is important that this stage of commitment be formalised; speaking it aloud, writing it or ritualising it in any other way.

STAGE 3: ACTION

3a) Asking what can be done: Many reach the stage of committing themselves to a new behaviour but the decision is kept in a very vague, idealistic, or theoretical form. There is need for a more concrete approach. In Stage 3, participants are helped to express in concrete terms what it is they actually intend to do.

3b) Planning: It is not enough to know what one wants to do. One needs to know how to do it. In this stage people become aware of resources and approaches available to them. It is at this time that they devise practical steps which they will use to bring about the action they have chosen.

3c) Doing It: Unless one begins to act, all of the above simply remains an exercise.

Girls and Young Women Empowerment

This Programme seeks to empower two of the most vulnerable groups in our population; girls and young women. The projects under this program aim at giving girls and young women the ability to make independent decisions about their lives. We have since developed two projects to address the socioeconomic independence of girls and young women in Manicaland Province.

Project 1: Women Empowerment through Small Livestock rearing and Market Gardening

The project targets girls and young women with no food security or income source to send their children to school. More specifically the project targets those living in rural communities who have been displaced and are marginalised. Vulnerable women and girls facing financial challenges, unemployment and poor access to health and education facilities can begin to rear small livestock.

To date, YAZIM has initiated a small project for a group of women in Mutare Urban district. These women are keeping rabbits as a group. They intend to sell their products within their community as there is not yet a formal market for rabbits. By giving young women the chance to earn for themselves, we are helping them shape a brighter future;

not only for them, but for their children.

Project 2: Women Empowerment through Prevention of GBV

Youth Alive is contributing to women empowerment through reduction and prevention of GBV through enhancement of community capacities to report and mitigate GBV. Our project also addresses low participation and involvement of men and community leaders in GBV initiatives. The greatest concern and observation is that men are mostly the perpetrators of violence; hence change efforts focusing on women alone will not.

Appendix 4: Permission to conduct study

university
of south africa

Permission To Conduct Study

Date:05/01/2015

RE: Permission to Conduct Research Study

To who it may concern,

I am writing to request permission to conduct a research study at your Parish. I am currently enrolled in the PhD at University of South Africa (UNISA) and am in the process of writing my PhD Thesis. The study is entitled: *The impact of Culture and the Roman Catholic Church on HIV and AIDS among the Shona Manyika women of Manicaland, Zimbabwe.*

I hope that your Parish will allow me to recruit 100 participants, men and women from the age of 18 to 60 years. If approval is granted, participants will be involved in interviews and focus group discussions. Confidentiality is highly valued through out the process of this resarch.

Your approval to conduct this study will be greatly appreciated. You may contact me at my email address: srannah@gmail.com and phone number is +263773031731.

If you agree, kindly sign below and return the signed form in the enclosed self-addressed envelope. Alternatively, kindly submit a signed letter of permission on your Parish`s letterhead acknowledging your consent and permission for me to conduct this survey/study at your institution.

Sincerely,

Sr Annahs Shamiso Mandeya (53142799)

Approved by:

AMBROSE F. VINYU Vicar General A.F.Vinyu 25/6/2018

Print your name and title here Signature Date

HOLY TRINITY CATHEDRAL
42, 5TH STREET
P.O. BOX 621

HOLY TRINITY CATHEDRAL

42 5th Street
P.O. Box 621
MUTARE

TEL. 020-62252
MUTARE

Date: 25th June, 2018

To: To whom it may concern.

Dear Sir/Madam,

Re: Permission for Research

This letter serves to indicate that Annah Shamiso Mandeya has been given permission to carry out research at this parish.

Render her any assistance that she may require in her research.

Yours sincerely,

.....

Fr A. Vinyu

(Vicar –General)

HOLY TRINITY CATHEDRAL
42, 5TH STREET
P.O. BOX 621
TEL. 62252
MUTARE, ZIMBABWE

Appendix 5: Permission to use material for Study

university
of south africa

Permission to use some material in conducting study.

Date: 05/01/2015

RE: Permission to use Mutare Youth Alive Behaviour change infromation in Research Study.

To whom it may concern,

I am writing to request permission to use some of the infromation from Mutare Youth Alive Behaviour Change organisation in my research with University of South Africa South Africa (UNISA) and am in the process of writing my PhD Thesis. The study is entitled: *The impact of Culture and Catholic Church on HIV and AIDS among Shona Manyika women of Manicaland, Zimbabwe.*

I hope that your organization will allow me to use some of the Mutare Youth Alive Behaviour Change information in my research.

Your approval to use your material in this study will be greatly appreciated. You may contact me at my email address: srannah@gmail.com and phone number is +263773031731.

If you agree, kindly sign below and return the signed form in the enclosed self-addressed envelope. Alternatively, kindly submit a signed letter of permission on your institution letterhead acknowledging your consent and permission for me to conduct this survey/study at your institution.

Sincerely,

Sr Annahs Shamiso Mandeya (53142799)

Approved by:

FUNGAI A. MAKONI ADMINISTRATOR		05/02/2015
Print your name and title here	Signature	Date

YOUTH ALIVE ZIMBABWE

R.C DIOCESE OF MUTARE

Under The Management of the Franciscan Missionary Sisters For Africa

GO FOR THE GOAL OF LIFE

Physical Address
St. Francis Centre
27 – 10th Avenue
Mutare, Zimbabwe

Postal Address
P.O. Box 1590
Mutare, Zimbabwe

Tel/Fax
020- 62530
E-mail:
yazim@zol.co.zw
Website:
www.youthalive.org.zw

25 June 2018,

TO WHOM IT MAY CONCERN

Dear Sir/Madam

RE: PERMISSION TO CARRY OUT RESEARCH USING INFORMATION OBTAINED ON OUR WEBSITE

This letter serves to indicate that Annah Shamiso Mandeya has been given permission to use our information in her research.

I will be grateful if you render any assistance that she may require in her research.

Yours faithfully,

Fungai A. Makoni
Administrator