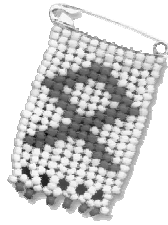


THEOLOGY
IN
THE
HIV AND AIDS
ERA SERIES



MODULE 1

GENDER, RELIGION AND HIV AND AIDS PREVENTION

BY

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SERIES EDITOR

MUSA W. DUBE



THE HIV AND AIDS CURRICULUM FOR
TEE PROGRAMMES AND INSTITUTIONS IN AFRICA

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NOTE TO LEARNERS, READERS AND USERS

The overall goal of this module is to contribute towards building an HIV and AIDS competent church and theological institutions. This module is part of a series of ten modules entitled, **Theology in the HIV and AIDS Era** which were developed for distance learners. The modules form part of *The HIV and AIDS Curriculum for TEE Programmes and Institutions in Africa*.

The process of production began with an all Africa training of trainers' workshop on mainstreaming HIV and AIDS in Theological Education by Extension (TEE), held in Limuru Kenya, July 1-7, 2004. The workshop called for the production of a distance learning Curriculum and accompanying ten modules to enable the mainstreaming of HIV and AIDS in TEE programmes. Writers were thus identified, trained in writing for distance learners and given their writing assignments. In July 2-13, 2005, twelve writers gathered in the Centre for Continuing Education at the University of Botswana with their first drafts for a peer review and quality control workshop. The result of the process is this series on **Theology in the HIV and AIDS Era** and the accompanying curriculum for TEE. The whole process was kindly sponsored by the Ecumenical Initiative for HIV and AIDS in Africa (EHAIA).

Although the target audience for these modules is the distance learning community, it is hoped that the series will also stimulate new programmes, such as diplomas, degrees, masters and doctoral studies in HIV and AIDS theological research and thinking in residential theological institutions. It is also hoped that the series will contribute towards breaking the silence and the stigma by stimulating HIV and AIDS theological reflections and discussions among various groups and occasions, such as in Sunday school, women's meetings, youth and men's fellowships, workshops, conferences and among teachers and preachers of religious faith.

Musa W. Dube

Gaborone, Botswana

July 28, 2006

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GLOSSARY

Adultery		Having sex with a person who is not a primary sex partner. In religious Circles, it refers to a person who is married having sex with another person.
Affected		Someone, who is either nursing or has lost a child, spouse or parent to HIV and AIDS.
African Initiated Churches		The churches in Africa are divided into two types: the Mission Churches and the African Initiated Churches (AICs) (also commonly known as African Independent Churches). Africans, both male and female, for one reason or another, founded the AICs. African Initiated Churches are divided into two types: The Ethiopian Churches and the Spirit-type Churches. The AICs are further divided into classical AICs of Pentecostal type who were established pre-1970s and the Charismatic type that came into existence post-1970s.
AIDS	Acquired Immune Deficiency Syndrome	The last stage of the HIV disease. It is an incurable disease that is caused by a virus that destroys the immune system of otherwise health individuals. It is infectious.
Ancestors		Family members, especially older people who have died but are believed to be in communication with their living relatives. Each community has its own rules as to who qualifies to be an ancestor when they die.
Antibody	A Protein	Found in the blood produced by the b-lymphocyte

AZT	Azidothymidine, also called Retrovir or Zidovume	An antiretroviral medication that is used in the treatment of HIV infection and AIDS. In Africa, it is commonly used as a single dose to prevent the mother-to-child infection of HIV
Care		To mind, be concerned, worry, think about, heed, and be perturbed, for others.
CD4 Cells	Helper T Cells	They play a central role in protecting the body from infections. When a person becomes affected by HIV, they are no longer able to protect the body. CD4 protein is the cell receptor for HIV.
CD4 Cell Count	The number of CD cells in the Blood per ml.	A normal CD4 count is between 600-1200 cells per ml. of blood. A CD4 Cell count of 200 or less indicates that an HIV positive person has reached the AIDS stage.
Denial		Refusing to accept the facts that one is presented with.
Discrimination		A biased-action directed toward an individual based only upon the individual's membership.
Diviners		Refers to women and men who depend on revelation from their ancestors to find out what is wrong with a person. They use different instruments and methods in their process of diagnosis. These may include bones, water, mirror, seeds, animal body parts etc., to help them determine what the problem is. Some diviners prescribe herbs for healing; others will send you to a herbalist to receive medicines. Some diviners undergo training that takes many years. Others do not receive training from a human being but the ancestors only.
Dry Kissing		Kissing on the lips without opening the mouth to exchange saliva.

ELISA Test	A conventional test used by health workers to determine the presence of antibodies produced in the human body when HIV is present. The results take days before they come back from the laboratory, but in most cases are reliable, although a second test is always advisable, especially if the results are positive. The Western bloc test can be used to validate the ELISA test. There are other tests which are quicker, though not always as accurate.
Empowerment	Equipping a person with the ability to do things that they were not able to do before.
Epidemic	An uncontrollable outbreak of a disease whose impact is huge.
Femininity	Femaleness.
Folktales	Stories that have their origin in the community to explain why things happen the way they do. Usually such stories have a moral lesson or application.
Gender	A time and cultural specific construction of what it means to be male or female. It describes the roles assigned to females and males in various cultures.
Gender-injustice	Being denied certain privileges because you were born of a particular sex.
Gender-justice	Treating women and men with dignity irrespective of their sex.
Gender-neutral	Practices and beliefs that work on the idea that men and women have comparable needs and interests.
Gender - violence	Experiencing various forms of violence because a person was born of a particular sex.

Herbalists		Refers to women or men who use roots, the bark of a tree, stems, leaves, seeds to cure diseases. This could be by drinking the water in which parts of a tree have been soaked. Some herbalists are shown which medicines to use by their ancestors. Others acquire medicinal value of trees and plants through relatives or training through another healer. In some countries, Herbalists register with the government of their countries to work in conjunction with western-trained doctors
HIV	Human Immunodeficiency Virus	HIV causes AIDS. The virus is constantly changing and is classified into two types. These are known as HIV-1 and HIV-2. HIV-1 is the most lethal and common form of the virus and is generally found in Asia, Southern, Central and Eastern Africa, Europe and North America. HIV-2 is less aggressive and is generally found in West Africa. HIV-1 is further sub-grouped into M, O and N depending from which part of the world it is found. Subgroup M is further divided into 11 subtypes of which 4 are responsible for the majority of the infections in Africa. These are subtype A, C, D and E.
HIV Negative	Human Immunodeficiency Virus	The absence of the antibodies against HIV viral proteins.
HIV Positive	Human Immunodeficiency Virus	Presence of anti-HIV antibodies in the blood.
Hospitality		To welcome, provide warmth, kindness and generosity.
IDU		Injection drug users.
Immune System	The circulating cells and serum fluid in the blood	These cells and serum fluid provide continuous protection against foreign infectious agents.

Incidence	Of HIV infections	The proportion of people in a specified population without HIV infection who became newly infected with HIV during a specified period of time.
Masculinity		Maleness.
Miscarriage		Describes what happens to a pregnant woman when she fails to keep her pregnancy to full-term and hence loses her unborn child.
Mission Churches		Churches that have their origins in Europe or America and were established in Africa through evangelical mission work.
MSM		Men who have sex with men.
Myths		Stories that may have been created by a community to explain the origin of human life and things. Such stories are passed on from one generation to another and are treated by the community that believes in them as if they were true.
Norms		A standard about appropriate attitudes or behaviours for individuals or groups. The standard is socially defined, and is maintained through social pressure. Some norms are formalised into laws that are maintained through legal means.
Orgasm	The climax of sexual excitement	Consists of intense muscle tightening around the genital area experienced as a pleasurable wave of tingling sensations throughout parts of the body.
Orphan		A child under the age of 18 years of age who has had at least one parent die.
Pandemic		A deadly disease whose impact is global.
Prejudice		A bias towards a person or a group of people

Prevalence	Of HIV infections	The proportion of persons in a specified population infected with HIV at a specified point in time.
Proverbs		Wise short sayings with a hidden meaning created by the community to communicate their understanding on various issues.
Ritual		Sacred symbolic actions that have been formalised by the community, which directs them toward an experience of the sacred.
Schema		A combination of similar or related cognitions. Schemas serve as reference points for organising an individual's past experiences or the interpretation of new experiences, or they serve as templates for activating new ideas.
Self-concept		The schema an individual has about himself or herself. This self-schema is socially constructed and socially maintained.
Sex		Biological make-up of being male or female.
Social Transformation		A process of changing the agreed rules of the society.
Spouse		A wife, husband or partner.
Stereotypes		Group-based schema generally reflecting society's appraisal of a group. Stereotypes can either be positive or negative.
STIs		Sexually Transmitted Infections.
Stigma		A negative assessment of a person or an action associated with a particular object or issue.
Taboo		Something that a particular community agree that it is prohibited. Most Africans believe that breaking a taboo brings a misfortune into one's life or the lives of members of one's family or community.
Witchcraft		Belief in the existence of evil forces which have the power to harm or kill a person.

PART I

MODULE INTRODUCTION

A WORD OF WELCOME

I would like to personally welcome you to this module on Gender, Religion and HIV and AIDS Prevention in *The HIV and AIDS Curriculum for TEE for Programmes and Institutions in Africa*. The goal of this module is to show you that there is a link between gender inequality and the spread of HIV and AIDS in Africa (and globally). This module is divided into five parts:

1. Introduction to HIV and AIDS Facts
2. HIV and AIDS Prevention, Gender and Religion
3. HIV and AIDS Stigma and Gender
4. HIV and AIDS Care, Gender and Religions
5. Conclusions: HIV and AIDS Affected Groups and Gender

Each part is further divided into 2 units, making a total of 10 units in all. In these units, we will examine the basic facts about HIV and AIDS, gender and religion in Africa. I will demonstrate to you that knowingly and unknowingly, religion and culture have been used in Africa to contribute to a gender imbalance, which has contributed significantly in the spread of HIV and associated stigma. You will also learn that our belief in a God of justice can be our rallying point to bring gender justice to our communities, which can help us curb the spread of HIV. I will show you that religion has a role in the prevention of stigma in relation to HIV and AIDS. You will also learn that

there have been gender-sensitive and faith-based HIV and AIDS prevention interventions which we can learn from and implement in our communities as our personal contribution towards curbing the spread of HIV and the provision of care to the affected and infected.

It is my intention to make this module both informative and interesting to the extent that it should lead you to informed action.

MODULE OBJECTIVES

Upon the successful completion of this unit you should be able to:

- ⦿ **Describe** the basic facts about HIV and AIDS
- ⦿ **Explain** the basic facts about gender
- ⦿ **Analyse** how HIV and AIDS prevention is linked to gender and religion
- ⦿ **Assess** how stigma in HIV and AIDS is engendered
- ⦿ **Identify** the role of religion in the promotion and prevention of stigma in relation to HIV and AIDS
- ⦿ **Formulate** an independent and considered position with regard to gender, religion, care-giving, and HIV and AIDS
- ⦿ **Design** a gender-sensitive and faith-based HIV and AIDS programme for the infected and affected

ACTIVITIES

The Gender, Religion and HIV and AIDS prevention module contains 10 units. Throughout all the units, you will find activities based on your reflections on the material that is presented here and some of which is found in your reading list. It is important that you must do the activity before you

proceed to the next section. The aim of the activities within the units is to help you understand what is being discussed by applying it to your own experiences. In addition, at the end of each unit, there is a required exercise which is aimed at helping you recapture what has been covered in a particular unit. You are required to attempt all the exercises. At the end of unit 5, there is a test and at the end of unit 10, an examination. Please take the test when you finish unit 5 and the examination when you finish unit 10. Please read the required readings to help you respond to the questions and do the exercises. I guarantee that you will enjoy the exercises. It is important that you must have a hard-covered exercise book available in which to write your activities, assignments and examinations.

UNIT 1






INTRODUCTION TO HIV AND AIDS FACTS

OVERVIEW

Welcome to the first unit of the Gender, Religion and HIV and AIDS Prevention module. In this unit you will be introduced to the basic facts about HIV and AIDS. We will focus on: defining HIV and AIDS with the aim of showing the difference between the two; describing the history of HIV and AIDS in order to show that this is a global problem; explain how HIV is spread from one person to another; analyse the impact of HIV and AIDS at a personal, community, national and international levels; and finally, evaluate the link between HIV and AIDS and social structures.

OBJECTIVES

Upon the successful completion of this unit you should be able to:

-  **Define** HIV and AIDS
-  **Explain** the spread of HIV
-  **Describe** the global nature of HIV and AIDS
-  **Analyse** the impact of HIV and AIDS
-  **Evaluate** the link between HIV and AIDS and Social Structures

TOPICS

- 🎗 HIV and AIDS
- 🎗 The spread of HIV
- 🎗 The global nature of HIV and AIDS
- 🎗 The impact of HIV and AIDS
- 🎗 The link between HIV and AIDS and social structures
- 🎗 Summary
- 🎗 Self-assessment activity
- 🎗 Further reading
- 🎗 Glossary

HIV AND AIDS

Most of you may know already that HIV stands for Human Immunodeficiency Virus which causes AIDS. A virus is a small infection agent. It is a parasite that lives inside a cell. When the HIV enters the body it begins to destroy the immune system very slowly. In the 'developed world,' a person with HIV can lead a healthy life for up to 10 to 15 years before they begin to show any symptoms of sickness as a result of a weakened immune system (the body's defence system against disease). In the 'developing world' the period is shorter because of poor nutrition and inadequate medical facilities to treat diseases. The period of time between when a person becomes infected to the onset of diseases as a result of a weakened immune system is called the incubation period.

During the incubation period, a person cannot know that they have HIV unless they get tested by a health-care provider. A HIV test involves the drawing of a person's blood or other bodily fluids to test for antibodies that form when the HI-Virus is present. This is done at a test centre where they

have pre- and post-test counsellors. One of the most common forms of testing is called ELISA, which stand for enzyme-linked immunosorbent assay (ELISA). Scientist say that this test is 99.9% accurate. It takes from seven days to two weeks to get the results. In a case where a person has tested positive for HIV antibodies, it is always advisable to do a second test so that one can be very sure of the results. If one has tested negative, it may mean that one does not have the virus or it may mean that one is in a window period, which is between the day of infection and up to three months later before the antibodies begin to form in the body to fight the virus. There are still some very rare cases where infected persons never mount an immune response. In these cases a ELISA test would be negative. There are other tests that are conducted to confirm ELISA tests. One of them is called the Western blot test. Most testing centres also offer a quick test which offers results in a few minutes. Test results are supposed to be confidential and can only be shared with other people if you give the health providers your permission. This can be an advantage in that it protects the person who has tested positive from discrimination and stigma. However, it has also worked negatively for many women if their husbands decide not to disclose to them their HIV status until they die. Before the husband dies, the women are involved in unprotected sex, which increases the other partner's chances of becoming infected too.



ACTIVITY 1



1. *What do you do if you want to know your HIV status?*
2. *What does it mean when you are called HIV positive or HIV negative?*
3. *What is the window period?*
4. *Why is it important to know your HIV status?*
5. *If you had a blood test that showed HIV negative, does that mean you do not have HIV or you cannot catch HIV?*

Did you know that the HIV virus is constantly changing and is classified into two types known as HIV-1 and HIV 2? HIV-1 is the most lethal form of the virus and is commonly found in Asia, Southern and Central and Eastern Africa, Europe and North America. HIV-2 is less aggressive and commonly found on the coast of West Africa and India. HIV-1 is further sub-grouped into M, O and N depending from which part of the world it is found. Subgroup M is further divided into 11 subtypes of which 4 are responsible for the majority of the infections in Africa. These are subtype A, C, D and E. The current ELISA test does not detect HIV-2, which may be one reason for testing negative when in fact a person is positive. It is also possible for one person to have both HIV-1 and 2; or different subtypes of HIV-1. Having HIV is not the same as having AIDS.

a. Some Definitions

- ⌘ AIDS stands for Acquired Immune Deficiency Syndrome. You can acquire this disease before or after birth.
- ⌘ Immune deficiency: Because it damages the immune system of previously healthy individuals.

⌘ Syndrome: A group of symptoms that an HIV positive person begins to experience.

b. Symptoms and Opportunistic Infections

The initial symptoms of HIV infection may appear 2-4 weeks after infection. This happens in 50-70% of infected persons and the illness lasts 1-2 weeks. The initial symptoms may include: fever, swollen lymph glands, rash, fatigue, lethargy, depression (which can persist from weeks to months), sore throat, nausea and vomiting, muscle soreness. As the immune system weakens due to the increased viral load in the blood, the cells that defend the body from viruses and bacteria attacks decrease. These cells are called T helper cells or CD4 cells. Opportunistic infections begin to show. Symptoms of early HIV wasting syndrome includes: rapid weight loss, recurrent fever and night sweats, diarrhoea, persistent tiredness, loss of appetite, white spots or unusual blemishes in the mouth. As the body continues to weaken, more diseases attack the body. These may include: thrush (oral candidiasis); shingles; oral hairy leukoplakia. Full-blown AIDS symptoms may include: a lung infection called pneumonitis, or esophagitis; loss of vision, cancers, chronic diarrhoea, paralysis, loss of sensation, urinary and faecal incontinence, impotence, memory loss, confusion, depression, vaginal discharge, vaginal burning or itching, irregular menstrual bleeding or abdominal pain, chest pain, apathy and loss of concentration, impaired reasoning, personality change, psychotic behaviour, unsteady gait, slurred speech, severe pneumonia or meningitis, tuberculosis and progressive weight loss. A CD4 cell count of less than 200 per ml. is considered the onset of AIDS. If the symptoms are not treated, a person with AIDS will definitely die within two years due to the development of opportunistic infections.



ACTIVITY 2



1. *What is AIDS?*
2. *What are opportunistic infections?*
3. *At what stage can we say a person has AIDS?*
4. *Why should you learn about HIV and AIDS?*

THE SPREAD OF HIV AND AIDS

In this section, we will concentrate on how a person can contract HIV. HIV is transmitted from person to person.



ACTIVITY 3



1. *Make a list of the various ways that you know about how HIV is spread*
2. *Make a list of body fluids where HIV is found in an infected person*
3. *Make a list of body fluids/secretion that contain little or no HIV*
4. *What are the common modes of transmitting the HIV?*

From your readings you may have noted that HIV is transmitted through exchange of specific bodily fluids from an infected person. The bodily fluids that contain the HI-Virus in an infected person include: semen, blood, vaginal/cervical secretions, vaginal or anal mucosa, menstrual fluid, and breast milk. The content of HIV in these fluids is highest during the first few months after infection and during the period when the patient has developed

AIDS. There is little or no HIV in the infected person's saliva, urine, tears, faeces, and perspiration. Compare this list with the one you made.

The common modes of transmission are:

- ⌘ Through having un-protected sexual intercourse with an infected person.
- ⌘ Contact between the blood of an infected person with the blood of a non-infected person.
- ⌘ Through an infected mother to her infant before or during birth or through breast feeding.

I will discuss sexual intercourse in detail because this is the major mode of transmission of HIV in Africa. I will also discuss blood to blood transmission and mother-to-child transmissions in brief.

a. Sexual Intercourse

The risk of sexual intercourse in the spread of HIV depends on how people have sex.

- ⌘ **Unprotected vaginal sexual intercourse** is the most common mode of transmission throughout the world. This happens when one of the partners has a sexually transmitted disease. Dry sex and forced sex also significantly increases the risk of transmission because it introduces tears into the vaginal wall and thereby allows the infected semen to enter into the blood stream. Did you know that male to female transmission is 2 to 3 times higher than female to male transmission?



ACTIVITY 4



Find out from your readings about biological reasons why male to female transmission is 2 to 3 times higher than female to male transmission

- ⌘ **Unprotected anal sexual intercourse** is practised in heterosexual and men-with-men relationships. It is a high-risk form of sex in the transmission of HIV because the wall lining membrane of the rectum is very thin and can more easily be damaged than the lining wall of the vagina. Once the lining is damaged, it allows semen directly into the blood stream. The risk is highest if there are genital ulcers present.

- ⌘ **Oral sex** performed on a man has a very low risk of HIV infection. However, HIV from the semen can enter the bloodstream through small tears or ulcers in the mouth or throat. In the same way, oral sex performed on a woman has a very low HIV infection risk. Infection can however take place if the HIV from vaginal secretions or menstrual fluids enters the blood stream through small tears or ulcers in the mouth.



ACTIVITY 5



Can you think of reasons why oral sex performed on a man has a higher chance of transmitting HIV than oral sex performed on a woman?

Let us now take a look at the following list, which are sexual behaviours with no risk of HIV infection:

- ⌘ Mutual masturbation (rubbing of each other's sexual organs until both reach an orgasm). This is only effective if semen does not land on broken skin or skin with ulcers.
- ⌘ Using a latex condom for all penetrative sex (vaginal, anal, and oral)
- ⌘ Dry kissing i.e., kissing without exchange of saliva (there are no documented cases of transmission taking place through open-mouth kissing with exchange of saliva. However, it is theoretically possible)
- ⌘ Staying in a mutually faithful relationship, where both partners are uninfected and get tested regularly.
- ⌘ If one or both partners are HIV positive, using latex condoms, correctively and consistently.

The following are considered risk factors for sexual transmission:

- ⌘ Multiple sexual partners.
- ⌘ High load of HIV in the infected partner.
- ⌘ Unprotected sex.
- ⌘ Sex during a woman's monthly period.
- ⌘ Presence of sexually transmitted infections.
- ⌘ Dry sex (where a woman dries her vagina with powder or a cloth).
- ⌘ Chronic general infections (particularly tuberculosis).
- ⌘ Absence of male circumcision.
- ⌘ Oral contraceptives and IUDs.
- ⌘ Use of alcohol or other recreational drugs.



ACTIVITY 6



Give reasons why the above activities are considered risky for the sexual transmission of HIV

b. Blood-to-Blood Transmission

This happens in many different ways, including:

- ⌘ Transfusion of blood or blood products.
- ⌘ Needle and syringe sharing by injection drug users or in some hospitals and clinics. This also includes the sharing of razor blades at home or when you visit a traditional healer.
- ⌘ Injury to health care workers by blood-contaminated needles or sharp instruments.



ACTIVITY 7




1. *In your country how are blood transfusions made safe?*
2. *In what ways can injection drug users be helped?*
3. *How can care-givers to AIDS patients be protected from getting infected?*
4. *In what ways can health-care workers be helped from becoming infected?*

c. Mother-to-Child Transmission


In Africa, mother-to-child HIV transmission takes place in three ways:

- ⌘ Before birth, when the placenta is infected and the infection spreads to the foetus.
- ⌘ At birth, when the infant is passing through the birth canal, it is exposed to the mother's vaginal/cervical secretion and blood.
- ⌘ Breast feeding, especially if the mother has sores on her breasts.

Most Governments in Africa require that every pregnant woman who attends an anti-natal clinic must be tested for HIV. Some women are badly treated when they report back to their husbands about their HIV positive status.



ACTIVITY 8



1. *List three methods that are used to prevent mother-to-child infections?*
2. *Discuss the problems that are associated with each method*
3. *Given the African emphasis on having children, what advice would you give to a friend who is HIV positive and wants to become pregnant?*
4. *If a pregnant woman has tested positive, does that mean she was the first person to get infected in comparison with that of her partner?*

THE GLOBAL NATURE OF HIV AND AIDS

You may already know that HIV and AIDS is a new disease in the history of humankind. You may also know that HIV and AIDS is not ONLY an African problem but global. The question that is on many people's mind is "where did HIV come from?" Many stories have circulated to give an explanation of the disease. Read the following passage:



QUOTATION

HIV was a result of germ warfare research by the CIA; HIV was a laboratory accident involving recombinant DNA; HIV resulted from a plot between Israel and South Africa; HIV resulted from sexual relations between humans and sheep; and HIV resulted from sexual relations between humans and monkeys. None of these are true.


Source: H. Y. Fan, R. F. Conner, and L. P. Villarreal, 2004. *AIDS: Science and Society*. Boston: Jones and Bartlett. Page 64.

The people who wrote the above quotation also say that scientific research has shown that both HIV-1 and HIV-2 are found in African primates of Central Africa. However, it is important for us to study how it spreads so that we can prevent it from spreading further, as there is as yet no medication to kill the virus, nor vaccine to prevent one from becoming infected. The process of tracking the infection is called surveillance.


AIDS cases were first reported in United States of America and Europe in 1981 among specific groups of people. It was first reported among men who had sex with other men (MSM). The first cases of AIDS showed a rare form of pneumonia called pneumocystis carinii as well as a rare form of cancer called Kaposi 's sarcoma. The second group to show symptoms of AIDS were injection drug users (IDUs). The third group were haemophiliacs (people who need regular blood transfusion because their blood does not clot). The fourth group were infants of IDU mothers. The fifth group were amongst the heterosexual population (men and women who are sexually active).

Each country in the world is now tracking the way HIV is spreading in their particular country because HIV has been declared to be an epidemic, that is, an outbreak of a disease that spreads more quickly and more extensively among a group of people than would otherwise be expected. The focus is on taking a representative sample from high risk groups in a given population.

HIV antibody tests are done on the representative sample. Total numbers of people infected with HIV can be estimated from the total number of each group. The groups where the representative sample is taken from are divided into two: the general population and the high risk groups. From the general population, the focus is upon: blood donors, pregnant women attending antenatal clinics, and members of the armed forces. From the high risk groups, the focus is upon: tuberculosis patients, attendees of sexually transmitted disease clinics, sex workers, UDUs and MSMs.



ACTIVITY 9



1. *What is the problem with identifying some people as high risk groups?*
2. *What is the advantage of each government tracking the development of HIV in their country?*

The danger with placing people in categories of high risk to HIV is that it easily leads to labelling some people and blaming them for the infection. It also gives a false sense of security to the people who do not belong to the high risk group. It therefore becomes safe to say that HIV is everyone's issue and all of us are at risk of becoming infected. Therefore, we need to work together to prevent its spread.

Tracking the HIV epidemic in a particular country is important because it helps Governments come up with their own population list of those they think are particularly vulnerable to HIV infection. It also helps with policy-making in the distribution of resources towards curbing HIV.

The World Health Organisations (WHO) and UNAIDS have released information on main modes of HIV transmission for different part of the world as follows:

MAIN MODES OF HIV TRANSMISSION	
<i>Sub-Saharan Africa</i>	<i>Heterosexual</i>
<i>North Africa and Middle East</i>	<i>Heterosexual and IDU</i>
<i>South and Southeast Asia</i>	<i>Heterosexual and IDU</i>
<i>East Asia and Pacific</i>	<i>IDU, heterosexual, MSM</i>
<i>Latin America</i>	<i>MSM, IDU, Heterosexual</i>
<i>Caribbean</i>	<i>Heterosexual and MSM</i>
<i>Eastern Europe and Central Asia</i>	<i>IDU</i>
<i>Western Europe</i>	<i>MSM, IDU</i>
<i>North America</i>	<i>MSM, IDU, and heterosexual</i>
<i>Australia and New Zealand</i>	<i>MSM</i>

The above information helps Governments and Non-governmental Organisations (NGOs) to plan on the best methods of dealing with HIV on their continent. For Africa, our major focus is on behaviour change in heterosexual relationships. However, this does not mean that we completely ignore injection drug users or men who have sex with other men.

PREVALENCE OF HIV INFECTION AMONG ADULTS (AGES 15-49)	
<i>Sub-Saharan Africa</i>	<i>Heterosexual</i>
<i>North Africa and Middle East</i>	<i>Heterosexual and IDU</i>
<i>South and Southeast Asia</i>	<i>Heterosexual and IDU</i>
<i>East Asia and Pacific</i>	<i>IDU, heterosexual, MSM</i>
<i>Latin America</i>	<i>MSM, IDU, Heterosexual</i>
<i>Caribbean</i>	<i>Heterosexual and MSM</i>
<i>Eastern Europe and Central Asia</i>	<i>IDU</i>
<i>Western Europe</i>	<i>MSM, IDU</i>
<i>North America</i>	<i>MSM, IDU, and heterosexual</i>
<i>Australia and New Zealand</i>	<i>MSM</i>

⌘ Prevalence of HIV infection means the proportion of persons in a specified population infected with HIV at a specified point in time. The above

figures show the total number of people with HIV by 2004. The table reveals that by 2004, the highest number of infected people with HIV live in Africa.

GLOBAL HIV and AIDS FIGURES BY DECEMBER 2004

<i>People living with HIV and AIDS</i>	<i>39.4 million</i>
<i>People newly infected in 2004</i>	<i>4.9 million</i>
<i>AIDS deaths in 2004</i>	<i>3.1 million</i>
Source: UNAIDS, December 2004	

8 Incidence of HIV infection refers to the proportion of people in a specified population without HIV infection who became newly infected with HIV during a specified period of time. In the box of information above, 4.9 million people in the world were newly infected in 2004. It is because of such information that HIV is called a global pandemic. It is spreading at such an alarming rate that should get us all worried and move us to be united in our fight against the HI-Virus.

PREVALENCE OF HIV INFECTION AMONG ADULTS IN SOUTHERN AFRICA (AGES 15-49)

<i>Botswana</i>	<i>37%</i>
<i>Lesotho</i>	<i>29%</i>
<i>Swaziland</i>	<i>39%</i>
<i>Zimbabwe</i>	<i>25%</i>
<i>South Africa</i>	<i>22%</i>
<i>Namibia</i>	<i>21%</i>
Source: UNAIDS, December 2004	

The above figures show that Southern Africa has the highest HIV and AIDS prevalence in Africa. What these countries have in common is the system of migrant labour.



ACTIVITY 10



In what ways might the migrant labour system put people at high risk for HIV infection?

PREVALENCE OF HIV INFECTION AMONG ADULTS IN WEST AND CENTRAL AFRICA (AGES 15-49)

<i>Senegal</i>	1%
<i>Mali</i>	2%
<i>Cameroon</i>	7%
<i>Central African Republic</i>	14%
<i>Cote d'voire</i>	7%
<i>Nigeria</i>	5%
<i>Democratic Republic of Congo</i>	4%

Source: UNAIDS, December 2004

West Africa has a very low HIV infection prevalence. The predominant type of the virus found there is HIV-2, which also causes AIDS. Research has shown that this virus is less aggressive than HIV-1. The standard HIV-1 ELISA test does not detect HIV-2 antibodies. This causes a problem in determining accurately the number of people who are HIV positive.



ACTIVITY 11



What could be possible reasons as to why HIV prevalence is low in West African Countries?

PREVALENCE OF HIV INFECTION AMONG ADULTS IN EAST AFRICA (AGES 15-49)

<i>Kenya</i>	7%
<i>Tanzania</i>	9%
<i>Ethiopia</i>	4%
<i>Uganda</i>	4%

Source: UNAIDS, December 2004



ACTIVITY 12



In the UNAIDS epidemic report of December 2004, it is reported that in the early 1990s, Uganda had the highest prevalence rate in the world. Read the Sub-Saharan chapter of the report and find out how the country has managed to reverse the situation

1. *What can we learn from the experience of Uganda?*
2. *If the percentage of your country has not been included here, please find out from your Government's latest statistical reports on HIV and AIDS*

THE IMPACT OF HIV AND AIDS



ACTIVITY 13



1. *How have you felt the impact of HIV and AIDS at a personal level?*
2. *How has your country been impacted by HIV and AIDS?*

From the statistics we gave above, we noted that Africa has the highest levels of HIV and AIDS. Within Africa, countries have experienced HIV and AIDS differently. Southern Africa has experienced HIV and AIDS the most. Even within Southern Africa, the experiences of HIV and AIDS differ. What is

common is the fact that each country in Africa has felt the impact of HIV and AIDS at a political, economic, environmental, and social level. The impact has also been felt at a personal level.

Politically, national Governments have struggled with the presence of HIV and AIDS. There was a long period when politicians did not have correct facts about HIV and AIDS to guide them in making correct policies. In some countries, there was a debate on whether HIV causes AIDS.



ACTIVITY 14



- What arguments are raised about HIV in your country?*
- 1. Give two examples. How do these arguments affect government policies on HIV and AIDS?*
 - 2. Give a brief description of your government policies on HIV and AIDS?*

Now that most politicians understand about HIV and AIDS, the struggle is how to stretch the limited resources that they have to meet the challenges of HIV and AIDS. An example is in the medical field where, bed space, medication and personnel at hospitals and clinics have been over-stretched, with no short term solutions. Another example is what to do with the many children whose parents who have died as a result of AIDS. Most countries do not have Government-owned orphanages. Even if they did, they could not cope with the ever-growing number of orphans. The African system of the extended family has also been over-stretched due to the AIDS crisis.



ACTIVITY 15



1. *How are orphans taken care of in your country?*
2. *What are the problems faced by the extended family in your community as a result of HIV and AIDS?*

Governments have also felt the impact of HIV and AIDS through loss of personnel to death. The age group that is at high risk of HIV and AIDS is that of 15 to 49 years. It consists of people who are at their peak of their productivity at their workplace. Governments have invested money in the training of these people only to lose most of them to death as a result of AIDS. This is a huge economic loss. For example, South Africa has lost a significant number of school teachers to death as a result of AIDS.

The impact of HIV and AIDS is also being felt at an environmental level. First is the available space to bury the dead. Graveyards are being filled-up at a very fast rate. Because of our traditional beliefs, most African people do not even talk about cremating their dead. They want to bury them. The second issue is that of wooden coffins. This requires more wood to make coffins. This in turn requires the felling of more trees to meet the growing demand for coffins.

It is at the family level that the impact of HIV and AIDS is felt the most. When a head of a family has AIDS, most of the family resources are directed to the medical care of the sick person. By the time the person dies, there are very few or no resources left for the rest of the family. Women's work has doubled as a result of HIV and AIDS.



ACTIVITY 16



1. *How has the work of women doubled as a result of HIV and AIDS?*
2. *How has HIV and AIDS affected the girl-child in your family or community?*

THE LINK BETWEEN HIV AND AIDS AND SOCIAL STRUCTURES

When we go back to how HIV and AIDS is spreading in the world, we are told by the World Health Organisation (WHO) that there were about 14,000 new HIV infections per day in 2004. We are also told that 95% of the new infections are happening in the low and middle income countries. In these countries, 2,000 cases of new infections happened among children under the age of 15 years. The group that is at the highest risk for new infections are persons aged 15 to 49 years. This group accounts for the 12,000 cases of new infections per day. Furthermore, 50% of the 12,000 per day new infections happened in women. Also, 50% of the 12,000 per day new infections happened among the youth aged 15 to 24 years.



ACTIVITY 17



List some of the factors that contribute to the increase of new infections in Africa, especially among women and the youth

You may have guessed right that poverty is one of the risk factors for the spread of HIV.



ACTIVITY 18



How does poverty increase the risk of the spread of HIV?

As we have noted already, there is no cure for HIV. But there are anti-retroviral drugs (ARVs) that dramatically reduce the number of people dying with AIDS and thus increases the number of people living a longer time with the HI-Virus. In high income countries, anti-retroviral drugs are available for everyone who needs them. This is not the case in Africa. Many people cannot afford anti-retroviral drugs. Even for those who can afford them, in some countries, the drugs are available in very small quantities, so that it becomes difficult for everyone who needs them to have access to them.



ACTIVITY 19



1. *Are anti-retroviral drugs available in your country?*
2. *If your answer is yes, how are they distributed in your country?*
3. *What are the problems that are associated with anti-retroviral drugs in your country?*

We also need to remember that anti-retroviral drugs need to be taken with nutritious food. Some people who may need to take the drugs do not have enough basic food to eat while they are taking anti-retroviral medication. There is also the issue of commercial sex-workers. Some commercial sex workers cannot negotiate for safer sex because their clients refuse to pay the going rate if a condom is used. Since the commercial sex worker may be

desperate for money, they may agree to have sex without a condom so that they can make more money.

The subordinate status of women is a cultural belief and practice that puts a lot of women at high risk for infection from HIV. Women may know that their husbands are having extra marital relationships and yet are unable to either leave their marriages or negotiate for safer sex.

In most of the African cultures; for example, Zulu and Chewa, there is a cultural taboo against the open discussion of sex and sexuality. However, each cultural group possess their own way of teaching about sex. With the coming of westernisation to Africa, some of the original methods of teaching sex education have disappeared, without a replacement from western culture.



ACTIVITY 20



1. *How is sex education done in your culture?*
2. *Why is it important to discuss openly about sex now that we are faced with HIV and AIDS?*

Sometimes, our families and friends keep away from people who have AIDS. This makes it difficult for people to go for HIV testing as no-one wants to be avoided if they openly say they have HIV or AIDS. HIV positive people, or those with AIDS, become depressed when they are neglected. This in itself can lead to them getting sick quickly and dying early. When a person is afraid of rejection, they will not seek medical help or counselling readily. They will also more likely not tell their partner about their HIV status. As a result, they will be unable to practise safer sex. These facts show us that we must be more caring towards people who have HIV and AIDS.



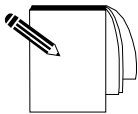
SUMMARY

In this unit, we have learned:

- ⌘ The basic facts about HIV and AIDS.
- ⌘ Through activities, it has guided you to see that there is a difference between HIV and AIDS.
- ⌘ It has raised questions that showed that HIV is a virus that affect the immune system, while AIDS stands for Acquired Immune Deficiency Syndrome.
- ⌘ That the HI-Virus damages the immune system of previously healthy individuals to an extent where other diseases take advantage and kill the infected person.
- ⌘ People Living with HIV and AIDS (PLWHAs) remain infectious from the time they are infected and throughout the remainder of their lives. They can pass the infection on to other people through contact of specific body fluids.
- ⌘ That in Africa, the most common method of spreading HIV is through heterosexual relationships. In other parts of the world, HIV is transmitted mainly through men having sex with other men and through injected drug use.
- ⌘ Through the study of the trends of the spread of HIV, Governments have declared HIV and AIDS to be an epidemic and the World Health Organisation (WHO), which studies HIV and AIDS at a global level, has declared it to be a pandemic.
- ⌘ That throughout the world, HIV and AIDS is having a devastating impact. We gave an example of how the medical care system and educational structures have been overstretched. At a family level, we pointed out how

family resources are being drained through taking care of those with AIDS and orphans.

- ⌘ Through activities, we explored how women and girl-children are being over-burdened with caring for the sick with minimum resources.
- ⌘ How women's subordinate position in society makes them to be at high risk for HIV infection.



SELF-ASSESSMENT ACTIVITY

1. *What is HIV and AIDS?*
2. *How is HIV transmitted?*
3. *Which one is the major mode of HIV transmission in Africa?*
4. *Why is this most common mode of infection in Africa?*
5. *Why is it important to know your status?*
6. *How can you protect yourself to make sure that if you are negative you remain the same and if you are positive you do not become further infected, or pass it on to others?*
7. *What issues do pregnant women who are HIV positive face?*
8. *Why has HIV and AIDS become a global problem?*
9. *How is your Government dealing with HIV and AIDS?*
10. *How are you dealing with HIV and AIDS at a personal level?*



FURTHER READING

Gennrich, Daniela. ed. 2004. *The Church in a HIV+ World: A Practical Handbook*.

Pietermaritzburg: Cluster Publications.

Phiri, Isabel Apawo, Beverley Haddad and Madipoane Masenya. eds. 2003.

African Women, HIV and AIDS and Faith Communities Pietermaritzburg:

Cluster Publications.

Weinreich, Sonja and Christoph Benn. 2004. *AIDS: Meeting the Challenge*.

Geneva: WCC Publications.

UNAIDS. 2004. *AIDS Epidemic Report*. Geneva: UNAIDS.

UNIT 2

INTRODUCTION TO GENDER AND RELIGION

OVERVIEW

Welcome to the second unit of the Gender, Religion and HIV and AIDS Prevention module. In this unit you will be introduced to the concept of gender. We will attempt to give a definition of gender. This will lead us to an explanation of how gender is constructed and maintained in society, in African Indigenous Religion and in Christianity. We will go further to establish how gender is linked to economic, political and social institutions. We will also explain the link between gender and the spread of HIV. We will conclude this unit by discussing how gender can be used as a tool of analysis in the construction of gender-justice.

OBJECTIVES

Upon the successful completion of this unit you should be able to:

- ⌘ **Define** gender
- ⌘ **Explain** how gender is constructed and maintained in the society
- ⌘ **Describe** how gender is constructed in African Religion and Christianity
- ⌘ **Analyse** how gender is linked to HIV and AIDS pandemic

⌘ **Discuss** how we can construct gender-justice

TOPICS

- ⌘ Gender
- ⌘ Construction and maintenance of gender
- ⌘ Gender construction in African Indigenous Religion
- ⌘ Gender construction in Christianity
- ⌘ The link between gender and the HIV and AIDS pandemic
- ⌘ Construction of gender-justice
- ⌘ Summary
- ⌘ Self-assessment activity
- ⌘ Further Reading



QUOTATION

SWITCHING PLACES

A man was sick and tired of going to work every day while his wife stayed home. He wanted her to see what he went through so he prayed: Dear Lord, I go to work every day and put in 8 hours while my wife merely stays at home. I want her to know what I go through, so please allow her body to switch with mine for a day. Amen.

God, in his infinite wisdom, granted the man's wish. The next morning, sure enough, the man awoke as a woman. He arose, cooked breakfast for his mate, awakened the kids, set out their school clothes, fed them breakfast, packed their lunches and drove them to school.

He then came home and picked up the dry cleaning, took it to the cleaners and stopped at the bank to make a deposit, went grocery shopping, then drove home to put away the groceries, paid the bills and balanced the cheque book. He cleaned the cat's litter box and bathed the dog.

Then it was already 3:30 p.m. He had to run to the school to pick up the kids and got into an argument with them on the way home. He brought out milk and cookies and got the kids organised to do their homework, then set up the ironing board and watched TV while he did the ironing.

At 4:30 p.m. he began peeling potatoes and washing vegetables for salad, breaded the pork chops and snapped fresh beans for supper. After supper he cleaned the kitchen, ran the dishwasher, folded laundry, bathed the kids, and put them to bed.

At 9:00 p.m. he was exhausted and, though his daily chores weren't finished, he went to bed where he was expected to make love which he managed to get through without complaint.

The next morning he awoke and immediately knelt by the bed and said, "Lord, I don't know what I was thinking. I was so wrong to envy my wife's being able to stay home all day. Please, oh please, let us trade back."

The Lord, in his infinite wisdom, replied, "My son, I feel you have learned your lesson and I will be happy to change things back to the way they were. You'll just have to wait nine months, though. You got pregnant last night."

Anon.

Source: Breast Cancer Research and Education Fund Newsletter, Vol. 1, No. 3, 2002.

After reading this story, I am sure you are aware that the setting of the story is not Africa. Nevertheless, it has been included here to help you reflect on your

own experiences of what is described as women's work and men's work in your community.



ACTIVITY 1



1. *If you think back to your grandparents' generation, what was women's work and men's work?*
2. *Make a list of (a) women's work (b) men's work in your family.*
3. *In the next generation, what do you think will be considered women's work and men's work?*
4. *Who decides for us what is women's work and men's work?*

GENDER

You may have noticed that often when people talk about gender, they think it is a synonym for women. In this module we understand gender to mean differentiating the role or function of female and male human beings in the society based on their sex. From the beginning, we also need to differentiate between gender and sex. Our sex is determined at birth. We are born either male or female. That is why it is said sex is the biological difference between women and men. For example, women's bodies were created with a womb and breasts in order to bear children. As a result, adult women's bodies menstruate. On the other hand, men's bodies do not have any of these functions. From your own experiences, you may also have noticed that because of our biological functions, women and men have hormonal differences, which in turn show in our emotional differences. The biological differences between women and men will be the same all the time.

GENDER CONSTRUCTION AND MAINTENANCE

Did you know that the community in which we grow decides for us what we believe, how to behave and what we become as a female or male human being? The decisions on what we do as male or female are made by our culture, religious beliefs and social practices. Our interaction and the way we use power between women and men are also influenced by our culture, religious beliefs and social practices. That is why you will read in the prescribed reading that the roles we take as women and men are socially and culturally constructed. For those of us whose lives are influenced by and through our faith, the religious construction of gender roles becomes a very significant factor. We internalise the social, cultural and religious constructions of our roles and pass them on from one generation to another.

Look again at your first reflection, where you compared the roles of women and men in your culture and home. You may have noticed that even within one culture, gender roles do not remain static. They sometimes change out of necessity or through the influence of other cultures, and the coming of new understandings of our beliefs or of new religions. Furthermore, from your own experience and the story in activity 1 you may have noticed that there is no uniformity from one society or culture to another of what is considered feminine or masculine. The gender roles and expectations differ from one culture or religion to another. For example in Malawi, domestic workers can be male or female. In South Africa, all domestic workers are female.



ACTIVITY 2



List five differences in gender roles that are present in your culture and other cultures.

GENDER CONSTRUCTION IN AFRICAN INDIGENOUS RELIGION

African Indigenous Religion refers to the beliefs and practices of African people that have existed even before the coming of Christianity and Islam. Other names include: African Religion(s); African Traditional Religion(s). The owners of this religion do not call it African Indigenous Religion. This is a term which was coined by people who study religions. The Africans themselves just call it our beliefs and practices because the word “religion” is foreign to the indigenous African people.

Through hearing stories from our great-grandparents or through reading you may have learnt that this religion has its origins on the African continent. It is the oldest religion on the continent of Africa. One is not converted to it but is born into it. It is a religion that permeates every aspect of life from birth to death and on a daily basis. Before colonial rule in Africa, there was no separation between culture and religion. To the African, religion is practiced in all areas of life. It is a way of life.

African Indigenous Religion is a dynamic religion which over the centuries has adapted to the political, economic, geographical and social changes that have taken place among the people who have been and are still practicing it.

There are a variety of expressions of African Indigenous Religion, just as there are cultural differences between one African group of people and another. Even within one cultural group, the expression of the religion may vary slightly from clan to clan. This diversity does not give rise to conflict because a person practices the expression of the religion into which she or he is born. The diversity in this religion is similar to the diversity within many world religions. However, there are more similarities between the diverse groups in

African beliefs, thereby warranting it being called one religion with different forms of expression. This may explain why in this module I have used religion in the singular and not plural.

African Indigenous Religion is oral. The first scholars of the religion were Christian missionaries who came to Africa with the intention to evangelise. They also came with the attitude that their culture and religion were superior. They could not understand the African worldview. They therefore concluded that the African people had no religion. With the passing of time more and more Western scholars began to accept the existence of the African Indigenous Religion. Nevertheless, misinterpretations of the beliefs and practices of African people have persisted to the present, due to what appears to be continuing lack of accurate knowledge of what African world view and religion are all about. The aim of such publications is not to promote dialogue but to give a Western interpretation of African Indigenous Religion for a Western audience.

The scholarly works of E. B. Idowu (1973) and J. S. Mbiti (1995), to mention a few African scholars, are attempts to give a systematic description and analysis of African Indigenous Religion from an insider's perspective. The advantage of such writers was that they were able to find out what the religion is all about through a study of African proverbs, songs, art, prayers, riddles, names of people, places and objects. Others had first-hand experience of the religion, which previous Western scholars did not have. However, their writings came at a time when it was necessary to explain to the Western world as to what this religion is all about. In the process, the early African writers fell into the trap of using Christian Western concepts and structures to describe African Indigenous Religion (Olupana 1991). By so-doing, African Indigenous Religion acquired, to a certain extent, a new understanding that was not there before. Describing African indigenous Religion through

Western concepts and language is bound to affect our understanding of the religion.

Mbiti's and Idowu's early books are still considered important for all properly educated African students of Theology and Religious Studies in African institutions of learning. Yet we have moved a step forward in our methodology. Wilfred Cantwell Smith has rightly argued that it is important for each religion to find categories by itself through which one is to be understood and interpreted (Smith 1981: 184f).

After explaining what African Indigenous Religion is, we now turn to how gender is constructed in African Indigenous Religion. For a clear understanding of this section, I recommend that you should read Mercy Amba Oduyoye's book, *Daughter's of Anowa: African Women and Patriarchy*, Chapters 1 to 3. In these chapters, Mercy Oduyoye studies the myths, folk tales and proverbs of the Akan people of Ghana and the Yoruba of Nigeria in order to show how the identity of women and men is constructed by that society. She defines myths as stories that belong to the community in order to explain the origin of things. As Oduyoye says:

Myths inform social activities, shapes men's and women's lives and attitudes, and give expression to people's fears. Creation myths, for example are replete with imagery that echoes of how society functions, of nature of social relations relating to families, the economy, the running of the community. The myths help us see, at times the society's attempt to think through the paradoxes of life. An awareness of this function helps us to liberate us to some degree from negative effects of myths. Myths then cease to function as "canon law" and become a source in the search for meaningful community (1995:21).

By reading Oduyoye's chapters, you will notice how, in the myths that Oduyoye is talking about, show that:

- ⌘ God can either be female or male.
- ⌘ The society expects women to use their God-given power to protect the community.
- ⌘ Men use power for their own glorification.
- ⌘ The society expects every woman to bear and raise children.
- ⌘ While men can choose for themselves what their place in the community should be, women's place in the society is chosen for them.


Similarly, Oduyoye has defined folk tales as community generated stories that:

- ⌘ Help the community to explain why and how things are the way they are.
- ⌘ End with a moral lesson.
- ⌘ Show what the roles of women and men are.
- ⌘ Reveal the kind of punishment that girl-children receive who do not obey their gender roles.
- ⌘ Show the polygamous nature of African marriages and what is expected from the wives.
- ⌘ Demonstrate that faithfulness in marriage is expected from women but not from men.
- ⌘ Illustrate the power of women's menstrual blood and how it is feared by men.
- ⌘ Identifies the kitchen as a woman's space as they play their role of providing nourishment to their families.


Proverbs are "short popular, oft-used sentences that use plain language to express some practical truth that result from experience or observation"

(Oduyoye 1995:55). In proverbs too you will see how the roles of men and women are constructed and maintained. Oduyoye shows proverbs that:

- ⌘ Places women in the domestic sphere and not within the sphere of public participation of their society.
- ⌘ Defines a woman's and man's space in the family and community.



ACTIVITY 3



Collect myths, folk tales and proverbs from your ethnic group to show how gender is constructed and maintained

GENDER CONSTRUCTION IN CHRISTIANITY IN AFRICA

You may have learnt in Secondary or High School level history that initially Portuguese traders introduced Christianity to sub-Saharan Africa in the sixteenth century. Did you know that when Dr. David Livingstone first visited Africa he believed that Christianity, Western civilisation and commerce were the answers to Africa's spiritual and material problems?

After his death, various European mission societies came to Africa to fulfil Livingstone's vision. European trading companies and the colonisation of Africa in the second and third quarter of the nineteenth century followed the Christian missionaries. This was thought to be the best way of combating the Arab slave trade in Africa. During the period of the colonial rule in Africa, Christianity spread to most parts of the continent until 1945-1990 when most African countries sought political independence from the colonial governments. When the African leaders took over political power, they had

thought that Christianity would slowly die out as they uplifted the African identity through revamping African culture and African Indigenous Religion. From your experience, you may have noticed that this is far from the truth as more and more people have embraced the Christian religion and lifestyle.

Apart from the Western mission churches, Catholics and Protestants (with Protestants further divided into mainline evangelical churches and the Pentecostals and Charismatic churches) there exists in Africa a large number of African Initiated Churches.

One of the common elements in all the churches is the construction of gender roles for women and men. The mission churches took their home country ideas about the place of women and men in the church and transported them to Africa. Not many churches encouraged women to come to Africa as missionaries, but rather as wives of missionaries. Where some few women came as missionaries, once the churches they planted became established, leadership roles in the church were given to men, both local and missionaries. Today, some of these churches have allowed women to take leadership roles. Others still refuse by saying that our African cultures and the Bible do not allow women to take leadership roles. This is because they understand the Bible as saying that women are inferior and less important to God than men. They believe that God created women with unclean bodies. Therefore they believe that the unclean and inferior nature of women make it impossible for God to use them in important positions in the church. They also believe that because God created women to have children, women are only good in taking care of children and the home. As a result, some church leadership roles are reserved for men only.



ACTIVITY 4



1. *Find out and list the role of women and men in your church.*
2. *Find out why women are given certain roles and other roles are reserved for men only in your church.*

It is for the same reason that when education was first introduced in Africa, some subjects were reserved for men only. Most African countries have abolished such rules. However, there are still some who do that. You may also find that in poor communities girl children are sometimes not sent to school when either the family has less money to pay school fees or when the schools are very far away. Some families say girls will leave home to get married; therefore it is a waste of money to invest money in their education. Because there are many girls with less education, when they grow up, they get less-paying jobs. The boys who have good education get good jobs. Second, because many girls and women do not have good education, there are more poor women than men. Third, the majority of women who are not able to read and write cannot become political leaders. In so doing, girls and women are denied opportunities that would make their lives better.

From what we have described so far, we can conclude that there is gender imbalance in the way women and men are perceived, access resources, experience constraints and opportunities in the economic, political, social, cultural and religious arena.

In some homes, workplaces, schools etc., women experience specific violence that is directed at them on the basis of their gender. I am sure you can come up with many examples of gender-injustice experienced by women.

THE LINK BETWEEN GENDER AND THE HIV AND AIDS EPIDEMIC

a. The Link between Gender and HIV and AIDS

From unit 1, we learnt that there are more women who are HIV positive than men. Why is it the case? There are many reasons for this. First, it is for biological reasons. We noted that when a man who is HIV positive has unprotected sex with a woman who is not, it is very easy for the woman to become HIV positive than the other way round. This is because the infected semen stays in women's bodies for a long time. Second, sometimes girls and women are forced to have unprotected sex with boys and men. This is called rape. In such cases, some girls and women's vaginal walls become torn, which in turn allows HIV-infected semen to enter the blood stream.

Sometimes, a woman is forced to have unprotected sex with her deceased husband's relative through cleansing rituals without knowing the HIV status of the relative who plays the role of the cleanser. In many cases, married women are powerless to deny sex to their partners who are sexually unfaithful towards them. When they question their husbands for being unfaithful, some women experience domestic violence. In the main, such women are unable to leave their abusive husbands because they depend on them for emotional and financial support. For those women who choose to be sex-workers due to poverty, they also fail to insist on safer sex with their clients. From our discussion so far you may have seen the link between sexual violence and the spread of HIV and AIDS in Africa as both domestic violence and rape deal with human sexuality and unequal power relations between women and men.

b. The Effect upon Women and Girl-children

- ⌘ AIDS has also increased women's workload because they are traditional care-givers to the sick.
- ⌘ Girls and women are forced to leave school and income generating activities to take care of the male members of their families who have AIDS. Whatever financial resources the home may have is used to buy medicine for the sick father. When the father dies, there is no money left to take care of the rest of the members of the family.
- ⌘ When the mother gets sick with AIDS, she is usually sent to her family to be taken care of or there is no-one to take care of her. When the mother dies, the children are sent to live with relatives, mostly grandmothers, who themselves do not have money or the energy to take care of the children.
- ⌘ In the case of orphan girl children, they are forced to grow up quickly and get jobs to take care of their siblings. The kinds of jobs they get often expose them to rape by their employers or other male relatives who look after them.
- ⌘ Most orphaned children are not able to finish schooling, especially girls.



ACTIVITY 5



1. *What do you think are the reasons why rape occurs?*
2. *Find out why rape and domestic violence cases are under-reported to the authorities*
3. *How can we stop rape and domestic violence in our communities?*

CONSTRUCTION OF GENDER-JUSTICE



QUOTATION

Gender Perspective: *A gender perspective is a theoretical and methodological approach that permits us to recognise and analyse the identities, viewpoints, and relations, especially between women and women; women and men; and men and men.*

Gender equity: *Gender equity is the process of being fair to women and men. To ensure fairness, measures must often be available to compensate for historical and social disadvantages that prevent women and men from otherwise operating on a level playing field. Gender equity strategies are used to eventually attain gender equality. Equity is the means; equality is the result.*

Gender Equality: *Gender equality consists of equal enjoyment by women and men of socially valued goods, opportunities, resources and rewards.*

Source: *Guide for Incorporating Gender Considerations in the USAID's Family Planning and Reproductive Health RFAs and RFPs.*

When we talk about gender-justice, we need to highlight the importance of acknowledging that every human being, female or male, is important before God. Both women and men are created in the image of God. Every human being deserves a quality life that is lived to the fullest potential. In order to achieve social justice for all, it requires a process of change that requires us to identify the life-denying beliefs and practices in our worldview and how people's identities are constructed. Anything that denies another human being quality life must be changed. Those cultural practices and beliefs that promote human dignity and quality of life for all should be identified and promoted. This is true for African culture, African Indigenous Religion and Christianity as lived on our African continent, as well as for our economic, political, educational and health systems. We need to bring gender-justice into all these institutions.



ACTIVITY 6



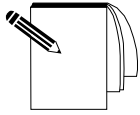
How would the promotion of gender-justice reduce the spread of HIV and AIDS?



SUMMARY

In this unit, we have:

- ⌘ Defined gender as the difference between the roles of women and men as perceived by our cultures and religions.
- ⌘ Emphasised the fact that the constructed identities change with time and from one group of people to another.
- ⌘ Highlighted that, women as a group have experienced gender injustice in all areas of their lives as they relate to men.
- ⌘ Shown that because of the power imbalance existing between men and women, women and girl-children live with high levels of different forms of gender violence, which in turn make them vulnerable to HIV and AIDS.
- ⌘ Understood that gender as a tool of analysis is important because it gives us the theories and methodologies to expose where the injustices are and suggests ways of transforming our societies towards an environment that promotes equity and equality in the relationships that exist between women and men, women and women and men and men.



SELF-ASSESSMENT ACTIVITY

1. *What is your definition of gender?*
2. *Give an explanation of how gender is constructed and maintained in your community.*
3. *Describe how gender is constructed in African Indigenous Religion as practiced in your ethnic group and in your church.*
4. *Analyse how gender is linked to the HIV and AIDS epidemic in your community*
Discuss how you can begin to work towards the
5. *construction of gender-justice in your community and your church*



FURTHER READING

- Dube, Musa W. 2002. Theological Challenges: Proclaiming the Fullness of Live in the HIV and AIDS and Global Economic Era. *International Review of Mission* XCI/363, 535-549.
- Dube, Musa W. 2003 Culture, Gender and HIV/AIDS: Understanding and Acting on the Issues. Pages 84-100 in *HIV and AIDS and the Curriculum: Methods of Integrating HIV and AIDS in Theological Programmes*. Edited by Musa W. Dube. Geneva: WCC Publications.
- Gnanadason, Aruna. 1997. *No Longer a Secret: The Church and Violence against Women*. Geneva: WCC Publications.
- Oduyoye, Mercy. A. 1995. *Daughters of Anowa: African Women and Patriarchy*. Maryknoll: Orbis Books. Chapters 1-3.
- Phiri, Isabel Apawo. 2003. African Women of Faith Speak Out in an HIV and AIDS Era. Pages 3-20 in *African Women, HIV and AIDS and Faith*

Communities. Edited by Isabel Apawo Phiri, Beverley Haddad and Madipoane Masenya. Pietermaritzburg: Cluster Publications.

Phiri, Isabel Apawo. 2004. HIV and AIDS: An African Theological Response in Mission. *The Ecumenical Review* 56/4. 422-431.

PART II

HIV AND AIDS PREVENTION, GENDER, AND RELIGION

A WORD OF WELCOME

Welcome to Part II of this module on Gender, Religion and HIV and AIDS Prevention in *The HIV and AIDS Curriculum for TEE for Programmes and Institutions in Africa*. This section consists of two units: HIV and AIDS Prevention and Gender, and secondly, Religion, Gender and HIV and AIDS. In both units our focus will be on prevention of HIV and AIDS. Let us now turn to each unit in detail.

UNIT 3

HIV AND AIDS PREVENTION AND GENDER

OVERVIEW

Welcome to the third unit of the Gender, Religion and HIV and AIDS Prevention module. In this unit you will be introduced to the popular HIV and AIDS prevention methods of Abstinence, Be Faithful and Condomise commonly known as the ABC. Other methods of prevention will also be considered. This will be followed by an analysis of each method from a gender perspective. This will show you that the ABC method is not gender-sensitive and therefore does not work for women and men. We will conclude this unit by examining the secular methods of organisations such as the UNAIDS in building Gender-justice by examining all aspects that make it difficult for women and men to prevent their own infection from HIV.

OBJECTIVES

Upon the successful completion of this unit you should be able to:

- ⌘ **Describe** the ABC HIV and AIDS prevention methodology
- ⌘ **Explain** how HIV and AIDS prevention is hindered by gender construction
- ⌘ **Assess** the secular efforts of UNAIDS to build gender-justice

TOPICS

- ⦿ HIV and AIDS prevention
- ⦿ HIV and AIDS prevention and gender construction
- ⦿ Secular Efforts to build gender-justice
- ⦿ Summary
- ⦿ Self-assessment activity
- ⦿ Further Reading

HIV AND AIDS PREVENTION

You may have heard that there is no cure for HIV and AIDS. Once you have it, it remains in your body for life. By now you have also observed that in the developing world, due to lack of adequate use of therapies, HIV and AIDS is both chronic and terminal. After going through unit 1 and 2, you may agree with me that *the best way to deal with HIV and AIDS is to prevent yourself from becoming infected in the first place*. You may be asking, "So what can I do to make sure that I do not get infected with HIV?" In this section, we will discuss a number of methods for the prevention of HIV and AIDS. First, you need to have accurate facts about how HIV is contracted. Therefore you need to read the right information. Inform yourself as much as possible. Second, you need to put into practice the prevention methods that you have learnt about. Now let us discuss in detail the possible prevention methods.

PREVENTION METHODS

- a. Abstinence

This method can be further divided into two parts:

- ⌘ The first is to decide never to have oral/anal/vaginal sexual intercourse with anyone for the rest of your life. This is also called celibacy. Abstinence is the best way to prevent sexual transmission of HIV and other sexually transmitted diseases.
- ⌘ The second is temporary abstinence, which means waiting to have sex when one is ready to handle the emotional and physical risks that are involved with sex.

Even if you have had sex before, you can choose to wait for now. This also applies to married or unmarried people who have a primary sexual partner. When they are away from each other for a while, they can decide to abstain until they go back to their primary sexual partner.




ACTIVITY 1




1. *Argue for or against abstinence as the best method of HIV prevention*
2. *List five myths about why men find abstinence difficult*
3. *List factors that sometimes make it difficult for everyone to abstain from all sexual activities*

b. Be Faithful

This means having oral/anal/vaginal sex with only a lifetime partner who only has sex with you, even if one or both of you are HIV positive. This kind of relationship is also called monogamy. If one or both of you have had sex with other partners before, it is important to get tested to make sure that both of you are HIV-free before you start your monogamous sexual relationship.



ACTIVITY 2




*“It is difficult for every couple to be faithful to each other.”
Do you agree or disagree with this statement?
Explain why you have taken your particular position*

c. Condomise


This means the correct and consistent use of a new latex condom of good quality and a water-based lubricant each time you have vaginal or anal sex. Do not use hand cream, body lotion, any oils, or Vaseline because they can cause the condom to break. Condoms can also break if used incorrectly. This is why sex with a condom is called “safer sex” not “safe sex.”

If you are allergic to latex condoms, you can use plastic (polyurethane) condoms. There are both male and female condoms. Most of the condoms that are available in the shops are male condoms. It is very important to use condoms correctly and consistently. There are many couples who have used condoms for years with great success. In a case where one partner is HIV positive or both partners are HIV positive, it is a MUST that they should use condoms to protect themselves from further infections of different strands of

the virus. For those who practice oral sex on women, use dental dam, which is a piece of latex placed over the vagina.



ACTIVITY 3



1. *List some of the reasons why people think condoms are not good.*
2. *Write down your personal views about the use of condoms and give reasons for your views*

d. Microbicides

Microbicides are a substance inserted in the vagina that protects against HIV and possibly other sexually transmitted infections (STIs). Microbicides are still being tested and it may take some years before they are available for women to use against HIV infection. The advantage of microbicides is that they are very easy to use.

e. Treatment of other STIs

This is also recommended as a preventative method against HIV infection. HIV is considered as one of the sexually transmitted infections (STIs).

f. Do Not Share Needles

Do not share needles or syringes to inject drugs, vitamins, steroids, or tattoos or piercing. If you have to, you need to sterilise the needles by using bleach or boiling water.

g. AZT

Pregnant women who have tested positive can take medication called AZT to greatly reduce the risk of passing on the infection to their unborn child.

h. Avoid Direct Contact with Body Fluids

Avoid direct contact with another person's blood, semen, vaginal secretion or menstrual blood, especially if you are not using protective devices such as gloves or a condom.

i. Do Not Participate in Sex when using Alcohol or are 'high' with Drugs

Do not have sex when you are drunk or are 'high' with drugs. Using alcohol or other drugs affects a person's judgment and can lead to unsafe sex.

j. Male Circumcision


Research has suggested male circumcision as a possible prevention strategy, as circumcised men do not have infections that are generally common on the foreskin of uncircumcised men. However, more research needs to be done on this issue before recommending it as an HIV prevention method, for there are still some men who have been circumcised and are HIV positive.

k. HIV Vaccines


HIV vaccines are in the process of being developed but progress is being delayed because of the existence of different HIV strands that we have talked about in Unit 1.

l. Self or Mutual Masturbation

Self or mutual masturbation is another way of having sex with no risk of HIV infection.



ACTIVITY 4



1. *Which of the above prevention methods are more acceptable to you?*
2. *List the methods that are unacceptable to you. Please, give reasons for your answer*

HOW HIV AND AIDS PREVENTION IS HINDERED BY GENDER CONSTRUCTION

If we go back to the first three prevention methods we listed above and analyse them using gender as a tool of analysis, we will see that those methods were not designed with gender construction in mind.

Issues Preventing Abstinence

Let us look again at the link between abstinence and violence against women:

- ⌘ Girls and women may choose to abstain but because of the existence of sexual violence in the home, at school, at work places, at religious institutions and in the streets, abstinence becomes ineffective.
- ⌘ This is made worse by some men who believe that women and girls do not mean it when they say 'No' to sex.
- ⌘ You may have heard of those HIV positive men who believe that having sex with a virgin will cure them from AIDS. So they force themselves on women and girls.
- ⌘ United Nations AIDS research has revealed that many women who are HIV positive in Africa are/were also in abusive relationships.
- ⌘ Whenever sex happens where one person did not give consent, it becomes rape. Unfortunately, in many countries they do not have laws in place to make it easy for women and girls to report rape cases. For the few brave women who do report, the entire court procedural system makes such women regret doing it as they are made to feel that they must have done something wrong to invite rape upon themselves. In a few cases where the perpetrators of rape are convicted, the sentences that are passed are very light, which sends a wrong message to future possible perpetrators who feel that rape is not a serious crime.
- ⌘ As we mentioned in unit 1, sexual violence increases chances of getting HIV, if the perpetrator is HIV positive. In some countries, when a person is raped, they are told to go to the hospital immediately to be examined and given post-exposure ART prophylaxes, which is an antiviral treatment given to survivors of rape to prevent the HIV virus from entering into the T helper cells. This needs to be done within 72 hours of being raped.
- ⌘ The presence of violence against women tells us that successful HIV prevention programmes need to work on eliminating violence against women as well. We need to put in place laws that protect women and girls from gender-based violence. We also need to ensure that such laws are being implemented and are taken seriously.



ACTIVITY 5



Write down three other issues you know that prevents the effectiveness of abstinence?

ISSUES PREVENTING FAITHFULNESS

I have identified four possible issues that prevent people from practicing faithfulness. These are:

a. **Lack of Mutual Faithfulness Due to Gender Construction**

- ⌘ The experience of many women who are HIV positive is that they were faithful to their partners but failed to get the same commitment from their male partners.
- ⌘ Many women marry men who are much older than they are. There is a high probability that these older men have had other sexual partners before their marriage to the younger women.
- ⌘ The younger wives find it difficult to insist that their older husbands should be faithful to them when one is in a society where male unfaithfulness is treated lightly. It is assumed that it is 'manly' to have many sexual partners. If you have only one sexual partner, your friends will laugh at you. In the context of HIV and AIDS, we therefore need to change our understanding of what it means to be a man. We need to say real men are the ones who protect themselves and their partners from HIV and AIDS. Otherwise our prevention strategies will not work.

b. Misunderstanding of the Role of Bride Wealth

- ⌘ Some men assume that because they paid bride wealth, their wives have no power to deny them sex even if they are unfaithful.
- ⌘ Women too think that because the husband paid bride-wealth, they are powerless to say 'No' to unsafe sex with their husbands even when they know that they are unfaithful to them.
- ⌘ At a community level, we need to revisit our perception of bride wealth in the face of HIV and AIDS.

c. Poverty and the Desire for a Better Life

- ⌘ Some women and girls fail to be faithful to their primary sex partners because of poverty and the desire for a better life.
- ⌘ They use sex in exchange for food, money, promotion at work, or other commodities. This is particularly true for young women who are involved in sexual relations with older married men in order to get things that their parents cannot afford to buy for them.
- ⌘ The older men choose the younger women because they perceive them to be less likely to be HIV positive.
- ⌘ The girls have little knowledge about sex, HIV or how to negotiate for safer sex.
- ⌘ This means we need more awareness about sexuality in general for women and girls.
- ⌘ We need to help women and girls increase their ability to earn money in other ways and empower them to negotiate for safer sex even within marriage.

⌘ Access to education and girls staying long in schools to complete studies increases their chances of access to better paying jobs which would lead to economic freedom.

d. Widowhood Inheritance

- ⌘ The cultural practice of widow inheritance and taking away of the property of widows is another contributing factor to the difficulties of women in choosing to abstain or remain faithful.
- ⌘ No-one checks the HIV status of the widow to be inherited or that of the relative who inherits the widow.
- ⌘ The other wives of the man who inherits the widow are not consulted, nor can they choose that their husband should remain faithful to them.
- ⌘ Many widows accept to be subjected to such life-threatening rituals because they want to protect their property and keep their children, all of which can be taken away from them if they refuse.
- ⌘ Successful HIV prevention programmes need to include the protection of women to own and inherit property, which in turn can protect women from high risk sexual cultural rituals.



ACTIVITY 6



Write down three other ways that you may know which prevent couples from being faithful to each other and suggest three ways how they can be overcome.

ISSUES PREVENTING THE USE OF CONDOMS

a. Lack of Mutuality

- ⌘ As you may have guessed, or heard from other people, using condoms in a relationship is not as easy as it sounds as it requires open communication about sex with one's sexual partner and a mutual agreement to use them.
- ⌘ Both partners need to agree about their use, even if it will be worn by one person. Many men refuse to wear a condom or allow their sex-partners to wear one because they believe that sex with a condom is not as nice as without one.

b. Lack of Trust

- ⌘ Others say if you are asking that your partner should use a condom, it means you do not trust them.
- ⌘ Therefore they get offended and threaten to leave the relationship.

c. Lack of Power

- ⌘ Many women feel powerless to insist that 'no condom, no sex.'
- ⌘ They fear that if they insist that their partner should use a condom, their partner will leave them for someone who does not mind having sex without a condom even if they know that there is a chance that the person they are having sex with could be HIV positive.
- ⌘ There are some women who also refuse their partners from using condoms for the same reasons that men give.

d. Offer of More Money

- ⌘ In the case of sex workers, some of their clients are willing to pay more money if they have sex without a condom than if they have a condom.
- ⌘ Because they want to make money quickly, sex workers agree to have 'high risk' sex.

e. Non-availability of Condoms

- ⌘ There are some women who will insist on having sex with a condom but the condoms are not easily available.

f. Desire to Have Children

- ⌘ In most parts of Africa, marriage means having children. Childless marriages are always under threat of breaking up. A woman has to weigh between having 'high risk' sex with her partner without a condom because she is under pressure to conceive or have safer sex, or live a life of no children and face the ridicule that comes with it. These are not easy options for either women or men.

g. Gender Construction

- ⌘ Some men do not use condoms even if they have them because of the way they understand masculinity. Often, they live in communities where they believe that real men do not use condoms. Hence using a condom is like admitting failure.
- ⌘ We need HIV and AIDS prevention methods that empower both men and women to be responsible for their own lives and that of each other. For

this to happen we need structural change to take place with respect to the social construction of manhood and womanhood.



ACTIVITY 7



1. *Write down other reasons that you may know as to why people do not like using condoms.*
2. *In your opinion, which is the strongest reason for not using condoms and why?*

SECULAR EFFORTS TO BUILD GENDER-JUSTICE


In this section our focus will be on what has been happening at a global and African continental level in raising people's awareness about the importance of centering on gender construction in HIV and AIDS prevention. We will study the work of the World Health Organisation, (WHO); UNAIDS, and the Society for Women and AIDS in Africa (SWAA).

For Africa, the points we need to note include the following:


- ⌘ In 1988, Africans realised that HIV and AIDS affect women and men differently.
- ⌘ A Sudanese woman came up with the Society for Women and AIDS in Africa (SWAA) in order to organise women (mostly professionals and academics) across the continent to advocate for the support and protection of women and girls.
- ⌘ By 2005, SWAA had branches in more than 30 African countries.

At a global level:

- ⌘ In 1989, the World Health Organisation (WHO) held its first conference with a focus on the health of mothers and children in the context of HIV and AIDS.
- ⌘ The second WHO conference was held in 1990. This conference focused on HIV and sex workers.



ACTIVITY 8



1. *Explain the assumption about women and HIV by looking at the topics of the two WHO conferences.*
2. *Analyse their assumption about women who are at high risk for HIV.*

- ⌘ In 1990, the World Health Organisation (WHO) committed itself to empower women socially, economically and politically as a means to reduce HIV infection among women and girls.
- ⌘ Other United Nation agencies such as the United Development Programme (UNDP) and the UNCEF began to pay more attention to programmes that empower women and girls.
- ⌘ In 1994, the World Health Organisation (WHO) came up with “Women and AIDS: Agenda for Action.” The section that focused on prevention is in the box below:



QUOTATION

- ⌘ *Increase girls' access to education, including access to scholarships and other financial assistance*
- ⌘ *Support sex and HIV and AIDS education for young people (male and female) in school and out of school to increase their understanding and skills in human sexuality.*
- ⌘ *Support programmes that target both men and women with informed messages about the importance of using condoms to protect both partners from HIV and other STI, and about their mutual responsibility to engage in safer sex practices*
- ⌘ *Remove obstacles to women's ability to earn money and engage in productive labour by supporting child care services, equal pay for equal work, employment training programmes, as well as small business and agricultural programmes.*
- ⌘ *Support the development of sound HIV and AIDS workplace policies and effective workplace education programmes*
- ⌘ *Ensure a safe blood supply*
- ⌘ *Reduce unnecessary blood transfusions by improving women's nutrition, preventing anaemia, etc.*
- ⌘ *Reduce the incidence and prevalence of STIs among women.*

- ⌘ Ten years later, in 2004, UNAIDS launched the "Global Coalition on Women and AIDS" and came up with another plan of action which is as follows:



QUOTATION

- ⌘ *Promote girls' primary and secondary education and women's literacy*
- ⌘ *Eliminate school fees to keep girls in school*
- ⌘ *Promote zero tolerance of violence against women and girls in schools*
- ⌘ *Provide life-skills education both in and out of school that fosters mutual respect and equality between boys and girls*
- ⌘ *Ensure that adolescent girls and women have the knowledge and means to prevent HIV infection*
- ⌘ *Institute population-wide gender-sensitive communication and advocacy campaigns*
- ⌘ *Increase access for women to both male and female condoms and skills to negotiate their use*
- ⌘ *Empower women and girls economically by providing them with access to credit and business and leadership skills to break the cycle of poverty, gender inequality and vulnerability to HIV transmission*
- ⌘ *Promote zero tolerance of all forms of violence against women and girls.*



ACTIVITY 9



1. *Read very carefully both the 1994 and 2004 plans of Action*
2. *Compare and contrast the two plans*
3. *Can you say we are making progress in the women and AIDS area?*

Men and AIDS: Involving Men in HIV Prevention

- ⌘ In 2000, the World AIDS campaign focused on Men and AIDS. I want you to read the information in the box below to find out why:



QUOTATION

Why Focus on Men?

There are five main reasons for focusing the World AIDS Campaign on men and boys:

- ⌘ **Men's health is important but receives inadequate attention.** *In most settings, men are less likely to seek needed health care than women, and more likely to engage in behaviour—such as drinking, using illegal substances or driving recklessly—that puts their health at risk. In stressful situations, such as living with AIDS, men often cope less effectively than women. Promote zero tolerance of violence against women and girls in schools*
- ⌘ **Men's behaviour puts them at risk of HIV.** *While HIV transmission among women is growing, men - including adolescent boys - continue to represent the majority of people living worldwide with HIV or AIDS. In some settings, men are less likely to pay attention to their sexual health and safety than are women. Men are more likely than women to use alcohol and other substances that lead to unsafe sex and increase the risk of HIV transmission, and men are more likely to inject drugs, risking infection from needles and syringes contaminated with HIV.*
- ⌘ **Men's behaviour puts women at risk of HIV.** *On average, men have more sex partners than women. HIV is more easily transmitted sexually from men to women than vice versa. In addition, HIV-positive drug users - who are mostly male - can transmit the virus to both their drug partners and sex partners. A man with HIV is therefore likely to infect more people over a lifetime than an HIV-positive woman.*
- ⌘ **Unprotected sex between men endangers both men and women.** *Most sex between men is hidden. According to surveys from across the world up to a sixth of all men report having had sex with another man. Many men who have sex with men also have sex with women - their wives or regular or occasional girlfriends. Hostility and misconceptions about sex between men have resulted in inadequate HIV prevention measures in many countries.*
- ⌘ **Men need to give greater consideration to AIDS as it affects the family.** *Fathers and future fathers should be encouraged to consider the potential impact of their sexual behaviour on their partners and children, including leaving children behind as AIDS orphans and introducing HIV into the family. Men also need to take a greater role in caring for family members with HIV or AIDS.*

Source: *Men and AIDS: A Gendered Approach*. 2000 World AIDS Campaign by UNAIDS.

Programmes to Reach Men

In Africa, special programmes have been designed to target men. For example:

- ⌘ Programmes directed at long distance truck drivers who are encouraged to reduce the number of sex partners and to use condoms correctly and consistently.
- ⌘ Programmes directed at Army soldiers to practice safer sex.
- ⌘ Programmes targeted at boys to delay their first sexual relationships.
- ⌘ Programmes targeted at men with HIV to prevent transmission of the virus to their partners.
- ⌘ Programmes seeking to correct the negative perception of manhood.
- ⌘ Programmes to stop violence against women.
- ⌘ Programmes to stop illegal drug use.



ACTIVITY 10



1. *List the programmes that are taking place in your community on HIV prevention that target men.*
2. *If there are none, which programmes would you want to introduce, and why?*

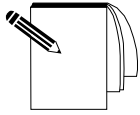


SUMMARY

In this unit we have:

- ⌘ Listed the different methods of prevention of HIV infection. These include:

- Knowledge of accurate facts about HIV and AIDS.
 - Abstaining from all forms of sex either permanently or for a time.
 - Practicing a monogamous sexual relationship where there is mutual faithfulness.
 - Using good quality condoms correctly and consistently.
 - Using AZT when pregnant to reduce the mother-to-child infections.
 - Avoiding sharing of needles and syringes for all purposes.
 - Avoiding contact with all human blood and other bodily fluids which may contain HIV.
- ⌘ Noted that because of the existence of inequalities between men and women, it is very difficult for women to:
- Abstain.
 - Be faithful.
 - Condomise
 - Acquire accurate knowledge about HIV.
- ⌘ Studied the efforts of SWAA, WHO and UNAIDS to come up with Action Plans of 1988, 1994, 2001 and 2004 to promote gender-justice, which in turn would go a long way to reduce the HIV infections in heterosexual relationships.



SELF-ASSESSMENT ACTIVITY

1. *Make a list of all the HIV and AIDS prevention methods that you are aware of.*
2. *For each method explain how gender imbalance prevents successful implementation of each method.*
3. *Identify the difference between the 1994 and 2004 Action plans.*
4. *Find out how far these Action plans for women and AIDS have been implemented in your country.*
5. *Write down three reasons to justify the need for special programmes that target at men in preventing HIV.*



FURTHER READING

- Dibeela, Cheryl. 2003. Gender Injustice. Pages 226-228 in *AfricaPraying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines*. Edited by Musa W. Dube. Geneva: WCC Publications.
- Dube, Musa W. and Musimbi R. A. Kanyoro. eds. 2004. *Grant Me Justice: HIV/AIDS and Gender Readings of the Bible*. Pietermaritzburg: Cluster.
- Weinreich, Sonja and Christoph Benn. 2004. *AIDS: Meeting the Challenge*. Geneva: WCC Publications. Chapter 11.

UNIT 4

RELIGION, GENDER, AND HIV AND AIDS

OVERVIEW

Welcome to unit 4 of the Gender, Religion and HIV and AIDS Prevention module. In Unit 3, I mentioned that it is important to get accurate information about HIV and AIDS and implement the suggested prevention methods. We need to bear in mind that the HIV and AIDS prevention methods we discussed have proven difficult to implement because of our different interpretations as to why we have certain diseases and how to bring healing to them. In this unit we will look again at African Indigenous Religion and Christianity. This time we will concentrate on how gender construction of these religions hinders HIV and AIDS prevention methods. We will go further to examine the resources within those religions that we can tap into which incorporate our religious beliefs, thereby guiding our efforts of HIV and AIDS prevention.

OBJECTIVES

Upon the successful completion of this unit you should be able to:

- ⦿ **Describe** HIV and AIDS prevention difficulties and African Indigenous Religion gender construction
- ⦿ **Discuss** HIV and AIDS prevention and Christian gender

construction

- ⌘ **Analyse** gender empowerment in African Indigenous Religion for HIV and AIDS prevention
- ⌘ **Assess** gender empowerment in Christianity for HIV and AIDS prevention

TOPICS

- ⌘ HIV and AIDS prevention and African Indigenous Religion gender construction
- ⌘ HIV and AIDS prevention and Christian gender construction
- ⌘ Gender empowerment in African Indigenous Religion for HIV and AIDS prevention
- ⌘ Gender empowerment in Christianity for HIV and AIDS prevention
- ⌘ Summary
- ⌘ Self-assessment activity
- ⌘ Further reading

HIV AND AIDS PREVENTION DIFFICULTIES AND AFRICAN INDIGENOUS RELIGION GENDER CONSTRUCTION

We shall begin this section by focusing upon our worldviews, which can be defined as:

- ⌘ 'Mental lenses' that we continuously use to find our way through the environment that surrounds us. It spreads through and influences most of our thinking and actions. This worldview is learned through socialisation and social interaction and is continuously being reinforced by the culture of our society throughout our lifetime. It is often not questioned nor is it doubted. It is rarely changed in any significant manner. Over time though,

worldviews do change slowly. Under some circumstances, individuals do occasionally convert from one worldview to another.

⌘ African Indigenous Religion has its own understanding of why things happen the way they do. For example, African Indigenous Religion has its own interpretation of why we have diseases and how to prevent these diseases.

⌘ Traditional belief systems divide diseases into categories. For example:

- There are common diseases like headaches, stomach-ache, etc., which are considered to be natural and are treated with herbs which can be supplied by a knowledgeable member of the family or a village herbalist (women or men who use roots, the bark of a tree, stems, leaves, and seeds to cure diseases).
- When a sickness is prolonged, African people seek the help of diviners (women and men who depend on revelation from their ancestors to find out what is wrong with a person. They use different instruments and methods in their process of diagnosis. These may include bones, water, mirror, seeds, animal body parts etc., to help them tell what the problem is). These diviners give an interpretation of why the sickness is happening and what should be done to cure it.

⌘ You can also interpret the reasons for sickness in categories such as:

- A calling from the ancestors to become a healer. Ancestors are family members, especially older people who have died but are believed to be in communication with their living members.
- A punishment for neglecting a ritual (sacred symbolic actions that have been formalised by the community, which direct them toward an experience of the sacred) or for the breaking of a taboo (i.e., something that a particular community agrees is prohibited).

- ⌘ Once the diviner gets a revelation through divination as to what the ancestors want, rituals are performed for:
 - The individual.
 - Sometimes for the family.
 - For the whole community to meet the requirements of the ancestors.
- ⌘ Thereafter healing of the person is supposed to follow.
- ⌘ At other times, the diviner may reveal that the sickness has been caused by other people who do not wish well on the inflicted person.
- ⌘ The people causing the sickness could be:
 - Relatives.
 - Neighbours.
 - Schoolmates or work colleagues.
- ⌘ Sometimes the diviner reveals the names of the persons who are causing the sickness.
- ⌘ At other times they know, but will not reveal the names.
- ⌘ Sometimes, the diviner can break the evil spell through medicines or words.
- ⌘ At other times, the sickness cannot be undone and it leads to death.



ACTIVITY 1



*List what happened when you, or a relative, friend or someone you know visited(a) a herbalist or (b) a diviner
(You can also describe what you may have heard or read about)*

a. HIV And AIDS and Herbalists or Diviners

- ⌘ In the era of HIV and AIDS, many AIDS patients seek healing from herbalists and diviners. You may have heard that there have been many healers who claim that HIV and AIDS is not a new disease.
- ⌘ Some of the causes of HIV and AIDS according to African Indigenous Religion are:
 - Breaking some rituals that the ancestors expect a person to perform.
 - Through witchcraft by one's enemies.
- ⌘ You will therefore understand why indigenous remedies focus on curing the symptoms.
- ⌘ Some people claim to be healed by such remedies.
- ⌘ In the communities where they believe strongly in the existence of witchcraft, people interpret the death of an AIDS patient to have been caused by witchcraft.
- ⌘ This belief is found both in African urban and rural areas among western-educated Africans as well as among those without western education.

b. Positive Side of Belief in Witchcraft

- ⌘ Our African belief in witchcraft can be positive in that it helps with the de-stigmatisation of HIV and AIDS, whereby ill-health is linked to bad relationships in the society. Poverty, gender inequalities, international economic injustice are all good examples of bad relationships that cause ill-health.



ACTIVITY 2



List your opinions about the positive side of witchcraft and HIV and AIDS

c. Negative Side of Belief in Witchcraft in the Context of Gender Construction

- ⌘ If a person believes that someone has caused their sickness through witchcraft, they will obviously not associate it with all methods of spreading HIV, as we discussed in unit 1. Therefore, they may not implement any of the prevention methods we discussed in unit 3. This will mean that they will not change their behaviour and will continue to spread the virus to other people, with whom they will be sexually involved.
- ⌘ They will continue to promote cultural practices that put other people's lives in danger.
- ⌘ I will give one example as follows: There is a belief among some African communities, which we came across in unit 2, that when a husband dies they believe that his spirit will not rest until the widow has gone through a ritual of sexual cleansing by a professional community cleanser or by a close relative of the dead husband. If the widow refuses, she is blamed for every death that happens in the village from that time onwards. Since women are viewed as the givers of life, it is in the best interest of the women to protect life by following the community-prescribed rituals. By accepting to follow the traditional understanding of protecting life, they find themselves in a predicament of breaking some of the HIV prevention methods we discussed in unit 3, such as getting infected with HIV by having multiple sexual partners and/or passing the infection on to others.



ACTIVITY 3



List your opinions about the negative side of witchcraft and HIV and AIDS

d. Suggested Way Forward: Community Education

- ⌘ I suggest that it would be ineffective to target individuals in HIV preventive methods but rather the entire community that consists of chiefs, other community leaders, women and men, to discuss and find solutions together as a community.
- ⌘ I find this to be true even in the context of belief in witchcraft, where unfortunately many women tend to be survivors of witchcraft accusations. Please, read Mercy Oduyoye's chapters on culture and religion in her book, *Daughters of Anowa: African Women and Patriarchy*. You may ask why? I suggest that:
 - In most African societies women leave their homes to live in the homes of their husbands. In their new home, sometimes they become easy targets for accusations about witchcraft.
 - The general belief that menstrual blood can be used to harm life. Some of the AIDS opportunistic infections such as the swelling of limbs are interpreted as having been caused by sexual contact with a menstruating woman. This belief strengthens another belief that AIDS is a woman's disease and the accusation of women as the ones who infect men with HIV. Accordingly, men often fail to avoid having multiple sexual partners.



ACTIVITY 4



Identify and list some African beliefs that you know about women that may effect the HIV prevention methods discussed in Unit 3

HIV AND AIDS PREVENTION AND CHRISTIAN GENDER CONSTRUCTION

When we turn to Christianity, we will find that it too has its own worldview which controls the Christian interpretation of diseases and sickness. This also has a bearing on the HIV and AIDS prevention methods discussed in Unit 3. Accordingly, we list below some examples of Christian's beliefs about the causes of some diseases and sickness in general.

⌘ As punishment from God for sinful disobedience:

- This is the central message of Deuteronomy 28.
- It is also the assumption behind the disciple's question to Jesus in the John 9 where they wanted to know who sinned for the man to be born blind.

It is for this reason that in many Pentecostal and Charismatic churches, when a person is prayed for to receive divine healing, she or he may be asked to repent from all sins that could be the cause or root of the sickness.



ACTIVITY 5



1. *Read Deuteronomy 28*
2. *List the reasons given for illness*

a. Advantages of Belief in Divine Healing

- ⌘ Some people have testified to divine healing when they have been prayed for.
- ⌘ This belief is also extended to praying for healing from AIDS. People have also claimed to have been healed from opportunistic infections of AIDS.
- ⌘ Others have gone further to claim healing from HIV after having gone through a second HIV testing that has shown to be negative while before that the test results had been positive.

b. Disadvantages of Belief in Divine Healing

- ⌘ Some people have claimed healing by faith from HIV even if the test results have repeatedly indicated that they are still HIV positive.
- ⌘ The dangerous part is that Christians who believe that they have been healed by faith even though the tests remain positive do not take appropriate precautions to prevent infecting their partners.
- ⌘ You may know stories of virgin girls whose marriage with HIV positive men were arranged by church leaders or church women organisation leaders. Two or three years after the arranged marriage, which is interpreted as God's will, either the husband dies of AIDS or the wife goes through a series of miscarriages as a result of having been infected with HIV.

c. Ideals or Reality?

My experience in the church has convinced me that church leaders have a very strong hold on the lives of their members. What the church leaders say is usually taken very seriously. I have also learnt that often religious leaders deal with absolutes, ideals not realities of the people. Hence, if church leaders preach that sex should only take place in marriage and thereby condemn extra-marital or pre-marital sex, people fear the church even when they fail to live up to the church ideals about sexuality.

d. The Church and Condoms

⌘ You may be aware that the Roman Catholic Church and many Pentecostal/Charismatic churches do not officially support the use of condoms to prevent HIV infection. This is based on the following beliefs:

- Condoms are not 100% safe.
- Condoms are a form of a contraceptive, and the official stand of the Roman Catholic Church is against the use of contraceptives.
- Condoms are used for extra-marital or pre-marital sex, which the church is against. The church's solution to HIV prevention is abstinence before marriage and faithfulness in marriage, despite the fact that there have been cases of church leaders who have sworn to a life of celibacy but have subsequently died of AIDS.
- Recently, the Roman Catholic Church has officially eased the ban on the use of condoms as a protection for life, but not as a form of artificial birth control.

e. Church Beliefs on Adultery, Divorce and Gender Construction

- ⌘ The church generally holds marriage in high esteem. In the case of the Roman Catholic Church, there is a belief that divorce is a sin.
- ⌘ Protestant churches accept divorce only in cases of adultery. In practice, in most churches, the crime of adultery holds when it is a woman who is guilty. Many women, who have complained to church leaders about unfaithful husbands or domestic violence, are usually asked what they did to provoke their husbands to abuse them or lead them to unfaithfulness. Other women with the same complaint are asked to persist in prayer and take the abuse or unfaithfulness as their cross to carry. Such women are discouraged from seeking help outside the church. In the context of HIV and AIDS, such men do not take responsibility for their actions or seek the appropriate HIV prevention methods.

f. Church Beliefs about the Nature of Women

- ⌘ In Christianity, a woman is presented as the weaker sex. Cultural beliefs about women and menstruation are strengthened by the Hebrew Bible teachings that suggest the unclean nature of women.
- ⌘ Some churches have interpreted the women's nature as a reason for denying them certain church job opportunities. In fact, some women and men cannot vote for a woman to a position of leadership, be it in the church or society because that would go against their belief about the inferior nature of a woman.
- ⌘ It is because of such beliefs that people of faith may increasingly find it difficult to implement the 1994 "Women and AIDS: Agenda for Action" of the World Health Organisation (WHO), or the 2004 UNAIDS-led "Global

Coalition on Women and AIDS” that advocates for improved AIDS programming for women and girls, which we discussed in Unit 3.



ACTIVITY 6



1. *How has your faith influenced your perception about the relationship between men and women?*
2. *How has this perception influenced your interpretation of HIV prevention methods?*

GENDER-EMPOWERMENT IN AFRICAN INDIGENOUS RELIGION FOR HIV AND AIDS PREVENTION

In this section, let me begin by defining gender empowerment. I see gender empowerment as increasing women and men’s power so that they can be able to do things they never thought possible before going through an intervention. I also see religion as having much to contribute towards the empowerment of women and men in HIV and AIDS prevention.

a. Examples of Religious Resources to Empower Women and Men

Let us list them:

- ⌘ African Indigenous Religion has a moral code, which when used correctly with sensitivity, has at its root the aim of protecting all human life from harm.

- ⌘ African Indigenous Religion as practiced among the Chewa of Malawi recognises the leadership capability of women as spiritual and political leaders.
- ⌘ Womanhood and manhood are also celebrated through women's and men's initiation ceremonies, which do not include circumcision for both. While not everything that is done or taught at such ceremonies could be categorised as gender empowerment or promote HIV and AIDS prevention, it nevertheless provides a forum, which can be used for sex education that is gender sensitive for HIV and AIDS prevention.
- ⌘ The leaders of initiation ceremonies come from within the same communities. They are respectable members of their communities who are knowledgeable about the moral values that have kept their communities together. Such leaders become the custodians of the beliefs and practices of their communities. It is logical therefore to consider using the same structures in HIV prevention methods where the community leaders of initiation ceremonies are given HIV education to pass on to those who look up to them.
- ⌘ Some female African Indigenous healers have revived the *Nomkhubulwana* festival to help girls to delay having sex until they get married. Points for you to remember include:
 - *Nomkhubulwana* is a Zulu female divinity who is responsible for the fertility of land, animals and people.
 - The *Nomkhubulwana* Festival was revived in 1994 by two female traditional healers, Nomagugu Ngobese and Andile Gumede.
 - Virginity testing is part of the *Nomkhubulwana* Annual Festival, where only virgins are allowed to conduct the whole festival.
 - This festival existed in pre-colonial Zulu religiosity and was abandoned as more and more Zulus become converted to Christianity.

- Through the *Nomkhumbulwana* Festival, Nomagugu is claiming back Zulu spirituality that had room for a female deity and female virgin participants. She has used this religious ritual as an HIV and AIDS prevention method.
- She sees her call as a Sangoma as directed towards the protection of Zulu girls from HIV and AIDS, rape and teenage pregnancy, through monthly virginity testing.
- During the regular testing festivals, girls are given HIV and AIDS education and form the virginity support groups for socialisation. The Ministry of Health in KwaZulu-Natal is now involved in the provision of gloves for testing, as well as providing speakers at the festivals.

b. Advantages of this Ritual

- ⌘ We need to appreciate the initiative of using African Indigenous Religion as a resource to fight against HIV from a gender perspective. I take this as an example of how African Indigenous Religion values community involvement in dealing with a common problem. Further education is needed to refine the ritual so that it empowers both women and men in the prevention of HIV and AIDS.
- ⌘ Male traditional healers are beginning to support the ritual and encouraging boys to go for virginity testing too.
- ⌘ Sangomas are now insisting that those who marry the boys and girls who go for virginity testing must also be tested for HIV.

c. Disadvantages of this Ritual

- ⌘ You could say that the rights to privacy of the girls are being violated by testing them for virginity. Currently in South Africa, a bill has been tabled in parliament to ban virginity testing for girls under the age of 18 years.
- ⌘ You could also say that the whole process puts pressure on the girls as the ones who are responsible for the spread and prevention of HIV.
- ⌘ As we observed in Unit 2, although the girls may protect themselves from HIV while they are unmarried, we cannot guarantee the same once they get married to men who may have already lost their virginity.
- ⌘ When the girls have been tested as virgins, they are given a white star on their forehead. This inevitably exposes them to the men who want to rape virgins in order to get cured from HIV and AIDS.
- ⌘ Research has shown that such girls are more likely to get involved in unprotected sex when under pressure to have sex.



ACTIVITY 7




Discuss any community initiatives that use indigenous rituals to prevent HIV and AIDS while at the same time maintaining gender sensitivity.

GENDER EMPOWERMENT IN CHRISTIANITY FOR HIV AND AIDS PREVENTION


In this section we will discuss resources within Christianity that promote the empowerment of men and women for the prevention of HIV and AIDS.

a. Gender Empowerment in the Bible

- ⌘ The Biblical Christian moral code demands sexual faithfulness from married couples.
- ⌘ Genesis 1:27, Romans 16 and Galatians 3:28 equip Christians with a Bible-based gender empowerment.



ACTIVITY 8



1. *Read Genesis 1:27; Romans 16 and Galatians 3:28*
2. *List the reasons for gender empowerment in Christianity*

b. Gender Empowerment in Institutions and by Individuals

- ⌘ Theological institutions that promote theological education of women and men.
- ⌘ Ecumenical organisations that set funds aside to promote women to study theology so that they can deal with religious issues that make it difficult for women to be part of church leadership. Examples include:
 - At the global level: The World Council of Churches (WCC), based in Geneva, Switzerland.
 - At the local level: The Centre For Constructive Theology (CCT), based in Durban, South Africa, which raises funds to give scholarships to South African women to study theology.
- ⌘ Mainstreaming gender in Theological Institutions at the Continental level:
 - The work of the Circle of Concerned African Women Theologians, who since 2002 have decided to mainstream

gender and HIV and AIDS in their research, publications, curriculum for theological and religious institutions and in their involvement with people in the members' communities. The women have come to a realisation that unless women themselves begin to talk and write about gender and HIV and AIDS, and to make their presence known, HIV and AIDS will go on in Africa unabated. In the process, many more women and men will get infected with HIV and die. By getting involved in raising people's consciousness about the link between gender imbalance and the increase of the HIV infection among women, the Circle of Concerned African Women Theologians is making a significant contribution in the prevention of HIV.

- ⌘ Mainstreaming gender in Theological Institutions at the local level:
 - Organisations that have women and gender programmes which target women and men, includes the Pietermaritzburg Agency for Social Action in South Africa (PACSA).
- ⌘ Mainstreaming gender in Theological Institutions at an individual level:
 - Some male African Theologians are dedicated to address issues of gender in the church and society in their publications and activities. For example, Professor Tinyiko Maluleke from South Africa, Dr Ezra Chitando from Zimbabwe and Dr Samuel Frousou from Cameroon.
- ⌘ The central efforts of the organisations and individuals we have listed in this section affirm the humanity of women and men so that they can each make it as their personal responsibility to protect one another from HIV and AIDS.



ACTIVITY 9



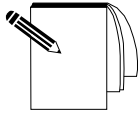
Outline what the religious based organisations are doing in your community about gender empowerment and HIV and AIDS prevention.



SUMMARY

In this unit, we have learnt that:

- ⌘ African Indigenous Religion and Christianity have a religious interpretation of origin of diseases, sickness and healing.
- ⌘ Sometimes a religious interpretation of HIV and AIDS can help with the suggested methods of HIV and AIDS prevention from Unit 3.
- ⌘ At other times, there is conflict, which can hinder methods of HIV and AIDS prevention described in Unit 3.
- ⌘ Religions are drawing from their resources for gender empowerment and HIV and AIDS prevention.
- ⌘ A successful HIV and AIDS prevention method should take seriously the African understanding of diseases, sickness and healing.
- ⌘ The African understanding about HIV and AIDS should be willing to change in the presence of new information about HIV and AIDS.
- ⌘ Gender empowerment is very important in HIV and AIDS prevention.



SELF-ASSESSMENT ACTIVITY

1. *Identify how African Indigenous Religion gender construction make HIV and AIDS prevention difficult.*
2. *List how Christian gender construction make HIV and AIDS prevention difficult.*
3. *Write down how gender empowerment in African Indigenous Religion can help in HIV and AIDS prevention.*
4. *Write down examples about how gender empowerment in Christianity can help in HIV and AIDS prevention.*
5. *Write down your opinions about using gender empowerment in religious institutions for HIV and AIDS prevention.*



FURTHER READING

- Ackermann, Denise M. 2004. *Tamar's Cry: Re-reading an Ancient Text in the Midst of an HIV/AIDS Pandemic*. Pages 27-59 in *Grant Me Justice: HIV/AIDS and Gender Readings of the Bible*. Edited by Musa W. Dube and Musimbi R. A. Kanyoro. Pietermaritzburg: Cluster Publications.
- Oduyoye, Mercy Amba. 1995. *Daughters of Anowa: African Women and Patriarchy*. Maryknoll: Orbis. Chapters 4, 5, and 6.

PART III

HIV AND AIDS STIGMA AND GENDER

A WORD OF WELCOME

Welcome to Part III of this module on Gender, Religion and HIV and AIDS Prevention in *The HIV and AIDS Curriculum for TEE for Programmes and Institutions in Africa*. This section consists of two units: Understanding Stigma, and secondly, Stigma in Religions and HIV and AIDS. Let us now turn to each unit in detail.

UNIT 5

UNDERSTANDING STIGMA

OVERVIEW

Welcome to the fifth unit of the Gender, Religion and HIV and AIDS Prevention module. In Units 3 and 4 we focused on how HIV is, or is not, prevented. In this unit, we continue to show how these are connected to individuals, communities, and societies and how this influences our interpretation of HIV and AIDS. In addition, you will also learn that the commonly held attitudes and norms in the community affect how People Living with HIV and AIDS (PLWHAs) are treated. This will lead us to discuss the following points:

- ⌘ Stigma.
- ⌘ How Stigma is gendered.
- ⌘ How Stigma hinders HIV and AIDS prevention.
- ⌘ How secular organisations have worked against stigma by looking at the example of the UNAIDS programme.

OBJECTIVES

Upon the successful completion of this unit you should be able to:

- ⌘ **Define** stigma and discrimination
- ⌘ **Describe** how stigma is gendered

- ⌘ **Explain** how stigma hinders HIV and AIDS prevention
- ⌘ **Analyse** the secular means of de-stigmatisation

TOPICS

- ⌘ Stigma and discrimination
- ⌘ Stigma and gender
- ⌘ Stigma and HIV and AIDS prevention
- ⌘ Secular means of de-stigmatisation
- ⌘ Summary
- ⌘ Self-assessment activity
- ⌘ Further reading
- ⌘ Test

STIGMA AND DISCRIMINATION

a. The Greek Background of Stigmatisation

There are many ways of explaining what we mean when we talk about stigma. It will be helpful for us to begin by stating that stigma is originally a Greek word. In this context, it was a mark that was made on a person to show that the person did not live up to the moral standard that was set by society. The mark could be in a form of a sign that was made on the person's body with a hot branding iron. Every person who sees the mark would know that here is a person who has morally failed. The stigmatised person would be looked upon with shame and would live with such for the rest of her/his life. It is against this background that today we can say that stigma means 'a negative assessment of a person.'

b. Construction of Stigma

The explanation of the Greek context of the word stigma helps us to understand that:

⌘ Stigma is a construct of society. The society decides for itself what its moral code is. There are some universal moral codes:

- For example, respect. However, each community will decide for itself as to how to show respect to another person.
- A moral code sets a standard of what is expected of every person. The social standard of behaviour that guides an individual's behaviour is referred to as the norm.

⌘ Stigma classifies people. Some people are considered good moral people. Others are considered bad moral people:


- This means people use the societal norm to measure good or bad behaviour.
- By so-doing, they develop a judgemental attitude towards those people who fail to live up to the moral stands of their society.
- Those who fail feel inferior while those who keep the norms feel superior towards those who fail.
- As members of the community, we understand our self-concept in the context of what society has constructed as acceptable or not.

⌘ The discussion about stigma brings us to a further discussion of two related issues:


- Prejudice.
- Discrimination.

c. Prejudice

Prejudice can be defined as a 'bias towards people.' It is related to our attitude about other people as individuals or as part of a group. Let us now focus on the qualities of people in relation to prejudice.



ACTIVITY 1



1. *List the groups of people you automatically think as good*
2. *Give reasons for your list in 1*
3. *List the groups of people you automatically think as bad*
4. *Give reasons for your list in 2*

Your answers to activity 1 should show you that there is both positive and negative bias. If you are doing this exercise with another person and then compare your answers, you may have noticed that sometimes, the same people that one person thinks is bad, another may think they are good. This should show you that sometimes our judgments of other groups of people (ethnic group, gender, race, sexual orientation, class) are based on our societal constructed prejudice. We put groups of people into preconceived stereotypes.

Stereotypes are judgments that we form inside us as individuals or a community about other groups of people. For example:

- ⌘ We have opinions about what women or men are like.
- ⌘ Similarly, we have opinions about what we think about white or black people.

⌘ If you are a black person, you become angry when you hear what a white person says about black person. The reverse is also true. However, when you come closer and get to know a person well of a particular group of people different from yourself, you learn that what you thought about them is not true. You therefore either:

- Change your attitude towards the whole group that is represented by that individual.
- You choose to say that this person is an exception to the rule and you continue to hold stereotype views about the rest of that group.

d. Discrimination

Discrimination is a biased action towards an individual or a group of people. A negative attitude towards other people as we have described above can lead to entertaining certain negative actions towards them. Such actions are called discrimination.



ACTIVITY 2



1. *List three examples of negative discrimination*
2. *List three examples of positive discrimination*



QUOTATION

When a group of individuals is easily identifiable, isolated, and highly stigmatized...prejudice and discrimination are open and clear. So many people in the society are so certain about that their attitudes are correct they do not see a problem in expressing opinions about taking actions against the group or groups within it. In many other cases however, prejudice and discrimination are very subtle and people's true motives are not are covert, this is especially true when a number of conflicting schemas are interrelated. We learn for example that we are not supposed to judge groups of individuals by their racial or ethnic background and that it is not good to express prejudices about these groups. Nonetheless, prejudice and discrimination against racial groups occurs, although rarely with a clear link.

Source: H. Y. Fan, R. F. Conner, and L. P. Villarreal, 2004. *AIDS: Science and Society*. Boston: Jones and Bartlett. Pages 176-177.

STIGMA AND GENDER

In Unit 2, we established two important points:

- ⌘ That society constructs for us what is feminine and what is masculine.
- ⌘ As a result, within a particular society that one grows up in, one knows how to behave as a woman or a man.
- ⌘ That there is power imbalance in the relationship between men and women.

We need to know that:

- ⌘ Our political, social, economic and religious systems are designed on the assumption that men are superior to women and therefore they were

created to rule women. This is called patriarchy. I will give you one example of patriarchy:

- In the construction of the English language, for a long time the word “man” was assumed to stand for humanity. Since 1975, the United Nations declared that “man” stands for the male humanity only.

a. Gendered Prejudice and Discrimination

Let us list what we mean by gendered prejudice and discrimination:

- ⌘ By gendered prejudice and discrimination, we refer to biased attitudes and actions on what it means to be feminine and masculine.
- ⌘ Our societies have stereotypes as regards women and men. Examples of gender-based stereotypes include:
 - Some companies do not want to employ women because they say women frequently go on maternity leave and ask for extra leave days to go to clinics with sick children.
 - Women are perceived to be the source of evil by connecting them to Eve in Genesis 3.
 - Another perception is that women are morally weak. Therefore they are easily tempted to commit adultery. When a respectable and powerful married man, both in the church and society, is found to have had sexual intercourse with a woman (whether consensual or rape), the society blames the woman for trapping the man because the woman belongs to a group of people who are stigmatised to be morally weak. Everything possible is done to protect the powerful man and the institution that he represents.

- o Women's bodies are stigmatised to be the source of sexually transmitted diseases to men. As we mentioned previously, in most local languages, sexually transmitted diseases and HIV and AIDS are called women's diseases, thus stigmatising women further. Examples include: Women who are not breast feeding their babies are stigmatised, because it is associated with HIV.



ACTIVITY 3



List examples of gender-based prejudice and discrimination from your community.

STIGMA AND HIV AND AIDS PREVENTION

From the onset of HIV and AIDS in every country, it was connected to stigma and discrimination. From our discussion earlier in this Unit, it should not be difficult for you to figure out why this is should be the case.

Read the information in the box below to learn more about HIV and AIDS stigma and how it strives on already existing stigma.



QUOTATION

People living with HIV and AIDS (PLWHA) are often exposed to complex forms of discrimination, and are discriminated against not only because of their HIV status (e.g. women who are HIV-positive).

Prejudices against PLWA normally derive from already existing fears and prejudices about women, sexuality, poverty, and so on. AIDS is often regarded as an illness which men get from prostitutes or as a consequence of promiscuity. Among women it is seen to be caused by prostitution, sex outside marriage or with multiple partners.

Source: Sonja Weinreich and Christoph Benn. 2004. *AIDS: Meeting the Challenge*. Geneva: WCC Publications. Page 46.

Because of what we have read in the box above, the most logical responses to stigmatisation and discrimination of PLWHA are:

a. Denial

When people test HIV positive, they go through a period of denial by refusing to accept that they have the infection. This is particularly true if a person has not yet developed AIDS symptoms. Why should this be a problem?

- ⌘ Denial is linked to the fear of death in the face of no cure and no antiretroviral treatment.
- ⌘ Because a person is in denial, they do not take precautions, thereby continuing to spread the virus.
- ⌘ Denial also makes any discussion of HIV or sexuality a taboo subject. However, where they have come to terms with HIV infection, people tend to be open to discussion about it and put effort in addressing all the issues that promote the spread of HIV.

b. Taboo

HIV is associated with two taboo subjects, namely:

- ⌘ Death: this is one of the topics that people do not normally want to discuss.
- ⌘ Sex and sexual relationships. This is another taboo subject that people avoid discussing. Through HIV and AIDS, sex is connected to death. It therefore casts a negative picture about sex in general as a trap towards death and no longer as a life-giving agent. Sex becomes associated with shame and fear.

So, how can we prevent HIV in the context of stigma? As the UNAIDS document reveals, our answer lies with:

- ⌘ Greater Involvement of People Living with HIV and AIDS (PLWHAs).



ACTIVITY 4



Identify other ways in which stigma has or continues to hinder HIV and AIDS prevention efforts

SECULAR MEANS OF DE-STIGMATISATION

We will begin this section by listing areas of de-stigmatisation by focusing on the work of the UNAIDS and its world wide partners. They are in the forefront of the fight against stigma because it leads to rejection of PLWHA. UNAIDS have argued that PLWHAs have human rights just like everyone else. In particular they are actively working for:

a. The Right to Knowledge about HIV and AIDS

UNAIDS promotes open discussion about HIV in all possible forums. Why?

- ⌘ In Unit 1 we learnt that HIV and AIDS has been in existence for more than two decades. From experience, we also know that despite campaigns to educate the masses, there are still communities in Africa that still do not have accurate knowledge about it.
- ⌘ Lack of knowledge leads to intolerance and prejudice.
- ⌘ Increased information leads to self-acceptance for people living with HIV and AIDS, their families and communities.

b. The Right to Associate with other People

UNAIDS encourages that PLWHAs should be included in all HIV and AIDS prevention programmes both at the planning and implementation stages. Why?

- ⌘ The voices of PLWHAs need to be heard.
- ⌘ PLWHAs have a contribution to make in stopping the spread of HIV.
- ⌘ PLWHA have a right to form support groups to:
 - Developing personal acceptance and self-esteem.
 - Developing hope for the future and planning.
 - Developing coping mechanisms in living with the virus.

c. The Right To Knowledge about Sexual and Reproduction Health

The UNAIDS promotes knowledge about sexual and reproductive health of women and men. Why?

- ⌘ So that PLWHAs can take control of how to increase their chances of having HIV negative children.
- ⌘ How to practice safer sex.

d. The Right To Medication

The UNAIDS are actively promoting the availability of antiretroviral drugs for people living with HIV and AIDS. Why?

- ⌘ It helps to break the fear of death which is connected with HIV.
- ⌘ It brings hope after hearing about one's positive status.
- ⌘ It improves the quality of life, thereby enabling a person to live with dignity. While antiretroviral drugs do not cure people from HIV, they reduce the load of the virus in the body to a level that may not be detectable and thereby prolong quality of life.
- ⌘ It encourages many people to go for testing.

e. The Right To Access to Health Care for Opportunistic Infections

This helps to deal with those doctors who refuse to treat people who have AIDS.

f. The Right To Work

This helps to deal with the issue of dismissals when a person's status is known by her/his employer.

g. The Right To Social Protection for Caregivers

The UNAIDS encourages programmes that:

- ⌘ Provide social protection for caregivers to help relieve women's heavy burden of caring for sick and dying family members and for orphans.
- ⌘ Strengthen public health and caring facilities and services to relieve the workload entailed in providing community and home-based care.
- ⌘ Provide training, counselling, and psychosocial support to home-based care-givers and volunteers.
- ⌘ Establish financial support for community gardening, cooking and other activities that support and/or replace individual household tasks and responsibilities.

While all this may sound good, the major challenge is to get national governments to implement these rights at a national level. This is also supposed to affect the way national funds are distributed.



ACTIVITY 5



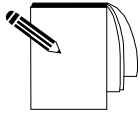
1. *Identify some of the de-stigmatisation programmes that are operating in your community.*
2. *Find out if your government dealt with the issue of human rights for people living with HIV and AIDS*



SUMMARY

In this unit we have learnt that:

- ⌘ We operate as members of communities and societies.
- ⌘ Our communities shape our attitudes and our actions towards other groups of people.
- ⌘ Our judgments of other people are based on what society decides are normal attitudes or behaviours.
- ⌘ That society looks down upon people who deviate from what society considers normal.
- ⌘ Stigma is associated prejudice and discrimination on the basis of class, race, sex, and sexual orientation and perception.
- ⌘ We dwelt more on gender and stigma.
- ⌘ HIV and AIDS is stigmatised because it is associated with behaviour that most communities and societies consider immoral.
- ⌘ It is also connected to sexuality and death, both subjects considered to be taboo in Africa.
- ⌘ This forces the people who are living with HIV and AIDS to refuse to reveal their status, and thereby do nothing about taking precautions to avoid spreading the virus.
- ⌘ Stigma frustrates the plans of those who are working hard at preventing the spread of HIV and AIDS.
- ⌘ There are organisations that are working towards the elimination of stigma for effective HIV and AIDS prevention.
- ⌘ We looked at the work of UNAIDS in de-stigmatising HIV and AIDS through programmes that aim at breaking the silence around HIV and AIDS to make it a frequently discussed topic among PLWHAs.



SELF-ASSESSMENT ACTIVITY

1. *Give an outline of how stigma is created in our communities.*
2. *List the main points of why stigma exists.*
3. *Give three examples of prejudice and discrimination.*
4. *Outline ways to promote understanding of ways in which gender stereotypes and expectations affect men and women.*
5. *Explain why it is important to promote gender equality and empowerment in the process of de-stigmatisation.*
6. *Write down three points to explain why it is important for all people, especially couples, to talk about sex, HIV and AIDS, death, and the care of children.*
7. *Identify ways in which you would go about de-stigmatising gender and HIV and AIDS*



FURTHER READING

Weinreich, Sonja and Christoph Benn. 2004. *AIDS: Meeting the Challenge*. Geneva: WCC Publications. Chapters 8 and 9.

Kgalemang, Malebogo 2004. John 9: Deconstructing the HIV/AIDS Stigma. Pages 141-168 in *Grant Me Justice! HIV and AIDS and Gender Readings of the Bible*. Edited by Musa W. Dube and Musimbi R. A. Kanyoro. Pietermaritzburg: Cluster Publications.

Musopole Augustine C., Moiseraele Dibeela, and Fulata L. Moyo. 2003. Stigma and Discrimination. Pages 125-133 in *AfricaPraying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy*. Edited by Musa W. Dube. Geneva: WCC Publications.



TEST FROM UNITS 1-5

INSTRUCTIONS

Answer any TWO of the following questions in full. Spend about 45 minutes on each question.

1. From what you have learnt in unit 1, describe the different methods of HIV and AIDS transmission.
2. Describe how Gender is constructed in:
 - a. African Indigenous Religion.
 - b. Christianity.
 - c. In each situation give examples from your community.
3. To what extent does Gender construction hinder HIV and AIDS prevention?
4. Explain how the Church in Africa or African Indigenous Religion has contributed towards gender empowerment towards HIV and AIDS prevention.
5. Describe:
 - a. How HIV and AIDS stigma strives on already existing stigmas.
 - b. The secular means of de-stigmatisation that are gender sensitive.

UNIT 6

STIGMA IN RELIGIONS AND HIV AND AIDS

OVERVIEW

Welcome to the sixth unit of the Gender, Religion and HIV and AIDS Prevention module. In Unit 4 we discussed the existence of a religious worldview that has its own interpretation of how diseases are caused and how illnesses are healed. We looked at the example of African Indigenous Religion and Christianity to examine a religious interpretation of diseases, illness and health. We also looked at a religious construction of gender and how this is connected to a religious interpretation of diseases, illness and health in the context of HIV and AIDS prevention.

In this unit, we will revisit the religious interpretation of diseases and illness in relation to the formation of stigma. Menstruation will be used as an example of a gendered perceived illness that has a religious interpretation connected to stigma. We will also examine religious efforts at de-stigmatisation.

OBJECTIVES

Upon the successful completion of this unit you should be able to:

- ⦿ **Describe** African Indigenous Religion perspectives of illness and gender-related stigmatisation
- ⦿ **Assess** Christian perspectives of illness and gender-related stigmatisation
- ⦿ **Discuss** African Indigenous Religion forms of de-stigmatising illness and gender and their application to HIV and AIDS
- ⦿ **Analyse** Christian perspectives of de-stigmatising illness and gender and their application to HIV and AIDS

TOPICS

- ⦿ African Indigenous Religion perspectives of illness and gender-related stigmatisation
- ⦿ Christian perspectives of illness and gender-related stigmatisation
- ⦿ Gendered African Indigenous Religion perspectives of de-stigmatising illness and HIV and AIDS
- ⦿ Gendered Christian perspectives of de-stigmatising illness and HIV and AIDS
- ⦿ Summary
- ⦿ Self-assessment activity
- ⦿ Further reading

AFRICAN INDIGENOUS RELIGION PERSPECTIVES ON ILLNESS AND GENDER- RELATED STIGMATISATION

In unit 3, we learnt how African Indigenous Religion constructs womanhood and manhood. We gave the example of the study of Mercy Amba Oduyoye in her book, *Daughters of Anowa: African Women and Patriarchy* (1995), where she has shown how societies use myth, folktales and proverbs to construct manhood and womanhood. In this topic, we want to look at how gender-related stigmatisation is connected to illness in African Indigenous Religion.

In this section, we will again use the study of Oduyoye to learn more about gender, stigma and religion. Oduyoye says, if you are to judge people's attendance at religious institutions as a measure of people's dependency on religion, we could easily say that women in Africa are very religious. She then asks why women visit religious institutions so often. She suggests that it could be because women bring life into this world through child birth. Women therefore seek the divine guidance in order to bring up that life to the full.



ACTIVITY 1



1. *Write down your own opinion as to why more women than men go to church*
2. *Explain your own opinion whether menstruation is an illness or not*

a. Stigma and Menstruation

In order for a woman to give birth, God created the woman's body to menstruate. Read the information in the box below from Mercy Oduyoye's book, *Daughters of Anowa: African Women and Patriarchy*, where she describes the beliefs of the Asante and Akan of West Africa on the issue of stigma and menstruation.



QUOTATION

Some of the most significant taboos in African Traditional Religion are associated with blood of menstruation. A woman's blood is a genuine theological symbol, representing the carrying of life, the potential reincarnation of ancestral spirits, and life offered in sacrifice. Menstruation has unusually strong potency: it seems, therefore a form of male envy to put menstruation in the same category as a "person suffering from a gonorrhoeal discharge"; sexual diseases represent abnormality, impurity, and inauspiciousness, while menstruation does not.

In the practice of traditional religion, a menstruating woman becomes "untouchable"; she is like a person preparing an offering and she herself is the offering. She is surrounded by the spirits to whom she is being offered; she must by mere mortals and she herself must avoid the company of others. Women of child-bearing age are both the symbols and the source of continuity of the human community.

In the history of the Asante, women participated in wars, but they had to be past the child bearing age. Girls who had not reached puberty or women who had reached menopause went to war as carriers and nurses. First, they did not have any menstrual "power," which could render impotent charms, talismans, and other spiritual sources. Second, if these women fell in battle, they would die as individuals and not as potential sources of human life. It is not surprising, then, that old women often undertook courageous acts to defend with their lives the people they had brought into life...In general, menstruating women were not allowed to participate in rituals...The Akan have a well known belief that if a man should have sexual intercourse with a menstruating woman he is sure to end up impotent. In fact menstruation is believed to have such potency as to annual all prayer and render all ritual ineffective.

SOURCE: Mercy Oduyoye, 1995. *Daughters of Anowa: African Women and Patriarchy*. Maryknoll: Orbis Books, Pages 116-118.

I have purposefully given you a long passage from Mercy Oduyoye's book to so that you can do the following activity:



ACTIVITY 2



1. *Identify the main points in the above quotation*
2. *Explain why some people in African Indigenous Religion see menstruation as a sickness*
3. *Compare what Mercy Amba Oduyoye says about the beliefs of the Asante and the Akan about menstruation and your own community*
4. *List the similarities and differences between the Akan and your own people*

b. Stigma and Disease

Let us list some illnesses which are also stigmatised:

- ⌘ Among the Batswana of Botswana and the Mendes of Sierra Leone men get a specific sickness, which is associated with sleeping with a widow. In Setswana they have called it *Boswagad*.
- ⌘ Among the Shona of Zimbabwe, leprosy is a stigmatised disease for both men and women.
- ⌘ Among the Shona, sexually transmitted illnesses (STIs) for men are viewed (proudly) as the “marks of a bull.”
- ⌘ Among the Tonga of Zambia, a dry cough is a stigmatised disease for both men and women because it is associated with sex before marriage.
- ⌘ In some African communities, young women who suffer from Fistula (leaking urine after giving birth), are chased away from their homes because of the bad smell.
- ⌘ In most African communities mental illness is stigmatised.



ACTIVITY 3



1. *Identify the stigmatised diseases from your own communities*
2. *Give reason as to why such diseases are connected with stigma*

CHRISTIAN PERSPECTIVES OF ILLNESS AND GENDER-RELATED STIGMATISATION

The Christian lifestyle is influenced by a biblical worldview. Just as there are specific African religious interpretations of menstruation as an illness which makes women unclean, untouchable and a threat to religious ritual (as we observed above), in the biblical world the same exists. Let us now learn about illnesses and gender-related stigmatisation under the three following headings:

- ⌘ The Bible.
- ⌘ African Initiated Churches.
- ⌘ Mission churches.

a. The Bible

Here are three examples from the Bible:

- ⌘ Leviticus 15:19-31 includes the following rules on menstruation:
 - Menstruation is treated as an impurity for seven days of every month. A woman's impurity is extended to all the days that she is bleeding, if it is beyond seven days.

- Everything she wears, sits on, or lies upon, is unclean. People, who touch her, her clothes, and even her sitting and sleeping places, will also be unclean for the rest of the day.
 - An offering is made on her behalf for the forgiveness of sins and as a means of atonement.
- ✠ Mark 5:21-45 contains a story of a woman who was continuously bleeding for a period of twelve years. This meant that:
- She was ritually unclean for twelve years.
 - She had to keep away from people.
 - People kept away from her.
 - Although sought medical help because it was not normal to be continuously bleeding for so many years, she did not get the help that she was expecting.
 - She took the risk of breaking a religious taboo by touching a religious man (Jesus) who had a solution to her health problem.
 - Instead of speaking out and risk being thrown out by the religious people who believed strongly about such taboos of menstruation, she acted on her belief in Jesus' ability to heal by touching him.
- ✠ John 9 contains a story about a conversation between Jesus and the disciples concerning the connection between sin and illness.
- The question of the disciples to Jesus, "Who sinned, this man or his parents that he was born blind?" expressed the religious beliefs of the time that sickness was the direct result of sin.
 - Jesus' response refuted the belief that all sickness was the result of sin.
 - Jesus emphasised the perception that sickness presents an opportunity for God to act against human suffering.
 - The healing of the blind man empowered him to proclaim his faith.



ACTIVITY 4



1. *Read Leviticus 15:19-31; Mark 5:21-45 and John 9:1-41*
2. *List the statements that indicate stigma connected to illness*
3. *Give examples of how such passages are interpreted in your communities*

AFRICAN INITIATED CHURCHES

I will share with you my own experience of stigma and illness in an African Initiated church. In 1986, I visited a church in Accra, Ghana, which was founded by a woman. This church was very popular and had a large membership of women and men. It was a Spirit-type of African Initiated Church. I was surprised to discover that the founder of the church was praying outside of the Church building. There were other women with her. She was giving information to pass on to the other leaders as to what should be done and what God was saying to her. Those inside the Church building carried out what she said.

When I inquired as to why she was not leading from inside the Church building, I was told that she was menstruating, together with all the other women who were outside the church building with her. It was the belief of this church that menstruating women could not enter the church building because of the Levitical restrictions placed upon such women, because they were seen to be ritually unclean. By staying outside the church building, it was an announcement to all members of the church that they were not worthy to be in the presence of God, which is was assumed, was limited to the inside of the church building.

I have since visited many churches in Africa founded by women. I have noticed that there is diversity on how the women church leaders deal with the issue of menstruation. I found many women leaders, who refuse to be bound by such stigmatised rules. They attend church services whether they are menstruating or not.

I also learnt that all illnesses are treated as a manifestation of demon possession. People are prayed for to cast out such demons. I have found this to be particularly true in the Pentecostal and Charismatic churches I have visited.



ACTIVITY 5



1. *Personally visit African Initiated Churches that are in your community to find out their beliefs about illness and disease*
2. *Based on such visits, make a list of: (a) Diseases connected with stigma and why; (b) Diseases that are not connected with stigma and why*

MISSION CHURCHES

I also want to share with you my experiences from the Church of Central Africa Presbyterian Church in Malawi. When I was going through a preparation course to become a member of the women's guild, we discussed the unwritten rule that menstruating women do not wear the women's guild uniform and cannot partake in Holy Communion, while others miss church all together.

From the examples I have given of the practices of some African Initiated Churches and mission churches, I have noticed that the biblical

interpretations on stigma and illness find support in African Indigenous Religious belief.



ACTIVITY 6



1. *Establish the illnesses that are stigmatised in your church*
2. *List how HIV and AIDS is viewed in your church*

AFRICAN INDIGENOUS RELIGION PERSPECTIVES OF DE-STIGMATISING ILLNESS AND GENDER AND THEIR APPLICATION TO HIV AND AIDS

a. The Role of Ritual in African Indigenous Religion

Let us list the main points about the role of ritual in African Indigenous Religion:

- ⌘ Rituals are very important in African Indigenous Religion because they are performed by the living in relation to the spiritual world.
- ⌘ During various rituals, women and men come together for a common purpose.
- ⌘ Each gender has its own well defined role to play.
- ⌘ These roles were constructed a long time ago and are passed on from one generation to another.
- ⌘ Rituals unify members of the extend family as one community who have the same ancestry.

- ⌘ Rituals provide a forum for healing psychological, social, physical and spiritual brokenness in the community.
- ⌘ It is during such rituals that those who have broken taboos that harm life as interpreted by that particular community make a public confession to the community, and of their accountability and to the ancestors.
- ⌘ The process of confession is the key to achieving healing because health is owned by the community.
- ⌘ The community absolves the wrong doing and performs a ritual to put relationships back in order.
- ⌘ The sharing of a communal meal is a sign of reconciliation among the community members and the spiritual world. It is a time of communal worship.

b. Motivation for African Indigenous Religion and Adaptation

- ⌘ We need to repeat here that African Indigenous Religion is not static but dynamic.
- ⌘ It has changed over time to respond to new challenges. As for example, those who live in urban communities, who have adjusted the performance of rituals to suit the new environment but have maintained the essence of their beliefs.

c. African Indigenous Religion, Gender and Stigma

- ⌘ This spirit of community and the ability to adapt is what African Indigenous Religion brings to solving the problem of gender and stigma in HIV and AIDS.
- ⌘ The concept of gender equality, which is essential in dealing with gender and stigma, may appear difficult at first

⌘ However, African Indigenous Religion respect for human life and willingness to protect life through ritual gives hope for adjustment in the face of a disease that brings threat to human existence.

⌘ Examples of adapting beliefs and practises to protect life:

- Zulu's, who had to stop male circumcision in the interest of wanting the fighting men to be ready at all times to defend their community.
- Zulu female indigenous rituals that have taken the indigenous practice of virginity testing and adapted it to prevent the spread of HIV and AIDS.

d. Importance of Accompaniment in African Indigenous Religion

⌘ Care for each other, especially those who are sick is one thing that the African communities are good at. In most African communities there is a belief in the existence of ancestors, whose role it is to take care of their living relatives.

⌘ There are proverbs which say that a person does not die alone but in the company of one's people.

⌘ The spirit of accompaniment at death is not linked to the type of illness that a person is going through.

⌘ All forms of illnesses that lead to death require accompaniment from the relatives.

⌘ African belief in provision of care to a terminally ill relative, is a way break the stigma associated with AIDS.



ACTIVITY 7



1. *List the cultural and religious beliefs of your people that have changed over time*
2. *Write down what you think are the resources of your people to break illness and stigma*

CHRISTIAN PERSPECTIVES OF DE-STIGMATISING ILLNESS AND GENDER AND THEIR APPLICATION TO HIV AND AIDS

a. The Church in Africa

The church in Africa has gone a long way to change its attitude and actions towards people living with HIV and AIDS. I will here give the following two examples: The Ecumenical HIV and AIDS initiatives in Africa (EHAIA), 2001 Action Plan, and the All Africa Conference of Churches (AACC) 2003 General Assembly Covenant.

b. The Ecumenical HIV and AIDS initiatives in Africa (EHAIA)

The information in the following quotation is part of the 2001 EHAIA Action Plan. It says:



QUOTATION

1. *We will challenge the traditional gender roles and power relations within our churches and church institutions, which have contributed to the disempowerment of women, and consequently to the spread of HIV and AIDS.*
2. *We will combat sexual violence, abuse and rape in the homes, communities, schools and conflict/war situations.*
3. *We will address gender roles and relationships in families that contribute to the vulnerability of women and girls to HIV infection.*
4. *We will support organizations that help young women to negotiate for safer sex.*

SOURCE: Plan of Action: The Ecumenical Response to HIV and AIDS in Africa, November 25-28, 2001: 11. For the full text go to: <http://www.wcc-coe.org/wcc/news/press/01/hiv-aids-plan.html/>

Whether the church in Africa actually puts this Action Plan into practice or not is another issue. However, we need to acknowledge the positive spirit that is displayed in the document so that we can effectively lobby for action.

c. The 2003 All Africa Conference of Churches (AACC) General Assembly Covenant

Let us read the information in the box below to see what the members of The All African Conference of Churches (AACC) have pledged to do:



QUOTATION

- ⌘ *Undertake HIV prevention for all people – Christian and non-Christian, married and single, young and old, women and men, poor and rich, black, white, yellow.*
- ⌘ *Do all that is necessary to encourage both men and women to love, care, support and heal all those infected and affected in communities throughout the continent.*
- ⌘ *Undertake prophetic advocacy until anti-retroviral drugs are available to all who need them.*
- ⌘ *Practice zero tolerance for stigmatizing and discriminating against HIV-positive people, and do whatever possible to eliminate the isolation, rejection, fear and oppression of the infected and affected in the community.*
- ⌘ *Work to empower the poor and denounce all laws and policies that have condemned billions to poverty, denying them quality care and treatment.*
- ⌘ *Denounce gender inequalities that lead men and boys to risky sexual behaviour, domination and violence, and that deny girls and women decision-making powers in sexual matters deprive them of property rights and expose them to violence.*
- ⌘ *Empower and protect all children, denouncing laws and policies that expose them to sexual abuse and exploitation.*
- ⌘ *Become a community of compassion and healing, providing a place for all people living with AIDS to live openly and productively.*
- ⌘ *Test for infection, abstain from sex before marriage, be faithful in marriage and practice protected sex*
- ⌘ *“Declare jubilee and proclaim liberty, for until justice is served to all people, until justice rolls down like waters and righteousness like an ever-flowing stream, HIV and AIDS cannot be uprooted”.*

SOURCE: All Africa Conference of Churches (AACC) 2003
General Assembly Covenant. For the full text go to:
<http://www.wcc-coe.org/wcc/what/mission/ehaia-pdf/cameroon-covenant-eng.pdf/>



ACTIVITY 8



1. *Establish whether your church is part of the AACC pledge*
2. *List how the contents of this covenant been implemented in your church*
If your church is not one of those who made the covenant or if nothing is being done in your church on these issues,
3. *write down a plan showing how your church can implement: (a) The EHAIA Plan of Action (b) The AACC Covenant.*
If you are not in favour of either the EHAIA Plan of
4. *Action and the AACC Covenant, write down in detail your explanation*

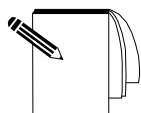


SUMMARY

In this unit:

- ⌘ We revisited some of the things that we already learnt in Unit 3 about the religious interpretation of HIV and AIDS.
- ⌘ Our focus has been on how religions contribute to stigma with particular emphasis on gender-based stigma.
- ⌘ Among others we highlighted the case of religious stigma towards menstruation, which is present in African Indigenous Religion, some Africa Initiated Churches and some mission churches in Africa.
- ⌘ We have also looked at how religion can help in the process of de-stigmatisation.
- ⌘ We have examined ritual in African Indigenous as a point of healing and de-stigmatisation as it embraces its own despite the cause of sickness or the gender of a person.

⌘ We also quoted from the Action Plan of the Ecumenical HIV and AIDS initiative and the 2003 Covenant of the All Africa Conference of Churches as examples of how the church in Africa is dealing with gender, religion and stigma among other issues.



SELF-ASSESSMENT ACTIVITY

1. *Discuss how your community's practice of African Indigenous Religion stigmatise gender and HIV and AIDS.*
2. *Discuss how your community's practice of Christianity stigmatise gender and HIV and AIDS.*
3. *Make a list of what you would like to see as a religious contribution towards de-stigmatisation.*
4. *Write down in detail your personal contribution towards de-stigmatisation.*



FURTHER READING

Bahemuka, Judith Mbula. 2006. Social Changes and Women's Attitudes towards Marriage in East Africa. Pages 119-134 in *The Will to Arise: Women, Tradition and the Church in Africa*. Edited by Mercy Amba Oduyoye and Musimbi R. A. Kanyoro. Pietermaritzburg: Cluster Publications.

World Council of Churches. 2001. *Plan of Action: The Ecumenical Response to HIV and AIDS in Africa*. November 25-28, 2001. <http://www.wcc-coe.org/wcc/news/press/01/hiv-aids-plan.html/>.

- Phiri, Isabel Apawo. 2004. The Church as a Healing Community: Women's Voices and Visions from Chilobwe Healing Centre. *Journal of Constructive Theology* 10/1, 13-28.
- Scarborough, Dorothee. 2000. HIV and AIDS: The Response of the Church of Christ. *Journal of Constructive Theology* 7/1, 3-16.

PART IV

HIV AND AIDS CARE-GIVING, GENDER AND RELIGIONS

A WORD OF WELCOME

Welcome to Part IV of this module on Gender, Religion and HIV and AIDS Prevention module in *The HIV and AIDS Curriculum for TEE for Programmes and Institutions in Africa*. This section consists of two units: HIV and AIDS Care Giving and Gender, and secondly, Care-Giving in Religions, Gender Constructions and HIV and AIDS. Let us now turn to each unit in detail.

UNIT 7

HIV AND AIDS CARE-GIVING AND GENDER

OVERVIEW

Welcome to the seventh unit of the Gender, Religion and HIV and AIDS Prevention module. This unit is focused on care-giving in relation to HIV and AIDS. You will learn that in human communities, caring is the norm. We will start by defining care-giving. We will go further to discuss what care-giving towards PLWHAs and their loved ones means. I will explain why we need care-giving for HIV and AIDS, connected as it is to incurable diseases and thereby associated with terminal illness. We will also analyse how HIV and AIDS care-giving is gendered. We will conclude this unit by discussing the efforts of secular organisations to promote gender-sensitive HIV and AIDS care-giving.

OBJECTIVES

Upon the successful completion of this unit you should be able to:

- ⌘ **Define** HIV and AIDS care-giving
- ⌘ **Explain** why we need HIV and AIDS care-giving
- ⌘ **Analyse** how HIV and AIDS care-giving is gendered

- ⌘ Discuss secular efforts of gender-sensitive HIV and AIDS care-giving

TOPICS

- ⌘ HIV and AIDS care-giving
- ⌘ The need for HIV and AIDS care-giving
- ⌘ Gendered HIV and AIDS care-giving
- ⌘ Secular efforts of gender-sensitive HIV and AIDS care-giving
- ⌘ Summary
- ⌘ Self-assessment activity
- ⌘ Further reading

HIV AND AIDS CARE-GIVING



ACTIVITY 1



1. *List the things that come to your mind when you think of the words "care-giving"*

When you check in the dictionary the meaning of 'care,' the words that are listed include the following:

Mind, be concerned, worry, think about, heed, be bothered

George Katholi listed the following helpful information in relation to caring:



QUOTATION

*Caring is loving
Listening and accepting
Caring is communicating,
Understanding and respecting.
Caring is openness,
Sensitivity and availability.
Caring is supporting,
Promoting and responding
Caring is cooperating.
Participating and sharing
Caring is bearing
Forgiving and fraternising.
Caring is kindness,
Sympathy and concern
Caring is needful,
Beautiful and joyful.
Caring merits thinking.*

Source: George Kaitholi, 1997.

When you compare your own list and that of George Kaitholi, there might be certain overlaps and differences because although the concept of caring is found in every human culture, it may be expressed differently.

a. Hospitality

Another word that is associated with care-giving is that of 'hospitality.'

Hospitality is linked to:

Welcome, warmth, kindness, generosity

You will find that these attributes are also associated with institutions and certain people.



ACTIVITY 2



List what comes to your mind when you think of the following that provide hospitality: (a) Institutions (b) People

b. Institutions that Provide Hospitality

In your list of institutions, you may have included the following:

- ⌘ Hospitals and hospices.
- ⌘ Hotels and restaurants.
- ⌘ Orphanages, healing centres, and homes.

You may have gone further, to divide the institutions according to:

- ⌘ Those whose services you pay money to receive care.
- ⌘ Those whose services are offered free of charge.

c. People that Provide Hospitality

Among the people who provide hospitality, you may have included:

- ⌘ Health workers.
- ⌘ Religious leaders.
- ⌘ Chiefs.
- ⌘ Women and men working for hospitality-providers, and stewards.



ACTIVITY 3



From the list of institutions and people involved in care-giving, divide them into two groups: Group 1 for those that charge for their services; Group 2 for those that do not charge for their services.

We will come back to your lists later in this unit.

d. HIV and AIDS and Care-giving

The onset of HIV and AIDS has highlighted the importance of care-giving for both the affected and People Living With HIV and AIDS (PLWHAs). People living with HIV and AIDS require:

- ⌘ Medical help.
- ⌘ Nursing assistance.
- ⌘ Spiritual and psychological services.
- ⌘ Social and material care.

In our next topic, we will deal in detail with the kind of care that is needed for PLWHAs and the affected.

THE NEED FOR HIV AND AIDS CARE-GIVING

HIV and AIDS care-giving is required from the moment a person decides to go for HIV testing until that person dies.

Let us look at each stage and suggest reasons why care is needed.

a. Care-giving at the Pre-testing Stage

At the pre testing stage, care is needed through counselling:

⌘ It is essential to go to a good counsellor who prepares the client properly.

Good counselling includes:

- A discussion of the risk factors.
- What HIV positive and HIV negative results mean.
- How a person's life-style is affected in one way or another.

⌘ At present there is a debate going on as to whether counselling should take only five minutes or whether it should be longer.

⌘ The aim of counselling is to minimise stress on the client being counselled and thereby reduce the workload of the counsellor.

⌘ Whatever the case, mental care, is needed for the person to be tested.

b. Care-giving at the Post-testing Stage

Mental care is also needed after testing, in order to help the person accept the results.

⌘ It is essential to go to a good counsellor who prepares the client properly.

c. In the Case of Positive Results

Why care?

⌘ Usually people go into shock because for a long time HIV has been associated with death and dying.

- ⌘ Where there is no medication to prolong life, news about a person being found to be HIV positive or who has developed AIDS is associated with death.
- ⌘ Even for those who are on treatment, there are cases when a person either gets new strands of the virus, or the body builds immunity to the medication which results in the rapid weakening of the body.
- ⌘ This brings fear into the hearts of both the affected and the PLWHA. HIV and AIDS is treated as an incurable disease that is disturbing to both the infected person and the family members who are referred to as the affected.
- ⌘ With the passing of time, both the affected and the PLWHA needs spiritual and psychological care so as to come to terms with the fact that one is HIV positive and will one day develop AIDS.
- ⌘ Counselling care is also needed to help one to cope with the rejection that can come from family members, friends, colleagues or even religious leaders. Such rejection often causes the person to experience depression, which can lead to stress that weakens the body.

What kind of care?

- ⌘ Medical care is needed as the T-helper cells begin to go down and the viral load increases. Medical care continues to be required as the opportunistic infections set in and the body weakens more and more.
- ⌘ Home-based care is needed:
 - Towards the end of a persons' life.
 - For good nutrition.
 - Special effort is needed to get good, nutritiously beneficial food and drink that will strengthen the immune system.

- Good, nutritiously beneficial food and drink are usually beyond the average person's income.
- There are many people who have HIV and AIDS who die quickly because of the lack of good, nutritiously beneficial food and drink.
- One also needs good, nutritiously beneficial food and drink to support Anti-retroviral (ARV) and other medication.

⌘ Financial care is needed:

- To buy good, nutritiously beneficial food and drink, which prolong life.
- For Anti-retroviral (ARV) and other medication as frequent visits are made to doctors and pharmacists, without which life is shortened.

⌘ Spiritual care is needed to help keep a positive attitude towards life:

- Religion gives hope for healing and for life after death. Spiritual health is therefore needed on a daily basis.
- Spiritual care is also needed for PLWHAs and the affected to come to terms with the inevitable coming of death.

⌘ A support group care is needed in order to provide the space to share experiences. This is good:

- For PLWHAs to know that what they are going through is not unique, but is common to other people who have the virus.
- It is helpful for the maintenance of good mental health.

⌘ Care for the affected, extended to:

- Spiritual counselling to cope with the illness and the approaching death of a loved one.
- Medical care to cope with stress as one's loved one's health continue to deteriorate.

- o Financial care is needed to cope with the bills, funerals and financial needs after death.

d. In the Case of Negative Results

- ⌘ Care through counselling is needed on how to take care of one's own self so that one's test results should always remain negative.



ACTIVITY 4



1. *List the provision of care that you are involved in: (a) At home; (b) In society; (c) At church.*
2. *Describe your experience of providing care for: (a) A PLWHA; (b) An affected person, who may be a care-giver*
3. *Explain how your experience in Question 2 made you feel*
4. *If you have not yet been involved in caring for a PLWA list the reasons why not*

GENDERED HIV AND AIDS CARE-GIVING

Let us now go back to our discussion and your results of Activity 3 about paid care-giving and cost-free care-giving earlier.



ACTIVITY 5



1. *Count the number of women and men in fee-charging hospitality*
2. *Count the number of women and men involved in free care-giving*
3. *Explain how your experience in Question 2 made you feel*
4. *In your opinion, list the reasons why there are more women in free care-giving and more men in fee-paying care-giving*

a. Women in Care-giving

Let us list some points about women and care giving:

- ⌘ Traditionally, all over the world, women are associated with care giving for everyone in the home.
- ⌘ The HIV and AIDS pandemic has increased women's home workload, as AIDS patients require home-based care for a long time.
- ⌘ The condition is made worse because the majority of the women do not have financial support to carry out their care provision duties properly.
- ⌘ For some women, who have income generating activities, may stop selling in order to take care of their sick husbands or children, or other family members. Other women, who have paid jobs (at whatever level), may be forced to stop work in order to nurse their sick husbands, children, or other family members.
- ⌘ Due to lack of knowledge on how to protect themselves from the virus, some African women and girls are being infected with HIV through the process of care-giving for AIDS patients.
- ⌘ Some women feel that to wear gloves when handling an AIDS relative would be a sign of rejection to the patient. Therefore, they deliberately

choose to risk their lives by not wearing gloves. In other cases, it will be the AIDS patients themselves who require that their care-givers should not wear gloves. Since women see themselves as sacrificing their needs for the care of others, some choose to show love to their family members by not wearing gloves.

- ⌘ Wives do not just nurse their immediate families to health or until they die. They also nurse members of the extended family, especially from their husbands' side.
- ⌘ Although women are heavily involved in giving care to AIDS patients, their housework load nevertheless remains the same. They still have to cook food, do the laundry, look for food as well as take care of the rest of the family, etc. Additionally, in rural areas, they have to fetch water for their families.
- ⌘ This causes a lot of stress, which can lead to other illnesses in the lives of women.
- ⌘ Women do not only care for their own sick, they also go on visits to other sick people, where they contribute to care-giving, even if it only means carrying food for other sick people.
- ⌘ Home-based care for terminally-ill AIDS patients is viewed as a better solution to alleviate the overflow of patients at many state hospitals. What has not been assessed is the additional pressure that home-based care has placed upon women, who are often already overworked.
- ⌘ Home-based care also over-stretches women's meagre financial resources.
- ⌘ Whilst wives take care of their sick husbands until they die, they are themselves unlikely to get quality care when they become sick, due to poverty and the belief that care-giving is women's work.
- ⌘ Some husbands send their wives home to be taken care of by her female relatives. For many African women, the death of the male spouse is inevitably linked to the loss of income and house possessions.
- ⌘ Without a Will, most widows are dispossessed of their family property.

- ⌘ Young girls drop out of school to take care of their sick parents or siblings. In so doing, they lose out on opportunities to improve themselves through education.
- ⌘ Child-headed households have increased due to the death of parents and guardians from AIDS. As the children seek food, the girl-orphans often become vulnerable to abuse.
- ⌘ Some girls are impregnated, infected, raped or married-off to generate money for other siblings.
- ⌘ Elderly grandmothers are often faced with the problem of providing care to orphaned grandchildren without economic support, or the energy for the job.
- ⌘ Grandmothers are obliged by their gender to provide care for their grand children.

b. Men in Care-giving

Let us list the main points as follows:

- ⌘ Many men are not expected by society to get involved in care-giving.
- ⌘ It is assumed that men work outside the home, while women mostly work from home.
- ⌘ Experience however may have shown you that even men who work from home often do not help in giving care as they have been socialised to believe that care-giving is woman's work.



ACTIVITY 6



Make a list of the roles of men and women in taking care of PLWA in your community

SECULAR EFFORTS IN GENDER-SENSITIVE HIV AND AIDS CARE-GIVING

Among the many issues raised in the World AIDS Campaign by UNAIDS in 2000, whose theme was “Men and AIDS: A Gendered Approach,” was that of encouraging men to take seriously their role as fathers and providers of care and support, both within the family and in the community. The UNAIDS campaign emphasised that:

- ⌘ Men are part of the community.
- ⌘ Men need to realise that:
 - They have a responsibility to care for their families by protecting them from HIV and AIDS.
 - They have to provide for the needs of the home.

I was not surprised to see that when the 2004 UNAIDS launched the Global Coalition on Women and AIDS that we discussed in unit 4, they had things to say about a gender-sensitive HIV and AIDS care-giving by saying that we need to:



QUOTATION

- ⌘ *Strengthen and expand sexual and reproductive health services and training for health care providers to provide hiv and aids treatment and prevention.*
- ⌘ *Ensure equal and universal access to treatment.*
- ⌘ *Provide social protection mechanisms for caregivers to help relieve women's heavy burden of caring for sick and dying family members and for orphans.*
- ⌘ *Strengthen public health and caring facilities and services to relieve the workload entailed in providing community and home-based care.*
- ⌘ *Provide training, counselling, and psychosocial support to home-based caregivers and volunteers.*
- ⌘ *Establish financial support for community gardening, cooking and other activities that support and/or replace individual household tasks and responsibilities.*

As we saw in Unit 3, this was an expansion of what World Health Organisation (WHO) had started in 1994, where they planned to:



QUOTATION

- ⌘ *Ensure that women do not carry the burden of care for people with HIV and AIDS.*
- ⌘ *Support community-based institutions that can provide professional alternatives to home care and respite care for primary caregivers.*
- ⌘ *Encourage men and women to share in the care giving role, and support interventions that provide training for women and men in basic health care procedures.*
- ⌘ *Encourage families to keep their daughters in school and discourage them from relying on adolescent girls for care giving responsibilities.*



ACTIVITY 7



1. *Make a list of the suggested roles of men and women*
2. *Suggest how each role can be implemented in your community*

The “Stepping Stones” Training Package in HIV and AIDS

I am sure you are interested in finding out what initiatives are taking place on the African continent. I will give an example of the “Stepping Stones” training package in HIV and AIDS, communication and relationship. In this regard, you need to take note of the following points:

- ⌘ The initial motivation for designing the project was to address the vulnerability of women, men and young people in decision-making about heterosexual behaviour in a context where men dominate women and older people oppress the youth. Therefore, it was designed:
 - To enable women and men of all ages to explore their social, sexual and psychological needs.
 - To analyse the communication blocks they face.
 - To practice different ways of behaving in their relationships.
 - To enable individuals to change their behaviour-individually and together – through the “stepping stones” which the various sessions provide.
- ⌘ Among the many things that this curriculum addresses is the sharing of household expenditures and tasks among couples.
- ⌘ The “Stepping Stones” curriculum has been used and adapted in many African countries and used for different groupings. For example, people in

urban Communities in South Africa, the Philippines and India; Secondary School children in Zambia and Malawi; University students in Namibia; Soldiers in Uganda; Primary School children in Tanzania; People in prison in Zimbabwe; Students in Teachers Training Colleges in Uganda; People Living with HIV and AIDS in Zimbabwe and Zambia; Faith communities in many countries; People recovering from natural disasters in Mozambique, Burundi, Rwanda, and Sierra Leone; Ten-year-old children in Uganda; and people with living disabilities in Tanzania, Uganda and Zimbabwe.

Some people may think that a curriculum that makes men to share household responsibilities cannot work in Africa because we have set ways of doing things. However, this is what I read in a report from a rural area in Gambia:



QUOTATION

“Men and women were able to clearly reassess their roles and relationships. The men took on greater responsibility within the home and wife beating dramatically reduced to one incident in the previous six months.”

Source: Susan Paxton, *Parent to Child Transmission: Breaking Down Barriers to Implementing Effective Models*. The Key Centre for Women’s Health in Society, University of Melbourne, Australia. For further information go to: <http://www.steppingstonesfeedback.org/ref.htm/>



ACTIVITY 8



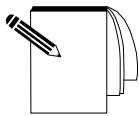
1. *List the programmes in your community that promote gender-sensitive HIV and AIDS care-giving*
2. *Describe the programmes in detail*
3. *If there are none, suggest how you would go about initiating such a programme*



SUMMARY

In this unit we have:

- ✂ Given examples of what caring-giving is.
- ✂ Given examples of care-giving institutions and people.
- ✂ Discussed the importance of care-giving for the PLWA and the affected.
- ✂ Shown that women are considered to be traditional care-givers in all communities.
- ✂ HIV and AIDS has increased the workload of women.
- ✂ Given examples of global initiatives of extending care-giving to involve both men and women.
- ✂ Looked at an example of a programme that has been implemented in many African communities, rural and urban, to promote gender-sensitive HIV and AIDS care-giving.



SELF-ASSESSMENT ACTIVITY

1. *Give your own considered definition of care-giving.*
2. *List reasons to justify the provision of care for PLWHAs and the affected.*
3. *Give a description of how HIV and AIDS has affected women's care-giving roles.*
4. *Explain why it is necessary that men should be involved in care-giving.*
5. *Design a gender-sensitive care-giving programme.*



FURTHER READING

- Colvin, Larry R. 2003. Care and Counselling. Pages 113-121 in *HIV/AIDS and the Curriculum: Methods of Mainstreaming HIV/AIDS in Theological Programs* Edited by Musa W. Dube. Geneva: WCC Publications.
- Dube, Musa. W. et al. 2003. Services for Specific Groups. Pages 149-212 in *AfricaPraying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy*. Edited by Musa W. Dube. Geneva: WCC Publications.
- Kinoti, W Hannah. 2002. Caring in the Family and Community. In *Crises of Life in African Religion and Christianity*. Edited by Hance A. O. Mwakabana. Geneva: Lutheran World Federation.
- Weinreich, Sonja and Christoph Benn. 2004. *AIDS: Meeting the Challenge*. Geneva: WCC Publications. Chapter 13.

UNIT 8

CARE-GIVING, GENDER CONSTRUCTIONS AND HIV AND AIDS IN RELIGIONS

OVERVIEW

Welcome to the eighth unit of the Gender, Religion and HIV and AIDS Prevention module. In this unit, we will show that care-giving is one of the key values of religious communities. We will look at a religious motivation for care-giving. We will therefore concentrate on a discussion of how care-giving is gendered in African Indigenous Religion and Christianity in Africa. We will also consider how a gender-sensitive religious care-giving can be constructed in the face of HIV and AIDS by drawing examples from African Indigenous Religion and Christianity in Africa.

OBJECTIVES

Upon the successful completion of this unit you should be able to:

- ⌘ **Describe** gendered African Indigenous Religion perspectives of care-giving
- ⌘ **Discuss** gendered Christian perspectives of care-giving
- ⌘ **Construct** African Indigenous Religion gender-neutral views of care-giving and HIV and AIDS Care

- ✚ **Construct** Christian gender-neutral views of care-giving and HIV and AIDS care

TOPICS

- ✚ Gendered African Indigenous Religion perspectives of care-giving
- ✚ Gendered Christian perspectives of care-giving
- ✚ African Indigenous Religion gender-neutral views of care-giving and HIV and AIDS
- ✚ Christian gender-neutral views care-giving and HIV and AIDS
- ✚ Summary
- ✚ Self-assessment Activity
- ✚ Further reading

GENDERED AFRICAN INDIGENOUS RELIGION PERSPECTIVES OF CARE-GIVING

In this section we need to take note of the following points:

a. Care-Giving during Sickness

In unit 6 we learnt that African Indigenous Religion is lived in a community of people that care for one another. Other aspects include:

- ✚ The spirit of caring is mainly demonstrated at a family level, where you share the joys and sorrows of life.
- ✚ Times of crisis are occasions that bring the extended family together to show mutual care.
- ✚ The responsibility of caring is not limited only to the living, but is extended to the ancestors as well.

- ⌘ The living give care to their ancestors and the ancestors in return take care of their living relatives.
- ⌘ Everyone works for the well-being of the other, except for those who practice witchcraft.
- ⌘ When a family experiences a series of misfortunes, a date is set aside to offer sacrifice and find out why the ancestors are not giving them care.
- ⌘ The women members of the extended family take turns to take care of the sick.
- ⌘ Among the Chewa of Malawi, when sickness is chronic and/or is terminal, members of the extended family would take turns to sleep at the home of the sick person.

b. Care-Giving during Funerals

When death takes place, the whole community comes to offer support. Other aspects include:

- ⌘ Some of the people who come to the funeral may not even know the person who has died, but as a sign of solidarity, they would bring items that would be needed.
- ⌘ As a sign of care, each person coming to the funeral would bring an item of food or anything that would be useful at the funeral. Examples include:
 - People would bring firewood, draw water, and contribute a food item.
 - The same people would also make sure that food has been cooked and served to everyone who attends the funeral.

c. Gendered Care-Giving during Funerals

It is during funerals that gender-defined roles are strictly observed. Other aspects include:

- ⌘ Home-based care-giving within African indigenous communities is linked to the female members of the society, since most of the work at funerals is done by women.
- ⌘ Women would sit in the funeral home.
- ⌘ With ethnic variations in mind, for a specified period:
 - Friends and family members would sleep at the funeral house to provide care to the bereaved.
 - Female members of the family would stay with the bereaved for a period of between two to six months, to provide social care, spiritual support and mental health-care towards the bereaved.

d. Impact of HIV and AIDS to Gendered Care-Giving During Funerals

The existence of HIV and AIDS has overstretched the practice of care-giving in the extended family. Other aspects include:

- ⌘ Due to there being many funerals within short periods of time, and having jobs outside the home, relatives and friends are no longer able to stay at funeral homes as long as demanded by indigenous practices.
- ⌘ Sometimes the most that people can spare is a day.
- ⌘ We can take this as an example of changing cultural and beliefs to suit the contemporary life style.
- ⌘ On the other hand, some relatives overstay at the funeral homes and become a financial burden to the bereaved family.

e. Remembrance Rituals

Remembrance rituals that take place a year after a death has occurred are examples of care-giving by the living relatives to their loved ones who have died. Other aspects include:

- ⌘ In the case of the Chewa of Malawi, this is an occasion when care-giving becomes visible through contributions of financial and social support towards the bereaved family.



ACTIVITY 1



Describe how gender operates at funerals in your traditional societies

GENDERED CHRISTIAN PERSPECTIVES OF CARE-GIVING

Within Christianity, care-giving is a requirement of every Christian. I will give the following examples:

a. The Bible on Care-giving

We will begin by doing an activity in the box below:



ACTIVITY 2



- Read pages 99-104 in Musa W Dube, AfricaPraying: A Handbook on HIV and AIDS Sensitive Sermon Guidelines and Liturgy, 2003.*
- 1. Suggest five groups of people that should receive care from Christians*
 - 2. Write down the reasons given from Matthew 25:31-46 as to why Christians need to be involved in care-giving*

Let us now look at another biblical example for care-giving, as given in Hebrews 13:1-3. The main points from this passage are as follows:

- ⌘ The need to show mutual love towards one another.
- ⌘ The need to show hospitality towards strangers.
- ⌘ The need to be in solidarity with those who are in prison and those undergoing torture.
- ⌘ A person showing such care could be offering it to the angels without knowing it.

b. Care-giving in the Church in Africa

Most churches in Africa run programmes of care-giving. These often are in the form of:

- ⌘ Visitation:
 - Visiting the sick.
 - Visiting those who are house-bound.
 - Visiting those who have lost loved-ones.
 - Visiting those who have experienced some form of misfortune.
- ⌘ Distribution:

- Distributing food or clothing items to the poor from the local Congregation and the community-at-large.
- ⌘ Assistance of visitors attending church services:
 - Towards finding accommodation.
 - Obtaining food and clothing.
 - Receiving transport money.
- ⌘ Some churches run programmes for the poor and unemployed, providing for their mental, spiritual and material care.

c. Care-giving through Church Women Organisations

Many congregations in African Initiated Churches and Mission Churches have very strong church women's organisations, whose entire work is directed towards care-giving:

- ⌘ The members of church women organisations pledge to:
 - Visit the sick.
 - Encourage those who have become weak in faith.
 - The elderly.
 - The bereaved and orphaned.
- ⌘ During the visitations, the women offer mental, spiritual and material care.
- ⌘ The Church women organisations provide care for their congregations by:
 - Raising funds to pay the salary of their minister, and other church-related expenses.
 - Maintenance of the church property, buildings, furnishings etc.



ACTIVITY 3



“The Church Women Organisations are the financial backbone of the church in Africa.”

To what extent do you agree with this statement?

d. The Relationship of the Church towards HIV and AIDS

In the context of HIV and AIDS, the biggest contribution of the church has been in care-giving as part of their programme of mission:

- ⌘ It is based on Jesus Christ’s command to love oneself and one’s neighbour, and therefore includes:
 - Church established and run hospitals and/or clinics where those with AIDS go to receive medical care.
 - Home-based care programmes for the chronically ill.
 - Hospices.
 - Orphanages or day-care centres.
 - HIV and AIDS awareness programmes.
- ⌘ The Roman Catholic Church in Africa is well-known for having the largest care-giving programmes.
- ⌘ Church-based organisations are popular as care providers because most churches charge considerably less than other private care providers.
- ⌘ As most of the care-work is done on a voluntary basis, women are found in large numbers as church-based care providers.
- ⌘ As we noted earlier, women are traditional caregivers, even in the church.
- ⌘ Some churches also run programmes to take care of the affected.



ACTIVITY 4



1. *If your church is involved in care provision for PLWHAs or/and the affected, describe the type of care provided*
2. *Explain how the services can be made more effective than what they are now*
3. *If your church is not involved, write an essay in which you motivate for such services to be introduced in your church*

AFRICAN INDIGENOUS RELIGION GENDER-NEUTRAL VIEWS OF CARE-GIVING AND HIV AND AIDS

a. Indigenous Healers as Gender-neutral Care-givers

In our previous units, we learnt about the importance of indigenous healers in the African indigenous communities. In this unit, I want to highlight indigenous healers as gender-neutral caregivers, especially in the era of HIV and AIDS. Why did I choose indigenous healers?

⌘ The call to being a healer is gender-neutral:

- Both women and men are called to be healers.
- A female ancestor can call a man to be a healer and a male ancestor can call a woman to be a healer.

⌘ In some countries, the clothing of the indigenous healers is gender-neutral, for example among the Xhosa of South Africa.

⌘ Part of being a healer is to provide care to the people who come for help, be it spiritual, psychological, mental or physical healing.

- ⌘ Indigenous healers are gender-neutral in their provision of care, although there are some who specialise in a particular medication that may attract clients of a particular gender.

b. Indigenous Healers and HIV and AIDS

In our previous units we have learnt that there are many African people who depend on traditional medicine. It is not surprising therefore that PLWHAs visit indigenous healers to receive medical, spiritual, psychological and mental care.

- ⌘ Many governments are now working with indigenous healers to make sure that they are knowledgeable about HIV.
- ⌘ In some countries, the associations of indigenous healers work hand-in-hand with hospitals so that they know at what stage the indigenous healers need to refer their patients to the hospitals.
- ⌘ The major point to make here is that HIV and AIDS has increased the necessity for western-trained doctors and nurses to work hand-in-hand with indigenous healers in the provision of care.



ACTIVITY 5



1. *Find out if the indigenous healers from your community are gender-neutral*
2. *Find out if your country has an association of indigenous healers*
Find out if the indigenous healers are working with
3. *hospital doctors on HIV and AIDS prevention and care-giving*

CHRISTIAN GENDER-NEUTRAL VIEWS OF CARE-GIVING AND HIV AND AIDS

In this section, I will look at the central message of Christianity on care-giving which is gender-neutral.

a. Biblical Passages which Promote Male and Female Inclusivity

Let us recall some biblical passages that promote male and female inclusivity:

- ⌘ Genesis 1:27 "So God created humankind in his image, in the image of God he created them; male and female he created them."
- ⌘ Galatians 3:28 "There is no longer Jew or Greek, there is no longer slave or free, there is no longer male or female; for all of you are one in Christ Jesus."
- ⌘ John10:10b "I came that they may have life, and have it abundantly."

b. Biblical Passages which Promote Gender-neutral Care-giving

I want to take the example of what the writer of the book of Romans says are the marks of a true Christian:

- ⌘ Romans 12:9-13: "Let love be genuine, hate what is evil, hold fast to what is good; love one another with mutual affection; outdo one another in showing honour. Do not lag in zeal, be ardent in spirit, and serve the Lord. Rejoice in hope, be patient in suffering, persevere in prayer. Contribute to the needs of the saints; extend hospitality to strangers."

I want to take a second example from the book of Galatians concerning the Fruit of the Spirit:

- ⌘ Galatians 5: 22: “By contrast, the fruit of the Spirit is love, joy, peace, patience, kindness, generosity, faithfulness, gentleness and self control.”

Important points to note:

- ⌘ Both passages are addressed to female and male Christians.
- ⌘ Both female and male Christians are expected to practice care-giving by practicing love, kindness, compassion and hospitality.
- ⌘ It is therefore wrong for the churches to expect only women to provide care to the needy.
- ⌘ We need to come up with church programmes that encourage men to volunteer in care-giving.

c. Biblical Passages which Promote Care-Giving and HIV and AIDS

Here I want to revisit what you have learnt in unit 8 about compassion from Matthew 25:31-45. I want to highlight the following points from this bible passage:

- ⌘ The people at the judgment day will be men and women from all nations.
- ⌘ Care-giving towards the hungry, thirsty, stranger, naked, sick, and prisoners will be the criterion for entry into heaven.
- ⌘ Care-giving towards others will be the same as taking care of Jesus Christ.
- ⌘ We have established that HIV and AIDS is a physical, social, psychological, spiritual and mental disease that requires a whole-hearted approach towards care-giving.

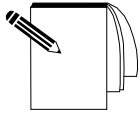
- ⌘ Care-giving towards PLWHAs and the affected is the same as giving care to Jesus Christ.



SUMMARY

In this unit, we have:

- ⌘ Described gendered African Indigenous Religion perspectives of care-giving by examining what is done within indigenous communities when a person is sick, when a person dies, and how the indigenous religion beliefs and practices are changing with the onset of modern life.
- ⌘ Established that indigenous care-giving is centred on the home and is mainly viewed as women's work.
- ⌘ Discussed the gendered Christian perspectives of care-giving by examining some scriptural passages that present care-giving as a command to be obeyed by all Christians, male and female alike.
- ⌘ Seen how the churches' mission programme is mainly about care-giving.
- ⌘ Discussed the role played by church women organisations in care-giving.
- ⌘ Focused on indigenous healers as an example of African Indigenous Religion gender-neutral caregivers and their contribution to HIV and AIDS care.
- ⌘ Concluded by looking again at biblical passages that promote Christian gender-neutral views of care-giving and applied them to HIV and AIDS care.



SELF-ASSESSMENT ACTIVITY

1. *Give examples of care-giving in your indigenous community.*
2. *Describe the role of women and men in the process of indigenous care-giving.*
3. *Outline how indigenous care-giving is applied towards PLWHAs.*
4. *Construct your own theological justification for care-giving.*
5. *Describe how your theological justification for care-giving is influenced by or differs from the position of your church.*
6. *Plan a gender-neutral programme of care-giving to PLWHAs that is Christian-based.*



FURTHER READING

- De la Porte, Andre. 2003. Hopeful Compassion for the Person Living With HIV/AIDS. Pages 122-142 in *HIV/AIDS and the Curriculum: Methods of Mainstreaming HIV/AIDS in Theological Programs*. Edited by Musa W. Dube. Geneva: WCC Publications
- Kinoti, W. Hannah. 2002. Caring in the Family and Community. In *Crises of Life in African Religion and Christianity*. Edited by Hance A. O. Mwakabana. Geneva: Lutheran World Federation.
- Phiri, Apawo Isabel. 2002. Caring during Burial and Bereavement in Traditional Society and the Church in Africa. Pages 57-68 in *Crises of Life in African Religion and Christianity*. Edited by Hance A. O. Mwakabana. Geneva: Lutheran World Federation.

PART V

CONCLUSION: HIV AND AIDS, AFFECTED GROUPS AND GENDER

A WORD OF WELCOME

Welcome to Part V of this module on Gender, Religion and HIV and AIDS Prevention in *The HIV and AIDS Curriculum for TEE for Programmes and Institutions in Africa*. This final section consists of two units: Gender and the Affected, and secondly, The Affected in Religions and Gender Constructions.

UNIT 9

GENDER AND THE AFFECTED

OVERVIEW

Welcome to the ninth unit of the Gender, Religion and HIV and AIDS Prevention module. In this unit we will highlight the issue of gender and the affected. We will start by identifying those affected by HIV and AIDS. Second, we will examine the experiences of affected children and gender (with special focus on orphans in relation to the girl and boy-child etc). Third, we will examine experiences of affected women, men and Gender (with special focus on widows/widows, mothers/fathers etc). Finally, we will give examples of secular gender-sensitive approaches to the affected.

OBJECTIVES

Upon the successful completion of this unit you should be able to:


- ✚ **Identify** the HIV and AIDS affected
- ✚ **Assess** the experiences of affected children and gender (orphans, the girl and boy-child etc)
- ✚ **Examine** experiences of affected men, women and gender (widows/widows, mothers/fathers etc)
- ✚ **Analyse** secular gender-sensitive approaches to the affected

TOPICS

- ⌘ The HIV and AIDS affected
- ⌘ The experiences of affected children and gender
- ⌘ The Experiences of affected women, men and gender
- ⌘ Secular gender-sensitive approaches towards the affected
- ⌘ Summary
- ⌘ Self-assessment activity
- ⌘ Further reading

THE HIV AND AIDS AFFECTED

In this section I want to introduce to you “The African Network of Religious Leaders Living with or Affected by HIV or AIDS” (ANERELA+). This organisation was launched in Uganda in November 2002. The reason I am introducing it here is because I want to use their definition of the affected:



QUOTATION

Our membership includes any religious leader, ordained or lay, who is either HIV+ or is personally affected by the disease. We understand personally affected to be someone who is either nursing or has lost a child, spouse or parent to HIV or AIDS.

SOURCE: <http://www.cpsajoburg.org.za/hiv aids/anerela1.html/>

This definition has given us the following three categories of the affected:

- ⌘ Children.
- ⌘ The spouse or partner.



ACTIVITY 1



Describe how you have been affected by HIV and AIDS

THE EXPERIENCES OF AFFECTED CHILDREN AND GENDER

a. Orphans

Who is an orphan?



QUOTATION

An orphan is defined as a child under the age of 18 who has had at least one parent die. A child whose mother has died is known as a maternal orphan; a child whose father has died is a paternal orphan. A child who has lost both parents is a double orphan.

SOURCE:

http://www.unaids.org/bangkok2004/GAR2004_pdf/Focus_orphans_en.pdf/

Some information from the UNAIDS 2004 *Report on the Global AIDS Epidemic*, which you may find useful:

⌘ In sub-Saharan Africa, there are 12 million children orphaned by AIDS through the death of one or both parents.

⌘ This figure represents 75% of the total number of children orphaned by AIDS.

b. How are Children Affected by AIDS?

As one or both parents increasingly become ill from AIDS, in some homes children have to take the role of the primary care-giver. As a result:

- ⌘ Children become emotionally distressed to see their mother, father, or both their parents progressively waste-away due to AIDS.
- ⌘ As more money goes towards paying for medical bills, the children begin to experience severe financial shortages.
- ⌘ At the onset of the death of one parent or both, AIDS-affected children often experience a range of emotions. These may include feeling that:
 - They have been rejected by their parents.
 - They are responsible for the death of their parents.
 - There is no-one to look after them.
- ⌘ At the onset of the death of one parent or both, AIDS-affected children often experience a range of economic hardships. These may include:
 - Loosing their parents' property.
 - Being taken out of good schools to less expensive ones or being taken away from school altogether.
 - Lack of food security.
 - Lack of essential material needs.
 - May not have appropriate accommodation.
- ⌘ As AIDS-affected children try to find a place for themselves in society:
 - The oldest child is often forced to become the head of their respective household.
 - They drop-out of school to look for jobs so that they can find food for their younger siblings.

- They are exploited by the people who employ them because they are young and lack bargaining skills.

⌘ AIDS-affected children are discriminated:

- In the homes of the relatives, who sometimes treat them as if they will infect all the members of the family with HIV and AIDS.
- By friends that they play with.

c. The Girl and Boy-Child

In Units 2 and 7 we learnt that the girl-child is badly affected by HIV and AIDS. Let us now focus on how the girl-child is affected.

- ⌘ The girl-child is more likely to drop out of school than the boy-child in order to take care of their sick parents or siblings while the mother is caring for her husband or other family member. This is because care is traditionally associated with girls and women.
- ⌘ When there is inadequate money for school fees, the girl-child is more likely to be taken out of school than the boy-child. This is because there is a belief that girls do not need much education because they will be married-off, while the boys will become heads of households and therefore need education.
- ⌘ The orphaned girl-child, rather than the boy-child, is more likely to experience sexual exploitation by a family member.
- ⌘ When An orphaned child finds life in a foster home or with relatives unbearable, the girl-child is more likely to leave home to become a sex worker in the streets, while the boy-child will also join the streets where they will be involved in sexual exploitation, drugs and crime.
- ⌘ The boy-child is more likely going to miss the father model for guidance and teaching on how to become a man.

- ⌘ Even where school fees are available, both the girl and the boy-child orphaned by AIDS may lack the necessary motivation to stay in school.



ACTIVITY 2



1. *List the problems experienced by children affected by HIV and AIDS in your communities*

THE EXPERIENCES OF AFFECTED WOMEN, MEN AND GENDER

a. Widows and Widowers

Who are widows and widowers?

- ⌘ Widows and widowers are the surviving spouse after the death of their respective spouses. The widow is the surviving woman while the widower is the surviving man.

b. How are the Spouses Affected by AIDS

Spouses are affected emotionally, when:

- ⌘ They are traumatised by the fact that most likely they themselves may be HIV positive, and therefore will also die from AIDS.
- ⌘ They may experience guilt for thinking that they may be responsible for the death of their partner.
- ⌘ In the case of women, most likely they will be accused of bringing HIV and AIDS into the home.

- ⌘ They may experience depression at the prospect of starting life alone after having lived with their spouse.
- ⌘ Both widows and widowers suffer from stigma and discrimination for having had a spouse who has died from AIDS.
- ⌘ They may express anger when the widows' property and sometimes children are taken away from them after the death of their spouse.

Spouses are also affected by economic loss:

- ⌘ By the time a spouse dies from AIDS, the family is drained financially because of mounting medical bills and funeral costs. The family home may also have to be sold to raise money to pay outstanding bills.
- ⌘ The death of a spouse may lead to property inheritance problems, especially for a woman who experiences property grabbing by relatives of her deceased husband.
- ⌘ The widow may lose the family home, which may either be claimed by her husbands' relatives or be sold to off-set outstanding bills.
- ⌘ Both the widow and the widower experience loss of income when one spouse dies. The impact is greatest on the many women, who often depend on the income of their husband.

c. Mothers and Fathers

Parents also lose their children to AIDS. This may happen:

- ⌘ When their children are young. Having been born with HIV, this later develops into AIDS leading to their death.
- ⌘ When the children become adults and have their own children. In the case of grandchildren, the adult child's parents look after the sick child and/or children. Later, when their adult-child dies:

- The Grandparents take over the responsibility of caring for the grandchild or grandchildren at the stage in their lives when they do not have enough energy to raise children.
- They are expected to come up with funds for the upkeep and education of the child or children at a time when most grandparents have retired and therefore have very few financial resources.
- The grandparents are stigmatised by the community for nursing their AIDS-affected grandchild or grandchildren and later for taking over the parental responsibility of the grandchild or grandchildren whose parents have subsequently died of AIDS.
- Mothers are often the ones who bear the responsibility of taking care of their sick children and the orphaned grandchildren.



ACTIVITY 3



Outline the problems experienced by child spouses affected by HIV and AIDS in your communities

SECULAR GENDER-SENSITIVE APPROACHES TOWARDS THE AFFECTED

We will again focus our attention upon UNAIDS and later look at how some African countries have applied secular gender-sensitive approaches to the affected. We will do this at three levels: Orphans, Spouses and Parents.

a. Orphans

The UNAIDS has recommended that orphaned children must live with families and not at orphanages. This requires strengthening the family unit by:

- ⌘ Prolonging the lives of parents living with HIV and AIDS with medication and good nutrition so that they can stay alive longer in order to look after their own children in the family home.
- ⌘ Supporting extended families that look after orphans by increasing their ability to earn money. Where money is available to provide food, school fees, and uniforms, this should be for all the children in that family unit and not only for the AIDS-affected orphans.

If in a child-headed home, they also need:

- ⌘ Financial support so that both girl and boy-children can stay in school for a longer time so as to increase their chances to finish their schooling and thereby secure better employment.
- ⌘ Counselling support to cope with their loss and thereby strive to live a fuller life.

The United Nations International Children's Fund (UNICEF) is currently campaigning national governments to put in place legislation that protects the human rights of orphaned children.

b. Spouses

UNAIDS is promoting the promulgation of national laws that protect widows from property grabbing relatives. They are also encouraging the formation of

support groups for affected spouses where they can share legal, financial and psychological survival mechanisms. In most countries you will find such support groups for affected women but not for men.

c. Parents

Here I want to give two examples from South Africa:

⌘ Grandmothers to the Rescue: The Go-Go Grannies.

“ ”

QUOTATION

The Go-Go Grannies are a group of grandmothers in South Africa's Alexandra Township who help and encourage each other as they raise their orphaned grandchildren. They have lost their own children to AIDS and are now finding it difficult to cope, both emotionally and physically. The Grannies are part of the Alexandra AIDS Orphans Project, which runs support-group programmes for children and caregivers living with, and affected by, the epidemic. The project currently provides psychosocial, financial and material support to 30 grandmothers. This includes one-time building grants to ensure adequate shelter for their growing families, as well as seeds and fertilizers so the women can start their own gardens to bring in food and income for their families.

SOURCE:
http://www.unaids.org/bangkok2004/GAR2004_pdf/Focus_orphans_en.pdf/



QUOTATION

The Fatherhood Project aims to recognise, encourage and support men's care and protection of children. Many people grow up without their biological father, but we all have an idea of what a father should be. In the absence of a biological father, the father's role is often performed by older brothers, grandfathers, uncles and cousins, friends, teachers, preachers and health care workers. And, of course, by mothers too.

SOURCE: <http://www.hsrc.ac.za/fatherhood/index.html/>



ACTIVITY 4



List those projects that are found in your community which promote gender-sensitive support for affected children, spouses and parents

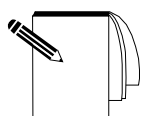


SUMMARY

In this unit we have used the definition of the affected as proposed by “The African Network of Religious Leaders Living with or Affected by HIV or AIDS” (ANERELA+). This has:

- ⌘ Helped us focus on the orphans, spouses and parents as groups affected by HIV and AIDS.
- ⌘ Helped us focus on each group as to how they are affected by HIV and AIDS as a group and as a result of their gender.

- ⌘ Provided examples of organisations that use gender-sensitive programmes to address the needs of the affected.
- ⌘ Provided such gendered examples as the UNAIDS, “Grandmothers to the Rescue” and “The Fatherhood Project” specifically aimed at helping either women or men in their roles to care and support the family and thereby reduce stigma.



SELF-ASSESSMENT ACTIVITY

1. *Construct your own definition of the affected.*
2. *Describe the gendered experiences of orphans in the community.*
3. *Write down your views about the term “AIDS orphans.”*
4. *Outline gendered experiences of spouses who have been affected by AIDS.*
5. *Give your opinions about the terms “AIDS widows/widowers.”*
6. *List examples of organisations that are involved in gender-sensitive projects for the affected.*



FURTHER READING

- Chitando, Ezra and Isabel A. Phiri. 2003. Women. Pages 188-195 in *AfricaPraying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy*. Edited by Musa W. Dube. Geneva: WCC Publications.
- Dibeela, Cheryl. 2003. Parents and Parenthood. Pages 177-179 in *AfricaPraying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy*. Edited by Musa W. Dube. Geneva: WCC Publications.

- Dibeela, Moiseraele P. 2003. Youth. Pages 174-176 in *AfricaPraying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy*. Edited by Musa W. Dube. Geneva: WCC Publications.
- Dube, Musa. W. and Felicidade N. Cherinda. 2003. Widows and Widowhood. Pages 196-201 in *AfricaPraying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy*. Edited by Musa W. Dube. Geneva: WCC Publications.
- Maluleke, Tinyiko. S. and Cheryl Dibeela. 2003. Men and Fatherhood. Pages 183-188 in *AfricaPraying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy*. Edited by Musa W. Dube. Geneva: WCC Publications.
- Musopule, Augustine C. and Ezra Chitando. The Boy-child. Pages 162-166 in *AfricaPraying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy*. Edited by Musa W. Dube. Geneva: WCC Publications.
- Phiri, Isabel A. and Tinyiko S. Maluleke. 2003. The Girl-child. Pages 166-173 in *AfricaPraying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy*. Edited by Musa W. Dube. Geneva: WCC Publications.
- Weinreich, Sonja and Christoph Benn. 2004. *AIDS: Meeting the Challenge*. Geneva: WCC Publications. Chapter 5.
- UNAIDS. 2004. *2004 Report on the Global AIDS Epidemic*. Geneva: UNAIDS.

UNIT 10

THE AFFECTED IN RELIGIONS AND GENDER CONSTRUCTIONS

OVERVIEW

Welcome to the final unit of the Gender, Religion and HIV and AIDS Prevention module. This unit is divided into two parts. In the first part, we will reflect further on the affected in relation to gendered African Indigenous Religion and Christian perspectives. We shall also attempt to apply the African Indigenous Religion and Christian gender-sensitive views to the HIV and AIDS affected. In the second part, we shall formulate our conclusion by putting together our vision for gender-justice and health for all. Enjoy it!

OBJECTIVES

Upon the successful completion of this unit you should be able to:

- ⦿ **Explain** gendered African Indigenous Religion perspectives of the affected
- ⦿ **Assess** gendered Christian perspectives of the affected
- ⦿ **Analyse** African Indigenous Religion gender-sensitive views on the affected and their application to HIV and AIDS
- ⦿ **Examine** Christian gender-sensitive views on the affected and their application to HIV and AIDS
- ⦿ **Construct** a conclusion entitled “Towards gender-justice as health for all”

TOPICS

- ⌘ Gendered African Indigenous Religion perspectives of the affected
- ⌘ Gendered Christian perspectives of the affected
- ⌘ African Indigenous Religion gender-sensitive views on the affected and HIV and AIDS
- ⌘ Christian gender-sensitive views on the affected and HIV and AIDS
- ⌘ Conclusion “Towards gender-justice as health for all”
- ⌘ Summary
- ⌘ Self-assessment activity
- ⌘ Further reading
- ⌘ Take-home examination
- ⌘ References and select bibliography

GENDERED AFRICAN INDIGENOUS RELIGION PERSPECTIVES OF THE AFFECTED

- a. “I Am Because We Are. We Are Therefore I Am”:
African Indigenous Community of the Affected

In Unit 9 we categorised the affected as:

- ⌘ Children.
- ⌘ The spouse or Partner.
- ⌘ Parents.

In this unit I want us to use the African worldview in our understanding of the affected. First, we need to note that the African family includes the following categories:

- ⌘ Father, mother, sisters, brothers, grandparents, uncles, aunts, nieces and nephews.
- ⌘ Relatives who have died.
- ⌘ Children yet to be born.

b. What Does this Mean for the HIV and AIDS Affected?

It means that in the African worldview:

- ⌘ HIV and AIDS affected consists of the entire community of:
 - People yet to be born.
 - The living.
 - The dead.
- ⌘ This Community is further divided according to the gender-divide.
- ⌘ Among those who are yet to be born and the dead, there is no gender division.
- ⌘ There is an African saying that well-describes the African worldview: “I am because we are. We are therefore I am.”
- ⌘ This could also mean: “I share in your suffering, because we are.”



ACTIVITY 1



Draw a diagram that represents your African understanding of the affected

GENDERED CHRISTIAN PERSPECTIVES OF THE AFFECTED

a. *"If One Member Suffers, All Suffer Together With It": The Body of Christ Is the Affected*

In this section, you will need your Bible because we are going to read two passages of scripture:

1 Corinthians 12:12-27.

After reading the text, the main points to note are as follows:

- ⌘ Christians form one body.
- ⌘ There are many members but all form one body.
- ⌘ The Christian members form the body of Christ.
- ⌘ All Christians are baptised into one body.
- ⌘ Christian baptism does away all differences of race and class.
- ⌘ All the members of the body of Christ need one another.
- ⌘ Each member has an important role to play in the body of Christ.
- ⌘ The highlight for us in this passage is found in verse 26 which I want to quote in full: "If one member suffers, all suffer together with it. If one member is honoured, all rejoice together with it."
- ⌘ The body of Christ includes women and men.
- ⌘ What affects men also affects women.



ACTIVITY 2



“If one member suffers, all suffer together with it’: The body of Christ is the affected.”

Write down your own opinions on the above statement

Galatians 3: 27-28.

The Galatians passage is short:

As many of you as were baptised into Christ have clothed yourselves with Christ. There is no longer Jew or Greek, there is no longer slave or free; there is no longer male and female for all of you are one in Christ Jesus. (New Revised Standard Version)

The important point to emphasise in this passage of Scripture is that within the body of Christ there is no gender differentiation.

AFRICAN INDIGENOUS RELIGION GENDER-SENSITIVE VIEWS ON THE AFFECTED AND THEIR APPLICATION TO HIV AND AIDS

At the beginning of this final unit, we identified the affected in the African worldview as all the members of the community. We noted that the African family includes the following categories:

- ⌘ Father, mother, sisters, brothers, grandparents, uncles, aunts, nieces and nephews.
- ⌘ Relatives who have died.

⌘ Children yet to be born.

This understanding of the affected emphasises our connectedness to one-another as Africans. What however, does this mean in the context of HIV and AIDS?

I understand it to mean that the whole community is divided between:

- ⌘ Those living with HIV and AIDS (female and male).
- ⌘ Those who are affected (female and male).

What are the implications of this?

- ⌘ This understanding does not leave room for stigma and discrimination.
- ⌘ Seeking solutions to stop the spread of HIV and AIDS should involve everyone.
- ⌘ The entire process of seeking solutions should be gender-sensitive so that we do not over-burden one gender.



ACTIVITY 3



1. *List any African Indigenous Religion gender-sensitive programme for the affected that you have come across*
2. *Construct a programme for the affected in your community that is based on African Indigenous Religion gender-sensitive views of the affected*

CHRISTIAN GENDER-SENSITIVE VIEWS ON THE AFFECTED AND THEIR APPLICATION TO HIV AND AIDS

Earlier in this unit we learnt that Christians form one body of Christ. When one member suffers the whole body suffers together.

What are the implications of this view for the affected of HIV and AIDS?

- ⌘ The body of Christ consist of PLWHAs and the affected, female and male.
- ⌘ The affected and PLWHA suffer together and share one another's burden.
- ⌘ Gender-sensitivity is fundamental in alleviating the problems of the affected.
- ⌘ There is a theological reason for the formation of support groups for the PLWHA and for the affected.



ACTIVITY 4



Discuss your gender-sensitive theological reasons for the affected

CONCLUSION: TOWARDS GENDER-JUSTICE AS HEALTH FOR ALL

a. Gender Analysis

Throughout the entire module, we have attempted to place women and men, girls and boys at the centre of our analysis of HIV and AIDS. Additionally, we have also attempted to show that:

- ⌘ When there are unequal power relations present between women and men it affects both genders negatively and thus HIV and AIDS prevention efforts will not succeed.
- ⌘ There are differences between women and men which are based on how the cultural and religious beliefs construct womanhood and manhood.
- ⌘ The roles for men and women are valued differently, that is, what men do is given more value than what women do.
- ⌘ Gender inequalities have deep roots in our cultures and religions so that some people cannot imagine the world operating differently.
- ⌘ Girls and boys, women and men are trapped in these culturally and religiously defined roles.
- ⌘ HIV and AIDS stigma thrives according to already existing stigma and discriminations of race, gender, class, ethnicity and sexual orientation.
- ⌘ As long as the visible and invisible patterns of inequality between women and men exist, we will not succeed in the prevention of HIV and AIDS and provision of care for PLWHAs and the affected.

b. Towards Gender-justice

As we conclude this module, we need to emphasise that:

- ⌘ We need to treat all women and men with dignity irrespective of their gender.
- ⌘ It also means “fairness and equity as a right for both women and men achieved through processes of social transformation.”

c. Application to HIV and AIDS

The application to HIV and AIDS requires:


- ⌘ Working towards gender-justice in HIV and AIDS means taking care of PLWHAs and the affected.
- ⌘ Women and men to work together in partnership.
- ⌘ The partnership between women and men requires the recognition of the other as having the right to life, protection and care.
- ⌘ That men need to transform their use of power from the abuse of power, which harms the other, to that of shared power between women and men, for the protection of life.
- ⌘ That women be transformed to accept empowerment so that they can channel their power to protect their own lives and of those that depend upon them.
- ⌘ New ways of relating between women and men by making choices and decisions that protects and promotes life.

d. Health for All


Points we need to bear in mind:

- ⌘ Gender-justice is a process that seeks good health for all in all areas of one’s life.

- ⌘ The vision for such life has support from African Indigenous Religion and Christianity.
- ⌘ In African Indigenous Religion, our health belongs to the individual and the community.
- ⌘ In Christianity, the biblical basis for seeking gender-sensitive health for all is John 10:10.
- ⌘ Gender education is necessary in building gender-justice for all.
- ⌘ Health for all within HIV and AIDS requires getting rid of all inequalities that co-exist with sexism such as: racism, economic and political injustice sexism, classism and ethnicity.



ACTIVITY 5



List your views on why “gender-justice and health for all” to succeed requires getting rid of all inequalities

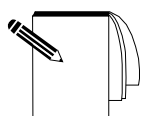


SUMMARY

In this unit, we have:

- ⌘ Tried to find out if African Indigenous Religion and Christianity have views which can be used to help us understand who the HIV and AIDS affected are.
- ⌘ Shown that in these religions, the affected represent the entire community.
- ⌘ Analysed how African Indigenous Religion and Christianity understand who forms part of a community.
- ⌘ Noted that within both religions, the affected form a very wide community of women and men.

- ⌘ Discussed the role played by church women organisations in care-giving.
- ⌘ Focused on indigenous healers as an example of African Indigenous Religion gender-neutral caregivers and their contribution to HIV and AIDS care.
- ⌘ Emphasised that the community needs to work as a team in order to work towards gender-justice and health for all.



SELF-ASSESSMENT ACTIVITY

1. *Describe how African worldviews construct community.*
2. *Make a list of Christian views of the body of Christ.*
3. *Compare and contrast African Indigenous Religion and Christian views of community and suffering.*
4. *Relate the African Indigenous Religion and Christian views of community and suffering to the HIV and AIDS affected.*
5. *Design a programme for the affected that is faith-based and gender-sensitive.*



FURTHER READING

- Dibeele, Moiserale, P. et al. 2003. Services on Social Factors Contributing to HIV/AIDS. Pages 219-258 in *AfricaPraying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy*. Edited by Musa W. Dube. Geneva: WCC Publications.
- Dube, Musa W. and Musimbi R. A. Kanyoro. eds. 2004. *Grant Me Justice! HIV/AIDS and Gender Readings of the Bible*. Maryknoll: Orbis.

World Alliance of Reformed Churches. 2003. *Created in God's Image: From Hierarchy to Partnership; A Church Manual for Gender Awareness and Leadership Development*. Geneva: WARC.



TAKE-HOME EXAMINATION: GENDER, RELIGION AND HIV AND AIDS MODULE

INSTRUCTIONS

This is a THREE HOUR Examination. Answer ANY FOUR of the following questions in full, except in Question 6 where you are required to answer both parts (a) and (b) of the question. Spend about 45 minutes on each question.

QUESTIONS

1. (a) Explain why Africa and especially Southern Africa have the highest HIV and AIDS statistics; (b) Analyse the importance of constructing gender-justice in the era of HIV and AIDS.
2. (a) Give examples of secular efforts to build gender-justice for the prevention of HIV and AIDS; (b) Discuss how religion knowingly or unknowingly has contributed to gender-injustice and the spread of HIV and AIDS.
3. (a) Assess how gendered stigma hinders HIV and AIDS prevention; (b) Give examples of how your faith community has contributed to HIV and AIDS de-stigmatisation.
4. (a) Describe what is meant by gendered care-giving; (b) Discuss two examples of faith-based and gender-sensitive care-giving programmes.

5. (a) Describe the faith-based understanding of the affected of HIV and AIDS; (b) Give your own theological perspectives of the affected.

6. (a) Construct a gender-sensitive and faith-based programme for PLWHAs; and (b) Construct a gender-sensitive and faith-based programme for the affected.



REFERENCES AND SELECT BIBLIOGRAPHY

- UNAIDS. 2000. World AIDS Campaign "Men and AIDS: A Gendered Approach." <http://www.unaids.org/>
- Alcamo, I. Edward. 2003. *AIDS: The Biological Basis*. Third Edition. Boston: Jones and Bartlett Publishers.
- Benn, Christoph. 2002. The Influence of Cultural and Religious Frameworks on the Future Course of the HIV/AIDS Epidemic. *Journal for Theology for Southern Africa* 113, 2-18.
- Buckenham, Karen. 1999. *Violence against Women: A Resource Manual for the Church in South Africa*. Pietermaritzburg: PACSA.
- Darkenwald, Gordon G., and Sharon B. Merriam. 1982. *Adult Education: Foundations of Practice*. New York: Harper Collins.
- Dube, Musa W. 2002. Theological Challenges: Proclaiming the Fullness of Live in the HIV/AIDS and Global Economic Era. *International Review of Mission* XCI/363, 535-549).
- Dube, Musa W. ed. 2003a. *HIV/AIDS and the Curriculum: Methods of Integrating HIV and AIDS in Theological Programmes*. Geneva: WCC Publications.
- Dube, Musa W. ed. 2003b. *AfricaPraying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines*. Geneva: WCC Publications.
- Dube, Musa W. and Musimbi R. A. Kanyoro. eds. 2004. *Grant Me Justice: HIV/AIDS and Gender Readings of the Bible*. Pietermaritzburg: Cluster.
- Gennrich, Daniela. ed. 2004. *The Church in an HIV+ World: A Practical Handbook*. Pietermaritzburg: Cluster Publications.
- Fan, Hung Y., Ross F. Conner, and Luis P. Villarreal. 2004. *AIDS: Science and Society*. Boston: Jones and Bartlett.
- Gnanadason, Aruna. 1997. *No Longer a Secret: The Church and Violence against Women*. Geneva: WCC Publications.

- Gupta, Geeta Rao. 2000. Gender, Sexuality and HIV/AIDS: The What, the Why and the How. Plenary Address, XIIIth International AIDS Conference, Durban, South Africa, July 2000
[http://www.icrw.org/docs/Durban speech.pdf/](http://www.icrw.org/docs/Durban%20speech.pdf)
- Idowu, E. Bolaji. 1973. *African Traditional Religion: A Definition*. London: SCM Press.
- Interagency Gender Working Group. 2000. Guide for Incorporating Gender Considerations. in USAID's Family Planning and Reproductive Health RFAs and RFPs. <http://www.steppingstonesfeedback.org/>
- Mbiti, John S. 1995. *An Introduction to African Traditional Religion*. London: Heinemann.
- Ncetywa, Sam. 2001. HIV/AIDS: A Traditional African Religious Perspective. *Journal of Constructive Theology* 7/1, 31-43.
- Oduyoye, Mercy Amba. 1995. *Daughters of Anowa: African Women and Patriarchy*. Maryknoll: Orbis.
- Oduyoye, Mercy Amba and Musimbi R. A. Kanyoro. 2006. *The Will to Arise: Women, Tradition and the Church in Africa*. Pietermaritzburg: Cluster Publications.
- Olupana, Jacob K. 1991. *African Traditional Religions in Contemporary Society*. New York: International Religious Foundation.
- Paxton, Susan. n.d. *Parent to Child Transmission: Breaking Down Barriers to Implementing Effective Models*. The Key Centre for Women's Health in Society, University of Melbourne, Australia quoted in <http://www.steppingstonesfeedback.org/ref.htm/>
- Phiri, Isabel Apawo. 1996. African Traditional Religion and Eco-feminism: The Role of Women at Chisumphi Shrine in Preserving Ecology. Pages 161-171 in *Women Healing Earth*. Edited by Rosemary Radford Ruether. Maryknoll: Orbis.
- Phiri, Isabel Apawo. 2000a. Domestic Violence in Christian Homes: A Durban Case Study. *Journal of Constructive Theology* 6/2, 85-110.

- Phiri, Isabel Apawo. 2000b. Empowerment of Women Through the Centre for Constructive Theology. *Ministerial Formation* 89, April. / *International Review of Mission* LXXXIX/354, 329-337.
- Phiri, Isabel Apawo. 2001. Healed from AIDS: The Testimony of Pastor Fridah Mzumara-Ngulube of Barak Ministries Lusaka Zambia. *Journal of Constructive Theology* 7/1, 63-81.
- Phiri, Isabel Apawo. 2002. Life in Fullness: Gender Justice: A Perspective From Africa. *Journal of Constructive Theology* 8/2, 69-82.
- Phiri, Isabel Apawo. 2003a. Virginity Testing? African Women Seeking Resources to Combat HIV and AIDS. *Journal of Constructive Theology* 9/1, 63-78.
- Phiri, Isabel Apawo. 2003b. Dealing with the Trauma of Sexual Abuse: A Gender-Based Analysis of the Testimonies of Female Traditional Healers in KwaZulu-Natal. *Journal of Constructive Theology* 10/2, 41-58.
- Phiri, Isabel Apawo. 2003c. African Women of Faith Speak Out in an HIV and AIDS Era. Pages 3-20 in *African Women, HIV/AIDS and Faith Communities*. Edited by Isabel Apawo Phiri, Beverley Haddad and Madipoane Masenya. Pietermaritzburg: Cluster Publications.
- Phiri, Isabel Apawo., Beverley Haddad and Madipoane Masenya. eds. 2003. *African Women, HIV and AIDS and Faith Communities*. Pietermaritzburg: Cluster Publications.
- Phiri, Isabel Apawo. 2004a. The Church as a Healing Community: Women's Voices and Visions from Chilobwe Healing Centre. *Journal of Constructive Theology* 10/1, 13-28.
- Phiri, Isabel Apawo. 2004b. HIV/AIDS: An African Theological Response in Mission. *The Ecumenical Review* 56/4, 422-431.
- Qakisa, Mpine. 2001. The Media Representation of Women and HIV/AIDS. How it affects Preventative Messages. *Missionalia* 29/2, 304-320.
- Schoub, Barry D. 1999. *AIDS/HIV in Perspective: A Guide to Understanding the Virus and its Consequences*. Cambridge: Cambridge University Press.

- Strategies for Hope. n.d. *Stepping Stones: A Training Package on HIV/AIDS*.
<http://www.stratshope.org/t-training.htm/>
- UNAIDS. 2004a. *Report on the Global AIDS Epidemic*. Geneva: UNAIDS.
- UNAIDS. 2004b. *UN Secretary General's Report Calls for Action on Women, Girls and AIDS*. Press Release, July 6, Geneva: UNAIDS.
- UNAIDS. 2004c. *The Global Coalition on Women and AIDS: Fact Sheet*. Geneva: UNAIDS.
- UNAIDS/UNFPA/UNIFEM. 2004. *Women and HIV/AIDS: Confronting a Crisis*. Geneva and New York: UNAIDS, UNIFEM and UNFPA.
- UNAIDS/WHO. 2002. *Report on the HIV/AIDS epidemic*.
http://www.unaids.org/epidemic-update/report/Epi_report.htm/
- Weinreich, Sonja. and Christoph Benn. 2004. *AIDS: Meeting the Challenge*. Geneva: WCC Publications.
- World Health Organisation. 1989a. *Consensus Statement from the Consultation on HIV Epidemiology and Prostitution*. Geneva: WHO
- World Health Organisation. 1989b. *The Health of Mothers and Children in the Context of HIV and AIDS*. Geneva: WHO.
- World Health Organisation. 1994. *Women and AIDS: Agenda for Action*. Geneva: WHO.

