



Thesis
By
TAPIWA PRAISE
MAPURANGA

DEPARTMENT OF
RELIGIOUS STUDIES
CLASSICS AND
PHILOSOPHY OF THE
UNIVERSITY OF
ZIMBABWE

**A PHENOMENOLOGICAL INVESTIGATION
INTO THE EFFECTS OF TRADITIONAL
BELIEFS AND PRACTICES ON WOMEN AND
HIV & AIDS, WITH SPECIAL REFERENCE TO
CHIPINGE DISTRICT, ZIMBABWE.**

JUNE 2010

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TAPIWA PRAISE MAPURANGA

**A DISSERTATION SUBMITTED IN FULFILLMENT OF THE REQUIREMENT
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**DEPARTMENT OF RELIGIOUS STUDIES CLASSICS AND PHILOSOPHY OF
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SUPERVISOR: PROFESSOR E. CHITANDO

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Dedication

I dedicate this thesis to my late parents Judith Chenesai & Edson Fungai and my late brother Huggins Edson who passed on, on the 13th of March 2010 in a tragic car accident. May their dear souls rest in peace.

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Last but not least, special appreciation goes to my guardian and most beloved, Cansee Neseemwoyo Mapuranga. Thank you so much for making me the woman, daughter and sister that I am today.

Abstract

The thrust of this study is to highlight and expose the effects of HIV and AIDS on the traditional Ndaou woman in Chipinge District. This thesis emphasises how much the woman in Chipinge has sacrificed in terms of providing care to people living with HIV and AIDS (herein after referred to as PLWHA). Apart from examining this and the other diverse burdens that women carry, this project highlights how Ndaou women in Chipinge have been key to the overall response to HIV and AIDS. This is achieved through application of cultural hermeneutics of the Ndaou religion, the traditional religion of Chipinge. I apply a hermeneutic of suspicion to assess the role played by some Ndaou traditional practices which fall into the category of Harmful Cultural Practices (HCPs). Most of these, as analysed, are embedded in most traditional marriage practices as is explained in chapter 2. Furthermore, I employ a hermeneutic of commitment and a hermeneutic of liberation as I argue that not all Ndaou practices affect women negatively with regards to HIV and AIDS: there is still a silver lining in the 'not so dark' cloud. I look for alternative ways in which Ndaou practices and custom can be re-interpreted and contextualized in a helpful way to fight the epidemic. This purpose is achieved especially in chapter 4. This research is motivated by feminism, and in particular, liberal feminism. In this project I strongly argue that though most African traditional practices have been assessed negatively, and most are known to victimise women, their liberation can still happen within their own traditional societies. Though I do not argue against any other means such as new religious ideologies and westernisation, my argument is that though most Ndaou traditional societies victimise women, there still exists redemptive beliefs and practices for women within the traditional setting of the Ndaous. I look for liberating resources that can be tapped from folklores, myths and other forms of oral literature in Ndaou religion. I argue for the silver lining in the dark cloud presented by some harmful cultural practices (HCPs) that present African Traditional Religions (ATRs) as oppressive and ruthless to women. In this thesis, I deliberate on how the roles of women should not be looked down upon, and why maleness should not be a means to power if the response to HIV and AIDS is to be effective. Ndaou traditional culture presents women mostly at the receiving end, particularly in the era HIV and AIDS. It is key to understand that this thesis therefore becomes a microcosm of the macrocosm. What this study comes up with can have basic information on women, HIV and AIDS, and many other traditional societies. As such, this thesis provides a social framework on how such cultures and customs can be contextualised, reinterpreted, remodeled, adapted and adopted in the framework of HIV and AIDS. Apart from cultural hermeneutics as a method, sociology of religion is key in this project. Interviews particularly snowball sampling gives results. However, the overarching methodology employed in this study is phenomenology of religion, as suggested in the topic. I gather information for this project through such ways as mentioned earlier, but central is the idea that 'the believer is always right', which is key in phenomenology. The results of my research try as much as possible to present what the believer presents to the researcher, trying by all means to be unbiased. The effects of HIV and AIDS on women are ruthless, but however, there are some positive effects which are not so much talked about as the negative effects.

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Glossary of Selected Ndaou terms used

<i>Akadzi/Vakadzi</i>	Females or wives
<i>Babakadzi</i>	Female head of a family
<i>Barika/pachipiri</i>	Polygamy
<i>Chembere</i>	An old woman
<i>Chikwambo</i>	Goblin
<i>Dzinza</i>	A clan
<i>Kudyiswa/Kuryiswa</i>	To be given a love potion
<i>Kugara nhaka</i>	Inheritance
<i>Chimutsamapfihwa</i>	Woman/girl who gets married in place of aunt (Sororate)
<i>Kupindira</i>	Illicit sexual relationship to sire offspring (with an In-law), also labeled Sororate
<i>Kuripa ngozi</i>	Appeasement of an avenging spirit
<i>Kutema nyora</i>	Making incisions and putting some medicine into the skin
<i>Kuteya</i>	Paying lobola
<i>Kuzvarira</i>	Pledging one's daughter
<i>Madhodha</i>	elderly males
<i>Mhandara</i>	A virgin
<i>Mugota</i>	A room where boys sleep
<i>Muisa</i>	A male

<i>Mwari</i>	Shona name for God
<i>Ruwadzano</i>	Women guilds in churches
<i>Shai (Shavi)</i>	Spirit
<i>Tsikombi</i>	An unmarried women past marriageable age
<i>Ndombi</i>	A girl/virgin
<i>Jaha</i>	a boy
<i>Makoto</i>	rain making ceremony
<i>Mutimba</i>	Ndau traditional wedding
<i>Chitsaraimvi</i>	Youngest wife in a polygamous marriage

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Acronyms and Abbreviations

ATRs	Africa Traditional Religions(s), also identified as:
AIRs	African Indigenous Religion(s), or:
ARs	African Religion(s)
HIV	Human Immuno Virus
AIDS	Acquired Immuno Deficiency Syndrome
HCP	Harmful Cultural Practices
FGM	Female Genital Mutilation
PLHWA	People living With HIV and AIDS
‘The CIRCLE’	Circle of Concerned African Women Theologians
ARVs	Anti Retrovirals
NGOs	Non Governmental Organisations

NB: In this thesis traditional beliefs and practices do not mean the same as African Traditional Religion, African Indigenous Religion or African Religion. Rather, traditional beliefs and practices are dimensions of African Traditional/Indigenous Religion. They are a part of the whole.

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1. Chapter One: General Introduction and theoretical framework

1.1 Introduction

Recent researches and surveys have proved that HIV and AIDS is ravaging sub-Saharan Africa. Both men and women are being infected and affected. However, the task of this thesis is to expose the fact that women are more affected. This not because African women have a permissive culture, but rather, tradition has in many ways, continued to promote sexual violence against women, thereby fuelling the rate of HIV infection amongst them.

This study, falling in the discipline of Religious Studies, demonstrates how religious studies has shifted from being just theoretical and how it deals with issues that are existential and practical. It deals with religion and culture that have contributed significantly to the plight of the African woman in the HIV and AIDS epidemic, specifically the Ndaou woman. Generally, the effects of HIV and AIDS for the African continent have been clearly pronounced for some time, but the extents of its impending dangers for women are still unfolding. According to Stephen Lewis, the then United Nations Secretary General's envoy for HIV and AIDS in Africa 'the disaster is annihilating a gender and women have been hit hardest'.¹ Therefore, this thesis addresses two questions, 'why women mostly?' and, 'how can Ndaou traditional religion make a positive contribution? The thesis seeks to bring in the ideas on how culture has influenced the impact of HIV and AIDS on women and the girl child and how culture and religion can also be utilised in the response to the epidemic. As highlighted by B.J Dorsey, some

¹ I.Panos, 'AIDS hits African women hardest', in *Parade*, Harare: Munn Publishing, January 2000, p15.

traditional institutions have put women at an increased risk of contracting HIV.² These include pledging one's daughter- (*Kuzvarira*), inheritance- (*kugara nhaka*), polygamy- (*barika*), and having unwanted sex with a husband who has HIV. These, among other responsibilities, roles and statuses given to women by tradition and culture, have heightened the risk of infection among women.

Mary N. Getui shares the same idea that culture and tradition are to blame for the status of women in society. She says, 'Culture has forced women to be submissive, obedient, and on the receiving side in decision making, even in the matters that directly concern them'.³ One good example can be an unemployed woman who has a husband living with HIV. In the whole world, she only has two choices, she either leaves her husband and remains healthy but starves, or has financial satisfaction and puts herself to a high risk of getting HIV infection, if he insists on having unprotected sex, as many men tend to. This means that women have been for some years now failing to express themselves due to culture and tradition and this has continued to widen their risk of HIV and AIDS infection. Thus, Getui says, 'they have through centuries come to accept that they have no say even in those matters directly concerning them'.⁴ This has kept HIV and AIDS a gendered epidemic, fuelling the infections among women in most African societies.

Apart from some traditional and cultural values placed on women, this study also unveils other causes that have increased the possibility of HIV infection among women. These

² B.J.Dorsey, 'Gender Inequalities in Education in the Southern African Region: An Analysis of Intervention strategies' UNESCO Publications, 1996 ,p15.

³ M.N.Getui and E.A. Obeng (eds), *Theology of Reconstruction: Exploratory Essays*, Nairobi, 1999, p. 92.

⁴ Ibid.

include poverty and desperation, which may send one on a spree for commercial sex, thereby increasing the risk of infection. This is because the more one becomes sexually active, especially with multiple sexual partners, the more the risk of getting infected.

1.2 Research Problem

As highlighted above, traditional religion and culture are highly implicated in discussions on women's vulnerability to HIV. Tradition has been seen to be subjugating women, and as such, HIV has had adverse effects on women with particular reference to Chipinge District. I argue that of all the effects, the notion of 'care' has been overbearing on women because of the epidemic. I explore notions of care in the Ndaou traditional religion and how this has affected women.

Most importantly, this research seeks to bring in a new discussion on African Traditional Religions (ATRs) and HIV and AIDS. In as much as modernity and westernization and other religious movements have both negative and positive factors associated with the spread of the epidemic, it is so much of the negative aspects of ATRs that have been associated with the rise of infection rates especially among women in ATRs. Of concern to this thesis is that traditional religion is seen only in the light of harmful cultural practices (HCPs) in relation to HIV and AIDS. ATRs have been labeled as totally having a negative influence and some scholars of religion (Maluleke and Nadar) have labelled gender socialisation, religion and culture as 'a covenant of death'⁵, or 'some unholy trinity or unholy matrimony'. This has been necessitated by some forms of marriage

⁵ T.S.Maluleke and S.Nadar, 'Breaking the Covenant of violence against women', *Journal of Theology for Southern Africa* 2002. pp 5-24, p17.

practices and attitudes for example, 'polygamy, male domination, polygyny, early marriage, female genital mutilation, resistance to condom use and low status of women...'⁶ that are characteristic of many traditional African and patriarchal religions.

My argument in the section that deals with this topic is that African Religions are not having only a negative influence in just spreading the epidemic; they also do give a hand in the on-going fight against the rampant spread of the virus. Certain cultural references can be considered as resources, as they encourage respect for the self and others, commitment to the improvement of life conditions and compassion for the poor, destitute and the sick which includes people living with HIV and AIDS (PLWHA). This study therefore contends that ATRs do possess a liberating edge. It maintains that the task at hand lies in deconstructing the stifling aspects of religion while creatively appropriating its liberating dimensions, which this study intends to come up with. So, basically this thesis comes up with a variety of religious practices that should be abandoned in the face of the epidemic, and at the same time locates and celebrates positive beliefs and practices in the struggle against HIV and AIDS amongst the women of Chipinge, Zimbabwe. Overall, the study endeavours to illustrate both sides of religion, with an emphasis on its gender dimensions.

⁶ G.Tiendrebeogo and M.Buyx, 'Faith Based Organisations and HIV/AIDS prevention and Impact of Mitigation in Africa', *Bulletin 361*, Amsterdam, Royal Tropical Institute, 2004, p. 23.

1.3 Aim and objectives

The main aim of this study is to highlight the impact of traditional religion on Ndau women in relation to the AIDS pandemic. It seeks to unveil how religion and culture have burdened women more than men, especially with reference to the notion of caring for PLWHA. This project also highlights that not all religious practices are increasing the risk of infection. It intends to show how at times culture can be used as a liberative tool for women in the epidemic. Thus, it also aims to unveil how society can reduce the risk of HIV infection amongst women. This will be achieved through the following objectives:

- 1.3.1** To identify the social status of women in Ndau traditional religion through analysis of traditional ideas that emanate from myths, folklores and riddles, general Shona sayings and common names amongst other ideas.
- 1.3.2** To show how religious beliefs inform cultural practices which cause inequalities and forbid women to be at par with men. This takes assumption that religion calls for women to be kind, loving, submissive and charitable, even under harsh and intolerable circumstances. How this has burdened women to be at a higher risk of HIV infection is a task to be addressed in this presentation.
- 1.3.3** To suggest how religion and culture do not only increase the risk of HIV infection, but how some of their ideologies help to reduce it, especially amongst women.

The above aims will be achieved through interaction with the academics, gender activists, AIDS organisations, women and men, especially those living with HIV, and those affected by harmful cultural practices in Ndau religion.

To sum up, these objectives will help to bring out how Religious Studies deals with existential issues of Religion. This will show how much Religious Studies does not operate in a vacuum, how it is not only useful to the academics but to society as a whole. Thus, Religious studies become useful in searching for solutions to existing and practical issues of contemporary society.

1.4 Literature review

From a Religious Studies perspective, more literature is being produced on the HIV epidemic with special reference to gender. Of particular significance are publications by the Circle of Concerned African Women Theologians (the Circle). Especially under the leadership of Isabel Apawo Phiri as the General Coordinator, the Circle became the largest and most consistent group writing on theology/religious studies and HIV. This solid background helps me to add to the already existing knowledge regarding the gender disparities, HIV and AIDS and religion. As such, the already existing body of knowledge serves as a guide and a critical stepping-stone in my research.

There has, of late, been a growing awareness on the importance of gender and religion. Since the 1990s, the Circle, (initiated by Mercy Amba Oduyoye), has played a major role in study of religions, particularly on the issues that affect the African women. These

theologians and academics have devoted themselves into writing about themselves and the experiences of the African women. They claim their sovereign right to evaluate all cultural patterns they have received in terms of how they promote or impede women's development. These theologians are also reclaiming African traditions that are empowering for women. These include positive roles of women as economic producers, farmers and creators of life, amongst other roles (although these traditions need to be freed from the exploitation that gives the African women twice as much work as the man, but no decision making power). These women theologians claim the right to be the primary articulators of what promotes or impedes women's development. They argue that it is not for African men to tell them that all African culture is sacrosanct and to critique any of it is to be a tractor to African traditional religion, nor is it for western men or women to judge these cultures from outside. Only African women can determine what cultural patterns have debilitated them and which have been life enhancing. They demand that Africa must be willing to listen and learn. These women understand their experiences in their distinct contexts.⁷ As such, they feel that society should allow women to express themselves in all their endeavours, be they social, cultural, political, and in this case academic. I will therefore interact with the publications of the Circle on women and HIV.

According to Isabel Phiri and Sarojini Nadar:

(Finally), between 2002 and 2007, the Circle declared HIV and AIDS to be a major priority of research and advocacy for change and empowerment. The Circle recognised that the gendered nature of HIV and AIDS, particularly in Africa, compels its members to reflect theologically on these issues, and to empower communities through conscientisation. Given that religion is often the vehicle for promoting stigma and discrimination, the Circle has prioritised its role in education-raising on these matters. Such education is born out of deep theological reflection on the context of HIV and AIDS. This theological reflection has also borne

⁷ R. Reuther, *Women and Redemption: A Theological History*, Minneapolis: Fortress Press, 1998, p. 260.

fruit in mainstreaming HIV and AIDS into the theological curriculum of institutions---.⁸

Circle publications on HIV and AIDS are numerous. They include, Isabel A. Phiri, Beverley Haddad and Madipoane Masenya, *African Women, HIV/AIDS and Faith Communities*.⁹ The book offers key views by women on how religion and culture have combined to increase women's vulnerability. The authors are drawn from different cultures but they all reach the conclusion that HIV has hit African women the hardest. Musa W. Dube and Musimbi R. Kanyoro edited a volume, *Grant Me Justice! HIV/AIDS and Gender Readings of the Bible*.¹⁰ The book shows African women theologians seeking to read the Bible in liberating ways in an effort to combat HIV.

People of Faith and the Challenge of HIV/AIDS, edited by Mercy Amba Oduyoye and Elizabeth Amoah was published in 2004.¹¹ Another volume edited by Elizabeth Amoah, Dorcas Akintunde and Dorothy Akoto, *Cultural Practices and HIV/AIDS: African Women's Voices*, examines the negative impact of culture on women in the time of HIV.¹² *African Women, Religion and Health: Essays in Honor of Mercy Amba Ewudziwa Oduyoye*, edited by Phiri and Nadar, was published in 2006.¹³ It focuses on African women's struggle for health and well-being in the time of HIV and AIDS.

⁸ Isabel Apawo Phiri and Sarojini Nadar, "What's in a Name? Forging a Theoretical Framework for African Women's Theologies," *Journal of Constructive Theology* 12 (2), 2006, pp. 5-24, p. 15.

⁹ I. Phiri, B. Haddad and M. Masenya, eds., *African Women, HIV/AIDS and Faith Communities*. Pietermaritzburg: Cluster Publications, 2003.

¹⁰ M. W. Dube and M. R. Kanyoro, eds., *Grant Me Justice! HIV/AIDS & Gender Readings of the Bible*. Pietermaritzburg: Cluster Publications, 2004.

¹¹ M. A. Oduyoye and E. Amoah, eds., *People of Faith and the Challenge of HIV/AIDS*. Ibadan: Helicon Press, 2004.

¹² Elizabeth Amoah, Dorcas Akintunde and Dorothy Akoto, eds., *Cultural Practices and HIV/AIDS: African Women's Voices*. Accra: SWL Press, 2005.

¹³ Isabel A. Phiri and Sarojini Nadar, eds., *African Women, Religion and Health: Essays in Honour of Mercy Amba Ewudziwa Oduyoye*. Maryknoll, NY: Orbis Books, 2006.

Circle books on HIV and AIDS have opened a whole new area of research. I acknowledge the pioneering role of scholars in the Circle. They have exposed the various beliefs and practices that have been used by patriarchy to render women and girls powerless and vulnerable to HIV. These include sexual “cleansing” where the wife must engage in ritual sex to nullify her husband’s spirit, widow inheritance, polygamy, using the girl child to compensate an avenging spirit and others. However, I feel that the Circle has concentrated on the negative cultural beliefs and practices. In this project, I will describe some of the positive cultural beliefs and practices in Ndaou traditional religions that will help in the response to HIV.

Apart from these scholars, in her text, ‘Art as a neglected text for the study of Gender and Religion in Africa’ in the *Journal of Religion in Africa Vol.28 (4)*, October 1998, Rosalind Hackett looks at how art can be a voice for the voiceless in African societies in terms of gender imbalances. She feels that ‘Art renders visible, sometimes the unspeakable secrets’.¹⁴ In the case of HIV and AIDS, women can express how they feel, for example, not wanting to have sex with a husband who has HIV through art, since directly communicating this to men is made difficult through cultural ideologies.

In addition, M. Kilson, in ‘Women in African Traditional Religions’, in the *Journal of Religion in Africa Vol.11* 1976, analyses the position of women in African societies,

¹⁴ R.I.J.Hackett, ‘Art as Neglected Text for the Study of Gender and Religion in Africa’, *Journal of Religion in Africa*, Vol 28(4), October 1998.pp 363-370, p.369.

which she described as ‘masculine’.¹⁵ This helps my thesis to analyze why women have been more vulnerable to HIV due to culture as compared to men.

Furthermore, unpublished B.A. Honours dissertations have analyzed the issue of gender and religion. One such is by F. Hluyo, ‘The status of women in the Shona society, with special reference to the Ndau people of Chamutsa village in the Birchenough Bridge area of Zimbabwe’ (1997). Another is by P. Karidza, ‘Myths surrounding women in Zimbabwe’ (1997). These are a few of the written dissertations that highlight the roles and statuses assigned to women by culture and tradition. These will help to unveil those traits of religion that have helped increase the risk of HIV infection in African societies.

S. Ochieng is another author who writes in *Moto*, a local magazine, and provides vital information on how and why ‘African women have been hit hardest’ by HIV.¹⁶ This contributes directly to this research as it gives some of the reasons why women have had the worst impact of the pandemic.

Scholars such as M.F.C. Bourdillon, *Religion and Society* (1990), Clive and Peggy Killef (eds), *Shona customs*, Mambo Press, (1970), and J.S. Mbiti, *Introduction to African Religion*, Nairobi, East African Publishers, (1992), provide strong background material which has influenced the place of women in modern society in relation to HIV and AIDS.

¹⁵ M. Kilson, ‘Women in African Traditional Religions’, *Journal of Religion in Africa Vol viii(2)* 1976.pp 133-143, p.134.

¹⁶ S.Ochieng, ‘Gender inequality fuelling HIV infection rate among women in Tanzania’, *Moto Magazine*, Gweru:Mambo Press, February 2001, p.22.

Apart from the literature that highlights practices which reinforce the 'servitude' of women to men, there is literature which notes the changing pattern of life and highlights how and why people should evolve and cope with disasters like HIV thereby changing, adapting to or dropping some of the practices. These include Van Nieuwehuijze C.A.O, *Development Regardless of Culture*, Leiden, E.J. Brill, (1984), Verstraelen F.J, ' Religion and Development in changing Africa, a structured presentation of viewpoints', in *Exchange Vol.3 Dec* (1972). These are some of the authors who have realized the changing context of life in Africa .In this case, should Africans, particularly Nda women, drop some of its practices in the face of the HIV and AIDS challenge?

To sum up, there has been considerable literature that examines culture, gender and HIV and AIDS and I intend to broaden this scope through an analysis of what is on the ground in one remote district in Zimbabwe. However, the abundant literature provides a strong background and foundation in the following presentation. More literature will be unveiled as the dissertation unfolds.

1.5 Justification to the study

The significance of this study lies in its quest to use religious studies to transform the lives of ordinary women in rural Zimbabwe. As was noted by E. Chitando, 'Religious studies in the university have often been perceived as pursuing recondite topics that are far removed from the daily experiences of religious people'.¹⁷ An analysis of how cultural practices and tradition have fuelled HIV among women is crucial for the

¹⁷ E.Chitando, *Singing Culture; A study of Gospel music in Zimbabwe*, Uppsala: Nordiska Afrainstitutet, 2002, p7.

development of women as a whole. As long as they do not know how to handle HIV and AIDS, they will always be the main victims. As this study will demonstrate, it becomes a voice for the voiceless women who are most vulnerable. The study therefore tries to empower women and feminists, academics, social organisations, among other classes of society, on the way forward.

The HIV and AIDS epidemic in Africa has been described as a 'catastrophe', 'disaster and holocaust'.¹⁸ Such language has shown signs of panic about the social and economic impact of AIDS. It is thus deemed necessary to undertake a research in this field to provide more knowledge to society through its academic, gender, theological, social and developmental implications.

The academy gets more information on women and HIV and AIDS through this research. This is crucial for academics who like to look at HIV and AIDS as a 'gendered epidemic'.¹⁹ Alongside this, such a study benefits the academy by giving an increased awareness of the emotional dimension of HIV and AIDS. The epidemic appeals to the emotions of the majority of the affected and infected and in most cases one may end up having pessimism rather than optimism in life. So, by equipping academics with the right emotional approach to HIV and AIDS, information can be disseminated to society as a whole and people, especially women who are the most affected, may know that there is life after getting infected and affected by the virus. The academy helps to pass on this information to schools, colleges, hospitals, media institutes and research centers.

¹⁸ M.Heywood, 'Reporting Partner notification and disclosure of HIV serostatus and AIDS: Public health and Human rights Implications' in *Sexual Health, Exchange 2000\1*, Safaids, p1.

¹⁹ Report on the Gender, HIV and AIDS and University Youth conference, 17-20 October 2002, p. 3.

Socially, this presentation retrieves cultural practices of the traditional Ndaou society. It exposes both good and bad cultural effects to humanity with particular reference to AIDS. Society therefore is tasked with the mandate to hold onto or do away with some of its practices, for example inheritance, polygamy, betrothal and such traditional methods of healing such as making incisions into the skin (*kutema nyora*), usually by sharp objects such as razor blades.

Apart from these, organisations that deal with AIDS and PLWHA can directly benefit from this study. Suggestions and new ideas found from this research could be passed on to people who are part and parcel to such organizations as New Start Centers; Population services International (PSI), Population Trust, Mashambanzou, SafAIDS and a lot more.

The same effect of the study is seen in health centers such as clinics and hospitals. These are areas where more women than men are found. This is so because 'women types of jobs'²⁰ such as cleaning and cooking dominate the areas. Most nurses for example are women and therefore they are the most affected. They will get equipped with the right knowledge to tackle and handle HIV and AIDS.

The church has often been accused of being inactive and silent in the epidemic. Churches have been accused of preaching the gospel of abstinence, which, with today's generation seems to be hardly practiced. Instead of solely relying on abstinence, the church can also preach against some of the traditional African practices that subjugate women and therefore increase their risk of infection. Most women in the church have started to find a

²⁰ Interview with F, Zindi, a musician, producer and lecturer at the University of Zimbabwe, 17 August 1999.

voice for themselves in the churches through guilds such as Ruwadzano. This gives them room to air out their feelings and views in any topical issues in society. Due to these, more and more women have found a place in society through the church and hence their attraction to it in their numbers. In light of this view, a study on cultural influences, women and AIDS will help women in the church with the right attitude to fight against HIV and AIDS and cope with such practices of African traditional religion which fuel HIV amongst them.

Feminists and gender activists benefit directly from a research of this type. Explaining how women have become more exposed to HIV and AIDS in the face of culture and tradition helps gender activists in their plans of action to combat the rate of infection among women. The challenge so far lies in the fact that African women who have approached ATRs are mostly theologians and not practitioners and scholars of religious studies with the exception of some such as Nokuzola Mndende (A South African traditional healer).²¹ She writes from a South African perspective. This is the void that this project intends to fill, as I research as an insider and a scholar of religious studies. This presentation therefore plays a role in sharpening sensibility to gender issues, not from a theological perspective, but simply an academic point of view.

Last but not least, my research brings in new information from a geographical location whose customs and cultures have hardly been explored in relation to women and HIV and AIDS.

²¹ Nokuzola Mndende, 'From Racial Oppression to Religious Oppression: African Religion in the New South Africa', *Religion and Social Transformation in Southern Africa*, Thomas G. Wash and Frank Kauffmann (eds), St Paul: Minnesota, Paragon House, 1999, pp 143-155, p.143.

In conclusion therefore, the choice of this topic could be justified because it holds water considering its effects to society. Gender activists, the church, academy, and welfare organisations will benefit a lot.

Generally, the significance of this study lies in its ability to meet one of the standard guidelines set in the National HIV/AIDS Policy which is:

Guiding Principle 43: HIV/AIDS/STI research should focus on priority needs in Zimbabwe and should be undertaken through a co-ordinated and multidisciplinary collaborative strategy with participation of the potential beneficiaries as well as the investigated community throughout the research where possible.²²

In a nutshell, this study highlights how Religious Studies deals with existential and practical issues of society, making it valid and necessary in a variety of areas in life.

1.6 Methodology

The research will basically incorporate qualitative research methods. Aspects of religion, culture and values are difficult to measure only by quantitative methods.

This study of HIV, culture and gender is composed of a variety of disciplines –from sociology, theology and history, among others. As part of Religious Studies, this study therefore requires a multidisciplinary approach to cater for all these dimensions. R. Pummer says, ‘No one method or discipline can lead to an exhaustive and all encompassing understanding of Man’s religious aspects’.²³ N. Smart shares the same

²² *National HIV/AIDS Policy*, Zimbabwe, 1999, p48.

²³ R.Pummer, ‘Recent publications on the methodology of the science of Religion’, *Numen*, Vol. 22(3), 1975. Pp 161-182.p. 175.

sentiments when he says, ‘Religious studies requires a poly- methodic approach because religion is multi-dimensional’.²⁴ This means therefore, using one method in this presentation will not do justice to the topic. A diversity of approaches will have to interplay and these include the sociology of religion, phenomenology of religion, history of religion, and an African hermeneutic of feminist theology. The next section discusses these.

1.6.1 Sociology of Religion

Sociology of Religion has to play its role in a research of this type. This method has the society as its basic unit of study. It is defined as a study of human relationships and interaction.²⁵ E. Durkheim, one of the major sociologists thus argues that, ‘this approach deals with religion and class, gender, economics, change and various aspects of society’.²⁶ This suggests that religion and society co-exist. I will therefore interact with the Ndaou society to find out how their religious traditions influence the status of women in the HIV and AIDS epidemic. As part of the sociological method, I will carry out interviews with members of the society. I will employ methods of sampling my interviewees. This is referred to as, ‘purposeful sampling’.²⁷ I will use the following methods in my sampling of informants:

²⁴ N.Smart, *Dimensions of the Sacred, An Anatomy of the World’s Religions*, London: Harper and Collins, 1996.

²⁵ .

²⁶ Ibid.

²⁷ Michael Quinn Patton, ‘Purposeful Sampling’ in *Qualitative Evaluation and research methods*, Newbury Park, CA: Sage, 1990, p106-121. p106.

- a) Critical case sampling²⁸-I look for interviewees that can be a microcosm of the macrocosm. In critical case samples, if an issue affects these selected or interviewed people, then it can happen anywhere. I look for people who have been hardest hit by the epidemic in the Ndau community, and I will then be able to take it that what affect these selected people can also affect anyone in the whole society at large.
- b) Snowball or Chain Sampling²⁹-This a method of selecting interviews by looking for those who can give me information on what I am looking for. These are regarded as information-rich cases. As such, I look for particular informants who are regarded as sources of information on Ndau custom and practices and how they have affected women in the religious setting.

These methods of sampling interviewees are a crucial aspect of my sociological inquiry. They will guide my research because it will not be quite helpful if I were to interview anyone or everyone. These selections will provide first hand information which I will consider as a primary source, and thus to a greater extent reliable. In general, the sociological method is going to be very useful in my research. This is because it tries to be empirical and therefore can be regarded as a scientific method, which is based on the observation of social practices. I have used pseudonyms for most of the respondents in this study, especially those who felt that they did not wish to disclose their HIV status. However, where consent was granted, I used the real names.

²⁸Ibid, p110.

²⁹ Ibid, p111.

However, sociology as a method overemphasises the society, thereby undermining the individual. In addition, one has to note that interviews carried out in sociology will have some limitations. They cannot always be relied on as primary data; hence I have earlier indicated that one can rely on them up to a certain extent. People may withhold valuable information that they may feel is too esoteric, sensitive or confidential. Some interviewees may become too reluctant to cooperate right from the onset. In addition, some sociologists end up explaining away religion, for example, when one says, 'Religion is a creation of society'.³⁰ As a result, of these weaknesses sociology cannot do justice to a research of this nature alone. The historical/Phenomenological approaches become viable.

1.6.2 Phenomenology of Religion

Phenomenology of religion plays a key role in this research. There have been various attempts to define what this method is. As such, one can argue that there are as many phenomenologies as there are phenomenologists. R. Jackson mentions this when he says,

Phenomenology of religion has been presented in different ways by different authors. Phenomenology of religion is a family of approaches rather than a tightly definable single approach.³¹

This difficulty in finding an all-encompassing definition of what phenomenology of religion has also been pointed out by C. J. Arthur when he says,

---anyone who wants to find out what phenomenology of religion is and how it is applied 'will find the search a frustrating one'. To illustrate the cause of such a frustration would not be difficult, for rather than any embarrassing silence it is the sheer number of conflicting replies to the

³⁰ A.S Morean(Ed), *Evangelical Dictionary of World Missions*, 2000, p. 890

³¹ R.Jackson, *Religious Education:An Interpretive Approach*,London:Holder and Stoughton, 1997, p7.

question 'what is phenomenology of religion?' which makes it so difficult to reach a satisfactory answer.³²

Generally, Johann Henrich Lambert, a Swiss-German mathematician and philosopher, first coined the method of phenomenology in 1764.³³ He used this term to refer to a study of that which shows itself. E. Husserl (1859-1938)³⁴ then propounded it as a philosophical discipline. Later on it was borrowed as an attempt to investigate the essence and meaning of religion.³⁵ This means it seeks to explain and find the meaning of religious phenomena such as rituals, sacrifices and myths, among others. Phenomenology of religion was introduced as a reaction against reductionistic approaches such as anthropology, sociology and psychology. It uses two main principles derived from E Husserl namely epoche and eidetic intuition. Epoche comes from a Greek term *epecho*, which means, 'I hold back'.³⁶ This entails the scholar or researcher to remove or suspend any preconceived ideas or previous judgment or knowledge one has on the specific subject of research. In this particular research, I have to bracket any ideas I have about African women and Ndaou women in particular and the effects of culture and tradition on the role of women. This results in an unbiased research. Eidetic intuition is what C.J. Bleeker calls eidetic 'vision', which is a search for or a seeing into the essentials of religious phenomena. This involves the description of the relationships and processes of phenomena found in religion.

³² C.J.Arthur, 'Phenomenology of Religion and the Art of story –telling: The relevance of William Golding's 'The Inheritors' to Religious Studies', in Summer, B. Twiss and Walter H. Conser jr(eds), *Expressing the Sacred: Readings in the Phenomenology of Religion*, 1992.pp145-166, p147.

³³ <http://www.wheaton.edu/intr/Moreau/courses/565/articles/Phenomenology>, accessed 7/4/2006,10:54hrs.

³⁴ J. L. Cox, *Expressing the Sacred, an Introduction to Phenomenology of Religion*, Harare: University of Zimbabwe Publications, 1992, p. 15.

³⁵ Ibid.

³⁶ Ibid.

The phenomenological method hence seeks to have a balanced and unbiased research. It avoids reducing religion as other approaches have done, for example, sociologists who have argued that religion is ‘the opium of the people’³⁷, or it is ‘a creation of society’³⁸, and theologians have reduced religion to a mere ‘belief in God’.³⁹ Psychologists have argued it is ‘an obsessive infantile neurosis’.⁴⁰ Such definitions have come as a result of preconceived and biased ideas which researchers have studied religion with. Thus, phenomenology of religion seeks to correct this and study religion as it presents itself, in its true picture.

Despite the strengths of phenomenology, it has its own limitations. According to R. Segal, phenomenologists do not prescribe how to perform epoche. He says unless they explain how it should be done, ‘it will remain a forlorn ideal’.⁴¹ He says,

Phenomenologists invariably neglect to explain how to practice it. To prescribe the suspension of bias is one thing, to achieve is another. Until the actual means of riding oneself of all biases gets explained, the epoche must remain only a forlorn ideal.⁴²

This means it will never be practical but only idealistic. In addition, ‘the method is solipsistic’.⁴³ It does not explain how one can grasp intuitively the essence of religious phenomena. Thus, E. Sharpe mentions that it has been questioned whether there is a yardstick to measure ‘if one has grasped the essence religion or not’.⁴⁴ The question stands as, how does one know s/he has practiced epoche and eidetic intuition? These

³⁷ J. Ferguson, *Religions of the World*, Guilford: Lutterworth, 1978, p13-17.

³⁸ Ibid.

³⁹ Ibid.

⁴⁰ Ibid.

⁴¹ R.A Segal, *Religion and the Social Sciences: Essays on the Confrontation*, Georgia: Scholars Press, 1989, p19.

⁴² Ibid.

⁴³ J.D.Bettis (ed), *Phenomenology of Religion*, New York: Harper and Row, 1969, p. 26.

⁴⁴ E.Sharpe, *Comparative Religion: A History*, London: Gerald Duckworth Company, 1986, p42.

weaknesses have therefore caused R. Pannikar, in the context of religious dialogue, to conclude, 'Epoche is psychologically impracticable, phenomenologically inappropriate, philosophically defective, theologically weak and religiously barren'.⁴⁵

Having highlighted how much phenomenology of religion is difficult to define, I then focus the reader on what type of phenomenology I utilise in my study.

1.6.2.1 Phenomenology of Religion in this project

My primary method of research in my thesis is phenomenology. As I have highlighted earlier, one can discern many branches of phenomenology. In as much as there are numerous phenomena one can discern in religion, phenomenology of religion is used differently in the study of religion. It has been noted that,

For some phenomenology of religion refers to an attitude toward or the study of religious phenomena in the broadest sense. For others, it refers to the actual cross cultural comparative study and classification of religious manifestations. For still others it expresses a commitment to a specialized method of inquiry of religious expressions. Though it is impossible to give a universally agreed upon definition, generally phenomenologists of all types (philosophical, psychological, sociological, philological, and so on), are concerned with the believers' awareness of the manifestations of life, how they express that awareness, and how those expressions can be understood.⁴⁶

Like any other phenomenologist, I use this same approach, but especially rely on how the Ndaou community is aware of its manifestations of life, how they express that awareness, and how that awareness is understood. My position follows the idea of N. Smart who talks of the several dimensions of religion. I co-opt some other auxiliary methods because one method cannot do justice to religious studies, which is multidisciplinary and

⁴⁵ R. Pannikar, *The Intra-religious Dialogue*, New York: Paulist Press, 1999, p76.

⁴⁶ <http://www.wheaton.edu/intr/Moreau/courses/565/articles/Phenomenology>, accessed, 7.4/2006, 1054hrs.

therefore requires a poly-methodic approach. Thus, Ninian Smart nurtures my subject of phenomenology. I therefore argue that the other methods that come into play in this thesis all fall under phenomenology of religion as the major method. Working hand in glove with the phenomenology of religion, I utilise the History of religions in my study.

1.6.3 History of Religions

Generally, scholarship does not agree regarding the nature, task and goal of the history of religions. This has been attributed to the fact that the terms ‘history’, and ‘religion’ do not each have a universal and all encompassing definition. Bringing the terms together creates a potentially academically explosive situation. Referring to the history of Religions, F. J. Streng says, ‘this method is an examination of religious people, their ideas, beliefs and practices within concrete historical epochs’.⁴⁷ This refers to making an analysis on any given aspect of religion looking from its past or history. Thus, J. Streng says, ‘It is to systematically organise and classify the material’.⁴⁸ In support of this, R. J. Shafer defines the historical method as ‘a systematic process of investigation and interpretation aimed at securing the most accurate account possible of any event or series of events providing a coherent and meaningful discussion’.⁴⁹ As such, this study helps me to understand how Ndau women have been regarded in their culture, and how this status has eventually led to the current effects of the epidemic on the female folk.

⁴⁷ F.J.Streng, *Understanding Religious Life*, Carlifornia: Wadsworth Publishing Company, Belmony, 1985, p220.

⁴⁸ Ibid.

⁴⁹ R.J.Shafer, *A Guide to Historical Methods*, Illinois: The Dorsey Press, 1969, p3.

According to Ranger and Kimambo, most historical studies have often focused on politics or administrative bureaucracies. This means that in pre-colonial Africa, it was only the political institutions which had a history, or worthy studying historically unlike other dimensions of society. This has been proved to be untrue, as every aspect of life seems dynamic, and thus has a past. As a result, a historical perspective seems very appropriate when studying previous cultures and traditions, which have increased the risk of HIV infection among women. The historical method will unveil the hidden past cultures that have influenced the status of women in the HIV and AIDS pandemic. This is why T.O. Ranger and I.N. Kimambo say; 'Yet from a historical view some work on African religion which have emerged from the context of African Religious studies has been alarming'.⁵⁰ This means therefore that the history of religions has a significant role to play in this research. It does not reduce religion to sociology, psychology or any other discipline.⁵¹ It provides insights into the historical development of religion.

While this method is very helpful in terms of gathering vital information from the past, it however runs the shortfall of gaps emanating from the loss of information, for example through the death of an elder of the community. This is so since oral tradition is the main means of transmission of information. However, where such shortfalls occur, written records will become handy, and the relevance of other methods becomes a necessity. I also use feminist theology in my quest for understanding the socio-cultural effects of HIV and AIDS on women in Chipinge.

⁵⁰ T.O.Ranger &I.N.Kimambo, *The Historical Study of African Religion*, London: Heinemann, 1972, p. 2.

⁵¹ F.J.Streng, Op: Cit, p. 220.

1.6.4 African Feminist Theology of Religion

Just like most African women writers who have devoted themselves into writing about themselves and the experiences of the African women, such is an approach I intend to use. In this thesis, I have decided to write about the real issues that affect the lives of the Ndau woman, unlike in previous studies where 'she' (the African woman) was left out as it was just either the Black men or the Black American/White women who were exposed to write 'her' experiences. I intend my study therefore to become an appropriation of the feminist theory in an African context. I intend to apply an African feminist hermeneutic to understand the vulnerability of Ndau women to the HIV and AIDS pandemic. My study therefore becomes an appropriation of the feminist theory in an African, and particularly, Ndau context. Cletus Chukwu supports such a method when he says, 'As an inescapable part in our battle strategy against HIV/AIDS, we will need to lend support to African feminism in its struggle towards the total liberation of women'.⁵²

In as much as the earlier works of African theologians have faced criticism, I follow the works such as of E. Chitando who argue that there are generations of scholarship in African theology. According to Chitando, African theology can be divided into three generations. The first generation, (1956-1973) represents the pioneers. The second generation (1974-1985) seeks to reiterate the views of the pioneers. The third generation (1986-2000) explores new themes. It is in the third generation that the African women's theologies 'exploded'.⁵³ Though I appropriate African feminist thought developed by

⁵² Cletus N.Chukwu, *Applied Ethics and HIV/AIDS in Africa: A philosophical discourse*, Kenya: Zapf Chancery, Eldoret, 2003, p65.

⁵³ E.Chitando, 'The Appropriation of African Traditional Religions in African Theology: A Phenomenological Investigation,' Unpublished doctoral thesis, University of Zimbabwe, pp. 98-99.

earlier African women academics, I choose to break away from the first three generations that I propose and these include,

- Generation 1- Mercy Amba Oduyoye/Elizabeth Amoah (1980s)
- Generation 2-Nyambura Njoroge/Musimbi Kanyoro/Isabel Phiri (1990s)
- Generation 3-Musa W. Dube/Fulata Moyo/Sarojini Nadar/Lilian Siwila, etc (late 1990s-present)

Through an analysis of the works of these great academics and/or theologians, I choose to describe their works as very important to the African woman, but one of their limitations lies in the homogeneity of the works available. I argue that most of the first and second generation work is mainly lamentation that portrays ATRs as a challenge to women. Later works are more reconstructive and I feel that this thesis belongs more to the later generations, most probably befitting into the third or fourth generation of academics appropriating a feminist thought in African religion, who seek to identify some silver lining in the dark cloud of ATRs. Nonetheless, I must quickly add that the generations are not 'cast in stone.' While, for example, I have placed Phiri in the second generation, her work has begun to identify positive cultural resources to combat HIV. This reminds us that the generations are fluid. Also, I do not imply that later generations are in any way 'more sophisticated' than later generations. The periodisation is mainly historical, that is, I utilise a historical approach to situate African women theologians.

Just like most of my predecessors, an interesting method within African Feminism that I use as an interpretive tool to Ndau culture and religion in this thesis is 'Cultural

Hermeneutics'.⁵⁴ This is, according to M.R.A Kanyoro, '---an analysis and interpretation of how culture conditions people's understanding of reality at a particular time and location'.⁵⁵ With this method I am able to analyse and interpret the cultural beliefs amongst the Nda, so that I am able to find out those that increase the vulnerability of women to HIV (hermeneutics of suspicion⁵⁶), and at the same time affirm those that are life enhancing (hermeneutics of liberation⁵⁷). The moment I point a finger the practices of Nda traditional religion that increase the vulnerability of women to HIV and AIDS, I should be able to identify those that protect her full dignity and being in the era of HIV (hermeneutics of commitment). M.A Oduyoye mentions this when she says,

---the hermeneutics of suspicion must go hand in hand with a hermeneutics of commitment, as African women must take up the responsibility to change and transform those oppressive customs in order to bring out the fullness of life'.⁵⁸

As such, Kanyoro says that Cultural hermeneutics 'is the choice of combining an affirmation of culture and a critique of it that will have the potential to sustain the modern Africa'.⁵⁹

Overall, it is important to note that in this study of a particular area with a people dialectically known as Nda, this study is specifically a religio –cultural approach, I do

⁵⁴ M.R.A Kanyoro, *Introducing Feminist cultural Hermeneutics: An African Perspective*, Cleveland: Pilgrim, 2002, p9.

⁵⁵ Ibid.

⁵⁶ Kwok Pui-Lan, 'Mercy Amba Oduyoye and African Women's Theology, in *Journal of Feminist Studies in Religion*, Vol. 20 (1), 2004. pp7-22, p15.

⁵⁷ Ibid

⁵⁸ M.A.Oduyoye, *Introducing African Women's Theology*, Sheffield, UK: Sheffield Academic Press, 2001, p38.

⁵⁹M.R.A. Kanyoro, *Op.Cit* 2002, p26.

not get into the details of giving an analysis that is linguistic. I present and translate Nda language as anyone else would understand it, without the the expertise of a linguist.

To sum up, no one method can do justice to the study of religion. Each approach seeks to correct the limitations of the other, hence, interplay of the various methods I have given above. However, phenomenology of religion tries to be unbiased and seeks to correct the mistakes of the other biased theories. I write this thesis as a (relatively) young woman African scholar of religion (born 1978), facing the reality of HIV and AIDS. I regard myself as an 'insider' to Nda culture and religion, having been raised in the community. I am familiar with the sayings, traditions and practices of my people. This gives me privileged access to the material. My interaction with the respondents was cordial, as I am a member of the community. My interviews with women, especially in relation to vulnerability to HIV and care work, were pleasant as they accepted as a fellow woman. To this extent therefore, my 'insidership' and familiarity with research techniques were assets.

However, phenomenology of religion calls for reflexivity. By using phenomenology of religion; one can be developed into a 'reflective practitioner'.⁶⁰ M. Earley says,

Researchers are also practitioners engaged in (among other activities) the process of discovery and knowledge production, bringing to their research settings specific skills and knowledge about the topic of study and the research process--Reflective practices assure researchers play a role of more than just a technician and truly begin to understand research settings they

⁶⁰ Mark, A. Earley, 'Developing Reflective researchers' in *Teaching Research Methods in the Social Sciences*, Mark Garner, Claire Wagner and Barbara Kaluwich(eds), Ashgate, 2009, pp103-109.p105.

investigate and how their own investigations affect the field in general.⁶¹

As such, phenomenology of religion challenges every researcher to think about factors that promote or limit his or her effectiveness.

However, through my fieldwork, I became aware of the fact that the phenomenology of religion has not taken women's religious experiences seriously. It has often presented the religious experiences of men as normative. By utilising perspectives from feminism and African feminist theology of religion, I was able to give priority to Ndau women's religious experiences. This seeks to correct the history of religions/phenomenology of religion that has focused on men's experiences. I agree with D. Kinsley who says:

Despite its claim to include all religious phenomena within its scope, the history of religions, like all other humanistic disciplines, in fact had a quite limited focus. What it claimed to be the religions or religious expressions of humankind were often (indeed, usually) the religions and religious expressions of males. Prior to the advent of women's studies, the history of religions was primarily the study of men's religion.⁶²

Furthermore, due to the fact that I was an insider by being a woman researching on the experiences of women, and being a Ndau woman, reflexivity when undertaking research was quite manageable. As mentioned by M.A. Early,

A reflective researcher connects more personally with their research, and they also understand how their research connects and applies to the larger field in which they work.⁶³

⁶¹ Ibid, p105.

⁶² D. Kinsley, 'Women's Studies in the History of Religions', in A. Sharma, ed., *Methodology in Religious Studies: The Interface with Women's Studies*, Albany: State University of New York Press, 2002. pp1-15, p. 3.

⁶³ 'Developing Reflective researchers' in *Teaching Research Methods in the Social Sciences*, Mark Garner, Claire Wagner and Barbara Kaluwich(eds), Ashgate, 2009, pp103-110.p110.

As such, being a Ndaun woman enabled me to be empathetic to the experiences of my counterparts. I feel therefore that it is the responsibility of the Ndaun women to write and speak about themselves as is mentioned by M. R. A. Kanyoro and M.A. Oduyoye when they say,

African women theologians have come to realize that as long as men and foreign researchers remain the authorities on culture, rituals and religion, African women will continue to be spoken of as if they were dead.---Until women's views are listened to and their participation allowed and ensured, the truth will remain hidden, and the call to live the values of the Reign of God will be unheeded.⁶⁴

Despite the advantages of being an insider, there were some challenges in undertaking this research. The topic of HIV still carries a lot of silence and stigma. As a result, some women were not willing to open up. Also, I was an 'outsider' to older women and could not openly discuss issues relating to sexuality due to cultural norms. This shows that although one is an 'insider' in the sense of belonging to the same community, one can also be an 'outsider' according to age.

However, I succeeded in befriending some elderly women who became my 'aunts' and shared with me information that would have been considered inappropriate due to age differences. Also, my academic training and status as university lecturer placed some distance between the rural practitioners of ATRs and me. I tried as much as possible to be humble and use the Ndaun dialect to reduce the perceived social distance between us. This worked as I was accepted and accessed a lot of information.

⁶⁴ M.R.A. Kanyoro and M.A. Oduyoye, *The will to Arise: Women Tradition and the church in Africa*, Cluster Publications, South Africa, 2006, p1.

1.7 Location of study

This study focuses on the geographical area known as Chipinge. Formerly called Chipinga until 1982⁶⁵, the small town lies in a valley in the Southern Eastern Highlands in Zimbabwe. Occupying an area known as Gazaland, it 'is linked by road to Birchenough Bridge (62 km North West), Chimanimani (64km North East) and Mutare (170km North). Some 30km to the south lies Mt Selinda'.⁶⁶ Today Gazaland is divided into two places known as Chipinge and Chimanimani. This whole area is inhabited by an ethnic group known as the Ndaus. In a large sense the term Ndaus is considered as part of the Shona linguistic family.⁶⁷ For a more detailed location of Chipinge, I have provided maps in my appendices. The first appendix locates the position of Zimbabwe in Southern Africa, and then the second map shows the geographical location of Chipinge in Zimbabwe. Thirdly, I provide a map that shows the places in Chipinge District. These should go a long way in locating the reader to my place of study.

1.8 Definition of key terms

I admit that the adage, 'Scholarship lives by its quarrels' is an apt one. Concepts like gender and religion are heavily contested. This thesis is on the effects of HIV and AIDS influenced by traditional religion and culture on Ndaus women. At the initial stage of my study, I adopt open/operational definitions on these concepts. I believe that having essentialist definitions would claim to state what gender and religion are, have been, shall be, to all people, in all places, and at all times.

⁶⁵ R.Kent Rasmussen and S.C.Rubert, *Historical Dictionary of Zimbabwe*, New Jersey: Screech Press 1990, p. 62.

⁶⁶ K.Sayce(et.al), *Tabex Encyclopedia Zimbabwe*, Harare, Zimbabwe:Quest Publishing House,1987, p71.

⁶⁷ <http://en.wikipedia.org/wiki/Ndaus> accessed 19/08/09.

I do believe that as I undertake my research, my understanding of gender and religion will be enriched. Open definitions provide me with an opportunity to revise and refine the concepts that I utilise in my investigations. As has been emphasised, the study seeks to connect the two concepts of gender and religion in relation to HIV and AIDS in Chipinge, Zimbabwe. My intuition being that there is close connection between gender and religion. In turn, I hold that the outcome of this interface has consequences for the rate of HIV infection amongst Ndaou women. Although the relationship amongst these concepts is not one of logical necessity, I hope to illustrate how gender, religion and HIV and AIDS are related within the specific context of Chipinge. Different scholars have given a variety of definitions for the terms such as gender, feminism, sexism, sexuality, androcentrism, masculinity and femininity. The following are some definitions of terms I will constantly use in my thesis. This section will go a long way in contextualising my research to the reader.

1.8.1 African Traditional Religion(s)

Many scholars of African traditional religion have attempted to give their definitions of the term. However, this has proved to be an area of difficulty, since the phrase is made up of three terms that have each proved difficult to have one solid and all encompassing definition. Scholars have given so many definitions of what it means to be 'African', 'traditional' and what religions are. The issue of a definition of African traditional religion is further complicated because there have been disagreements on whether the phenomenon is singular or there are many ATRs.

According to E.B Idowu, one precise definition of ATRs is quite difficult to come up with due to a number of reasons which include, (a) the size of the continent, (b) the complexity of her cultures and (c) her historical rape and subsequent disruption, which was racial, social and spiritual.⁶⁸ These factors mean that the cultures of the continent, which are diverse in their own contexts, have been exposed to other cultures that infiltrated the continent and thus diluted indigenous religions. Consequently, to come up with one all encompassing definition of the religion of the continent becomes a great task.

African

Generally, scholars have defined what it means to be 'African' from different perspectives. These range from the geographical location of the continent, general technological development of the continent, social status etcetera. In this study, the term 'African' will be taken to mean a person, concept or object whose origin; roots or genealogy can be traced back from the African continent. Therefore, this study addresses the question how customs and cultures that can be traced back to the African continent can help the race whose ethnology and genealogy can be traced to the same continent in the struggle against HIV and AIDS.

Traditional

The term 'traditional' has often been misconceived to mean things that are old fashioned or uncivilised, primitive or archaic. This will therefore be regarding ATRs in the negative

⁶⁸ E.B Idowu, *African Traditional Religion: A Definition*, London: SCM Press Ltd, 1973, p.103.

sense, which should not be the case. As a result, some scholars who question the validity and connotations of the term traditional have opted for terms like 'indigenous' or just using 'African religions'. Those who insist on using it have redefined the term to portray what the 'insider' would regard the religion as. According to E.B Idowu,

The term traditional should be taken to mean that which is aboriginal or foundational, handed down from generation to generation, that which continues to be practiced by living men and women of today, as the religion forebears.⁶⁹

This means there is nothing archaic about the religion. In the context of this thesis, those practices that have been handed down from generation to generation by the natives of the African race in Zimbabwe, and amongst the Ndaou in particular will be identified as traditional. Chapter 2 details some of these traditional practices that have fuelled the rate of HIV infection amongst Ndaou women. However, some other traditional practices, beliefs and customs, especially in chapter 4, will be interpreted and re-interpreted to help prevent and fight HIV and AIDS, the stigma associated with it and some other effects it has on women in Chipinge. The point to note is that 'traditional' practices are not being seen as 'primitive', 'old fashioned' or 'uncivilised' in this write up.

Religion

Coming up with a widely accepted definition of what religion is has been a subject of fierce debate among writers. However, of some of these writers, J.L Cox has given a widely accepted working definition of what religion is. He says, 'Religion is a varied symbolic expression of, and appropriate response to that which people deliberately affirm

⁶⁹ Ibid.

as being Unrestricted Value for them.⁷⁰ Religion in the Zimbabwean traditional context therefore refers to the various ways of expressing a relationship with Mwari, via the ancestors.

Singular/Plural?

There has been a raging singular/plural debate on ATRs. Whether one can talk of one traditional religion or not has been a bone of contention amongst scholars. The differences in religious systems of beliefs, ceremonies, rituals and religious leaders, cultures and ethnical diversities have raised eyebrows on how one can talk of one religion in Africa. What can be considered as moral in one society can be unethical in another. Therefore, can these varieties make one? Instead of getting into the details of the debate, I would rather leave the debate open. However, it is critical to note that some scholars are of the view that despite the differences found in Africa, African religion remains one. For example, E.W Smith says,

Underlying all the divergence that marks the pagan Negro tribes, there is fundamental unity of belief and outlook upon the world----Africa is a unity-a unity in diversity. Nothing is lost and much is gained, by trying to look at Africa as a whole.⁷¹

This is just one example of the plurality of views postulated by scholars supporting the singular form of ATRs. I will take the essence of Zimbabwean traditional religions as one, despite the varieties in tribes and ethnicity. Therefore, in this thesis, both the singular and plural terminology of ATR/s will be used interchangeably. Despite the differences in

⁷⁰ J.L.Cox,*Op.Cit*,p.15.

⁷¹ E.W Smith, *The Christian Mission in Africa*, New York: Macmillan, 1926, p7.

practices and customs, I will take the philosophy behind these cultures as unifying the traditional religion of Zimbabwe and Africa as a whole.

In this thesis therefore, African traditional religion will be taken to mean the diverse culture, customs and practices of the local people that have been passed on from one generation to another of responding to the existence of a God, in this case Mwari, through ancestor veneration. With special reference to the people of Chipinge, I shall refer to it as Ndau traditional religion.

The study of ATRs has gone through various phases, beginning with the missionaries, travelers, anthropologists and African scholars. Unfortunately, too many writers have approached ATRs with negative assumptions. This has been mainly due to the influence of Christianity and modernity. In the publications on religion and HIV, there has also been too much focus on the negative dimensions of ATRs. In chapter four, I draw attention to these various phases and the need to apply a positive hermeneutic to ATRs in responding to HIV and AIDS.

1.8.2 Culture

Few scholars have interchangeably used the terms 'religion' and 'culture'. Where these differences occur, culture will not be a religion and the former will be seen in a negative sense whereas the latter is more positive. Nokuzola Mndende expresses this when she says,

---But African Traditional Religion is not recognised in the same way, for when someone is talking about ATR it is assumed that s/he is referring to

religion, but to culture. S/he can only be talking about religion if s/he incorporates Christianity or Islam.---When the missionaries and colonisers studied the beliefs and practices of black people, they did not see religion, only culture.⁷²

I disagree with the given differences between religion and culture. Rather, religion and culture are difficult to separate-the two are intermingled. Isabel Phiri says,

Certain cultural factors that are rooted in traditional religious beliefs and practices hinder women's participation in development projects. Ignoring this link between religion and culture in Africa has important implication for the formation of public policy for African Women.⁷³

According to M. Nangoli,

Culture is a language or languages people speak, the way they behave, live, relate to one another, dress, worship their God, care for their own, marry for reproductive purposes, name or baptise their children, treat the elderly, bury their dead and generally the way that they carry on-a way that distinguishes them from other people of the world.⁷⁴

The above definition by Nangoli shows how religion and culture are deeply related. Through their culture, as J.S Mbiti echoes, the Africans are 'notoriously religious'---the way people bury their dead, for instance, is deeply religious; the language they speak expresses their culture and how they talk to their God---.⁷⁵

Likewise, in this thesis, I shall use the terms 'religion' and 'culture' as one in my discussion of Ndau Traditional religions.

⁷² N.Mndende, *Op.Cit*, p149.

⁷³ I.A.Phiri, 'Women Doing Theology', in *Journal of Theology for Southern Africa* 99, Nov 1997.pp 68-76, p68.

⁷⁴ M.Nangoli, *No More Lies about Africa*, USA: A.H Publishers, 1986, p.10.

⁷⁵ N.Mndende, *Op.Cit*, p149.

1.8.3 Gender

Gender is a term pregnant with psychological and cultural connotation rather than biological ones.⁷⁶ A more recent definition that is more or less similar to this says,

The societal beliefs, customs, practices that define 'masculine' and 'feminine' attributes of behavior. It is not natural or divine, but a culture specific construct that can be reconstructed and transformed by society. Gender overlaps all other social departments be it economic, cultural and political because people are always socially constructed as men and women in politics, governments, schools, churches, villages, cities, homes, work places, conversations and even in their sexuality.⁷⁷

From the given definitions, it can be construed that gender refers to the economic, socio-cultural attributes and opportunities associated with being male or female. The way males and females relate in the family, in religious organisations, public places and other social institutions and gatherings reflect society's understanding of men's and women's appropriate behaviors and characteristics. Society therefore defines how men and women should behave and this means gender is a social construction, and not determined by one's biology.

1.8.4 Feminism

This is a global movement which was started in the West in the 17th century to work towards the emancipation of women from their unfair domination by men. What feminism fights for or stands for is the equality of men and women in society.⁷⁸ It is an effort by men and women critical of sexism to dismantle the cultural hegemony of males

⁷⁶ A.Oakley, *Sex, Gender and Society*, London: Grower Publishing House, 1985, p. 159.

⁷⁷ M.Dube, 'Culture, Gender and HIV/AIDS: Understanding the Issues', in Dube, M.W, *HIV/AIDS and the Curriculum: Methods of intergrating HIV/AIDS in Theological Programmes*, Geneva, Switzerland: WCC Publications, 2003. Pp84-100, p.86.

⁷⁸ D.Kendall, *Sociology in our Time*, Belmont: Thomson Learning, 2001, p.359.

over females as well as masculinity over femininity in both male and female identities.⁷⁹ Feminism thus questions and seeks to correct injustices brought about by the hierarchies in the sexes, assuming that men are at the top, and women at the bottom. Feminism has a variety of flavours, and in this thesis I refer to two major feminisms which are ‘radical’ and ‘liberal’.

1.8.4.1 Radical/Revolutionary Feminism

This type of feminism has its roots in Christianity. Radical feminists like Mary Daly and Naomi Goldenberg argue that Christianity is hopelessly androcentric, and the Bible records ‘his-(s)tory’, leaving out ‘her-story’. Now being widely adopted to and other traditions other than Christianity, radical feminism is against any symbols that are hopelessly patriarchal and questions them seeking complete change in the world order. With reference to ATRs, this view holds that, ‘---cultural and social institutions including religion are so irredeemably warped by patriarchy that they can hardly be considered as allies of women as they try to liberate themselves’.⁸⁰ Indeed, this could be a reverse of sexism and yet a bitter cry of protest against the destructiveness of patriarchy.

1.8.4.2 Liberal /Reformist Feminism

This approach differs from radical feminism in that it does not call for a total transformation of religious traditions that are deemed sexist. This school of thought upholds that the liberation of women can and will take place within their given religious setting, and not outside it. Examples of the champions of liberal feminism include

⁷⁹ L.M.Russell, *Dictionary of Feminist Theologies*, 1996, Westminster: John Knox Press, p257.

⁸⁰ M.A.Oduyoye & M. Kanyoro, *The Will to Arise: Women, Tradition and The Church In Africa*, Maryknoll, New York: Orbis Books, 2002, p184.

Rosemary Radford Ruether, Elisabeth Schussler-Fiorenza and Letty M. Russell. In this thesis I argue for liberal feminism in Ndau traditional religion that, instead of calling for a total withdrawal from cultural belief and custom, there still can be found liberative elements within the specific religious setting of the Ndau women. Thus, liberal feminism advocates for a revision, revisiting, reinterpretation and contextualisation of some traditional prescriptions and make them liberative and relevant in the contemporary period of life. I must hasten to add that African women theologians have generally endorsed liberal/reformist feminism, although there is debate regarding appropriate terminology.⁸¹

1.8.5 Sexism

This is any attitude or action or institutional structure that subordinates any person on the basis of gender.⁸² Generally, this attitude is linked to the belief that women are weaker and inferior to men. It results in inequality between the sexes. Sexism is interwoven with patriarchy and hierarchical systems of social organisation where men control cultural, political, religious and economic structures.⁸³ L. Russell also suggests that sexism refers to gender stereotyping of men and women hierarchically where men are above women. This is used to keep both men and women in their places by attaching women who aspire to emancipate themselves as effeminate or sissies.⁸⁴

⁸¹ I. A. Phiri and S. Nadar, "What's in a Name? Forging a Theoretical Framework for African Women's Theologies," *Journal of Constructive Theology* 12 (2), 2006, pp. 5-24.

⁸² J.C.Brigham, *Social Psychology*, New York: Harper and Collins, 1991, p462.

⁸³ D.Kendall, *Op.Cit*, p339.

⁸⁴ LMRussell, *Op.Cit*, p257.

1.8.6 Sexuality

Sexuality has been defined differently. According to Adrian Thatcher,

Sexuality is the mode or manner by which humans experience and express both the incompleteness of their individualities as well as their relatedness to each other as male and female. Human sexuality therefore is about how men and women respond to themselves as sexual beings, and how sexually they relate to each other.⁸⁵

Therefore, sexuality refers to all actions, language, emotions and ideas related to the human reproductive body and the actual sexual intercourse, in everyday language termed sex. Sexuality is generally defined as the things people do, think and feel that are in connection to their sexual urge, be they male and female. It refers to anything that falls under the umbrella discussion of sexual intercourse. This is a very important aspect in the lives of human beings, but is often not freely discussed in the open. It is rather viewed as a very private sphere of humanity.

1.8.7 Masculinity- Maleness. The power and character associated with being male.

1.8.8 Femininity-Femaleness. The power and character associated with being female.

1.8.9 Patriarchy

A system of hierarchy that calls for the domination of women by men found in religious traditions. In this system, the male is the head, and the woman is the minor. It draws its ideology from sexism, cultural influences and androcentricism. A patrilineal society traces its descendants through the line or blood of the father. The opposite of what I have discussed here can be true of matriarchy and a matrilineal system.

⁸⁵ A.Thatcher, *Liberating Sex*, London: SPCK, 1993, p2.

1.8.10 Androcentricism

It means male centeredness. In practice it is whereby the experiences and actions of men are the 'norm' and can be generalisable, and are often seen to be the objective criteria through which women's experiences can be organised and evaluated. It has been noted that not only does androcentricism refer to the interests of women being overlooked, but also a general lack of a critical awareness of them as gendered beings.

This section has equipped the reader with some vital definitions; it is now appropriate to give the structural outline of my thesis.

1.9 Chapter breakdown

Having provided the introduction to my research work which includes the problem statement, aim and objectives, literature review, justification and methodology, my next chapter helps to put the reader into the context of my project; it delves into the status of the woman in Chipinge district who practices traditional Ndau culture. Both sides of her status are discussed. This is critical to highlight how traditional religion influences the risk of infection amongst women, and the positive roles also demonstrate her powers to overcome the epidemic. Chapter three examines the effects of HIV and AIDS on Ndau women that are influenced by their culture. Possible ways to counter these effects are suggested in chapter four, and this is where I argue that they need not be only necessarily western methods, but that African culture still has redemptive windows of hope. In this chapter, I appropriate liberal African feminism, arguing that the liberation of African women can and will take place in their specific religious contexts. I therefore explain

how some Ndaun beliefs and customs can be used to protect the women from high risks of HIV infection. Chapter five discusses 'care work' as one of the greatest challenges which women in Ndaun religion face. This becomes a critical point in my study, as I give tangible examples from the Ndaun community, and how such situations are burning out the women in these contexts. This chapter becomes a crucial point of my research work, as I argue that I bring in relatively new information to the academia, as I come up with my 'own' religio-ethical construction; building/formulating an African womanist or feminist ethic of care on the basis of Ndaun religion. This relates to the first section of chapter six, where I develop a non-gendered ethic of caring. Chapter six also becomes a synthesis of the whole project. It gives a qualitative analysis to the whole research project. It is in this chapter that I provide the conclusion to the whole investigation.

The general structure of my chapters is that I present both sides of the coin. In each of the chapters I give the negative effects of Ndaun traditional religion to women in HIV and AIDS, and I also present rescuing efforts which ameliorate her crisis. As such, one would find that chapter four becomes a complete rescuing effort by Ndaun religion in HIV and AIDS. This is followed in chapter five by a presentation of what I called the worst effect of cultural beliefs and practices on women in the HIV and AIDS epidemic era. This is also followed by its stand-alone transformative strategy: proposing a non-gendered ethic of care.

Finally, I provide a few appendices, which include some maps locating the position of Chipinge in Zimbabwe. I also provide an interview questionnaire, in case some academic enthusiasts want an idea of what I asked from my interviewees.

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2. Chapter two: The status of women in traditional Ndaou society

2.1 Introduction

While it is true that there has been considerable literature on the status of women in African traditional religions, very few, if any, have been presented on the woman in Chipinge in particular. It is the thrust of this thesis to shed light, through African feminism, on how African culture affects and shapes the role of the traditional woman in Chipinge. The purpose of this chapter is to give an analysis of the status accorded to Ndaou women as portrayed in the traditional religion. This provides a supporting background to her vulnerability and role in the HIV and AIDS epidemic. The significance of this chapter to the overall thesis is that it pushes the project forward by laying/providing a strong background to the entire study. It places the Ndaou woman within her contextual culture and custom for the reader to understand how and why she is in the position she stands today with special reference to HIV and AIDS.

However, before delving into the key issues that concern this chapter, it is crucial to provide the reader with some historical background on the study of the cultural environment in Chipinge. After this, my next section provides a background on the Shona women in Zimbabwe in general, of whom the Ndaou are a part. This supports the idea that 'cultural trends are better understood if the historical factors that have shaped them are understood'.⁸⁶

⁸⁶ E. Chitando, *Singing Culture: A study of Gospel Music in Zimbabwe*, Uppsala: Nordiska Afrikainstitutet, 2002, p.11.

2.2 Culture and Tradition in Chipinge: a background

Chipinge is considered as one of the less developed districts in the country of Zimbabwe. Dialectically Ndau, the people are generally looked down upon and are often labelled traditional, backward and uneducated. This is not unique to Ndau culture alone, but generally, African religions have been associated with what is primitive and evil. However, many scholars have since argued against such labels on African Religions. E. B. Idowu is one such scholar who has reacted sharply, criticizing the travelers and pioneer writers for disseminating erroneous views and negative impressions about Africans and their religion. He says,

It is especially wrong to speak of a religion of any living people as 'primitive'⁸⁷, simply on grounds of racial or ethnical prejudice. Primitive in Western writing is a derogatory term and therefore obnoxious. It ...is not only inappropriate but also offensive to describe African Traditional Religions unreservedly as 'primitive'.⁸⁸

As such, using such derogatory language to describe the Ndau culture and tradition is to miss the point. According to Chitando, some of the terms used to describe such religious traditions 'obscure the contemporary vitality of these religions'.⁸⁹ The Ndau people still follow most of their traditional religious practices with pride and dignity. One elderly man in Chikore had to say,

*Eya tinodada yaamho ngekuti mundau dzeshe dzaungazwa, akuna nyika ichakadai ngeChipinge. Tisu tichine chianhu chakagwinya. Vana vedu vachikuroorwa vari mhandara, afana edu vachikukona mabasa echirume akadai ngekuvhima. Tsika dzichakagwinya munharaunda dzedu. Dai zvinyari zvakaita sekurapa, ukaenda kuri nekuri, Harareyo, Joni, unozwa veitsvaka n'anga, anagodobori vanobva Chipinge. Zvichimwo mungazi.*⁹⁰

⁸⁷ Interview with Leah Makamanzi, 17/01/09.

⁸⁸ E.B. Idowu, *African traditional Religion: A Definition*, London: SCM Press Limited, 1962, p. 120.

⁸⁹ E. Chitando, 'A curse of the Western Heritage? Imagining Religion in an African Context', *Journal of the Study of Religion* Vol.10 (2), 1997, pp. 77-98.

⁹⁰ Interview with Sekuru Sibiya on 29/06/2007.

Translated, this is to say,

We are proud of our culture in Chipinge. We are the only ones who still preserve our Ubuntu. Our girls are married as virgins; our boys still have the art of hunting amongst other traditional roles. Even in social areas such as healing, everywhere you go, be it in Harare-the capital city, or even in South Africa, people still ask for traditional healers from Chipinge. It runs in our blood (veins).

This is a justified claim, although there are elements of cultural nationalism. In my research around Harare, in areas such as Epworth, Budiriro, Chitungwiza, Kuwadzana and Highfield, amongst other areas, there are signs of traditional healers claiming to be from Chipinge who are seeking clients. This means using the name Chipinge makes one more marketable as a traditional healer. 'Chipinge' carries mythical connotations in Zimbabwean culture. It is associated with cultural authenticity and the tenacity of traditional religions. Therefore, Ndaun religion, like some other traditional religions, has some core values, and essence that are 'pure', 'ahistorical' and 'static'.⁹¹ As such, I shall happily endorse the adjective 'traditional' to Ndaun religion, arguing that it serves to preserve the memory of the ancestors and captures how the beliefs and practices have been handed down from generation to generation.⁹²

Having clarified the context from which I am analysing the woman in Chipinge, my next task is to examine her status in this culture. This will be achieved through an analysis of her status in various aspects of Ndaun religion such as myths, language, names and others.

⁹¹ R.Shaw, 'The invention of African Traditional Religion,' *Religion*(20), 1990, p. 34.

⁹² K.A Opoku, *African Traditional Religion; An enduring heritage,* in J.K Olupona and S.S Nyang(eds),*Religious Plurality in Africa:Essays in Honour of J.S Mbiti*, Mouton;Gryter,1993.pp67-82. p. 67.

However, I shall start by providing a brief background with regards to the status of the Shona woman in general.

2.3 A brief survey of the historical study of Shona women

In order to appreciate the status of women in Ndau culture, it is vital to introduce the reader to studies of Shona women in general. Considerable literature has been produced on this theme, enabling this study to locate itself within this body of literature. Although few of the authors have focused on the religious dimension⁹³, they show the marginalisation of Shona women in history. They also give hints on the religious and cultural justification of the marginalisation of women in Shona societies.

E. Schmidt has traced the different roles that Shona women have occupied over the years. These include being peasants, traders and wives.⁹⁴ This study is important in that it describes the status of Shona women in the pre-colonial period. However, with the introduction of colonialism and urbanisation, the status of Shona women changed. In *“We Women Worked So Hard”: Gender, Urbanisation and Social Production in Colonial Harare, Zimbabwe, 1930-1956*, T. Barnes describes the impact of colonialism and urbanisation on the status of Shona women.⁹⁵ J. Nhongo-Simbanegavi has examined the participation of women in the Zimbabwe liberation war of the 1970s. She describes the marginalisation of women in the liberation army, the Zimbabwe African National

⁹³ I. Mukonyora, *Wandering a Gendered Wilderness: Suffering and Healing in an African Independent Church*, New York: Peter Lang, 2007.

⁹⁴ E. Schmidt, *Peasants, Traders and Wives: Shona Women in the History of Zimbabwe, 1870-1939*. Portsmouth: Heinemann, 1992.

⁹⁵ T. Barnes, *“We Women Worked So Hard”: Gender, Urbanisation and Social Production in Colonial Harare, Zimbabwe, 1930-1956*. Oxford: James Currey, 1999.

Liberation Army (ZANLA).⁹⁶ The influence of Christianity on Shona women was felt early on. Christianity tended to disrupt traditional cultural practices that socialised women. It also reinforced domesticity.⁹⁷

The study of Shona women in Zimbabwe has attracted the attention of scholars, as I have shown above. These studies assist in informing my thesis regarding the changing role of women in Shona history. I am keen to understand how the reality of HIV and AIDS has impacted on Shona women, especially in relation to the aspect of care giving. In the section below, I discuss the construction of women in ATRs.

In ATRs, the construction of who a woman is depends on whether one is coming from a patrilineal or matrilineal context.⁹⁸ In sub-Saharan Africa, most ATRs are characterised by patriarchal cultures. It has been argued that equality cannot be applied to African culture, since the role differentiations in Africa are clear and are not meant to be valued hierarchically. Due to patriarchy, women are not allowed to participate in the public sphere, unless their role is a subordinate one. Zimbabwean societies are generally patriarchal, which means men dominate women, whom society expects to be subservient. Therefore Shona women, many of whom are affected by culture, fail to stand up and be heard at various levels of society due to societal and cultural expectations. Many scholars tend to converge on this argument. According to Anna Chitando,

⁹⁶ J. Nhongo-Simbanegavi, *For Better or Worse? Women and ZANLA in Zimbabwe's Liberation Struggle*. Harare: Weaver Press, 2000.

⁹⁷ M. Hinfelaar, *Respectable and Responsible Women: Methodist and Roman Catholic Women's Organisations in Harare, Zimbabwe (1919-1985)*, Zoetermeer, Boekencentrum, 2001.

⁹⁸ I.A Phiri, *Women, Presbyterianism and Patriarchy Religious experiences of Chewa Women in Central Malawi*, Blantyre: CLAIM, 1997, p32.

---[T]hroughout history, women have faced serious challenges. Patriarchal ideologies have left many women at the bottom of the heap. The history of women in Zimbabwe shows the multiple struggles that women have endured. Society should reflect critically on the silent and undeclared war between women and men and review its negative attitude towards women.⁹⁹

This is not to deny the positive role that traditional religion and culture have played to uplift those women who have made great strides in the society as whole. A crucial observation is that some African traditional religions like Shona and the Chewa of Malawi have always recognised the leadership potential of women in their religio-political spheres. A clear example is the legendary Mbuya Nehanda who played the role of a great leader by being both a spirit medium and a guide to the liberation struggle for the independence of Zimbabwe. Yvonne Vera, one of the leading Zimbabwean women writers, devoted a book to the memory of Nehanda.¹⁰⁰ Therefore, one can conclude that traditional religion and culture have had tremendous effect on the role and status that women have amongst the Shona of Zimbabwe. Many scholars converge on this argument. They feel that religion has a significant role and influence on the image and status of women in culture and society.

Thus, this brief study on the history of Shona women in Zimbabwe is critical for an appreciation of the status of the Ndau woman which is the focus of my next section.

⁹⁹ A. Chitando., 'Imagining a Peaceful society, a vision of Children's Literature in Post-conflict Zimbabwe' Discussion paper 40, The Nordic Africa Institute, 2008, . p17.

¹⁰⁰ Y. Vera. *Nehanda*. Harare: Baobab Books, 1993.

2.4 Position of the Ndau woman in Chipinge: oppressed or liberated?

The previous section has given a general survey on the statuses accorded to women in the general Shona/Zimbabwean context. In this part of the chapter I narrow down the discussion to the Ndau women. I argue that the Ndau women are a microcosm of the macrocosm. In as much as it is difficult to prescribe a single status to the Shona women as a whole, to define one status of women in Chipinge from a cultural perspective is quite complicated. She holds a variety of roles/positions depending on the context of tradition one analyses. What is the key in my research is that it is highly empathetic, with reflections done by a woman from Chipinge. I speak of the experienced struggles, challenges, and accomplishments of a Chipinge woman, being born and bred there. It is the thrust of this section therefore to lay bare the positives and negatives accorded to a woman from a traditional point, and later on find out how these have an effect on women in the HIV and AIDS epidemic.

The roles/status of the woman in the traditional Ndau Society are informed through a variety of myths, folktales, proverbial sayings, etcetera. Such forms of communication portray both the good and the bad side of the Ndau woman. I will start by examining the optimistic side.

2.4.1 Role of women at the family level

2.4.1.1 Women as mothers

This is a role that has given women their greatest strength in the Ndau community. Every woman in Chipinge is expected to get married some day, and her worth is measured

through motherhood. M. Dube highlights the same idea when she states that, ‘women are good only when they become mothers and even better esteemed when they give birth to sons’.¹⁰¹ This is expressed through common Shona sayings such as, *Chemberere mukadzi hazvienzani nekurara mugota*. This means, ‘an old woman is a wife; it is not the same as sleeping alone with other men.’ The saying appreciates the value of a woman. However, it has a sexist thrust. It suggests that a woman is there to service the sexual needs of a man.

According to one of my informants by the name Mrs Chikati in Musani communal area in Chipinge, ‘*Mukadzi usikazi kuroorwa wakatodzana nebadza risina mupini. Haana basa raanoita. Kunyashata sei, unotoroorwa, haachembereri pamuzi, unofarirwa kubara*’.¹⁰² This means, ‘a woman who is not married in Ndau culture has practically no role in society. No matter how ugly, a woman has to get married and bear children. Hence the saying, ‘an ugly girl does not become old at home.’

Even the patriarchs of the Ndau culture express the same view. Mr Pengeudzai Sigauke had to say, ‘*Kugwinya kwemukadzi kunooneka ngekubara, afana akawanda kupinda ndombi, ndookugwinya kwake*’.¹⁰³ This is to say, ‘the strength of a woman is seen in her reproduction, if she bears more boys than girls, then she is stronger’.

¹⁰¹ M. Dube (ed), *Africa Praying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy*, Geneva: WCC, 2003, p188.

¹⁰² Interview with Mbuya Chikati, 4/05/07.

¹⁰³ Interview with Pengeudzai Sigauke, Pfidza, Chikore, 18/12/06.

As mothers therefore, women are accorded a special place in Ndaу society. However, as shall be highlighted later on, this role, if stretched to the limit, exposes the Ndaу woman to the effects of HIV and AIDS which then becomes a burden, rather than a joy and pride of motherhood.

2.4.1.2 Women as nurturers

Not only is childbearing a critical aspect of the woman in Chipinge for which she becomes a crucial element of society. With motherhood comes the role of nurturing of children, and generally taking care of all members of the community, from children, to the sick and the elderly.

From birth to childhood, adolescence, adulthood to death, Ndaу culture expects the woman to take care of the individual. Be she a sister, mother, aunt or grandmother¹⁰⁴, it is the role of a female to take care of her siblings in Ndaу society. Even in sickness, women became healers, as shall be explained later in this section. It was mainly the woman who had the responsibility of raising the child, and to teach it all the important lessons of life.

Mbuya Zuka from Manzvire, Chipinge, echoes this and says,

Azviti mwanangu kuti usiye mwana ana baba kana sekuru, kana mukoma pamhatso. Avakoni kungwarira vana ngekuti arisi basa remadhodha. Azviiti kuti muisa abike, agezese mwana, atsvaire pamhatso kana kusuke mandiro. Zvinenge zvine mashura, kuti dzinza reshe rinenge richisina asikana ere? Takakura teziya kuti ibasa reakadzi mwanangu.¹⁰⁵

Literally translated, this is to say,

It is practically impossible my child, for one to leave a sibling under a male guardian. The males cannot take care of children because it is not their role. They cannot cook nor do any other household chores. Will there be no other female relatives in the whole clan? We grew up knowing that these are female duties, my child.

¹⁰⁴ T.P. Mapuranga, 'Facing up to AIDS: The Plight of women with special reference to ATR in Chipinge District', Unpublished Dissertation, M.A., 2001, p. 22.

¹⁰⁵ Interview with Mbuya Zuka from Manzvire, 15/05/07.

When I confronted one elderly male on why he never spends the day at home, his answer was, ‘*ah, ibasa reakadzi kubire pamhatso ngekuti ndivo vanosookukura nevana veiafundisa tsika namagarioro.Ndingaabire pamhatso kuti ndarwara ere?*’ This is to say, ‘it is a woman’s role to nurture children, teaching them on the right customs and culture. Why would I spend the day at home, unless I am sick?’ As such, women amongst the Ndaus play a very significant role as nurturers of children.

2.4.1.3 Women as healers

For the Ndaus woman, healing comes naturally with the package of mothering. One could label the healing capabilities of a woman as an extension of her mothering duties. One good example is Nyembezi Myambo, my grandmother. Each time I complained to her of an ailment, or when my other siblings did, she would prepare some herbs for us to apply to our systems, either internally or externally. She could heal ailments such as colds and flu and stomach pains, by using such remedies as boiling leaves of certain trees. This speaks volumes of the knowledge of natural medicine that Chipinge traditional Ndaus women have. Rarely do their families visit modern hospitals or even the traditional *n’anga* (healer). It is the task of the woman in the family to provide natural remedies. P.N Mwaura has some sentiments about women’s healing powers that apply to the women in Chipinge traditional religions. She says,

Women have detailed knowledge in the area of family health and generally in the traditional context they have a good knowledge of herbal remedies of common complaints like stomach ache, gastrointestinal problems, headaches, respiratory disorders, diarrhea, teething pains, toothache, coughing and hiccups.¹⁰⁶

¹⁰⁶ P.N.Mwaura ‘Women’s healing in African Traditional religion in Gikuyu society’, in Kanyoro, R.A.M, and Njoroge, N.J (eds), *Groaning in Faith: African Women in the Household Of God*, Acton Publishers, Nairobi: Kenya, 1992, pp253-269, p253.

Women's role in traditional healing needs to be retrieved in the face of the patriarchal tendency to portray traditional healers in masculine terms. In Zimbabwe, the majority of traditional healers are women. Also, a woman who becomes possessed enhances her status. According to T. Shoko, 'When possessed a woman acquires considerable power which she does not have in normal life'.¹⁰⁷ As healers, women enjoy a lot of power and authority. Men are forced to listen to women who are healers.

Therefore, one can deduce that the Ndau society is highly gender specific. There are gender roles. Therefore as a woman, it is her responsibility to take care of the home and the children. This role elevates the status of women in the family and community at large in the Chipinge society. The traditional woman amongst the Ndau is not only accorded a status at family level, but at the societal level as well. However one has to note that whatever role she could participate in at societal level, she could also do at family level, since the 'family is the basic social unit'.

2.4.2. At the societal level

2.4.2.1 Women as mediators

From a religious studies perspective, Ndau women hold important offices. First and foremost, ancestral veneration is the heart beat of religious life amongst the Ndau people of Chipinge. Though female ancestors are few, they exist in Chipinge. Most families I interviewed acknowledge the existence of female ancestors, though they are normally under the authority of a male ancestor. Hence, one can talk of some spirits of the deceased

¹⁰⁷ T. Shoko, *Karanga Indigenous Religion in Zimbabwe: Health and Well-Being*. Aldershot, Ashgate, 2007, p. 25.

female relative (for example, *shai raatete rekubike doro*), that is, the spirit of a deceased aunt who was good at brewing beer. A variety of traits from deceased female relatives can be passed on from generation to generation among the existing female descendants (like the spirit of healing as well- *shai rekurapa*), if the ancestor is willing. It is even argued that female (*n'angas*) healers are the better than their male counterparts in both divination and cure. Therefore, female ancestors, though rare, hold special positions in Nda culture and tradition.

2.4.2.2 Women as participants in religious rites

Apart from their roles as ancestors/mediators at family level, women in Nda culture are mostly pronounced as they partake in religious rituals even at societal level. As Leny Lagerwerf observed of most African women, Nda women can be pronounced as diviners, priestesses, healers, rainmakers, or participants in certain rites.¹⁰⁸ This is in line with the view that the majority of studies done on divination in African Traditional Religions reveal that there are more women diviners than there are men. An example is that '95% of Zulu diviners are married and the welfare of the community depends on those female diviners'.¹⁰⁹ In Zimbabwe, 58% of traditional healers registered with ZINATHA are female.¹¹⁰ Likewise, from about eleven diviners' names that I was referred to in my research in Chipinge, eight of them are female. Therefore, women in Chipinge have got a special position in society as diviners. In other religious ceremonies for example rainmaking (*mukwerera*) and marriage ceremonies, it is interesting to note that elderly women are expected to be present, whenever such ceremonies are held amongst

¹⁰⁸ L.Lagerwef, 'African women doing Theology,' *Exchange*, Vol.19 (1) 1990. Pp 1-69, p17.

¹⁰⁹ S.N.Ezeanya, 'Women in African Traditional Religions,' *Orita* Vol.10, 1976. Pp 105-121, p113.

¹¹⁰ Interview with T.Shoko, University of Zimbabwe, 11/07/09.

the Nda. If she is the oldest person present in a family, despite the highly patriarchal nature of Nda religion, that woman was considered as the 'father'. They call her *Babakadzi*, an interesting title derived from two Shona terms which are *baba* (father) and *kadzi* (female). Therefore, the term refers to the female representative of the father figure.¹¹¹ She therefore has the authority to officiate in any religio-cultural function. This, I have personally experienced. Since my paternal grandfather and all his brothers have since passed on, his sister, (my aunt to my father) officiates at all religious ceremonies and can pass on the final decisions regarding the family. Though she might seek the authority of other male members of the family, the fact that she is the eldest, her decisions, if not unanimous, can stand. Therefore, one can conclude that the presence of a female member of the family on any function is,

Significant, obligatory and energetically necessary, since the woman is above all the guardian of life, symbol of fecundity and thus the blessing of God. She is thus the sacred element through whom God blesses prosperity. As a function of this traditional reality women were considered ministers in the ancestor cults.¹¹²

Apart from such examples in real life which show the significance of women in the Nda society, I shall illustrate how other forms of communication amongst the Nda, generally known as folk talk, has been used to authenticate the indispensable value of women in the Nda traditional society. Folk talk includes myths, common traditional sayings, riddles, folktales and proverbs. M.A.Oduyoye is one woman-theologian who uses these to illustrate the position of women in society. She says folktalk is a very significant aspect of the 'religio-cultural corpus', in African societies, because 'it interplays with the

¹¹¹ See, K. Muchemwa and R. Muponde, eds., *Manning the Nation: Father Figures in Zimbabwean Literature and Society*, Harare: Weaver Press, 2007.

¹¹² L.Lagerwef, Op.Cit, p17.

changing conditions of life to direct individual self-perception and to shape the entire community'.¹¹³ The next section discusses how folktalk portrays the status of women in Ndaou traditional religion.

2.5 Myths as portrayers of the status of women in Ndaou society

According to M.A Oduyoye,

Myths inform social activities, shape men's and women's lives and attitudes, and give expression to peoples' fears. Creation myths, for example, are replete with imagery that echoes how society functions, of nature of social relations relating to families, the economy, the running of the community. The myths help us to 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 'cannon law' and become a source in the search for meaningful community.¹¹⁴

This is supported by M. Kolawole who says, 'to many people in traditional African societies, myths are imbedded in such a near way that they possess some factual values'.¹¹⁵ In addition, G. Parrinder defines myths as,

Stories, the product of a fertile imagination, sometimes simple, often containing profound truths----some of these are philosophical, in that they consider great questions such as meaning of life, the origin of things, the purpose and end of life, death and its conquest. These are often the subjects of myths, which are philosophy in parables.¹¹⁶

These definitions help to expose the purpose of the myths I will use from Ndaou society-to lay bare the truth from imaginary stories, regarding the significance of the Ndaou woman.

This is clearly stated by H. Aschwanden who observes that cosmogonic myths

¹¹³ M.A.Oduyoye, *Daughters of Anowa: African women and Patriarchy*, New York: Orbis Books, 1995, p20.

¹¹⁴ Ibid, p20.

¹¹⁵ M.E.M. Kolawole, *Womanism African Consciousness*, Trenton: New Jersey: Africa World Press, 1997, p54.

¹¹⁶ G.Parrinder, *African Mythology*, London: Paul Hamlyn, 1967, pp15-16.

particularly, provide a good foundation to evaluate ‘the true depth of mythological thinking and feelings’.¹¹⁷

From the Ndaу people, myths have been used to show the place of women in creation.

According to Mbuya Zhongoro,

*Pakasikwe nyika, pakashandiswe chimuti chakapinde mumvura. Ndimwo mwakabuda zanda rakazopwanyika rochoozobuda muti, maruwa, mhuka nezvimweni zvesahe zviru munyika.*¹¹⁸

This literally means the creation of the universe was made possible via the use of a stick, which was made to hit into water, and out exploded the flora and fauna that surround the universe. This tallies well with the *kusikwa kwapasi* myth.¹¹⁹ In this narration, Mutangakugara-the first to exist used a stick that dived into water from which came an egg, also from which the earth and all that is in it came to be.

Another myth from the Ndaу society as told by Sekuru Chinheya is that,

*Kunozwi kwaiya naMusikaanhu kudhaya. Wainga ari murume aigara ega munyika. Ngerimweni zuwa wakanyika chikunwe chake mumvura zanda raingemwo rochoopwanyika. Ndimwo mwakabude zvipuka zvese nemiti dzeshe dziri munyika nevanhu veshe.*¹²⁰

Translated this is to say,

As we have been told, there was a single person in the whole wide world known as Musikavanhu-the Creator. One day he dipped his finger in water

¹¹⁷ H.Aschwanden, *Karanga Mythology: An Analysis of the Consciousness of the Karanga in Zimbabwe*, Gweru: Mambo Press, 1989, p9.

¹¹⁸ Interview with Mbuya Zhongoro, Mariya, 2008 December.

¹¹⁹ H.Bucher, *Spirits and Power: An Analysis of Shona Cosmology*, Oxford: Oxford University Press, 1980, p72.

¹²⁰ Interview with sekuru Chinheya, Chikore, 2007.

and an egg which was in the water got broken. From it came all the animals and vegetation and everything that lives on earth.

Another example as given by H. Bucher which brings up the same ideas as above is the Mwedzi myth.¹²¹ His narration says Mwari created Mwedzi under a pool. Mwedzi complained to Mwari that he wanted to go out of the pool with Massassi / Matsatsi, who was a beautiful wife created by Mwari. They (Mwedzi and Matsatsi) went under a cave, and Mwedzi dipped his horn in Matsatsi and out came all vegetation and the rest of the human beings. Massassi returned to the pool and Mwedzi complained to Mwari again. He was given a second wife called Murongo. They had fireworks in a cave and produced a number of daughters. Later Murongo ran away due to Mwedzi's demands which were intolerable. Murongo became promiscuous and was bitten by a snake and was returned into the pool by his daughters.

Though such a myth could be a mere creation by, the significance of such a myth is to show how Africans in general believe in a creator somewhere who uses both male and female for the creation of the universe. In an analysis of all the myths I have presented so far, the objects used in myths are symbols with meaning. For example:

- Pool/water-----represents the woman, or mother figure, whose reproductive organs are watery, and have the uterus, where the zygote is formed.
- The horn/stick/finger -----represents the male reproductive organs which are often dipped in the water(the female sex organs)
- The fireworks-----represent sexual intercourse

¹²¹ H.Bucher, *Op.Cit.* p72.

- The request to move out of the pool to the dry land -----represent the process of birth.

Therefore, such methodology brings out the significance of women in giving life. According to Ndaubelief and customs, though patriarchy exists, the woman is crucial for procreation. This is reinforced by J. S .Mbiti who says, the woman ‘in turn becomes the instrument of human life. She rightly becomes the one who passes on life’.¹²² B. Bujo who says, the woman is both in the mythical and real senses the mother of human beings and the dispenser of human life, supports this.¹²³

From these myths therefore, the pragmatic significance of the status of women is magnificently exposed. ‘Men and women usually play specific roles to bring society into existence’.¹²⁴ The role of motherhood is once again emphasized in Ndaubelief communities through myths as I have indicated. Hence, according to Bujo,

Every judgment about the position of women in traditional Africa has to start from the concept of life. To impart life is the highest commandment and all members of a lineage are called to promote this life both individually and jointly. Whoever promotes individual life-one’s own life or that of another-strengthens the lineage. Similarly, whoever neglects life harms the community. Both men and women are equally involved in the life giving process. Both are commanded by God and Ancestors to pass on life, although in different ways. In this Endeavour, it is not a question of inferiority or superiority but of distribution of roles, which benefit the entire community.¹²⁵

¹²² J.S.Mbiti, ‘Flowers in the Garden:The role of women in African Traditional Religion’, in J.K Olupona (ed) *African Traditional Religions in Contemporary Society*, New York: Paragon House, 1991, pp. 59-71.

¹²³ B.Bujo, *The Ethical Dimension of Community; The African Model and the Dialogue between North and South*, Nairobi: Pauline Publications,1998, p125.

¹²⁴ M.E.M. Kolawole, *Womanism and African Consciousness*, Trenton, New Jersey:Africa World Press, 1997, p55.

¹²⁵ B.Bujo, *Op.Cit*, p123.

2.6 Names portraying the status of women in Ndau society

Apart from myths informing Ndau tradition and culture, the names used in this society, especially to identify their Ultimate Being, reveal a lot about the ideas they have regarding their God. Much about the role of names in Ndau society shall be dealt with in chapter five, where the role of women as care providers shall be dealt with. Some of these names have a critical implication on the status accorded to women in Ndau society. Some of these are:

2.6.1 *Mbuya*

This means grandmother. In Ndau society, grandchildren know grandmothers for their benevolence and thus attribute this character to God. The idea that a woman's title can be given to the Supreme Being amongst the Ndau speaks volumes about the status of the woman in this particular society. This also acts as a reminder that the translations of the Bible into African languages missed out on this important dimension. Due to the influence of Christianity, many people now associate God with 'the Father.' In Ndau culture, God does not have exclusively masculine traits. Female names and attributes are used to describe God, as the term *mbuya* shows.

2.6.2 *Dziyaguru*

This title of God refers to a perennial pool of water, one which never dries up. Amongst the Ndau, the totem of *Dziya/Dziva* (pool/water), is commonly associated with the clan of *Musika(a)vanhu*, that is, the creator of humanity. As such, In Ndau religion, water represents life. This is equated to the watery womb and reproductive organs of the

woman, which provide life. Once again, the position of the woman is highly regarded because she is associated with the Giver of life, a pool that does not dry up-*Dziyaguru*.

So far, this section elaborated on how much Ndaу traditional religion praises women in society. However, it is not all a bed of roses for the Ndaу women, as in many patriarchal societies. As the next section elucidates, Ndaу religion, just like any other African traditional religion, does present some masculinities in certain contexts. There are a variety of common sayings and proverbs that endanger the place of women amongst the Ndaу of Chipinge, and these have an effect on the vulnerability of women to HIV and AIDS as will be detailed later on.

2.7 Masculinities in the Ndaу Society

As a patriarchal society, the Ndaу culture is much negatively affected by masculinities. It considers the male child as a very important member of the family as the basic social unit, and especially as an important part of the larger society. They believe that,

Mwana wabarwa kudzinza rekwangana tomboti Myambo, aasi wamai nababa ake ega, asi mhuri yeshe inenge yeitoti yaane mwana wekutuma nekedetserwa ndiye. Chimwenihe ngechekuti nemudunhu reshe raanogara richamudetsera kumuumba uye reizodetserwa ndiye akura.¹²⁶

Literally translated this means,

A child born to a family, say, the Myambos, belongs to the extended family as well, and the rest of the community. The whole village will help to groom that child and it expects favours in turn from the child when it is an adult.

¹²⁶ Interview with Mbuya Zhongoro, *Op.Cit.*

Therefore, in Ndaу Religion, there is joy and celebration at the birth of a child. However, the joy is twice of the child born is male. Statements such as ‘*baba vabarwa*’ (the family head is born), and ‘*dzinza rakura*’ (the lineage has expanded) are often said to express the significance of the male child to the family. This is because, in practical societies, males are accorded power and are dominant. There is patrilineage; the line of descendants is traced through the father. Thus, if a woman continuously gives birth to girls, she is considered weak and normally the husband gets a second wife who should give birth to male offspring, and the marriages continue till a wife gives birth to a male offspring. There is fear of extinction of the lineage if only girls are born. This basically means having just the female children is not enough in the Ndaу community. Mrs. Mutisi explains this when she says,

*Iii, ukabara akadzi ega apana zvawaita. Unotoiswa pachipiri ngekuti azviiti kuti pachiNdaу dzinza risakura. Unoda kuzongwarirwa ndiani mangani? Anditi akadzi eshe achaenda koongwarira mhuri yekwavanenge varoorwa?*¹²⁷

This is to say,

Giving birth to the girl child alone is not enough. Your husband will definitely have to marry another wife. The tribe/family name has to grow. All the female children will get married and take care of you.

Therefore, the birth of the male child is a mark in one’s marriage. It gives the parents another level in the Ndaу family and society. She who has male offspring is considered with more dignity than the one without. This is expressed by common Ndaу sayings such as, ‘*Kutama mwanakomana kuuraya dzinza*’.¹²⁸ This means, ‘having no male child is to destroy the lineage.’ Expressions such as, ‘The woman whose sons have died is richer

¹²⁷ Interview with Mrs Mutisi, 2007.

¹²⁸ Interview with Headman Mukumuri, Mariya Village, 22/12/08.

than a barren woman', portray the same strong and important status that is accorded to the boy –child.

Growing up in a Ndaou community, I was expected to give so much respect to my brothers, from the ones older than me, to the younger ones. I was expected to refer to all of them as *mukoma*, which means brother, and in Ndaou society, this is a sign of so much respect. No matter how young the brother is, he is considered as *baba*, that is, a father figure. This means that a brother can stand in as the head of the family in rituals where the father figure is needed and yet absent through other commitments or death. The brother can officiate during ceremonies such as *kuteya*, which is commonly known among the Shona as *kuroora*, which is the paying of the bride wealth. As such, the male child is a very important member of the Ndaou family. The male child remains authoritative in many official ceremonies and is the heir to the family's wealth. If the male head passes on, all the family wealth is transferred to the boy child, who is considered as the next 'head'. The females of the family are always to be under the authority of the patriarch, and cannot make some decisions, even regarding her personal life, such as who and when to marry, without family consultations.

The boy child so much significant in the Ndaou culture to an extent that they are the sole members expected to rule in the society at large. Positions such as *Sabhuku* – village head, and *Mambo* – chief are expected to be solely for males. There have been no female chiefs and village heads in the history of the Ndaous. This is emphasised by Sekuru Chinheya who had to say,

*Mm, azviiti pachiNdau kuti mukadzi atonge murume, kuti raajongwe here? Akuna sheche ingatendedzwe kukuridza muchikwere chine machonggwe. Ana mambo eshe arume ngekuti ndivo vanopiwa simba racho ngeadzimu.*¹²⁹

This is to say,

It is not possible in Ndau culture to have a woman govern the male. Does that mean a hen can crow like a cock? All these chiefs are males who have been given authority by the ancestors.

Generally, such masculinities in Ndau societies stem from the mentality of the patriarchs.

It is this patriarchal attitude that has inevitably pinned down the survival efforts of women. Apart from such masculinities that consider the male child as more important, there are proverbs, riddles and wise sayings that reinforce these gender inequalities in the Ndau society of Chipinge. According to J.S Mbiti,

---Proverbs contain religious beliefs, ideas, morals and warnings. They speak about God, the world, man, human relations, the nature of things and so on. They are set within the cultural and social environment of the people who have produced them and use them---.¹³⁰

One such saying that exposes masculinities amongst the Ndau of Chipinge is *mukadzi mutsvuku kusaba anoroya*. This literally means, 'she who is too light (beautiful) will either be a thief or a witch.' Though this is a common saying amongst most Shona communities in Zimbabwe, this has had especially negative consequences for the Ndau woman. This is because witchcraft is perceived especially by the outsider as a belief so strong amongst the Ndau. Many women have been accused of the evil that transpires within and outside their families. When deaths or misfortunes occur in many families, they are normally associated with a female and the males are usually exonerated from

¹²⁹ Interview with Sekuru Chinheya, *Op.Cit.*

¹³⁰ J.S.Mbiti, *Introduction to African Religion*, Nairobi: East African Educational Publishers, 1992, p27.

witchcraft. When I asked across communities for who is commonly accused of witchcraft, fingers pointed at the young and light, old and frail women. Though some women might be wrongly accused, it is a general belief that women are the practitioners of witchcraft, and this has been emphasised by such sayings as above.

Furthermore, there is language such as *usaita semukadzi*-‘do not behave like a woman,’ *anotya semukadzi*-‘do not be a coward like a woman.’ This belittles the status of women in Ndau society. A man is expected to be manly-to be brave. Being manly is to bring out such masculinities as being strong, brave and rational. The women are believed to be frail, weak and emotional. F.H Chimhanda explains this when she says,

Shona women realise that they experience marginalisation in a sexist binary logic in which man has a superior mind, where women has inferior mind, man is the head, while woman is the minor, man is the impregnator or bull where woman is barren. Thus, Shona women are grieved that negative elements are projected on them while similar acts done by men are rationalized or tolerated for a desired good.¹³¹

This is emphasised by T.W Bennet when she says,

---[S]uch is the power of patriarchy that female activities are almost always judged inferior to men’s: while men deliberate and judge, women intrigue, men exchange information, women gossip, men intercede with the supernatural force, women are witches.¹³²

¹³¹ F.H.Chimhanda, ‘The Word became flesh: A Shona woman’s Christology’ *Mukai-Vukani, No 24*, Harare: Jesuit Communications, 2003.pp16-20, p18.

¹³² T.W.Bennet, *Human Rights and African Customary law*, Capetown: Juta,1999, p. 5.

2.8 Analysis of the given scenario: women's status upheld or loathed?

So far, this thesis has examined the position of the Ndaou women in general. Though Ndaou religion is not totally against the authority and positive status of the woman, it has been observed that, the position of women is normally prescribed by what is deemed to be beneficial to the welfare of the whole community, both male and female. Unfortunately, most of the prescribing tends to be done by men and the resulting trends of women tend to be circumscribed by an unchanging set of norms enshrined in a culture that appears to be equally unchanging.¹³³ It appears that Ndaou women are assumed to be both powerful and dangerous, so their lives must be severely restricted to be servants of 'African men in all aspects of work, sexuality, reproduction and family life, not independent persons in their own right'.¹³⁴ The impact of the pervasive beliefs in evil spirits, acting through witches who cause all misfortunes, falls predominantly on women. They find themselves blamed and subjected to hostile mental and physical treatment based on assumptions that misfortunes affect others in the community including their relatives, husbands and children are due to their evil thoughts and practices.¹³⁵

Such masculinities, as I have highlighted earlier on, contribute directly to the exposure of women to HIV and AIDS in the Ndaou society. According to the age-gender distribution of reported cases of HIV and AIDS between 1987 and 1996, AIDS peaked on women in their 20s and among men in their in their 30s.¹³⁶ This is in line with a report that

¹³³ M.A.Oduyoye and M. Kanyoro(eds),*Op: Cit* ,1992,p. 10.

¹³⁴ R.Reuther, *Women and Redemption: A Theological History*, Minneapolis: Fortress Press, 1998,p. 260.

¹³⁵ Ibid.

¹³⁶ W.Tichagwa, *Beyond Inequalities*, Harare: ZWRCN, 1998,p59.

‘although the sex ratio between males and females is about 1:1, HIV prevalence of young women below the age of 20 is five times higher than their male counterparts.’¹³⁷

This distribution shows that girls are more at risk than boys of the same age. Such is the case amongst the Ndaou women as well. This is because of the patristic nature of Ndaou traditional religion. The norms, values, customs, rituals and behaviors contribute to the subordination of women by men. This lower position of women in African societies contributes substantially to the spread of HIV, as they are afraid to stand up for their rights.¹³⁸ As such, I agree with B. Kethusegile (et.al) who say,

Deeply rooted patriarchal structures are at the centre of the spread of HIV and AIDS and there is in Africa an urgent need for the deconstruction of these structures as they make both men and women ever more vulnerable to the ravages of HIV and AIDS’.¹³⁹

Apart from the masculinities highlighted in the previous section, in Chipinge, marriage customs like *Kuzvarira*- levirate marriages, *kugara nhaka*-inheritance, *kuripa ngozi*- giving up a girl for the appeasement of an avenging spirit, amongst others, have put women and the girl child at a high risk of HIV and AIDS infection. These and other factors in the Ndaou marriage customs will be examined in the next section in an endeavour to illustrate why and how women in Chipinge have been more affected as compared to their male counterparts.

¹³⁷ *Zimbabwe Human Development Report*, Harare: Poverty Reduction Forum & University of Zimbabwe, 2003, p16.

¹³⁸ K. Raen, *Where is the Good Samaritan: A challenge to fight HIV/AIDS*, Nairobi: Creda Communications, 1993, P18.

¹³⁹ B. Kethusegile (et.al), *Beyond Inequalities: Women in Southern Africa*, 2000, p230.

2.9 Marriage practices in Ndau Religion that increase risk to HIV

I apply what I have earlier on mentioned as a ‘hermeneutics of suspicion’ to identify some marriage practices as part of the causes of women having a higher risk to HIV and AIDS in traditional Ndau religion and culture.

2.9.1 *Kuzvarira*-Levirate marriages

There are a number of cases I was referred to in Chipinge where young girls were forced to marry older partners and the settlement between girl’s parents and their ‘husband’ was in some instances, before the birth of the girl. One young woman, Nheketwa, had this to say,

Gore renzara ra1992 ndipo pandakazwi ndirekere chikora ndibaba kuti ndiroorwe ngemurume wangu wakatofawo muna 1998, mushure memakore mashanu taroorana. Zvingachaziikanwa ere, dani ndicho chakapedza mbudzi ichi.¹⁴⁰

This is to say, ‘in 1992, because of drought and hunger, my father got me married to my husband who died in 1998. I do not know, maybe he died of HIV and AIDS.’

As in this case, *Kuzvarira* is a marriage practice amongst the Ndau, which is very common especially in times of famine where parents would give away their daughters in exchange for food.¹⁴¹ If the daughters’ parents ask the husband to wait until she reaches marriageable age, that is, at least later in the adolescence period, the man would wait if they agree. The girl’s consent was not sought. Her parents’ consent, especially the father’s was taken to be the girl’s agreement as well. This tallies with the idea that even

¹⁴⁰ Interview with Nheketwa, Mariya, 2007.

¹⁴¹ S. Mutswairo, *Introduction to Shona Culture*, Kwekwe: Juta Zimbabwe Pvt Ltd, 1996, p.50.

in matters that directly concern the girl/female child, she has no contribution in terms of decision making. She simply had to oblige. At worst her efforts to resist and take action to change the status quo were ignored or dismissed as ineffective. Any acts of resistance and yearning for transformation were labeled anti-cultural.¹⁴² In cases where the man was HIV positive, the young woman was made vulnerable at a tender age because of the marriage practice of *kuzvarira*.

2.9.2 Chimutsamapfiwa- Sororate Marriage

This is another Ndau practice that increases the vulnerability of women, particularly the girl child to HIV and AIDS. This is a practice common to many Shona cultures of Zimbabwe. This is a marriage custom whereby the girl is coerced to take over a female relative's place; in many cases the aunt or sister, where she is dead or where she fails to produce the fruit of the womb. A research in Madhuku village led me to a woman by the name of Tambudzayi who had to take over the husband of her deceased aunt. After getting tested for HIV at Checheche hospital a few kilometers away, she discovered she was now positive. This was after getting married to her auntie's husband who she labelled as promiscuous. She had this to say,

*Atete angu paakafa, ndakazwi ndiuye koogara nababamukuru ndiana baba. Andaikwanisa kuramba ngekuti ndiyo tsika yedu. Asi babamukuru ava ndaiziya kuti zveakadzi aitozvidawo. Saka nyamashi ndasiiwa ndaanacho.*¹⁴³

This is to say,

When my aunt passed away, my fathers asked me to come and takeover as wife. I could not refuse because it was part of our culture. However, I

¹⁴² N.J.Njoroge and M.W.Dube (eds), *Talitha Cum! Theologies of African Women*, Pietermaritzburg: Cluster Publications, 2001, p74.

¹⁴³ Interview with Tambudzayi in Madhuku, 2007.

knew very well that he loved many women. I assume he is the one who passed on the virus to me.

2.9.3 *Kugara Nhaka*-inheritance

The effects of the above type of marriage resemble those of *kugara nhaka*. This is a very common practice in Chipinge. According to the general Shona culture, if an older brother dies, the younger brother takes over the wife of his older brother.¹⁴⁴ In such a case, women are said to be bought and sold like chattels, at the death of a husband, his widows are inherited with his estate. In some parts of Chipinge, the case can be such that, in a polygamous marriage, in the event of the father dying, the eldest son from the family is free to inherit the other wives of his father (except his mother of –course). This practice is common in the Birchenough Bridge area (specifically Maunganidze) of Chipinge. This practice is almost the same as that written about by J.S.Mbiti when he says, ‘brothers have sexual rights to the wives of their brothers, remembering that here if a person has hundreds of brothers, and their wives are potentially his wives as well’.¹⁴⁵ Such a practice clearly increases the risk of women’s vulnerability to HIV and AIDS.

2.9.4 *Barika (kuenda pachipiri)*-polygamy

According to S. Mutswairo, while a woman may have only one spouse, a man may have more than one wife at any time he so wishes and will automatically have a *barika* or *guru*.¹⁴⁶ Polygamy can be defined as an act of having more than one wife.¹⁴⁷ The disadvantage of such an arrangement today is that, when one sexual partner of this union

¹⁴⁴ S. Mutswairo, *Op. Cit*, p.42.

¹⁴⁵ J.S.Mbiti, *African Religions and Philosophy*, London: Heinemann, 1969, p.142.

¹⁴⁶ S.Mutswairo, *Op. Cit*, p.42.

¹⁴⁷ M.West, *The New Method English Dictionary*, Great Britain: Longman Publications, 1999, p.300.

is infected, all other members are at a very high risk. In many such cases, it is generally the husbands who bring HIV to their partners. According to research, the probability of male to female transmission is estimated to be two or four times that of female to male transmission.¹⁴⁸ However, this is not to dispute the fact that any other woman can bring HIV into a polygamous marriage, which could spread to the other wives. Therefore, in polygamy and HIV infection, injury to one is injury to all. As such, in the face of HIV and AIDS, polygamy as a type of a marriage institution should be stopped amongst the Ndaus as it increases women's risk to HIV infection. According to one Pastor by the name Rev Sigauke of Chipinge,

We have started preaching in our churches amongst our people to quit these Ndaus cultural marriage practices because they increase our members' vulnerability to HIV and AIDS. From especially members in the rural areas, I officiate in many funerals where the deceased has a history of some of our traditional religious practices especially through marriage, directly or indirectly. This is indicative of the fact that our people find it very difficult to drop some of these customs, despite converting to Christianity.¹⁴⁹

2.9.5 *Kuripa Ngozi*-appeasement of avenging spirits

Another very prominent form of marriage amongst the Ndaus is whereby young girls are given up for marriage, as wives to avenging spirits-*kuita mukadzi wengozi*. Many homes I visited around the Mabee -Rukangare villages further south of Chipinge, near Mozambique, still strongly practice this custom. In the Ndaus culture, avenging spirits/*ngozi* can demand appeasement which ranges from a flock of sheep, goats, chicken, a herd of cattle, or even a wife. This wife is usually a virgin. The girl does not necessarily have to come from the family where the avenging spirit is seeking

¹⁴⁸ C.Baylies (et.al), *Aids, Sexuality and Gender in Africa*, London: Routledge, 2000,p. 5.

¹⁴⁹ Interview with Pastor Sigauke, 2007.

appeasement. In many cases, as in the case with the Dhliwayo family of Mabee village, the girl is bought-*vanotenga mukadzi*-(‘bride wealth is paid’), from another desperate family which is in need for food for survival. According to Mr. Dhliwayo, ‘*takazoripa ngozi yemurume wakauraiwa ngemadzitateguru edu ngekumupa mukadzi watakamuroorera unozwi Pinimidzayi*’.¹⁵⁰ This is to say, ‘We appeased an avenging spirit in the family of a man who was killed by our forefathers by giving him a wife called Pinimidzayi’.

What I found intriguing is that, this lady Pinimidzayi is now one of the four wives of Mr. Dhliwayo. This therefore means that later on, any member of the family can marry the appeasement wife after rituals are performed. Pinimidzayi seems to be enjoying the polygamous marriage and unaware of the fact that she has a high risk of getting HIV in the type of marriage she is in. N. Njoroge and M.W Dube highlight this when they say, ‘polygamy has been the basis of exploitation of women and children---’.¹⁵¹ Pinimidzayi is around nineteen years old, and yet Mr. Dhliwayo is well over sixty years. Such a state of affairs illustrates, ‘the reality of women’s powerlessness and vulnerability in the face of cultural prescription’.¹⁵²

These and many other marriage practices amongst the Ndaou expose the woman highly to HIV infection. This is why, according to one report, ‘women, in particular the married are more likely to get infected’.¹⁵³ James N. Amanze identifies some of these marriage

¹⁵⁰ Interview with Mr Dhliwayo, 2007.

¹⁵¹ N.Njoroge and M.W Dube, *Op.Cit*, p173.

¹⁵² *Ibid*, p159.

¹⁵³ *Zimbabwe Human Development Report, Op. Cit*, p.53.

practices as part of the African's sexuality that is increasing the risk of infection amongst the Africans. I agree with him when he says,

All in all, the HIV/AIDS pandemic has made a number of sexual practices in Africa, which were accepted as normal in the past, very dangerous today. HIV/AIDS has turned human sexuality, which in the eyes of the Africans is intrinsically good, into a death trap. A source of life has become, in modern times, a source and overflowing stream of pain, suffering and death. African societies have indeed a turning point where sexual practices, which were useful in the past need to be discarded today. There is an urgent need for radical behaviour change ---If not given up, can lead to the decimation of the African people in the era of HIV/AIDS.¹⁵⁴

One would therefore choose not to marry, given this scenario. However, it is not an option at all to remain unmarried in the Ndau culture or else one risks the social stigma of being single. Terms such as *tsikombi* (an unmarried woman past marriageable age), *ane chikwambo* (she has a spiritual husband that denies chances of marriage-because that is her husband), *zitete remusha* (she is the 'father', head, guardian of the clan). Some can say *Tateguru*, that is, the greatest ancestor which guards the family. In these societies, to be called by such terms is highly insulting because one would have broken the norm by not getting married. It is unusual or abnormal not to get married, hence some women would really not mind to partake in any of the marriage practices I have explained, just for the sake of doing the norm. A. Shorter echoes the same sentiment that cultural attitudes and norms leave no place for unmarried or childless women.¹⁵⁵ A woman's fertility and her marital status are the source of her social identity, and marriage provides women with economic and social support that would not be available to them if they

¹⁵⁴ J.N.Amanze, 'African conceptions of Human Sexuality in the Era of HIV/AIDS: An Appraisal', *Boleswa Vol.1(2)*,2006,pp 48-66, p64.

¹⁵⁵ A. Shorter and E. Onyacha, *The Church and AIDS in Africa: A Case Study*, Nairobi: Pauline Publications,1998, p.117.

were single. The Ndau woman therefore, has no alternative but face the risk of getting involved in such marriages. Other young girls, due to ignorance, find no problem being a wife through any of the described marriage practices. This is because, she is normally given the title, '*chitsara(i)mvi*'. This refers to the youngest wife who is at the heart of the husband, and due to her age, she spends more time with the husband, removing white hair from the old husband's head. So, with such practices,

Man has reduced woman to her animal nature and denied her the pleasure of thinking, of legislating or taking any initiatives that would express her womanhood---man has shut his eyes to the promises and profusion of femininity and has condemned woman to the ugliness of his masculine ways.¹⁵⁶

Apart from the discussed marriage practices which are labeled by M.A Oduyoye as 'the fetters of culture'¹⁵⁷, research has exposed more factors that expose women in the Ndau culture to a higher risk of HIV infection than their male counterparts. These are where I turn my focus to next.

2.10 Socio-economic factors that increase the vulnerability of Ndau Women to HIV and AIDS

2.10.1 Lack of education

Apart from marriage practices, the Ndau woman has been denied some opportunities to go to school because she is confined to the home. HIV prevalence levels by gender in the African continent indicate that women and girls are more at risk of HIV infection than are

¹⁵⁶ B.Tonge, 'Where is the place for women?' *The Hekima Review* (12), Nairobi: Joseph Press, 1995, p.40.

¹⁵⁷ M.A Oduyoye, *Op.Cit*, 2000, p82.

boys and men largely because of uneducation and unemployment.¹⁵⁸ This means that her access to information, and in this case, information on HIV and AIDS, is severely limited. A.J.D Patsanza who says very few opportunities were available for African women to enter into educational institutions confirms this. Those who were very lucky to get places in missionary schools were to be trained as nannies and housekeepers, and at best teachers and nurses.¹⁵⁹ Many scholars tend to converge on this argument. R. Gordon says, '---girls were educated for domesticity and boys prepared for employment in the public sphere'.¹⁶⁰ As a result of a lack of adequate education, many Ndau rural women, like 'rural women from South Africa and urban women from India, are reported not to like condoms because they fear that if the condom fell off inside the vagina, it could get lost and perhaps travel to other parts of the body'.¹⁶¹ This lack of education amongst many Ndau women, or the girl child, impedes efforts to tackle HIV related issues.

2.10.2 The sanctity of sexuality

Related to the idea of lack of education is the idea of sanctifying sexuality amongst the Ndau. In Ndau religion, sexuality is sacrosanct and sex talk is a taboo especially when it comes from a woman. This echoes the idea that,

It is important to point out that the African concept of human sexuality is primarily patriarchal.---sex is a male domain.---Very clearly African conceptions of human sexuality place the interests of men far above those of women, who normally assume the role of passive recipients!¹⁶²

¹⁵⁸ L.N.Jackson, *Women and AIDS*, Gweru: Mambo Press, 1999, p23.

¹⁵⁹ A.J.D Patsanza, *Our Zimbabwe: An element of Political Economy*, Harare: Govazvimwe Mukuruwenzira Publishing House, 1998, p.193.

¹⁶⁰ R.Gordon, 'Girls cannot think as boys do'; Socialising children through the Zimbabwean School system, *Gender and Development* vol.6 (2)1998, pp53-58, p.54.

¹⁶¹ R.Basksh-Soodeen, *Gender mainstreaming in HIVAIDS: Taking a multi sectoral approach*, UK: Abacus Direct, 2002, p.22.

¹⁶² J.N.Amanze, *Op.Cit*, 2006, p51.

This limits her negotiating capabilities with her sex partner on anything to do with the intercourse, the man dictates. If a woman expresses her feelings to her partner on anything to do with sexuality, she is considered as morally lose, (*hure*). So, in order to be a good wife, (*mukadzi wemumba*), she just has to follow the man's ideas on how and when to have sexual intercourse. Tabona Shoko sights some examples on how generally the Shonas try by all means to 'save face' when talking about sexuality and HIV and AIDS. He says,

In order to 'save face', some people have devised pseudonyms for the disease, such as *shuramatongo* (disaster that wipes out everyone), *Chakapedzambudzi* (disease that kills goats), *Gukurahundi* (rain that falls in autumn), *Jehova Ndouyako* (Lord I am coming). One who is infected is referred to as *ane pemu* (thinning with the loss of hair shine), or *akarohwa nematsotsi* (attacked by thugs) Mashiri et.al, 2002, 222-9.---So people employ metaphors to convey messages, for instance they call the genital parts, *pamberi* (front) which is believed to be 'polite'.¹⁶³

This is also mentioned by Eva das Dores Benedito and Pedro Gomes in a discussion on sexuality when they write,

From the traditional point of view, sexuality is something too shameful to be discussed between parents and children, husband and wife, or in community.---When occasionally there is a discussion on sexuality, the fundamental concern is always the bearing of children, while the question of pleasure is avoided as unimportant.¹⁶⁴

My argument here is that, though Africans consider sexuality as very important in the lives, they do not feel free to discuss it, and this puts them in an inescapable web with HIV. Hence J. Fleischman says, deep rooted cultural taboos inhibit parents from

¹⁶³ T.Shoko, 'HIV/AIDS and Christian Ethics in Zimbabwe', J.Amanze (et;al), *Christian Ethics and HIV/AIDS in Africa*, Gaborone: Bay Publishing, 2007, p209.

¹⁶⁴ E.D.Benedito & P.Gomes, 'Sexuality and the Well being of Women', in *Groaning in Faith: African women in the Household of God*, Kenya: Acton Publishers, 1996.pp220-229, p227.

discussing sex with their children and create obstacles to effective sex education.¹⁶⁵ The same problem is not unique to Ndaou women in Chipinge in Zimbabwe alone; it is experienced in India where traditional culture does not give emphasis on sex education to male children during their adolescent period. The teenage boys have a tendency of 'sex gossiping'. They join a group to go for sex movies and try to imitate what they have observed in movies. In schools (just like in Ndaou communities), sex talk is taboo. It is generally considered that students may be tempted to experiment sex if teachers talk about it.¹⁶⁶ Therefore, from the discussion above, women cannot deny their spouses sex, even if he is HIV positive and has been unfaithful. As such, the cultural perception of taking sex as taboo in Ndaou culture exposes women to a high risk of HIV infection, among other sexually transmitted infections (STIs), and sexually transmitted diseases (STDs) such as Chlamydia and gonorrhoea. Cultural norms sacralising sex talk hinder their education and access to information about HIV and AIDS in Chipinge.

2.10.3 Unequal gender relations

Generally, there exist unequal gender relations between men and women in the patriarchal Ndaou religion. Just as' in many African societies, the position of women limits their control of their bodies and their power to make decisions about reproduction'.¹⁶⁷ As explained by Cletus N.Chukwu,

Man places himself in an advantageous position in cultural, social, religious and political spheres of human activity, and so, a woman is compelled to remain submissive even when she is in possible danger of

¹⁶⁵ J.Fleishman, *Suffering in Silence, The Links between Human Rights Abuses and HIV transmission to Girls in Zambia*, New York, Brussels; Human Rights Watch,2003, p.21.

¹⁶⁶ D.D.Ezhilarasu, *A study of socio-cultural factors influencing promiscuous behaviour*, Delhi: Cambridge Press,2001, p.7.

¹⁶⁷ WCC,*Facing AIDS, The Challenge:The Church's Response*,Geneva: WCC Publications,1997,p16.

contracting HIV from her promiscuous husband. Thus a husband's advantaged social status would expose his wife to the risk of HIV infection. It is also commonly known that while a husband would not want his wife to tolerate his infidelity, he would not tolerate the same from his wife'.¹⁶⁸

M. Dube who writes, 'with little negotiating power, they are often unable to insist on safer sex', raises the same point.¹⁶⁹ One can therefore rightly judge that in some places (such as Chipinge), 'unequal gender relations impede women their right to refuse sexual relationship or to claim to use condom contraceptives'.¹⁷⁰ These unbalanced relations have also led to one other devastating factor to women, that is, gender violence, as discussed in the next section.

2.10.4 Gender Violence

This can be defined as any 'acts that are systematically perpetrated by one sex against the other'.¹⁷¹ This can be physical, emotional or any other such forms. In the Ndaou culture, it mostly occurs from men to women. It can happen in many forms, from a wife being beaten, child abuse, physical or psychological torture.¹⁷² Amongst the Ndaou, a patriarchy is a 'society that expects males to dominate in all family decision making'.¹⁷³ Frequently in patriarchal societies, the eldest male wields the greatest power, although wives are expected to be treated with kindness and respect. M. Mann argued that, 'gender relations remain constant in the general form of patriarchy throughout recorded history'.¹⁷⁴ Men dominate subservient women by being restrictive and oppressive. Part of this dominance

¹⁶⁸ C.N.Chukwu, *Op: Cit*, 2003, p64.

¹⁶⁹ M.Dube, *Op.Cit*, 2003, p73.

¹⁷⁰ P.Hollis, *Women in Public*, New York: Routledge Press, 1979, p104.

¹⁷¹ *National HIV/AIDS Policy*, Zimbabwe: Harare, 1999, p.30.

¹⁷² T.PMapuranga, *Op.Cit*, p.26.

¹⁷³ M.Mann, *The sources of Social Power*, New York: Cambridge University Press, 1986, p.31.

¹⁷⁴ *Ibid*.

is exposed through violence, and women have to show their subservience by staying in such relationships that expose them to physical and psychological harm. As stated by R.R. Reuther, ‘---women were regarded as second hand citizens used and handled like personal property of men, exploited, oppressed and degraded’.¹⁷⁵ It then follows that some instances of gender violence are ‘culturally condoned because they are perceived as within the bounds of what is expected of men in their interaction with women in different situations’.¹⁷⁶

2.11 Conclusion

To sum up, the Ndaou woman’s situation is still a status of struggle, a struggle to survive collectively and individually against the cultural and traditional realities in their society. This chapter has illustrated that gender relations present women as more vulnerable to HIV infection than their male counterparts. Therefore, having explored what the Ndaou woman’s place in society is, having examined the traditional practices that fuel HIV amongst the Ndaou woman, the next chapter analyses the effects of HIV and AIDS on the women, with examples from case studies. As such, the epidemic brings severe challenges to women. Apart from an increased risk of being infected due to the mentioned practices found in Ndaou traditional religions discussed in this chapter, HIV presents devastating socio-economic effects on the woman, as will be analysed in the next chapter, in which possible transformative strategies to these effects are proposed.

¹⁷⁵ R.R. Reuther, *Women and Redemption: A Theological History*. Minneapolis: Fortress Press, 1998, p230.

¹⁷⁶ *National HIV/AIDS Policy, Op.Cit*, p.31.

3. Chapter Three –Socio-economic effects of the gendered epidemic: Ndaou women and HIV

3.1. Introduction

The previous chapter examined the contribution of Ndaou religion to the status of women in HIV and AIDS. It is undoubtedly true that women face the worst effects of the epidemic. This is supported by Stephen Lewis, the then United Nations Secretary General's special envoy for HIV and AIDS in Africa (2002) who declared that,

To this catalogue of horrors there must be added, in the case of Africa, that the pandemic is now conclusively and irreversibly, a ferocious assault on women and girls is beyond human imagining, it presents Africa with a practical and moral challenge which places gender at the centre of the human condition. The practice of ignoring a gender analysis has turned out to be lethal.¹⁷⁷

This tallies well with the various scenarios I unveiled in some families. By virtue of their economic and cultural status as well as gender roles, women constitute the larger population of those infected by the pandemic. Thus, the effects of HIV and AIDS have a particular gender dimension. In this chapter I examine these effects. I do this by providing some situational analysis. In the case studies I use, the interviews provide some empirical data and the voices of women affected are aired out. The interviews expose at least one or more of the gendered effects of HIV and AIDS on women in Chipinge. Names used in this section are not real names as the interviewees requested to remain anonymous. One such family is of the Mlambo's, and the following is their situation.

¹⁷⁷ J.Fleischman, *Suffering in Silence;The links between Human Rights abuses and HIV transmission to girls in Zambia*, New York, Brussels: Human Rights Watch,2002, p11.

3.2 Case studies: Effects of HIV and AIDS on the girl child

3.2.1 The Mlambo Family¹⁷⁸

In an interview, Tshepo Mlambo (a daughter-in-law) narrated to me the ordeal of her family due to HIV and AIDS. She said the Mlambo family has suffered a number of deaths due to HIV and AIDS since 2000. The father of the family succumbed to HIV in 2000 at the age of 54. His first born (her husband) at the age 26, passed away 8 months later, in August 2001. A year later, Tshepo's mother-in-law also died due to complications of the epidemic. Now Tshepo is the head of the remaining members of the family. Since then, she says her life has not been a bed of roses. Apart from the possibility of her being infected with HIV (since her husband passed away of the epidemic); she is being accused of causing the deaths of her husband and her parents-in-law. In the Ndau culture, no evil occurs without a cause. As with the case of the Mlambo family, HIV and AIDS (perhaps due to ignorance), is often attributed to witchcraft and sorcery, and in Ndau this is *kuroiwa* and *zvikwambo*. This is in line with what is mentioned by A. Shorter and E. Onyacha when they say,

It is customary to attribute death which is caused by an unknown illness that is accompanied by weight loss to witchcraft. Since most traditional leaders are male, it is of no surprise to find that most accused of witchcraft are often females than males.¹⁷⁹

¹⁷⁸ Interview with Tshepo Mlambo, Tamandai, June 2007.

¹⁷⁹ A. Shorter and E. Onyacha, *The Church and AIDS in Africa, a case study*, Nairobi: Pauline Publications, 1998, p118.

This witchcraft belief amongst the Ndaus has impacted heavily on women who are labeled thus, especially upon the deaths of their husbands, as with this particular case of the Mlambo family.

3.2.2 The Gavhumende family¹⁸⁰

From a survey around Chipinge, no single family has not been infected or affected by HIV. Though some do now believe in the existence of the epidemic, the majority of the traditional families still strongly believe in *ngozi* (avenging spirits) as the cause of deaths, even when the deceased tested HIV positive. This belief is usually out of ignorance in terms of the epidemic, but the belief that no evil occurs without a cause plays a significant role as well.

One such family that has been more affected by this belief is the Gavhumende family. This too is a polygamous household, and consisted of 8 girls and 7 boys. However, in an interview, the head of the household, the father, (Mr Gavhumende), says he has given up 5 of his girl children for marriage. A follow up on the story of these marriages revealed that these girls were given up to marriage as some form of appeasement to avenging spirits of the families of their husbands.

When tragedy strikes in a typical Ndaus family, and when deaths occur successfully, the family inquires for the cause in a process known as *kuenda kugata* (an inquiry for the cause of death through a traditional healer), and in most cases, they are told of an avenging spirit. Therefore, as in the Gavhumende family, the girl child is affected directly

¹⁸⁰ Interview with Mr Gavhumende, Mariya, 2007.

as they are offered up for marriage as *mukadzi wengozi* (the wife of an avenging spirit). Unfortunately, these girls are sacrificed to appease avenging spirits who are construed as the cause of deaths, and yet many of them are HIV related. Marrying the girl child at a tender age increases her risk to HIV infection (because of an early onset of sexual activity). This situation denies her education (or reduces the period she spends in school), and this means she remains a woman for the kitchen, for the home, not fit for public roles. The cycle of poverty remains unbroken in her entire life because a lack of education denies her the opportunity and expertise to be employed in the formal sector where she can earn money for herself and become an independent woman financially.

3.2.3 The Makuyana family¹⁸¹

In as much as women are falling prey to HIV and AIDS in Chipinge by being appeasement wives at an early age due the strong belief in avenging spirits, other marriage practices render them more vulnerable. Apart from the fact that there is a greater proportion of women to men in population, some Ndau traditional marriage practices have vehemently impacted on the numbers of women which are declining due to HIV and AIDS. As mentioned earlier in the traditional/historical background on the status of women in Ndau traditional society (Chapter 2), practices like *Kuzvarira*, *barika* and *chimutsamapfihwa* amongst others, increase the risk of infection on women. It follows then that more women will have HIV related deaths.

The Makuyana family is one such family in which HIV has had the direct effect of causing the deaths of three women, all in one polygamous marriage to one man. Leaving

¹⁸¹ Interview with Chido Makuyana, Rimbi, 2007.

behind 12 children, this household suffers so many diverse challenges of running a family without the, 'mother' figure. Therefore, polygamy among other cultural forms of marriage contributes to more women dying to HIV and AIDS. A.B Rodoreda also expresses this when she says,

Women whose husbands had more than one wife, or who had previously been married to someone else, were three times as likely to have herpes as those whose husbands had only married once.¹⁸²

Such a study on the spread of HIV and STIs draws conclusions about the risk of women to HIV and AIDS. Generally, I agree with J. Gitome who asserts that women are chained by tradition because their susceptibility to HIV infection is increased by the African gender perspective.

3.2.4 Other general labels

Apart from the cases in the identified families, I observed that HIV has left an indelible mark on the identity of women. Social labels that are given to most single women who are HIV infected are rather discriminatory. They are regarded as outcasts or social misfits. In most Shona societies they say *bhuru rinogona kurwa rinoonekwa nemavanga*. This means, a bull that can fight is seen by its scars. This implies that even amongst the Ndau, men are expected to be 'manly', and have many sexual partners. Unfortunately, the *mavanga* (scars), are fertile grounds for spreading HIV. When a man is promiscuous in the Ndau society, his actions are considered as a norm, and yet a woman doing the same behaviour is given such labels as *pfambi /hure* (whore). This has a multiple effect on the stigmatisation on the females amongst the Ndau. The situation is compounded when she

¹⁸² A.Berner-Rodoreda, *Op.Cit*, 2006, p. 20.

is HIV positive, single, and let alone a woman. Discrimination and labels given to such a person have an adverse psychological effect on her, thereby worsening her status.

3.3 Transformative strategies: empowering the girl child

The preceding section has highlighted how much the HIV pandemic affects women. The forthcoming section highlights and suggests how the indispensable value of women can be recognised. I suggest ways of fighting HIV and AIDS through empowering women. This is by such means as educating the girl child, providing economic security for women, practicing non-violence to women, and generally increasing women's control over HIV prevention methods such as use of condoms in a marriage.

3.3.1 Educating the girl child

Research has shown that early marriages increase the chances of a young girl getting HIV infection. Therefore, the more years she stays out of marriage by going to school, the lesser her exposure to HIV and AIDS. In Chipinge amongst the Ndaus who still practice traditional religion, educating the girl child is not a priority. The general belief is that she should be a preserve for marriage. After all, educating her will not be of much benefit as of educating the boy child, since she will belong to the family of her husband. So when resources are scarce, chances are that girl children will drop out of school whilst the boy child has more retention. Studies around the globe show that HIV infection rates are at least twice as high among young people who do not finish primary school as those that

do.¹⁸³ By staying in school, especially with a curriculum that envelopes HIV and AIDS, the effect of education is highly pronounced,

---[W]ith each additional year of education, girls gain greater independence, are better equipped to make decisions affecting their sexual lives and have higher income earning potential-all of which help them stay safe.¹⁸⁴

With Zimbabwe in general, 'among 15-18 year old girls, those who are enrolled in school are more than 5 times less likely to have HIV than those who have dropped out.'¹⁸⁵ So many significant statements have been said about the importance of education in the society with regards to HIV and AIDS. Nelson Mandela says, 'Education is the most powerful weapon you can use to change the world; it is also a weapon that the world cannot do without in the fight against AIDS.'¹⁸⁶ Another statement by Dr Peter Piot, then Executive Director of UNAIDS says, 'without education, AIDS will continue its rampant spread. With AIDS out of control, education will be out of reach.'¹⁸⁷

Therefore, to break the cycle of HIV, poverty and gender, education is vital. Information on AIDS needs to be adopted in the school curriculum at all levels. At this point, my appreciation goes to leading academics and theologians who have opened up debates by suggesting ways in which this could be done. These include Musa W. Dube¹⁸⁸ and Ezra Chitando¹⁸⁹, among others. Apart from theology, many other disciplines could find a way

¹⁸³ <http://womenandaids.UNAIDS.ORG>, Issue number 1.

¹⁸⁴ http://www.unmillenniumproject.org/documents/gender_complete.pdf p37.

¹⁸⁵ UNICEF, 'Girls, HIV and Education', 2004, p15.

¹⁸⁶ <http://womenandaids.UNAIDS.ORG>, Issue 1.

¹⁸⁷ Ibid.

¹⁸⁸ M.W.Dube (ed), *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological programmes*, Geneva, Switzerland: WCC Publications, 2003.

¹⁸⁹ E.Chitando(Ed), *Mainstreaming HIV and AIDS in Theological Education: Experiences and Explorations*, Geneva, Switzerland: WCC Publications, 2008.

of embracing HIV and AIDS in their curriculum, for example sociology, English, biology and other courses/subjects. Therefore, Ndau traditional religion should do away with that belief that denies the girl child equal opportunities with the boy child in terms of going to school.

3.3.2 Economic independence

Women in most African traditional cultures are highly economically dependent upon their husbands. Poverty plays a significant role as a factor increasing women's vulnerability to HIV and AIDS. This is not to suggest that the epidemic is only for the poor, since so many wealthy people have been infected and affected by HIV. However,

Poverty facilitates the transmission of HIV, makes adequate treatment unaffordable, accelerates death from HIV related illness and multiplies the social impact of the epidemic. Poverty goes hand in hand with AIDS.¹⁹⁰

Men are considered the sole breadwinners and are allowed to work in the public sphere, whilst women work in the home, a private sphere that does not have remuneration at the end of the day. As such, they are indebted to their husbands for money, and they have to please them in all ways, and this involves failure to make decisions in the bedroom such as where, when and how to have sex. As a result, a woman cannot say no to sex, even if she knows that her husband has tested HIV positive (of course she may not have this information until it is too late)¹⁹¹ A woman feels financially insecure if she denies her husband the pleasure of sex. This dependence means women risk themselves to HIV and AIDS because they need financial security. Consequently, research shows that,

¹⁹⁰ C.M.F. Czerny (ed), 'AIDS: Africa's Greatest Threat since the Slave Trade, *Afrika Yetu* Vol.11, 2006, p22.

¹⁹¹ H.O.Ayanga, 'Religion and women's health,' in M.J Kanyoro and N.J. Njoroge(eds) *Groaning in Faith: African Women in the Household of God*, Nairobi:Acton Publishers,1996.pp204-214, p211.

Women who own property or otherwise control economic assets have higher incomes, a secure place to live, greater bargaining power within households and can better protect themselves against domestic violence.--- With greater ownership and control over economic assets, women are more empowered to negotiate abstinence, fidelity and safer sex and can avoid exchanging sex for money, food and shelter.¹⁹²

I therefore support the view that economic security decreases the vulnerability of women to HIV and AIDS. With the case of Ndaou women, it lies within reinterpreting some customs that relate to property inheritance and general security rights. Apart from that, education opens a window of financial security. Education of the girl child should be a question of ability and capacity, not sexism. To put this in one shell,

To be most effective, efforts to promote women's economic security should embrace a range of options. These include microfinance, vocational training, formal and informal education, legal rights training and income generating activities.¹⁹³

3.3.3 A war against violence

Ndaou religion expects wives to be loyal and submissive to their husbands, a notion that is good and admirable to most African societies, but in most societies, men tend to abuse this privilege. Women are treated as commodities, and men rarely recognize their feelings when they make important decisions, some which concern them. 'Going back to the old tradition of African societies, women were regarded as second hand citizens used and handled like personal property of men, exploited, oppressed and degraded.'¹⁹⁴ Ndaou culture instructs women to be submissive, kind, and tolerant to their husbands. Even in sexual matters, a woman should not deny her husband the sexual pleasure that he

¹⁹² M.W.Dube, 'In the circle of Life: African Women Theologians' engagement with HIV and AIDS', Unpublished paper, p.27.

¹⁹³ <http://WOMENANDAIDS.ORG>, Issue2.

¹⁹⁴ R.R Reuther,1998, *Op.Cit*,p230

demands. Failure to compromise can result in sexual, psychological or physical violence.

This increases women's risk to HIV.

Violence and threat of violence dramatically increase the vulnerability of women and girls to HIV by making it difficult or impossible for women to abstain from sex, to get their partners to be faithful, or to use a condom.¹⁹⁵

In addition,

Studies in the world over have shown how more HIV infected women are more likely to have experienced violence and that women who have experienced violence are at higher risk of HIV.¹⁹⁶

Through the Domestic Violence Act, the Zimbabwean government has gone a long way in empowering women. More could however be done to educate the women on the significance of this Act especially in the remote areas such as in Chipinge where access to information is limited. Women should be equipped with the necessary information so that they do not fear the threats, attacks, and intimidation that come from their husbands when they attempt to face the intervention of the law.

Therefore, practicing non-violence to women will definitely go a long way in combating HIV amongst them. This goes hand in glove with accessing HIV prevention methods to women as discussed in the next point.

3.3.4 Access to control HIV prevention

As long as HIV prevention methods are totally in the hands of men, then we are still a long way from combating the spread of the epidemic. A good example can be the ABC method (Abstinence, being faithful to one uninfected partner and Condom use). It is

¹⁹⁵ <http://WOMENANDAIDS.ORG>, Issue2.

¹⁹⁶ Amfar, 'Gender Based violence and HIV among women: assessing the evidence', 2005.

unfortunate that, 'by and large, most men however poor, can choose when, with whom and with what protection, if any, to have sex, most women cannot.'¹⁹⁷ As long as it is men only (due to patriarchy and male dominance in the Ndaou society), who can decide when and how to have sex, then such methods will not fully achieve their goals. African custom, particularly Ndaou custom, presents and leaves women in a difficult position to discuss safe sex, if she does so; she is labelled negatively as a loose woman. Thus, more methods need to be accessed by women at all levels in society that put HIV prevention directly in their control.

Generally, these intervention strategies work hand in glove with what has been set as the standard guiding principles for people living with HIV and AIDS by the Government of Zimbabwe¹⁹⁸. These include the following:

- **Guiding Principle 9:** To limit HIV transmission through sexual intercourse, condoms should be made available, accessible and affordable to all sexually active individuals.
- **Guiding Principle 13:** People with HIV/AIDS have the right to choose the type of care they want and should have access to accurate information regarding orthodox and traditional medicine. Public awareness about the known benefits and limitations of the different sources of care should be made widely available to enable people to make informed choices.

¹⁹⁷ Commonwealth Secretariat, Gender Mainstreaming in HIV/AIDS, p.27.

¹⁹⁸ *The National HIV/AIDS Policy*, Zimbabwe, 1999, pp41-44.

- **Guiding Principle 38:** Gender violence in any form and setting is unacceptable and should be prescribed by Law.

More of these guiding principles that help in the fight against HIV and AIDS have been inserted in the appendices of this thesis.

A synthesis of this section allows me to conclude that the Ndau community, the church, government and non-governmental organisations still have a long way to go in terms of reducing the effects of HIV and AIDS on women. This is not to suggest that all that has been done so far has been in vain, but my observation is that more still needs to be implemented, especially in the rural and most remote areas that are not easily accessible by road or telephone such as Tamandai, Pfidza, Chipangara, Mariya, Rukangare, Mahenye and Mabee in Chipinge.

3.4 Conclusion

The intervention strategies that I have alluded to are mostly western and or scientific. These, as I argue, need to be applied in what I regard as an intensively traditional environment. Change is always difficult to accept, especially when it is radical. This means the recipients need some time to adopt and adapt to these strategies. How effective can they be in as short a period as possible to reduce the effects of HIV and AIDS amongst Ndau women? The question that also comes to mind is, can the liberation of these women in traditional Ndau culture not take place within their own traditional context? Can the liberation of Ndau women take place within their own religious setting,

not outside it? Is liberal/reformist feminism possible in the Ndaun setting? Are there no positive and liberative customs in terms of combating the spread of HIV amongst women in African traditional religion(s)? This is the task I shift my attention to in the forthcoming chapter.

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4- Chapter Four-Ndau traditional religion: Liberating women in the context of HIV and AIDS

4.1 Introduction

In the previous chapters, I indicated the extent to which cultural practices amongst the Ndau have disproportionately affected women to men. By such a stance, I fall prey to the category of those I have labelled the first and second-generation women of the 'the Circle' who have concentrated on the negative and had a considerable neglect of the positive.¹⁹⁹ M. Dube also labels this as, 'painting African cultures deadly without redemptive windows'.²⁰⁰ Nokuzola Mndende argues that,

Up to this moment I have never experienced any positive research concerning ATR as a Faith Based Organisation (FBO) responding to HIV/AIDS, all of them are always very dictating and biased, instead of being inclusive and understanding...²⁰¹

However, in this chapter I adopt a different approach. I argue that the liberation of Ndau women (apart from using western and other religious approaches which is most welcome), can take place within the context of Ndau culture. It is in this section that I use a 'hermeneutic of liberation'. Dube raises some issues that are quite interesting when she asks,

Is African culture all and only which is negative? If not where are the positive aspects of African cultures?---should we just keep on documenting the negative aspects of African cultures? How does this model of documenting the negative aspects tally with the colonial times?²⁰²

¹⁹⁹ H.O.Ayanga, *Op.Cit.*

²⁰⁰ M.Dube, *Op.Cit.*

²⁰¹ N.Mndende, 'Religion and Aids in Africa: African Traditional Religion Response', Unpublished paper, 2009, p1.

²⁰² Ibid.

So far I have painted Ndau traditional religions as having an adverse effect on women in the HIV and AIDS epidemic. I have identified masculinities, belief systems and practices that increase the vulnerability of women to the epidemic. However, as pointed out by Chitando,

Although the masculinities described above are reinforced by appeals to religious and cultural ideologies, ethical ideals from religion could be used to transform them. Adopting a liberative perspective could allow men to play a strategic role in the struggle against HIV and AIDS.²⁰³

This is the thrust of this chapter. With reference to HIV and AIDS, how far can their traditional religion go in terms of liberating them? Have the effects of traditional religion and culture only been negative to the traditional Ndau woman in Chipinge?

4.2 A historical background on the perception of ATRs: one more time!

Having attempted on a definition of African traditional Religion(s) in the first chapter, particularly in the Ndau context, this chapter now seeks to highlight how ATRs were conceived in the eyes of early missionaries, travellers and explorers in the early 1890s. I decide to give these accounts at this point rather than earlier in order to present a clear contrast to my reader on the negative perception that ATRs have faced and yet they present some solutions in curbing HIV. This section highlights the perceptions of most early 19th Century historians of African traditional religion. This will help to give an insight on how their writings influenced the general belief that nothing good can come out of the African continent. The majority of scholars who wrote about its traditions and

²⁰³ E.Chitando, 'Religious Ethics, HIV and AIDS and Masculinities in Southern Africa', Nicolson, R, *Persons in Community: African Ethics in a Global Culture*, South Africa: University of Kwa-Zulu Natal Press, 2008. Pp45-64, p. 56.

cultures identified Africa as ‘the dark continent’. They identified it as the other world, the reverse of Europe.

4.2.1 Africa: ‘The dark continent’

The study of African traditional religions has been divided into two phases.²⁰⁴ The first phase comprised of 19th Century writers who distorted images of African religion. The second phase has been characterised by an ever-increasing number of African scholars who research and write on African religion, trying to justify the religiosity of the African peoples. According to E.Chitando, this is the current phase where African scholars have the widely held view that African life is thoroughly religious.²⁰⁵

When missionaries, travelers and explorers first conducted early studies on the continent, Africa was indeed considered a dark continent. These early historians came to Africa without the knowledge of the people’s languages, beliefs and cultures. I will briefly highlight what these early scholars of ATRs had to say. This is a topic that has received so much attention in Religious Studies and for a detailed approach one would need to revisit the works of scholars such as B.C. Ray (1976), J.S. Mbiti (1976), E.B Idowu (1973), O. P’Bitek and D. Westerlund (1985). However, for one to get a clearer picture of my perspective, I will give a few quotations of what these early European writers said about Africa. One good example is from missionaries, who had to say,

- The spirit of God will not be effectual on a rude, wild and

²⁰⁴ J.S.Mbiti, 1996,*Op.Cit*, pp. 170-171.

²⁰⁵ E.Chitando, ‘A Curse of the Western Heritage? Imagining Religion in an African Context’,*Journal of the Study of Religion Vol 10(2)*, South Africa 1997.pp75-98.p.86.

- barbarous soul’ -Rev, R Sibbs.²⁰⁶
- ‘They are the dirtiest and laziest of all the Africans, stupid and liars’ -Rev, J.G Wood²⁰⁷, referring to the Fanti of the Gold Coast.
 - ‘I am living among a people living in Egyptian darkness, in beastly degradation, everything in their political economy directly opposed to the will of God—they are savage, they are ignorant and wicked’ -Robert Moffat.²⁰⁸
This was with reference to the Ndebele of Zimbabwe.
 - ‘They are the hopeless of mankind—the only chance for the future of the race is to exterminate the whole people, both male and female over the age of fourteen’.²⁰⁹ - Fr Biehler is reported to have said of the Shona of Zimbabwe.

Apart from these examples by missionaries, travellers and explorers contributed a lot in portraying a negative aspect about ATRs. Here are few examples of what they had to say,

- Africa is a ‘savaged other’ world, the reverse of European civilization.²¹⁰
- ‘How can the untutored Africans conceive of God? —How can this be/Deity is a philosophical concept which savages are incapable of framing’²¹¹-Emily Ludwig.
- Diodirus of Sicily had this to say, ‘the majority of them...are black in color and have flat noses and wooly hair. As for their spirits they are entirely savage and

²⁰⁶ J.S Pobe., *Skenosis: Christian Faith in an African Context* Gweru: Mambo Press, 1992, p. 8.

²⁰⁷ Ibid.

²⁰⁸ M.F.C Bourdillon., *Christianity South of the Zambezi*, Gweru: Mambo Press, 1977, p53.

²⁰⁹ T.O Ranger, *Revolt in Southern Rhodesia 1896-7*, London: Heinemann Books, 1967, p3.

²¹⁰ B.C Ray, *African Religions*, London: Prentice Hall, 1976, p3.

²¹¹ E.B Idowu, *African Traditional Religion: A Definition*, London: S.C.M Press Ltd, p103.

display the nature of wild beasts and are as far removed as possible from human kindness to one another'.²¹²

Such are the examples of the views of the majority of westerners who produced the earliest written history on ATRs, which have however been dismissed as biased. Some of the conclusions made on the traditional religions of Africa have maintained their identity.

African Christian theologians gave some arguments against these early missionaries and anthropologists. Most of these theologians sought to correct the impression that there was no God in Africa, and other theological misinterpretations of African Religion. Very few have sought to identify the relevance of African religion in contemporary society (Olupona, 1989). This trend of appreciating the significance of African traditional religions has persisted in the academic study of religions. Of particular interest to my research is the idea mentioned by Musa Dube who says,

Since colonial times, when the white travelers wrote us down as nothing but pitiful barbaric and savage communities and continent, the Circle's overall focus on the negative aspects of African cultures threatens to make excellent gatekeepers of the colonial and colonizing rhetoric. I understand that our task in the HIV & AIDS context is to address what has made this continent a home 2/3(30 million) of infected people. But equally we should not neglect 'the best practice paradigm' that has kept (500 million) African people HIV & AIDS negative.²¹³

Honestly, one would see that the tackle on ATRs has not been justified with reference to the HIV and AIDS pandemic. Africa, despite its weaknesses, has given something to the ongoing prevention and fight against the spread of the epidemic. However, credit due to

²¹²O. P'Bitek, *African Religions in Western scholarship*, London: Prentice Hall, 1976, p19.

²¹³ M.Dube, Unpublished Paper, *Op.Cit*, p27.

scholars like 'the Circle' is not being taken away from them. Their work is a milestone in alerting people of the traditional practices that encourage the ills of the society such as gender inequality, violence against women, unequal property rights, and HIV and AIDS. Dube feels that this could have been a necessary stage in the Circle's engagement on HIV and AIDS, as 'a period of shock; of lament by cataloging and generalising the evils of African cultures'. As this chapter seeks to address, Dube feels that 'research into various African cultures should include the search for justice and life-giving traditions, values and philosophies of our particular communities---'.²¹⁴ In the particular case of my study, this chapter intends to seek justice and life giving traditions in the Ndau culture and philosophy that have a positive effect on women in the HIV epidemic. Thus, I argue for the relevance of Ndau traditional religions in contemporary society, as is discussed in the upcoming section.

4.3 Ndau traditional religions: 'an enduring heritage'

Traditional religion has survived the forces of modernity and westernisation in Chipinge, and in some other parts of the country due to the emigration of the Ndaus for a variety of reasons. This section examines the relevance of Ndau religion in society today. This will provide insights to scholars and religious leaders elsewhere with regards to the relevance of African religions to contemporary society. It will highlight the value of utilising ATRs to respond to HIV and AIDS. Despite scholarship (Western and African, as highlighted on earlier in this chapter), painting African culture as 'the devil' to human suffering in the continent, the religion has continued to flourish as an enduring heritage of Africa. The Ndaus, just like other Africans, love their identity. Looking at the Nigerian case, Wande

²¹⁴ Ibid, p28.

Abimbola mentioned a point, which could be equally applied to the Ndau situation. He says:

It is a statement of fact that traditional religion, despite entry of foreign faiths, has been the sine qua non of the existence of the Yoruba. Foreign religions and modern trends have not been able to relegate traditional religion to the status of a thing in the past. The religion is as relevant and meaningful to a good number of the Yoruba, Muslims and Christians alike in contemporary Yoruba land as it was in the pre Islamic and Christian era.²¹⁵

Due to the influence of modernity and westernisation, and other religious influences, many tend to snub their culture in public, but behind closed doors, they cling to their *Ubuntu*. N.Mndende explains this when she says,

Condemning African culture in its totality results in the absence of genuine interaction between the researcher and the researched as those whose culture is dissected into nothing are made to feel guilty about their identity. To be made to feel guilty about something that determines your identity and being forced to embrace a culture that aims to displace you results in many affected playing double standards so as to play along with the powerful or the resourced. Most Africans being tired of the West always criticising African culture would pretend to support their ideologies in public, and at home swerve and look for guidance from their tradition. This double standard leads to neither of these approaches achieving positive results and that becomes very dangerous....²¹⁶

Ndau religion still finds a place for itself amongst the people of Chipinge. This love for their tradition is vested in, rites of passage, and public holidays and national events, among other occasions, as unfolded in the next discussion.

²¹⁵ W.Abimbola, 'The Place of African Traditional Religion in Contemporary Africa, The Yoruba Example', in Olupona, J., (ed) *African Traditional Religions in Contemporary Society*, New York: Paragon House, 1991. pp51-58, p.58.

²¹⁶ N.Mndende, Unpublished Paper, 2009, p8.

4.3.1 Rites of passage

A rite of passage is a ritual that marks a change in a person's social or sexual status. The term was popularised by a French ethnographer, Arnold Van Gennep (1873-1957). Such scholars as Mary Douglas and Victor Turner developed further theories regarding the concept in the 1960s. Rites of passage are rituals performed therefore to mark important stages in one's life. J. L. Cox defines a ritual as the following:

A repeated and symbolic dramatization directing attention to a place where the sacred enters life thereby granting identity to participants in the drama, transforming them, communicating social meaning verbally and non verbally, and offering a paradigm for how the world ought to be.²¹⁷

Rites of passage are therefore significant in the life of the Ndaui in general. Traditional religion of the Ndaui, like any other African traditional religions, takes life to be sacred. Life is taken to comprise a series of passages that give value to the life of each individual in any given community. These are special moments in one's life for they mark stages in human development. They are celebrated in form of words, actions, and gestures at a particular time and place and to a particular group of people.

From birth to death, the 'modern' Ndaui finds herself involved in a series of passages that are commonly celebrated traditionally. Most significantly, the naming of a child is one rite of passage where Ndauis find themselves identifying with African culture. In most instances, despite one's parents holding onto Christianity, they find it mandatory to give their child an African name, apart from the second or third names, which can be Christian, or from other traditions. I (for an example), have a Christian name-Praise,

²¹⁷ J.L Cox(ed), *Rites of Passage in Contemporary Africa*, Great Britain: Cardiff Academic Press, 1998, p.v11-x1x.

simply because my parents were Christian. However, because they still needed that Shona identity as Ndaus, they also gave me the name Tapiwa. Generally, the Ndaus feel inadequate by just using modern, or western and Christian names. Names save a variety of purposes within a family and the community as a whole. For example, when devastated by the HIV and AIDS epidemic, one could name their child Tanyaradzwa (we have been soothed/soothed), Chengeto (our keeper), or Tawananyasha (we have found favour/grace in the Lord). Therefore, naming a child plays a very crucial role in morale building and keeping the faith in cases where HIV and AIDS leave people without hope.

The Shona name completes the identity of the Ndaus. Hence the majority of people have more than one name. Thus, despite the conversion to any of the missionary religions, among the Ndaus, it still becomes a common trend to give their children 'culture bound names—which encapsulate the people's socio-religious concerns and are meaningful in their given contexts'.²¹⁸ Therefore, as long as the Ndaus live, then his/her culture will not cease to exist. Giving names in the local languages will always be part and parcel of the indigenous people despite their adoption of some of these Christian, Islamic or Western names.

Other rites of passage that are associated with the life of a living traditional Ndaus include initiation, and marriage rites. In these two and others not mentioned, lots of celebrations to mark stages of development in one's life are performed. The rites include a whole complex of activities. What is essential in these rites of passage is that participants in

²¹⁸ E.Chitando, 'What's in a name? Naming Practices among African Christians in Zimbabwe' in Klaus Fielder (et:al) *Theology cooked in an African Pot*, Zomba:Kachere, 1998,pp106-119.

these programmes would have useful information imparted to them with regard to their conduct to life. For example, how a woman is supposed to perform during sexual intercourse, how she should take care of her husband and the family in general. Boys were taught how to ask for a hand in marriage from girls, how to hunt, and many other forms of 'manly', or 'masculine' activities that accompanied the stage in which one was moving into. According to S.D Chipangwi,

Such is still necessary and along with further teachings should be given by missionaries through trusted Christians who might be expected to know more of the native lines of thought and be careful to avoid unfortunate implications.²¹⁹

Another significant rite of passage is practiced when one dies. Common to the contemporary Ndau families, when a dear one departs, they accompany their deceased with Christian /western burial rites. Thereafter, a memorial service is held. However, this is done in an effort to associate themselves with their new identity as Christians, or modernity/westernisation. However, when all is said and done in public, the same family members, due to their fear of the Unknown and respect for their traditional culture, they resort to appease the spirits of their departed in a traditional way. So many funerary rites such as the bringing back home ceremony (*kurova guva*) are done. Is this not an endurance of the African heritage amidst many forces of westernization and other emerging religions such as Islam, Christianity, Buddhism, Hinduism, Confucianism, Rastafarianism, Taoism, Jainism, and many others? The endurance of traditional religion is not seen amongst the Ndau only in Zimbabwe, but one could talk of traditional religion even at national level, as is discussed in the next paragraph.

²¹⁹ S.D Chipangwi, *The Development of African Participation in the Blantyre Synod*, Unpublished Seminar Paper, University of Malawi, 1972.

4.3.2 The case of public holidays in Zimbabwe

The national calendar has numerous public holidays in Zimbabwe. These include Easter, Independence, Heroes and Christmas, amongst others. As I discovered, the majority of urban dwellers have got a tendency of heading for their rural homes whenever a time like this arises. They retreat to their rural homes to celebrate these days together as one whole family. This is buried in the African traditional concept of communalism, that of being united as one. As the common adage says, 'home is where the heart/hut is', the majority of Zimbabweans feel that such holidays give them an opportunity to go back to their roots, where they can re-live their identity or *ubuntu*. They feel they have these few chances in a year to go home and communicate to their ancestors. What is most striking is that some of these holidays like Easter and Christmas, are meant to be Christian festivities, but most Zimbabweans use them in a way that the Bible considers as "evil"-communicating to the dead. The question is, how does one justify the resistance of African traditional religions to the forces of westernisation and Christianity amongst other religious movements amongst the peoples of Zimbabwe?

As civil religion is practiced in the country, for example, at the celebration of national events such as Heroes' and Independence holidays and other national sports activities, how does one justify the involvement of African traditional religions? The spirits of national heroes and heroines are always invited to intercede for the nation. This is normally after a Christian prayer is said, and then the spirits of the departed greats such as Mbuya Nehanda, Sekuru Kaguvi, Chief Rekayi Tangwena, Joshua Nkomo, and Simon Muzenda are evoked to guide the nation for piece where there is instability and hope

where there is despair. In the case of incessant droughts, for example in 2005, a lot of traditional ceremonies (*biras*) were held throughout the country in order to call for divine intervention from the ancestors to save the nation from drought. Therefore, one would note that ATRs keep surfacing, even in situations where one would assume that the nation could have only sought help from the western or missionary religious solutions such as from Christianity or Islam. In some instances, the church, despite identifying most parts of African culture as ‘demonic’, or ‘devilish’, still finds itself mixing with the same tradition as unfolded in the next section.

4.3.3 The church incorporating Africanness

The Christian church has so much condemned African culture as unholy. The very heartbeat of the culture, ‘ancestor veneration’, has been labelled as worshipping the dead, something that Christians should not associate themselves with. The church has divorced itself from important aspects of ATR, which include ancestor veneration, and methods of healing. However, it has been observed that no matter how much they try not to practice it, they always find themselves associating with some of its customs and values. Lovemore Togarasei mentions some interesting examples when he writes about the modern Pentecostals of Zimbabwe. He says,

However, in a number of ways the modern Pentecostal churches are also not so different from old ones. They still insist that God has to be worshipped in African ways. A number of the churches have introduced traditional African instruments in their worship. Traditional drums (*ngoma*), rattles (*hosho*), and finger pianos (*mbira*). Of late most women are putting on black and white dresses in church. Black and white are colours associated with traditional religion amongst the Shona of Zimbabwe. Spirit mediums put on black and white regalia when possessed. Thus, putting on black and white symbolizes Africanness.---

We can therefore conclude that generally pentecostals are modernist, but they also resort to tradition when it serves to achieve their goals.²²⁰

Therefore, one can argue that in the very church that is at the centre of attacking ATRs, the latter remain very relevant in contemporary society.

These are a few among so many examples that one could give where Zimbabweans have kept the spirit of African traditional religions alive. Despite being looked down upon by new philosophies coming on board in the Zimbabwean religious, social, political and economic spheres of life, ATRs still remain competitive on the Zimbabwean spiritual market. With regards to HIV and AIDS therefore, it is not all that is traditional that has to be thrown away. Only those traditions that seem to enhance a fertile breeding ground for HIV should be deserted. Some can be recreated for the purpose of decreasing vulnerability and yet some can be implemented in their original context.

Having reiterated how ATRs are still crucial to the contemporary Zimbabwean society and to the Ndaus in particular, I then turn onto a discussion on how some Ndau cultural practices can still be handy in the HIV and AIDS struggle, with a special reference to women. I agree with Nokuzola Mndende when she says,

This does not imply rejection of outside help as life is dynamic and we also recognise that we are also in a century of globalization, but there could be a balanced engagement of all sides so as to come to a common understanding that will be helpful and practical to all.²²¹

²²⁰ L.Togarasei, 'Cursed be the Past: Tradition and Modernity among modern Pentecostals in Zimbabwe and Botswana', *Boleswa*, Vol.1(2), 2006.pp114-132, p128.

²²¹ N.Mndende *Op.Cit*, 2009, p2.

4.4 Reliving traditions: a transition for hope

This section illustrates how Ndaun traditions leave redemptive windows for both men and women in the fight against HIV and AIDS. It demonstrates how the society can still move backwards for the purpose of re-living those traditional practices and norms that it finds quite useful and handy in the fight against the HIV and AIDS. According to Cornel Du Toit, 'Transition need not always be forward, it may be backward too—like searching and rediscovering one's roots'.²²² The past is always important for remolding the present and the future; hence, 'root thinking can give direction to the present.' It all depends on how one utilises the past that it can become useful in the present age. As the Ndaus go back to their roots, they are searching for their African identity to solve modern problems. This section supports the idea given by Du Toit who says,

The promotion of African culture is wrongly perceived as preventing the development of a technological society. There is a strong recognition that Africa needs development and this seems impossible in isolation from Western aid, ideas and involvement.²²³

What this section is exposing is that the battle against HIV and AIDS is not simply a struggle against ATRs. Western solutions are not the only panacea, but rather an adoption of the good influence of the tradition and cultures of the nation are a shot in the arm. Instead of people keeping the blame of the high prevalence of the epidemic in Africa to culture and tradition, there should be a change in focus to find solutions from the same continent. As indicated earlier on in this section,

The approach of going back to fundamentals of vulnerability is not meant to drift the nation of Zimbabwe or the Southern Africa Sub-region into 'a

²²² Du Toit, C, 'The Quest for African Identity and the Concept of *Nation-building* as motive in the Reconstruction of South African Society, Thomas G. Walsh and F. Kauffmann(eds),*Religion and Social Transformation in South Africa*, St Paul:Minnesota, Paragon House, 1999, pp1-23. p8.

²²³ Ibid, p. 7.

blame shifting mode', concerning the epidemic, but to challenge them into reshaping a 'new development template'.²²⁴

Due to the blame that has already been given to ATRs especially for women in the HIV and AIDS epidemic, I embrace this challenge to turn from blaming African values and creating this new development platform. People need to grow an acceptance of the good that African culture can have for the dignity and well being of the Ndau (and African at large) woman. Since many people in Zimbabwe practice at least two religions especially when they are in distress, there is need for an interfaith forum on HIV and AIDS. In most cases in Zimbabwe, it is either one lies between Christianity and African Traditional Religions or the latter and Islam. Therefore, these religions should seek to understand each other, live side-by-side, rather than outdo each other. The following, section intends to remove traditional religions always from blame, but to develop a new way with which the traditional culture can be used for development in the area of HIV and AIDS. I propose liberal feminism in Ndau culture and tradition.

4.5 Positive aspects of Ndau traditional religion and culture

Of concern in this section is that harmful cultural practices are over-emphasised at the expense of helpful cultural practices and thus, ATRs have been seen as bad. There are some practices in Ndau religions that are significant in the on-going fight against the rampant spread of the virus. This section intends to take a cultural approach in the fight against the rampant spread of the virus. Therefore, ATRs should not necessarily be seen on the darker side, but those good practices should equally be brought to the limelight, and a better perspective of ATRs on HIV and AIDS be portrayed. I will discuss issues

²²⁴ *Zimbabwe Human Development Report 2003*, p.33.

like morality, the status of women and some other practices that can facilitate a cultural approach to HIV prevention and care amongst women. In other words, my argument here is that, African religion and culture does not simply have negative effects on women in HIV and AIDS, but rather a proper interpretation on some aspects of this culture can result in good effects. Some of these positive cultural values that can be used in the curb of HIV and AIDS include the following:

4.5.1 Morality

Morality has a Latin root *mores*, which, as P. Kasenene suggests, ‘refers to customs or the generally held practices of a given society’.²²⁵ Morality is directed towards differentiating the good and the evil within a society- making its moral code. Morality could therefore be described as ‘the integrated and systematized set of ideas of right and wrong in a given culture’.²²⁶ Morality is something to do with the attainment of good, which every man naturally seeks. Though this could be controversial, J, N Kudadjie feels that the Africans code of behaviour depends entirely on religion, or rather, on his religious beliefs and practices.²²⁷ The idea of doing well to the other does provide a helping hand in HIV and AIDS prevention and care. This is embedded in the *Ubuntu*, the African kernel and identity of every African.

Morality is crucial to the struggle for Nda women’s emancipation in the time of HIV and AIDS. It guides men to avoid having multiple concurrent sexual partners. It

²²⁵ P.Kasenene, *Religious Ethics in Africa*, Fountain Publishers,1998, p8.

²²⁶ Ibid.

²²⁷ J.N.Kudadjie, ‘Does Religion determine Morality in African Societies? A Viewpoint’, In *Religion in a Pluralistic Society*, in Pobee. J.S (ed), *Religion in a Pluralistic Society*, Leiden: E.J. Brill,1976. Pp60-77, p60.

encourages men to treat women with respect. Morality is key as it challenges patriarchy and provides the vision of a gender-equitable society. Morality offers hope to Ndau women. If upheld, it will ensure that they receive financial support in their care work, and that men become partners in looking after PLWHA. African morality is built on three basic principles which are listed by P. Kasenene as vitality, communalism and holism²²⁸ as is unfolded in the foregoing discussion.

4.5.1.1 African vitality

Africans believe in the vitality of human life of any kind. They therefore regard life as a very important gift from God. Whatever is done, be it at an individual level or as a group, the goal is usually for the preservation of life. In ethical terms, any action, which increases life or the vital force, is right and whatever decreases it is wrong. Sin and moral evil manifest themselves in any attempt to diminish or destroy the life of another person. This explains why in African society, it is good to love and cherish life and why it is bad to kill unjustifiably. This concept is highly significant and always adapted to HIV and AIDS prevention and care amongst the Ndau. It discourages the healthy to shun away their relatives after they disclose their HIV positive status, or worse still, when they become terminally ill and need home based care (HBC) from their kith and kin. One would note that stigma and discrimination of PLWHA is a problem that violates the African vitality of human life. Therefore, by reverting to this fundamental aspect of traditional religion and culture of human vitality, the Ndau go a long way to show that even an infected person has to be loved and cared for in the same way an uninfected

²²⁸ P.Kasenene, "Ethics in African Theology", in Villa Vicencio (et: al), *Doing Ethics in Context: South African Perspectives*, New York, Maryknoll: Orbis Books ,1994 pp138-147,p140.

person has to. Going back to the African concept of the vitality of human life therefore helps reduce stigma and increase care and prevention due to the respect of human life as is in traditional customs.

4.5.1.2 African Communalism

Apart from vitalism, African morality is built on communalism. This means the African should not act individually. Everything that one does is good not only for herself/himself, but to her/his family, and community as well. As such, when the Ndaus does good or bad it is from his community and the results are for his community. No individual lives for themselves but for the whole community. This is why P.Kasenene says, 'To be is to belong'²²⁹, in African society. An individual exists corporately in terms of the family, clan and whole ethnic group. Good morals are therefore manifested in trying to help one another. The idea of communalism is brought up even in the social education of the members of a society. Social education in Chipinge plays a vital role in determining the moral values of the Ndaus. This could be embedded in language used by the Ndaus, which is heavily laden with wise sayings and riddles that play a significant role in educating the community. A variety of sayings illustrate how good morals are embedded in African communalism, for example,

- *Chara chimwe hachitswanyinda* (one finger cannot kill lice)
- *Rume rimwe harikombi churu* (one man cannot surround an anthill)

²²⁹ Ibid.

- *Kutsva kwendebvu varume vanodzimirana* (when their beard burns, men help each other put out the fire)

Interpreted with reference to HIV and AIDS, one could interpret these sayings respectively as:

- No one person can fight the epidemic alone; all sectors of the society should give a hand, in this case be they civic, (non) governmental, Faith Based Organizations (FBOs), and notwithstanding ATRs.
- We need to unite in the fight against the HIV and AIDS challenge.
- Someone who is HIV positive has ‘his beard burning’. Members of the society ought to help, and in African communalism, they will help!

Communalism is also expressed through common African sayings such as,

- Sotho-*Mothoke Motho Kabatho Babang*-A person is only a person through people
- Venda-*Muthu Ubebelwa munwe*-A person is borne for the other
- Zulu-*Muntu Umuntu Ngabantu*-A person is what he is because of the other
- Nda-*Munhu Munhu Ngemunhu (Muntu Muntu ngemuntu)*-A person is what he is because of the other.

These sayings call for helping one another in the African context. One person or effort from one section of the society cannot easily do a good job as compared to having a helping hand. This generally expresses the good that exists in helping one another, even in the event of the HIV and AIDS epidemic. These expressions reveal how much the African feels, that it is so important to help one another, to exist as a community. As

such, the Ndaus still practice this communalism and apply it in today's society endangered by HIV and AIDS, and are there for one another.

4.5.1.3 Holism expressed through taboos- *Zviera*

Apart from communalism and the vitality of human life, the Ndaus strongly believe in the holism of life. All life is precious and sacrosanct. To preserve the holism of life, the Ndaus are rich in taboos, which they call *Zviera*. According to L.Tatira, *zviera* refers to statements that forbid certain forms of behaviour in children.²³⁰ These are presented in a way such that, breaking these taboos will result in one getting some form of punishment from the Supernatural world, which they fear and respect so much. Consequently, *zviera* have great meaning and value in the Ndaus context and uphold the respect of life by the Ndaus in all respects, especially the sanctity of human life. As will be highlighted in this section, some of these taboos play an important role in downplaying stigmatization in Ndaus traditional religions. Even in sickness, the Ndaus have taboos that are used to inculcate good citizenship, which is a vital component of development.

With regard to disability, sickness (in this case HIV and AIDS) and poverty, or any other mishap that might befall anyone, the Ndaus have these taboos to teach their young ones and these include:

- *Sheka urema wafa* (one can only laugh at a cripple after one's death)

Or

²³⁰ L.Tatira, 'The Role of *Zviera* in Socialisation' in Chiwome (et.al), *Indigenous Knowledge and Technology in African and Diasporan Communities: Multi Disciplinary Approaches*, Harare: Mond Press, 2000. pp146-151, p.146.

- *Ukasheka chirema unobara chirema* (If one laughs at a cripple, they will also give birth to a cripple)
- *Ukapfira musope unobara musope* (If you spit upon the sight of an albino you will conceive one)

Interpreted in the context of HIV and AIDS, taboos encourage people not to curse the infected and affected as there are chances that one can also get infected during his or her lifetime, and he/she would equally need assistance from the same community with relatives and friends that one would not have taken care of during their time of need. The ideas brought about by such sayings are those of persuasion to work together with all members of a society regardless of their disability and sickness, or whatever disadvantage in society that one may have. They curse those who look upon such people probably as outcasts in society. As L. Tatira mentions, a society that discourages discrimination among its members develops faster through tapping different talent.²³¹ This African traditional value is positive and is needed in breaking the stigma that is associated with AIDS. More of these *Zviera*s (taboos) will be unveiled in the upcoming discussion of the Status of women in Nda traditional religions.

Apart from the belief in communalism and the vitality and holism of human life, the traditional Nda have got this strong belief in his/her religion, as illustrated below.

²³¹ Ibid.

4.5.2 The belief in a Supreme Being

The belief in a Supreme Being by the Ndaus plays a significant role in determining the unity, peace, morality and love that exists amongst the Africans. Ancestors play a very crucial role as guardians of ethics in African traditional religion. According to T.J Obengo,

The moral guardianship provided by the ancestors is seldom expounded, yet it remains the most relevant portion to the majority of modern Africans irrespective of their conversion to Christianity, Islam or any other religion.²³²

The ancestral cult system is the very heartbeat of African religions and this belief determines the actions of the African. Ancestors, 'the living dead'²³³ are the retributors of moral wrongdoing and they supply blessings for obedience. People therefore try by all means to do good in order to be rewarded with good by their ancestors. Hence Mbiti says, 'what people do is motivated by what they believe and this springs from what they do and experience'.²³⁴ As a result, the Ndau is compelled to love, care, and respect and generally be morally upright to the other due to the fear and respect of the Unknown, or their Transcendent. This becomes a very good entry point in caring for the HIV infected and affected in the Ndau traditional community. Besides this fear factor, the very concept of being religious plays a major role in the provision of HIV and AIDS care within the community of the Ndau, as I explain in the forthcoming paragraph.

²³² T.J Obengo, 'The Role of Ancestors as guardians of Morality in A.T.Rs', *Journal of Black theology in South Africa*, Vol. 2 (2), 1997, pp44-63. p.48.

²³³ J.S Mbiti, *Op.Cit*, 1992, p.125.

²³⁴ Ibid.

4.5.3 Africans as notoriously religious

All the beliefs I have mentioned so far stem from the fact that Africans are very religious. J.S Mbiti is renowned for his emphasis that 'Africans are notoriously religious'.²³⁵ African religion is found in all aspects of human life. It is embedded in the people's language, in art and symbols, in music and dance, in beliefs and customs, in myths and legends, it is found in virtually all aspects of life. So whatever an African does, his or her religion is there to guide him; it serves as a measure for his morals and ethics. Therefore, by incorporating African religion, specifically the philosophy that gives one the conscience to take preventive methods and care for the sick, then the stigma and neglect faced by PLWHA is reduced. Hence the majority of scholars on African religion have converged on the point that that African religion is the centre of African existence. It has therefore, a fundamental influence on how the Ndaub behave. They always remember the vitality of human life.

From the above discussion, one would note that indeed ATRs are heavily embedded with a tight code of conduct and are heavily laden with ethics that is found in communalism, vitality of human life, and African language that includes common sayings, proverbs and myths. The good morals that are reinforced in the Ndaub people's cultures play a significant role in the curbing of the rate of spread of the epidemic right across all sections of their society. Though I do not deny in any way the significant role that other religious ideologies and western methods of curbing the epidemic in a traditional society have played, I do believe that there is no harm in accommodating traditional values that

²³⁵ J.S Mbiti, *Op. Cit*, 1990, p1.

push forward this agenda. Thus, one could apply to the Ndaus what Friday. M. Mbon writes about the Nigerians. He says,

Contemporary Africans who are bent on copying the West in everything may well heed the warning implicit in this observation and return to their traditional socio-religious value systems. ---The moral salvation of Africans lies in their immediate return to their traditional ethics of conscience, the foundation of which is a genuine concern for the welfare of all, predicted on the respect for the Supreme Being, the ancestors and the Deities.²³⁶

The next section addresses another crucial aspect of ATRs. This involves the status of women. Traditional religion has so much been blamed for its harmful cultural practices and these, in most cases, affect more women than men. This has led to the label of HIV as an engendered epidemic. However, I intend to show another side of Ndau traditional that is seldom expounded. I have earlier highlighted in chapter 2 that women in Shona traditional religion have to some extent a significant role. Women in Ndau traditional religion are empowered to some extent and this can be very liberative for women in the struggle against the high rate of infection, as I will now explain.

4.6 Women in African traditional religions: to liberate and not to oppress?

So, how therefore would one relate the principles from African religion that I have elaborated in the previous section as liberative rather than oppressive to the Ndau woman in Chipinge, in terms of the effects of culture to her exposure to HIV and AIDS?

²³⁶ Friday M.Mbon, 'African Traditional Socio-Religious ethics and national Development: The Nigerian Case', in J.Olupona (ed), *Op.Cit*,1991.pp101-109, p108.

So many people have been quoted as saying that AIDS in Africa can never be defeated until women are empowered. This sounds very much appealing, as women are the backbone of the family. This can be seen in the saying, *musha mukadzi*, in Ndaus this is to say (*muzi mukadzi*), which means, it is the mother that makes a home/family. Unlike most previous writers that have bemoaned and raised alarm on the low status of women in ATRs, this section examines the empowered woman in Ndaus religion, and how this reduces the effects of HIV and AIDS on her. Therefore, this section makes an attempt to look at the other side: the positive status of women in Ndaus beliefs and customs. Most researchers overlook this side of the coin, and yet it can be very instrumental if absorbed in the fight against HIV and AIDS on the African soil. In chapter 2, I discussed her positive role as portrayed in myths, this I will expand further and illustrate how this empowers the woman in the epidemic. I will also add other roles as leaders in society and women in *zviera*-taboos.

4.6.1 Women in myths

In the myths I explained in chapter 2, women are portrayed as water, which represents the womb of a woman, which conceives and brings life on earth. Women are therefore portrayed as being complementary as authors of life. Women are portrayed as mothers. The mother is therefore crucial for giving life to humanity on earth, for the existence of the family, for nurturing and providing care even to PLWHA. No home, whether with HIV or not, can manage completely without the love and care of a mother, sister, aunt, or a grandmother-though this has overburdened the responsibility of the woman as a caregiver with regards to HIV and AIDS. What is to be noted and applied from the myths

is that women and men need to play a complementary role. In programmes of fighting against the epidemic, the women plays an equally important role in decision making, her place should not be fixed to the home, merely as a caregiver. Both men and women should equally provide services, be they in decision-making or programme implementing, with all issues in society, and in this case within the HIV and AIDS discourse.

4.6.2 Women as leaders

It is a truism that many times, women in ATRs are disempowered, or rather, are seen as the weaker sex, thereby exposing them to gender violence and inequality which in turn make them more vulnerable to HIV and AIDS. Women in Traditional Religions play important roles as *Zendere* (virgin girls), and *Mbonga* (old women who have reached menopause). They officiate in important religious ceremonies. Such ceremonies include initiation rites. This involves counseling of boys and girls by such elders. Such ceremonies become very positive in the fight against HIV and AIDS today. In line with this argument, Musa Dube says,

Though not everything that is done or taught at these ceremonies that women officiate, neither can these ceremonies be classified as gender empowerment nor do they promote HIV and AIDS prevention, they provide a forum which can be used for sexual education that is gender sensitive for the prevention of the on-going spread of the Virus.²³⁷

Allowing such environments where women have the capacity to lead with a goal to enable women and transform harmful gender relations in the wake of HIV and AIDS helps a lot in the ongoing fight against the scourge. Hence, ATR has a contributory aspect that gives the platform in the struggle. As M. Dube suggests, these women leaders come

²³⁷ M.Dube, Unpublished paper entitled, '*Module 2, Gender Religion and HIV and AIDS Prevention*', 2005, p.46.

from a community in which they are knowledgeable of its moral and cultural values. 'Such leaders are respectable and become very important custodians of the values that have always kept their communities together'.²³⁸ Dube feels it is logical then to consider using the same structures in HIV prevention methods. The leaders are given HIV education to pass on to those who look up to them.

4.6.3 Women in taboos

As mentioned earlier in the discussion, *zviera* or taboos are statements that ensure a good code of conduct of the Africans with their surroundings, be it human or environmental. Ndaou traditional religion has those taboos that are there to protect the welfare of women. L.Tatira feels that 'females are particularly protected in the Shona society because they are the backbone of the agrarian economy'.²³⁹ Basically what this implies is that women are the providers of food to the family. Therefore, society depends on them and condemns any form of violence perpetrated on them. Consequently, in order not to disturb the basis of food production, the woman should be taken care of from any harm. This is expressed in some Ndaou taboos such as,

- *Ukachaya mai unotanda/tamba botso* (If one beats his/her mother, she/he will need to appease and ask for forgiveness via traditional rituals after the mother has passed away)
- *Mukadzi ane pamuwiri aaendi pane chitunha* (A pregnant woman should not go near a corpse)

Such taboos safeguard, rather than enhance the inferiority of women in society. Both of these taboos are normally said to avoid any threats to the life of women. In the first one, one is not supposed to scold, beat, or kill his/her mother lest her spirit would revenge

²³⁸ Ibid.

²³⁹ L.Tatira, *Op.Cit*, p148.

when she dies. In the second taboo, the woman is protected against the psychological trauma of the sight of the deceased since this could result in emotional stress, posing a danger both to the unborn baby and to the mother. Therefore, as highlighted before, endangering the mother is endangering the source of food for the family. As Tatira puts it,

The family is the basic unit of society and the continuity of this unit must be maintained since development is largely dependant upon it. The protection of women against violence safeguards the integrity of the family.²⁴⁰

As illustrated, incorporating such a cultural approach that protects women against gender violence, on a long-term basis, can provide a vital condition for slowing down or for stopping the continuing spread of the epidemic amongst women.

All the above-mentioned aspects of traditional religion can be used to reduce the effects of HIV infection amongst women. They should be adopted, adapted, and interpreted reinterpreted to suit the contemporary needs of the society. As illustrated already, these mentioned practices can go a long way in helping to curb the effects of HIV and AIDS, which, so far, has been mainly tackled from a Euro centric approach. Therefore, one would appreciate the value of Nda traditional religions in contemporary society. The church, in particular, has its lessons from African values and these could be summarised below.

²⁴⁰ Ibid.

4.7 The Church's lesson from ATRs

Though I propose liberal feminism for Nda women in the HIV and AIDS epidemic, I do not deny the fact that the liberation of women does not solely lie in the application of these beliefs and customs. The conquest needs a lot of input from a variety of players, if the challenge is to be addressed. These include the government, non-governmental organisations, the church, the private sector and the society as a whole. Musa W. Dube reiterates this when she mentions,

Yet the church and its leaders, by virtue of their community centeredness, their close relationship with individuals and families, their value of holding each person as God's person, and their role as servants of God, bearers of salvation and hope, have much expected from them. Much is laid at the feet of the church in the HIV and AIDS struggle. The challenge is in confronting the African church.²⁴¹

What this means therefore is that the church in Chipinge, and Zimbabwe as a whole which draws the majority of its membership from the Africans cannot and will not succeed in fighting the epidemic if the people's cultural values are completely thrown out through the window. In the same context, Jameson Kurasha asks, 'was it a necessary condition for salvation to hellenise Christianity?---[W]as it a necessary condition for salvation for an African to give up his ancestors?'²⁴² Amanze, as if answering Kurasha wrote,

Salvation was only possible if they (the Africans) renounced their past, that is, their beliefs and practices and showed willingness to live according to the Christian principles. This involved a wholesale transformation of

²⁴¹ M.W Dube, (ed), *Op: Cit*, 2004, p V.

²⁴² J.Kurasha, 'Issues in Shona Religion: A Metaphysical Statement and Dialogical Analysis', in *Religion and Social Transformation*, in Thomas G. Walsh and F. Kauffmann(eds), St Paul:Minnesota, Paragon House, 1999, pp199-208., p207.

African way of life for Africanness or blackness was, to the Europeans, a symbol of evil.²⁴³

As if Kurasha's question is not answered, with reference to HIV and AIDS, I ask the same question, 'is it necessary for the Ndaou traditionalist to give up his/her cultural solutions and only employ western methods which many a times, are not even accessible to them?'

One can therefore ask how the church can address the problems of stigma, HIV and AIDS prevention, care of the People living with HIV and AIDS, orphans, widows and a whole society infected and bereaved? So much has been done scientifically, psychologically, academically and theologically. The traditional and African culture has been totally neglected, yet, as this chapter has addressed, Ndaou values have to be reinterpreted and reconstructed since they are indeed helpful in facing the challenge of HIV and AIDS, even to the Christians. It is of no doubt how much HIV has affected the African Christian. M.Dube cites some of the problems encountered in the church in an African society. She writes,

Since the outbreak of HIV and AIDS, the average church leaders' work in the African continent has been doubled; there are more sick people who need to be visited and prayed for; there are more grieved relatives who need to be visited and encouraged; and there are an increasing number of orphans who cannot be absorbed by their overburdened extended families who need to be comforted, cared for, guided, loved and put in day care-centres. There are more desperate widows who are grieved and who may be impoverished by the sickness of their former husbands or disposed relatives, and who need counseling and support. ---There are millions of people living with HIV and AIDS (PLWAs) who are confronting enormous stigma, who need counseling---.²⁴⁴

²⁴³ J.N.Amanze, *African Christianity in Botswana*, Gweru: Mambo Press, 2000, p52.

²⁴⁴ M.Dube, *Op.Cit*, 2003, pv.

Such are the diverse problems brought about by HIV and AIDS. The same church and the rest of the society should continuously adopt on board African traditional religions which are considered helpful in the fight against HIV and AIDS. The Christian church in Chipinge has a lot it draws and should keep embracing from Ndau traditional religions. The church should not keep describing African religions as totally devilish, and demonic. Is it not in ATRs that the very concept of morality in the church is also found? African vitality of life and communalism address the issues of promoting care and prevention in the church. The notion of the Christ's church is similar to the traditional life in which relations and the extended family as a whole play a very crucial role. The church is one big body of Christ, just as much as the community is one big family. According to J.S Mbiti, 'the church is the Christian family, in which all are related to one another through faith and baptism through Jesus Christ'.²⁴⁵ Apart from the concept of being one family, that of African solidarity, there are other ideas from Africa which the church can adopt as it interprets the Bible and other Christian teachings. 'In particular, they see Jesus Christ as addressing himself to them and not only to a people of his region and time. His concern with the sick, the poor, the hungry and the oppressed, touches at the heart of the African concern as well'.²⁴⁶

Overall, one can conclude that the church needs to construct and reconstruct, to interpret and reinterpret African cultural values and embed them in their theological teachings, if they need to go a step further in facing the challenge imposed onto them by the HIV and AIDS epidemic in an African church. African religion will always have a place in the

²⁴⁵ J.S.Mbiti, *Op.Cit* , p.190.

²⁴⁶ Ibid.

lives of the African peoples despite the coming on board of other religious movements such as Christianity, Islam and scientific ways of thought. Kurasha suggests that,

The time for theological imposition must be over. The ancestors in their multiplicity might just remind the snob that *kuwanda kunorambwa nemuroyi*, that is, Multiplicity is only objectionable to the wizard. *Chara chimwe hachitswanyi inda*, (Production requires organic co-operation).²⁴⁷

Therefore, there is no harm in allowing a diversity of faiths or religious traditions to complement each other (bringing on board Ndau Traditional religions) in the fight against HIV and AIDS amongst the Ndau of Chipinge. There are indeed life affirming values and practices in Ndau religion.

4.8 Conclusion

To sum up, one error that most Africans, and in this case Zimbabweans, have succumbed to is to negate all that comes from the African soil. Scholars on the value of African religion in contemporary Africa have generally agreed that Africans have been affected by the colonial rhetoric that 'theirs' is not good enough. HIV prevention has mostly been explained in western and Christian terms, missing out the component of prevention and care that African traditional religion fosters. This study has shown that total prevention of HIV infection, removing the stigma associated with the epidemic and caring for people living with AIDS cannot easily be achieved on the African soil without going back to some ATR values. As illustrated in this section, ATR is still relevant in contemporary society, with particular reference to the HIV and AIDS epidemic. Thus, the existence of tradition is an alternative method of handling opportunistic infections related to HIV and AIDS. What should be understood is that cooperation, and not competition of

²⁴⁷ J. Kurasha, *Op. Cit*, p206.

various scientific, religious and cultural approaches (including ATRs), must be strongly recommended if the success in fighting the epidemic is to increasingly continue. Ndaou religion can have positive effects in the HIV and AIDS epidemic, with particular reference to the status of women. As such, ATR has some ways of fighting HIV, and these should be allowed a space to complement other western and other religious ideologies, where necessary.

This chapter gave the possibility of liberal feminism in Ndaou religion. The approach of my presentation is to give a problem and suggest possible transformative strategies, that is, to highlight the negative effects of HIV and AIDS of Ndaou culture on women (chapter 3) and possible solutions (chapter 4). Using the same presentation method, the next chapter examines 'the worst' problem rendered by HIV and AIDS to the Ndaou women, and later on suggest possible transformative strategies through developing what I term a 'non-gendered' ethic of caring. My upcoming chapter takes into consideration the fact that women are further challenged with the task of caring for the infected and affected, or, rather, people living with HIV and AIDS in Chipinge. It has been observed that in some cases, 'it is the girl child who drops out of school to take care of the sick family members and probably end up finding very difficult jobs, lowly paid, in order to take care of the siblings'.²⁴⁸

²⁴⁸ 'HIV/AIDS and Gender: An interfaith Response,' in EDICISSA, p.5.

5. Chapter Five- Care work: The greatest challenge of HIV and AIDS on the Ndaou woman

5.1 Introduction

Chapter 2 provided a historical background to the status accorded to women amongst the Ndaou. This has influenced the negative effects of HIV and AIDS to the Ndaou women as expanded in Chapter 3. It has been noted that though women are highly recognised by certain cultural norms (as illustrated in chapter 4), it is implicit that men are more empowered than women. It is a fact that the patriarchal nature of Ndaou customs does not give women a full-fledged personality. Her role as ‘mother’ has been too stretched to an extent that it brings with it some burdens for her. This is a view expressed by G. Munyati when he says, ‘women, because of their God given compassionate outlook, have worked to provide comfort and consolation to many in times of adversity and trouble’.²⁴⁹ As such, in this chapter I argue that care work is the major challenge for Ndaou women with reference to HIV and AIDS. I explain how disproportionate the impact of the epidemic has been to women against men in the provision of care. This is supported by a study that indicates that, in countries hardest hit, most of the care for people living with HIV takes place in the home, and up to 90% of that is provided by women and girls.²⁵⁰ Apart from care work, HIV is spreading faster among the females and the general effects are devastating for women. E. Chitando shares the same sentiment when he says,

Despite being at the receiving end of the HIV/AIDS pandemic, women have done a sterling job in providing care. Many wives have nursed their

²⁴⁹ G.Munyati, *The Manica Post*, 10 January 2001, p4.

²⁵⁰ UNAIDS/UNFPA/UNIFEM, ‘Women and HIV/AIDS: Confronting the Crisis’, 2004.

husbands, sons, daughters and relatives often neglecting their own health.²⁵¹

This is particularly true with the HIV and AIDS epidemic in Chipinge. Women have been overwhelmed with the overload of providing care in the epidemic. Hence C.Lowe-Morna suggests that if care work was to be rewarded in monetary terms, the economic status of women would be much better than the status quo. She says, 'if care economy was paying, women would be better off'.²⁵² This is confirmed in a report by UNAIDS/UNFPA/UNIFEM which spells out how care work brought about by HIV and AIDS is taking its toll on women. It says, '[I]n its wake lies a growing burden of caring for the sick, the dying and those left behind. Living with HIV takes place in the home and up to 90% of that {care} is provided by women and girls.'²⁵³ Of all cultural effects on women in the HIV and AIDS epidemic, the issue of women being mothers has brought the greatest challenge. This is supported by Anne Bayley when she comments that, 'the AIDS epidemic bears heavily on women in --- a disproportionate share of the burden of response to AIDS falls upon women'.²⁵⁴ Ndau traditional religion overemphasises the role of motherhood to an extent of denying women any other space except in the home, and this impacts heavily on her role in HIV and AIDS. In ATRs, motherhood is associated with caring for the whole family which includes the children, husband, in-laws and the extended family. As such,

---[C]aring work which is concerned with the welfare of others rather than the development of the individual self is considered more suitable for women. There is little doubt that societal expectations, particularly in strongly oriented patriarchal systems, influence women's choices of a

²⁵¹ E. Chitando, 'Women' in *Africa Praying: A handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy*, M.Dube(ed), WCC:Geneva, 2004, pp188-191, p188.

²⁵² P.Kachere, 'If care economy was paying, women would be better off', *The Sunday Mail*, 2002, p15.

²⁵³ UNAIDS/UNFPA/UNIFEM, 'Women and HIV/AIDS, 2004.

²⁵⁴ A.Bayley, *One New Humanity: The Challenge of AIDS*, Cambridge: SPCK, 1996, p10.

career and account for the paucity of women in high status male dominated professions.²⁵⁵

The question is how and why have women been commonly associated with care in the African society, and in this particular case the Ndau women? How has the gendered notion of care affected women with reference to HIV and AIDS? What forms does care take in association with the epidemic? These are some of the questions that this chapter seeks to address. The structure of this chapter begins by defining the term {care}, how Ndau culture influences care as being a gendered notion, and finally I construct my own notion of the feminist care ethic on the Ndau women.

5.2 Definition of care

There are a variety of definitions for the word care. One of the simplest definitions is;

The notion of care ranges from that which is provided by ‘professional health workers in a hospital or clinic to the care provided by a volunteer or household member in a home.’

In the general sense, care refers to ‘looking after’. It can be physical, spiritual, emotional, financial, and psychological or any other such forms. It entails giving love and providing for the needs to one who is in need. According to George Katholi,

Caring is loving
Listening and accepting
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 fraternizing

²⁵⁵ B.J. Dorsey, ‘Academic Women at the University of Zimbabwe: Career Prospects, Aspirations and Family Role Constraints’, *Zimbabwe Journal of educational Research*, Vol.1, No 24, 1989, pp 342-376, p.364.

Caring is kindness
Sympathy and concern
Caring is needful
Beautiful and Joyful
Caring merits thinking
Training and targeting.²⁵⁶

Such a description covers most dimensions of the care that has been provided by the woman in general. Most words in this quotation are commonly associated with femininity. These include terms like,

- Women are: loving, forgiving, kind, beautiful, sympathetic, etcetera.

As a result, the notion of care becomes associated with women in the African society, and in this instance, the Ndaou community. A variety of cultural perceptions leave women to face the task/responsibility of providing care to people living with HIV and AIDS. Some of these perceptions are informed through proverbs, riddles and wise sayings. According to J.S Mbiti, these riddles, proverbs and wise sayings, ‘---provide a rich source of African wisdom.---they are set within the cultural and social environment of people who have produced them and use them’.²⁵⁷ The society within which Ndaou women survive has thus created for them language which helps them express their burdens, sorrows and responsibilities in their survival, and these are also applicable in the HIV and AIDS era. As such, I will employ some of these to illustrate how the notion of care amongst the Ndaou women has impacted heavily on them as mothers, sisters, grandmothers, aunts and general providers.

²⁵⁶ G.Katholi,*Make caring your target*,Mombay: Better Yourself Books, Bandra,1997.

²⁵⁷ J.S.Mbiti, *Op.Cit*, 1992,p.27.

5.3 Illustrations of the notion of care amongst the Ndau

The role of care by women amongst the Ndau is expressed through:

5.3.1 Wise sayings²⁵⁸

In the Ndau community, the notion of motherhood is very crucial. A mother provides all the love and care for the children. This is expressed through sayings such as:

5.3.1.1 *Nherera inoguta musu wafa amai*-that is to say (an orphan's last full meal is upon the death of his/her own mother.) This draws the centrality of the mother in ensuring the welfare of her children.

5.3.1.2 *Kusina mai hakuendwe*- (It is difficult to survive where one's mother is absent). She takes care of the child and provides for it in her presence.

5.3.1.3 *Musha mukadzi*-(A home is because of a woman).This means the basis of a home is a woman who provides all the warmth, love and care.

5.3.1.4 *Mai mushonga wenzara*-(The mother is the remedy of hunger).This means women/mothers toil to provide food on the table. Therefore, a household with a woman never goes hungry. This tallies with the Ndau saying that *sadza ndimai*, that is to say, food is provided and prepared by the mother/woman. Her absence means hunger.

²⁵⁸ Information provided in a group Interview, Rimayi Village, Chipinge, January 2009.

5.3.2 Proverbs and idioms²⁵⁹

In a discussion with a group of Ndau women in Mariya village in Chipinge in January 2009, it emerged that they often used proverbs and idioms to express their agony or joy depending on one's situation. The notion of motherhood, of being wives and having to care for the whole family, and the sick in the era of HIV and AIDS, life has become so tough and unbearable for them. Using lamentation as their voice, they express their feelings by using such proverbs and idioms as:

5.3.2.1 *Ngechangundega muchakata kutorerwa njobo ngegaya.* (It is only my problem/burden for a crab to grab my only clothing whilst is bathing).

In Ndau culture, people can go to bath in rivers. This idiom shows the lament of a woman who goes to bath, and in the process, a crab pulls her only clothing away. This is often used to refer to one lamenting over her poverty. Due to her misfortune, her only resources are taken and she is left with nothing. Because of HIV and AIDS, her only resources are reduced due to care work, and she is left with nothing and her problems keep multiplying. This is because apart from her responsibility as a woman in the home, her time is limited as she still has to extend her hand to feed, bath, entertain and generally 'be there for the sick'.

5.3.2.2 *Zvitsva ere kushandira mvuko nemwana kumushana?* (Is it a new phenomenon to see a woman working/toiling very hard with a child at her back?)

²⁵⁹ Ibid.

This is a lament used by a Ndaou woman to plead and express the burden of the notion of care amongst women. She is crying that in as much as she has to work (probably in the fields to get food or to get firewood); she still has to provide care to the child who she straps on her back whilst working. The lament here therefore is that, it is not new for women to be expected to play multiple roles in terms of care, even for people living with HIV and AIDS in this era. Even if she is providing care to the sick, her role as a mother should be simultaneously executed alongside other roles.

5.3.3 Songs²⁶⁰

The performance of song, that is, singing, is part of a larger form of art known as music. Music has always been an important aspect of the Shona people as a whole. It has been an important vehicle for identity formation, facilitating worship, and a source of information across cultures.²⁶¹ Chitando elaborates on this aspect further. He says,

Although the history of the Shona people is difficult to reconstruct---, it is probable that music has always been part of their cultural life. Having settled in the south of the Zimbabwe by the tenth century, the Shona proceeded to oversee a thriving civilization at Great Zimbabwe. Music was important to this traditional society. It included war songs, signal drumming, as well as music and dance for weddings, funerals and religious events (Berliner, 1981:21).---From the available sources, it is convincing to uphold that musical performance has been built into the very way of life of the Shona people from as far back into the past as history can allow us to grasp.²⁶²

In the history of the study of music, many scholars have concentrated on the role of music at a larger scale, such as the family, the society, the political situation in

²⁶⁰ Ibid.

²⁶¹ E.Chitando, *Singing Culture, Op. Cit*, 2002, p.20.

²⁶² Ibid, pp. 21-22.

space and time²⁶³. This role belongs to the perspective known as 'functionalism'²⁶⁴ in the sociology of religion. In this section I add a different role that music or song plays to both its performers and audience. It has an intrinsic value. Apart from the already examined roles of music in other studies, singing the type of music identified in this section gives a lot of fulfillment, joy, and ability to express oneself. One is able to express their interpersonal and intrapersonal feelings. This role belongs to a perspective known as 'interactionism'²⁶⁵ in the sociology of religion.

One can therefore argue that in the Shona tradition, music has been a very important form of expression and communication and it is interesting to note that women have a role to play in its performance. Used as a method to express one's struggle and victories, songs are a very crucial way in which persons lament or rejoice. In the light of this research project, I gathered that when the Ndau woman had too many responsibilities for her, songs became a valid channel through which she would express her strife and contention.

An example is one song which says,

Urombo onayi ndini vanaamai (onai ndini)
Varumbwanawee onai ndini (onai ndini)
Vana baba musatamba ngeakadzi (onai ndini),

This is to say,

Let me be your exhibit on what it means to be poor,
To be overburdened as a woman

²⁶³ See J.H Nketia, *The Music of Africa*, London: Victor Gollancz, 1992, p121. And E. Chitando, *Op. Cit*, 2002, pp20-22.

²⁶⁴ Haralambos, M., and Holborn, M., *Sociology: Themes and Perspectives*, London: Collins Educational, 1995.

²⁶⁵ Ibid.

We women are heroines,
We can face troubles head on
So, men, do not belittle women.

In this song, a woman expresses herself on the many burdens she has had in life simply for the fact of being female. This does not leave out the burden that comes with providing care in the family (even after all being said and done). No matter how much effort she puts to care and provide in the family she is married into, she is never fully appreciated and remains a *mutorwa*, that is, an outsider. Her efforts to provide and care for the family are always in vain as expressed in another song that her in-laws would sing to her normally at a ceremony called *mutimba*, where the bride is brought to join the family for the first time. It is like a traditional form of a wedding. The song says,

Watitorere kamugwegwedere - (You took/married us a weakling)
Kuhuni kamugwegwedere - (To collect firewood she is weak)
Kumvura kamugwegwedere - (To fetch water she is weak)
Kubika kamugwegwedere - (To cook she is weak)
Kurima kamugwegwedere - (To cultivate she is weak)

All these responsibilities mentioned are care roles. The in-laws are complaining that the bride cannot do anything good; no matter how hard she tries. *Kamugwegwedere* is a Ndaun term used to refer to a weakling, one who does not perfect her job/work. Therefore, despite the effort a Ndaun woman puts in her work of caring and providing for the whole family, including those living with HIV and AIDS, she is seen as not providing enough. This is the lament of many brides. As such, her care work and other responsibilities become a burden too heavy for her if her efforts are never appreciated.

The above mentioned songs generally refer to the sorrows and troubles in life in general, though they can be particularly referred to HIV and AIDS. What is interesting is that they refer to the situation of a woman in Ndaou society. However, interestingly, some women were brave enough to divulge how much they have been affected because of the HIV and AIDS epidemic through song. One song which directly involves the epidemic is the following:

Dai ndakafa ini (Dai ndakafa)
Urombo onai ndini vanhuwee (Dai ndakafa)
Murume wakafa ininiwee (Dai ndakafa)
Vana vapera ininiwee (Dai Ndakafa)
Hama dzapera ininiwee (Dai Ndakafa)
Vapera ngechakauya wee (Dai Nadkafa)
Vapera nge heji wee (Dai Ndakafa)

Urombo onai dini amunawee (Dai ndakafa)

Translated this is to say,

I should have died (I should have died)
See what poverty is, through me (I should have died)
My husband died (I should have died)
My children all died (I should have died)
Relatives are all gone (I should have died)
They have all died of the new disease (I should have died)
They all have died of AIDS (I should have died)

See me as an example of poverty (I should have died)

This is one example of a song where Ndaou women sing directly about HIV and AIDS illustrating their sorrows and pain from their lived experiences. This shows that some women can now divulge their position in relation to the pandemic. This particular song speaks of one's kith and kin dying due to HIV and AIDS. I feel that this song is a pointer to the role of woman as carer. If all these relatives she mentions in song died of AIDS, and she is still alive to sing and testify it, it means she was there to provide care. I assume

that the poverty she mentions in song is all associated with providing care when resources were limited.

As such, songs portray the general status of women in Ndau society and their role in the HIV and AIDS epidemic in particular. Apart from this mode of communication, I was also able to identify names as with meaning in this society.

5.3.4 Names²⁶⁶

Names are a crucial aspect of the any custom as names have meaning. As a result, there have been many studies of names in the academia that seek to examine the meaning of names in Shona culture. These include *NADA* articles published between 1955 and 1969, G. P. Kahari (1972)²⁶⁷ and A.J.C Pongweni (1983)²⁶⁸, E. Chitando (1998)²⁶⁹, P. Mashiri (1999)²⁷⁰, and more recently, B. Makoni, S. Makoni and P. Mashiri (2007)²⁷¹ amongst many others. More recent publications on the role of names in society have emerged as if to heed to the call of A.J.C Pongweni who said, 'the study of Shona nomenclature is not, at the present time, being pursued as actively as it is in other cultures. That is why I urge colleagues in the field to do, 'more and better'.²⁷² In the same vein, the next section analyses the role of names in portraying the status of women in Ndau religion and culture.

²⁶⁶ Ibid.

²⁶⁷ G. P. Kahari, *The Novels of Patrick Chakaipa*, Salisbury: Longman, 1972.

²⁶⁸ A.J.C Pongweni, *Whats in a name? A study of Shona Nomenclature*, Gweru: Mambo Press, 1983.

²⁶⁹ E. Chitando, 'What's in a name? Naming Practices among African Christians in Zimbabwe', 1998.

²⁷⁰ P. Mashiri, 'Terms of address in Shona: A Sociolinguistic Approach', *Zambezia XXVI* (1), 1999, pp93-110.

²⁷¹ B. Makoni (et.al), 'Naming Practices and Language Planning in Zimbabwe,' *Current Issues in Language Planning*, 8(3), 437-467.

²⁷² A.J.C Pongweni, 'Essay Review: Shona Nomenclature', *Zambezia XI* (11), 1983, pp161-167, p164.

As mentioned by P. Mashiri, ‘such names were vehicles of socio-cultural communication’.²⁷³

Apart from songs, Ndaus women lament their position as mothers, wives, aunts, sisters and grandmothers through names. When their lives become unbearable due to their role as women, Ndaus women use names to express their feelings. Thus, despite the conversion to any of the missionary religions, among the traditional Ndaus, it still becomes a common trend to give their children and themselves ‘culture bound names—which encapsulate the people’s socio-religious concerns and are meaningful in their given contexts.’²⁷⁴ When care work becomes a burden on their shoulders, they give their children names with meanings. These include:

- 5.3.4.1 *Mwaoneseni-* This means ‘you have made me see the burdens of this world/family/society’, etcetera.
- 5.3.4.2 *Chinosiyani-* ‘Who shall these problems spare?’
- 5.3.4.3 *Munorwei-* ‘What are you fighting for/aiming at by going against/troubling me?’
- 5.3.4.4 *Musaida-* ‘You did not want me in a good position, you want me to always have problems’

²⁷³ P. Mashiri, *Op: Cit*, 1999, p96.

²⁷⁴ E. Chitando, ‘What’s in a name? Naming Practices among African Christians in Zimbabwe’, *Op: Cit*, 1998.

5.3.4.5 *Nesemwoyo-* ‘I have problems that trouble my heart’

5.3.4.6 *Azviraiki-* ‘My problems/burdens cannot be explained’

These are amongst the many names that Ndau women use to express their feelings when they are hurt or overburdened. It was not always the case that names were given at an early stage in life (after birth), but rather, one names themselves depending on their situation.

According to B. Makoni, S. Makoni and P. Mashiri,

Naming not only take place at the early stages of the life course, but may occur at any stage across the lifespan. There are instances of individuals changing their names and naming themselves at later stages in their lives. This phenomenon seems widespread in most African and African-American communities---The process of re-naming and self-identification suggests that Africans were and are not passive recipients of names imposed on them by a dominant system or by any other person.²⁷⁵

As such, some other interesting names are those that they give to themselves and they adopt them in their old ages, and not from birth at the naming ceremonies. Some of these are:

5.3.4.7 *Mbuya Mutsoto-* expressing oneself as a rug that can be thrown in the rubbish bin.

5.3.4.8 *Mbuya Pekuenda* -one who is lamenting that because of her problems she has nowhere to go because no-one loves her.

5.3.4.9 *Mbuya Zhongoro* such a name expresses one whose problems make

²⁷⁵ B. Makoni (et: al), *Op: Cit*, p448.

her be like a millipede which moves blindly and has no foresight because of her problems as a woman.

5.3.4.10 *Mbuya Mutamakanyi*- This is the lament of a woman saying she has no home. As a woman with burdens, she has no place to call her own (probably due to patriarchy), she always has to be under a patriarch.

5.3.4.11 *Mbuya Muryiwangembwa*- She laments that her problems make her the worst being on earth that she is only suitable for the dogs (an animal despised in Ndau tradition.)

Apart from the names that these women give themselves, there are some names that they get from the very people that they care about. P. Mashiri would like to call these positive nicknames.²⁷⁶He says,

A positive nickname can be a symbol of endearment and cherished values. At community and national levels such names are given to leaders and/or to individual who distinguish themselves in activities of communal or national significance.²⁷⁷

Such names give meaning to the role that women play in the provision of care in the HIV and AIDS epidemic. These names are given by the community at large, or the people living with HIV and AIDS that they take care of. These names include the following:

5.3.4.12 *Mbuya Chireranherera*- The one who takes care of the Orphan.

²⁷⁶ P. Mashiri, *Op: Cit*, 1999, p98.

²⁷⁷ Ibid.

- | | | |
|----------|--------------------------|--|
| 5.3.4.13 | <i>Mbuya Mwanaseni-</i> | You have made me well (by taking care of me) |
| 5.3.4.13 | <i>Mbuya Munasendani</i> | You make our stomachs well, by providing us with food. |
| 5.3.4.14 | <i>Mbuya Mujee</i> | She makes people laugh by always providing jokes and this is a form of providing care emotionally. |

Women in Ndaui society accept and use these imposed names because they reflect their big hearts. These names suggest that these providers of care withstand the burden associated with caring for others and they continue to do so for their community and families. Mashiri (when discussing on sporting talent for men) says, 'Because the name generally celebrates the addressee's dexterity and talent, he readily accepts it and the use of that name motivates him to display exceptional skill'.²⁷⁸ The same can be applied as the effect of these names on women taking care of PLWHA.

To sum up, Ndaui women have been so much overburdened with care and the role of providing for the family. Their socially defined roles as carers, wives, mothers and grandmothers means that they bear the greatest part of the AIDS care work, and this becomes a burden. This is mentioned too by D. M. Majupie Madiba when she says,

Women have been limited to performing domestic tasks, serving children, the old and the sick, as nurses, nuns, mothers---This has had a particularly detrimental effect on women worldwide. It has been used to exercise the prejudicial treatment of women to restrict them to endless childbearing and drudgers.²⁷⁹

²⁷⁸ Ibid.

²⁷⁹ D.M., Majupie Madiba, 'Women in African Traditional Religions', in M.R.A. Kanyoro and N.J Njoroge, (eds) *Groaning in Faith: African Women in the Household of God*, Kenya: Acton Publishers, 1996.pp270-282, p.275.

The epidemic has a disproportionate impact of care on women. The role of care giving becomes a heavy task on women in the Ndaou culture hence they say, '*Kutsumba chimwe kuzvitama*', and this is to say, 'these women have so many problems and responsibilities to take care of, lamenting over one means you do not have what to cry for'. As illustrated in the above, the Ndaou women tirelessly toil to provide care and continue to bear this gendered effect of HIV and AIDS. '...despite being at the agonising receiving end of the HIV/AIDS pandemic, women have done a sterling job in providing loving care'.²⁸⁰ Her care is vital in the following dimensions:

5.4 Forms of care provided by the Ndaou women

5.4.1 Community and Home Based Care

A wife in the Ndaou traditional religion is not married to her husband alone, but she is a wife to the whole (extended) family and to the community at large. She, however, does not become a wife in the 'sexual intercourse' sense, but her services as a woman should be for the benefit of the whole community/clan at large. However, she can provide sexual services to a brother of her husband in the case that her husband is sterile (and they need to have an offspring). This is a process known as *kupindira*. As a result, she is expected to show those qualities of care found in a woman not just to her husband, but to everyone who becomes infected and affected with HIV and AIDS and who is in need of her care.

²⁸⁰ M.W.Dube, *Op.Cit*, 2003,p188.

In home based care, women outside health institutions like hospitals and clinics (and this is especially at home) provide the services that people living with HIV and AIDS need (for example love, compassion, and understanding). However, just these are not enough; the woman has to provide her 'usual' roles such as cooking, sweeping, washing their clothes amongst others. Ndaou custom does not give room for a man to do such 'feminine' jobs/roles. As such, care work overburdens the Ndaou traditional woman in Chipinge who serves a heavy workload in the family at the end of the day.

5.4.2 Care as support groups

In Ndaou traditional religion, to be is to belong, that is *muntu muntu ngeantu*: an individual does not prosper single handedly, but with the help of the whole community. As a result, any misfortunes or joys that befall an individual are for the community. If one smiles, the whole community smiles. If one sheds a tear, so do the rest. With reference to HIV and AIDS, if one suffers or is infected, the whole community suffers and is infected. Therefore, the use of support groups in Ndaou community is a significant way of providing care to the infected and affected. Women in groups visit the needy with firewood, mealie-meal, relish and other forms of kitchen related help. Women in the Ndaou culture are good listeners and this provides a good background in terms of sharing experiences. This form of care provision highly reduces the burden of being infected and affected when one knows that, 'I am not alone', in this situation, 'there are others like me'. This form of socio-psychological support is critical in home based care which is normally and mostly provided by women.

5.4.3 Institutional Care

In my Master's thesis, I highlight the significance of women's care work in institutions such as the Daisy Dube Children home in Mt Selinda, Chipinge.²⁸¹ I mention how much women play the most significant role in care work, particularly in such institutions where PLWHA find a home. At the Daisy Dube Children's home, women volunteers are more in number, and as the matron at that time said, 'Women are vital in caring for all the orphans we have because they are used to taking care of and rearing children from birth'.²⁸²

5.4.4 Care in the form of information

Due to the patriarchal obsession that characterises the Ndau culture, women generally lack resource opportunities. As a result they lack information and knowledge. The growing illiteracy rate in many countries drives people from access to written knowledge. 'The growing illiteracy rate in many countries drives people from access to written knowledge in books and papers, including information about HIV and AIDS.'²⁸³ 'There is no dialogue on sexuality. It is taboo for girls to learn about sexual matters. 'This is often a sign of purity and innocence'.²⁸⁴ The net effect of this is that adults do not provide young people with the necessary sexual and reproductive health information and essential education to empower them to make informed decisions and thereby ultimately protect them against teenage pregnancy, sexually transmitted diseases and HIV infections. Thus, women providing information as teachers and counsellors amongst the Ndau fulfill a very

²⁸¹ T.P.Mapuranga, Unpublished M.A Dissertation, *Op.Cit*, p. 44.

²⁸² Interview with Sister Muhamba, 2002.

²⁸³ R.Raen, *Where is the Good Samaritan : A challenge to fight HIV? AIDS, Op: Cit*, 1993, p17.

²⁸⁴ *Ibid*.

significant role. From birth to death, a person in the Ndaу family never ceases to get life's lessons from the female members of his/her family. This service is usually provided by the aunt (*tete*), grandmother (*mbuya*). The boy child is normally taught by uncles (*vana sekuru*), but he is at liberty to consult the aunt as well. There is no boundary in terms of language when it comes to counselling on sexual matters. For me, with HIV and AIDS, providing such care in the form of counselling and providing knowledge is very critical since prevention is better than cure. In addition, to be forewarned is to be forearmed. Those living with HIV and AIDS need to continuously be counselled and encouraged to live positively, and those not infected need to be encouraged to maintain their status. Such forms of teaching and counselling are not in any way less important forms of care. The Ndaу woman endorses counselling and provides information.

The forms of care provided by women at family, community or societal levels are so diverse, and each form is significant in its own way. What is more striking is that the age of the female figure does not matter in terms of providing care in the Ndaу family. From very young girls (of about 8 years old), to very old women (over 70 years), the female is expected to provide all the duties associated with care in the family. Child headed families are a common feature in Chipinge district, where young girls are forced (by their situations) to drop out of school and take care of their siblings, and in most cases the parents and the elder brothers and sisters will have succumbed to the epidemic.

It is either a young girl heads the family, or the burden of care lies solely on the shoulders of the oldest female member of the family-the grandmother. According to P. McDermont,

‘Grandmothers who are supposed to be cared for are becoming mothers again and forced to cultivate to produce food for the children and some for sale’.²⁸⁵ Care work has impacted heavily on older women. The UN Secretary General’s task force on women and AIDS in Southern Africa found that two thirds of caregivers in the household surveyed were female, and almost a quarter of them were over 60 years old.²⁸⁶ In addition, the number of children orphaned by HIV and AIDS has risen dramatically, from 1 million in 1990 to 15 million today: by 2010 the number could exceed 25 million.²⁸⁷ Studies show that in many countries, including Botswana, Namibia, Malawi, South Africa, Tanzania and Zimbabwe, up to 60% of orphaned children, including those orphaned by AIDS, live in grandparent headed households.²⁸⁸ N. Matshalaga provides a detailed research on the role of grandmothers in care work. She says,

HIV/AIDS has led to an orphan care crisis in Zimbabwe, with the brunt of care falling on the extended family, itself weakened by socio-economic challenges. Elderly grandmothers increasingly have to bear the burden of caring for large numbers of orphaned grandchildren, with little or no support from the surviving members of the extended family or other sections of the community.²⁸⁹

As such, the home-based system on the whole is stressful but women have continued to work tirelessly in the caring system. It therefore stands that, ‘the biggest impact of HIV and AIDS on women’s lives is caring for people associated with HIV/AIDS.

²⁸⁵ Panos, ‘Aids hits African women hardest’, *Op.Cit.*

²⁸⁶ ‘Facing the Future together: Secretary General’s Task force on Women, Girls and HIV/AIDS in Southern Africa’, 2004,p.38.

²⁸⁷ ‘Protection and support for families affected by HIV/AIDS;www.unicef.org/aids/index_orphans.html

²⁸⁸ HelpAge, ‘Facts and Figures’ <http://helpage.org/Researchandpolicy/HIVAIDS/Factsnadfigures>.

²⁸⁹ N.Matshalaga,*Grandmothers and Orphan Care in Zimbabwe*,Saf AIDS:Harare, 2004,pii.

It is interesting how E. Chitando coins a poem entitled 'Daughters of Ethiopia' for women in one of his writings which illustrates how women toil in the provision of care.

He says,

Groaning in faith,
Rejoicing in hope,
Effaced from official statistics,
Written in the Book of Life.

Feeding the hungry,
Comforting the lonely,
Nursing the sick,
Loving the outcasts.

Victims of patriarchy and vicious systems,
Bearing eloquent scars of torture,
Used and discarded,
Brutalised and squeezed.

Your spirit is unbroken,
The spirit urges you on,
Daughters of Ethiopia,
We salute your courage and tenacity,
May the Lord of justice and Mercy,
Reward your efforts a hundred fold!

Reject choking systems,
Overthrow stifling ideologies,
Embrace liberation,
Cherish freedom,
Daughters of faith
YOUR HOUR HAS COME!!²⁹⁰

This poem best sums up the experiences of women in the provision of care in the HIV and AIDS epidemic. But why women?

²⁹⁰ E. Chitando, 'Women', in M.W Dube, *Africa Praying: A Handbook on HIV/AIDS Sensitive Guidelines and Liturgy*, Geneva: WCC Publications, 2004 pp188-191, p191.

What drives them to provide care even when it gets to an extent of becoming a burden? It is the thrust of the next section to address these questions by developing the notion of an ethic of care amongst the Ndaou women of Chipinge. This I achieve by first discussing the feminist care ethic as championed by two great writers on the issue, that is, Carol Gilligan and Nel Noddings. Had it not been for their writings, there would not have been any, 'powerful feminist critiques of traditional ethical theories of rights and justice, and the earliest descriptions of an ethic of care'.²⁹¹

5.5 The feminist ethic of care: A brief background

The previous section discussed the effects of HIV and AIDS on the Ndaou woman with a particular reference to care. One could therefore ask questions such as, but why should one burden herself with care? What is it in Ndaou culture that binds women to care? Why should one accept for herself the social problems and the poverty associated with care to an extent of self naming and giving oneself identities such as 'Mutsotso', 'Zhongoro', 'Muryiwangembwa', 'Mutamakanyi' and 'Pekuenda' amongst others? Is it just because of patriarchy that obliges them to provide love and compassion for people living with HIV and AIDS? Hence the question, 'What is the place in ethics of moral traits traditionally associated with women such as sympathy, nurturance, care and compassion?'²⁹²

The names of two women, Carol Gilligan and Nel Noddings are prominent for citing reasons that led to the feminist notion of care. After studies on women in the face of

²⁹¹ C. Browning (et.al), 'Towards a feminist conception of moral life', in *Explorations in Feminist Ethics: Theory and Practice*, Bloomington: Indiana University Press, 1992, p.1.

²⁹² Ibid, p1.

abortion, Gilligan discovered that women had more moral priorities than the consideration of rights and rules.²⁹³ According to Gilligan, for these women, it is immoral, unethical to abort and rather selfish, when it is moral, and a sign of care to keep a pregnancy.²⁹⁴ What this implies is that for these women, the natural instinct of care makes it immoral for them to abort, or rather support abortion. This would differ from how a man would feel. According to Gilligan's observation, a man would rather be selfish and find abortion right, since he has no natural instinct of the care ethics. The reason why men's judgments are different from women's is that women are 'tied to feelings of empathy and compassion and are concerned with the resolution of the real as opposed to hypothetical dilemmas'.²⁹⁵ She states that,

The moral imperative that emerges repeatedly in interviews with women is an injunction to care, a responsibility to discern and alleviate the 'real and recognizable trouble' of this world. For men, the moral imperative appears rather as an injunction to respect the rights to life and self-fulfillment.²⁹⁶

Thus, for men, care will rarely crop up as an instinct or a virtue that comes naturally, but rather, when it strikes on them it is only because it will be associated with rights and rules. For example, a male social worker, a doctor, a lawyer, etc., may only show some form of care to a client not because a natural instinct of care dawns in him, but it is most likely that any traits of care shown are because his work demands him to, because of the legal implications associated with denying the particular client such care. This is very different with the case for women where, the need to care for others, to be considerate,

²⁹³ C.Gilligan, *In a different voice: Psychological theory and Women's development*, Cambridge, Massachusetts: Harvard University Press, 1982, p.73.

²⁹⁴ Ibid.

²⁹⁵ Ibid, p74.

²⁹⁶ Ibid.

becomes a measure for doing what is right. As such, J. Rachels says, this deepest emotion drives women to 'attend to voices rather than their own---'.²⁹⁷

On this part, Noddings agrees with Carol Gilligan and expands her theory by saying that both men and women have an ethic of care, though that in women comes naturally and not is driven by ethics. This implies that by being a woman, one is not driven by doing what is right by rule/law or what society deems right; rather it comes with being a mother, a sister, an aunt, a grandmother and a daughter. Thus Noddings says, 'the ethics of care is feminine in the deep classic sense'.²⁹⁸ It is with this background of the feminist ethic of care that I move to the next section which seeks to explain how Nda women are so much involved with care work with special reference to HIV and AIDS.

5.6 Nda women and the ethics of care

From the preceding section, one can say the virtue of care or ethic of care evolves naturally and this virtue and the accompanying ones such as compassion, empathy and love 'are seen to develop from women's experiences and activities as caregivers and for others' welfare'.²⁹⁹ The Nda woman therefore finds it naturally in her to provide care for her close kith and kin that deem it necessary, including those infected and affected by HIV and AIDS. The Nda girl child's notion of care emerges naturally from her shared experiences and finds herself giving love and compassion and help through nurturing, cooking, doing laundry and other forms of care for those PLWHA. Care is an instinct that

²⁹⁷ J.Rachels, *The elements of Moral Philosophy*, New York: Mc Graw Hill College, 1999.

²⁹⁸ N.Noddings, *Caring: A Feminine approach to ethics an moral education*, Bekerly, Carlifornia: University of California Press,1984, p.2.

²⁹⁹ P.S.Ward, 'Do Feminist ethics counter Feminist aims?' in Browning C.E & Coultrap-McQuin S. *Op; Cit*,1992, p.19.

flows in the veins of the Ndau girl child, rather than being driven by other principles such as rights, ethics, justice, rules and laws. Thus, one can conclude that with the Ndau women in Chipinge, there is a 'natural' ethic of caring, whereas with their male counterparts, any ethics of care is driven by virtue, which is defined by Aristotle as, 'acquired, perfected or mastered through training---'.³⁰⁰

What I find amongst the Ndau women is an application of the Feminist ethic of care. This is embodied in what is termed applied ethics. According to C.N Chukwu, 'this entails both ethical thinking and moral actions. In other words, it pertains to more practical ethics---'.³⁰¹ I therefore feel that the feminist ethic of care whose foundation was made by Noddings and Gilligan are a reality, and not a utopia. Ndau women are putting it into practice. The provision of care by Chipinge women is a form of applied ethics. Chukwu says,

Thus, in applied ethics, moral theories serve as the framework that guides us and sharpens our ability to analyse effectively moral issues arising from our dynamic social situation. We are able to identify how to take viable moral decisions in situations of ethical dilemma which often confront us in practical life.³⁰²

Therefore, apart from the challenges that come with providing care, women tirelessly continue to provide love and compassion because they have an intuition that tells them to care because it is the right thing to do. Thus, Pope John Paul 2 wrote,

They (women) have sheltered human beings and themselves in a unique experience of joy and travail, and into the heart of the family and society

³⁰⁰ C.B Megone, 'Aristolean Ethics', in *Encyclopedia of Applied Ethics*, Vol.1 , San Diego: Academic Press,1998.

³⁰¹ C.N.Chukwu. *Op.Cit*, 2003, p46.

³⁰² *Ibid*, p47.

at large have brought the richness of their sensitivity, their intuitiveness, their generosity and fidelity.³⁰³

With such a case as I have presented it in this section, that within the Ndaou culture, caring is a preserve for women, one would ask if there were no possibilities of making care work at least a lighter and pleasant task for these women. This is where I turn my focus to in the upcoming section.

5.7 Addressing the challenges of the woman in Chipinge: caring for the carer

The woman caregiver in Ndaou custom suffers multiple burdens. The fact that she is a woman in a patriarchal setting and that she faces those harmful cultural practices I discussed in Chapter 2, she is poor and unpaid in her care work and therefore suffers a diversity of financial and psychological trauma. It is therefore my proposal that since she 'has' to care, as I explained the feminist ethic of care (section 5.5), then something must be done to provide for the carer and make her work more pleasant and comfortable. This strategy is also necessitated by the idea that,

Caring is 'traditionally' a female task and female carers maybe more acceptable to the communities. Yet female volunteers are also at risk of becoming overburdened, since they are usually responsible for work in and around the house which in rural areas includes the time consuming labour of fetching water and wood, cooking meals, bringing up children and working in the field to produce crops either for consumption or sale at the local market, women are the ones who look after the sick in their families---.³⁰⁴

This is particularly true of the Ndaou woman in Chipinge, who is bound by, and still practices traditional religion. As such, women and girls need more economic, technical and social support for providing this essential service (care), and yet it is unfortunately an

³⁰³ Pope John Paul 2, 'A letter to women', *The Tablet* July 1995, pp917-919, p.917.

³⁰⁴ A. Berner-Rodoreda, *HIV and AIDS in Africa-A female epidemic requiring only a female response?* Germany: Schmidt Co. Professional Pre Press,2006, p.39.

unrecognised service. It is the thrust of this section to highlight the major challenge of the Ndau woman as a caregiver, and possible transformative strategies to the identified problem.

5.7.1 Poverty

Poverty, HIV and AIDS and gender have been labeled as ‘an unholy trinity’, or a ‘covenant of death’.³⁰⁵ This is one major challenge for the woman in Ndau custom and practice: HIV and AIDS has some gender dimensions, affecting women most, and yet their poor financial status decreases their economic muscle, making care work a heavy burden, with unbearable financial constraints. This echoes the idea that ‘at the core of the problem of transmission of HIV are issues of gender, poverty and culture...women suffer most’.³⁰⁶ From the interviews I carried out amongst many women providing care to PLWHA, shortage of financial resources is their greatest challenge. This is a view clearly expressed by Mrs Mutisi of Mt Selinda who said,

Zvinonyanya kundiomera ngekuti zveshe zvinoda mare apa andishandi.Nguwa zhinji ndinenge ndeingwarira atete arikurwara.Kuti ndivasiye ndeiotsvake mushandoaziiti.Tumare twandinotumirwa ngemwana uri Joni tunoperera pachikafu, kuendesa atete kuchipatara.Imweni ndadakishandisa parufu rwemwana wavo wakatotisiyawo mavhiki mashomani adarika ngechirwerezve.³⁰⁷

This is to say,

What makes this [care work] an uphill task is that I do not have enough money. My child often sends the little I have from South Africa. I spent it on food, transport to the clinic and drugs for my sick aunt. Most of it I used it on my aunt’s daughter’s funeral, who I was also taking care of, but unfortunately succumbed to AIDS a few weeks ago.

³⁰⁵ T.SMaluleke and S.Nadar, *Op. Cit*, , pp.5-17.

³⁰⁶ Raen, K, *Op: Cit*, 1993,P17.

³⁰⁷ Interview with Mrs Mutisi, Mt Selinda, 2007.

What this means for the Nda woman is that she becomes economically in need, and such a situation increases her risk of HIV infection. This is hammered in an article which says, 'The effects of HIV/AIDS are impoverishing people, breaking their hearts, violating their human rights and wreaking havoc on their bodies and spirits---'.³⁰⁸ In visits around Chipinge in some areas such as Chako business centre, Birchnough Bridge, and Checheche growth point amongst others, I discovered that many women are indulging in commercial sex work because of hunger and poverty. As an excuse for this they say,

*Kusi kufa ndekupi? Ndinozongofa nezara nekuti handina mari
Yekuchengeta. Vana vandakasiirwa nevabereki vakafa
nemukondombera. Zviri nani kufa ndakaguta zvangu pane kufa
nenzara. Kuwana chirwere ndichiwana zvangu mari yekumboraramisa
mhuri zviri nani, pane kufa ndakatarisa.*³⁰⁹

Literally translated this is to say,

Either way death will come. It is better to die of AIDS than to die of hunger. I need money to take care of my siblings. So getting infected with HIV is not a problem for me, as long as I am able to provide for the family today.

Therefore, poverty presents a situation which drastically increases the risk of HIV infection amongst women. This is supported by Chukwu when he says, '

---However, the role of poverty as a factor frustrating our efforts against this pandemic cannot be ignored. It may drive helpless women into prostitution. Such women become prone to the exposure to HIV-both the possible contraction as well as the possible transmission to others. It hinders people's access to preventive education and other awareness creation programmes.³¹⁰

What therefore can be done to address the problem of poverty to stop it from being a lubricant in the cycle of social problems to the woman caregiver?

³⁰⁸ WCC, *Facing AIDS: The challenge, The churches Response, Op; Cit*, 2000, p6.

³⁰⁹ Interview with a commercial sex worker, Checheche, 2008.

³¹⁰ C.N. Chukwu, *Op.Cit*, p73.

5.7.2 Transformation through support

Caregivers need the support (be it financial, moral or psychological) from all stakeholders. The UNAIDS led 'Global Coalition on Women and AIDS' is making greater support for caregivers a top priority.³¹¹ Whatever form this support comes, be it financial, moral or psychological, it is significant to the caregivers so that they can access basic health care and drugs, food, transport, money and other such needs. This is because, 'caregivers need access to psychological support, counseling and economic assistance to help them sustain this physically and emotionally draining, and yet very important work'.³¹² However, a survey around Chipinge revealed to me that women in this area do not even know of the existence of an organisation like this that could help them in their care work. Therefore, more effort should be made by the responsible authorities to make sure that such contributions by concerned organisations reach the most remote parts of the world, where support is needed at grassroots level.

No one organisation can achieve this alone. All partners including government, international organisations, faith based organisations, the community at large and the individual should have a role to play.

5.8 Conclusion

This chapter brings my study to a possible explanation why women are so much involved in care. This chapter also offers a solution to make care work a little less burdensome for women. It identifies the feminist ethic of care as a reason why women are burdened with

³¹¹ <http://womenandaids.uniaids.org.issue.5>.

³¹² Ibid.

care work amongst the Ndaus .It illustrates some applied ethics. This chapter endorses the idea that women have an inborn ethic of care, and thus the greater proportion of females to males in providing care. Apart from appropriating this notion of care to the Ndau women, this chapter becomes an attempt to make care work a manageable responsibility for the women caregivers in general. However, one would ask, is it not possible to have more men contributing to the ethic of care in the HIV and AIDS pandemic? Besides incorporating the feminist ethic of care and illustrating how this can be identified as applied ethics amongst Ndau women in Chipinge, I therefore shift my attention to develop a non-gendered ethic of caring in the forthcoming chapter because I strongly believe that both men and women should share the responsibility of care work.

Chapter Six: Transformative strategy, Analysis and Conclusion

6.1 Introduction

The previous discussions (the 1st to the 5th chapters) have unravelled the effects of HIV and AIDS on women in Chipinge due to Ndau religion and culture. I have illustrated how the woman suffers most as compared to her counterpart. I argue that she bears the burden of care as her worst dilemma in the HIV and AIDS epidemic. This illustrates an application of the theories of the feminist ethic of care, which, as I have earlier indicated, have been championed by two scholars namely Nel Noddings and Carol Gilligan. In an effort to enlighten this burden of care to the woman, this chapter develops a transformative strategy which I believe can go a long way in the provision of care to those infected and affected by HIV and AIDS.

6.2 Developing a non-gendered ethic of caring: towards a masculine response to care work in Chipinge

What I have suggested in the earlier discussion in the last chapter is that feminist ethics in relation to women providing care to PLWHA counters feminist aims.³¹³ From the issues I have discussed in the preceding sections, women are inclined to provide care, without men feeling the responsibility. In this section I construct a new theory of an ethic of care. I propose a new religio-ethical construction on the basis of Ndau Religion. My argument being that, if care work was performed by breasts, then men would argue that they cannot do it. In this section I argue that the responsibility of caring should not be left to women alone. One's sex must not be the basis of caring for the infected and affected in the HIV

³¹³ P.S.Ward, *Op.Cit*, 1992, p.19.

and AIDS epidemic. Men should join their counterparts to provide care, and lessen the burden for women. This attitude supports Letty M. Russell when she hammers on 'resisting essentialising difference'.³¹⁴ This idea of essentialising differences makes it possible to oppress women simply because, 'the differences between the sexes were meant to be'. It is a discourse that suggests that 'difference can be used as a category of exclusion and domination'. According to Russell, 'Essentialising declares that differences of race, sex, class and sexual orientation are part of created nature and cannot be changed'.³¹⁵ In this section, I go against essentialising differences. As such, I strongly believe that it is a matter of one's attitude, and so I formulate that if women can provide care, then men should be involved as well, and not overburden their counterparts. It seems not much has been done in this area, save for a few scholars like E. Chitando, whose works become very critical to the development of this notion. I therefore reconstruct and reinterpret some masculinities in the Ndaou religion in an attempt to accommodate men and illustrate to them that it is possible for them to be care givers in the face of HIV and AIDS.

6.2.1 Reinterpreting common sayings

Some common Shona proverbs, applicable to Ndaou religion say, '*Chara chimwe hachitswanyika inda*', and '*Rume rimwe harikombi churu*'. What these mean is that, goals can be achieved only through a unity of purpose. No one can operate single handedly without the help of other people to get positive results. The same can be applied to the

³¹⁴ L.M. Russell, 'Cultural Hermeneutics: A Post Colonial Look at Mission', in *Journal of Feminist studies in Religion*, Vol 20(1). pp 23-40, p.37.

³¹⁵ Ibid,

sexes in the provision of care in the HIV and AIDS amongst the Ndaus. As such, men can join in the struggle if it is to be won by making the burden of caring lighter for women.

6.2.2 Solidarity between men and women

As discussed in 6.2.1, reinterpreting some common sayings in the context of HIV and AIDS is one good entry point in terms of getting men to join as providing care. As I have reinterpreted and contextualised those two common proverbs, unity is what is needed to provide effective care. Solidarity between the sexes is very crucial. According to Chitando, this notion of solidarity can be used as an ethical imperative from African religion, and in this case, Ndaus religion, to transform masculinities in Chipinge. For Chitando, solidarity implies, 'standing for, and standing with the other'.³¹⁶ This means Ndaus men can and should stand for and with women in terms of providing care to all PLWHA. Furthermore, Chitando goes further to define solidarity in a way I would adopt to create a non-gendered notion of care. He says,

In relation to the discourse on masculinities, solidarity implies the willingness of men to be self-emptying and to stand with women in the battle against HIV and AIDS.---Solidarity calls for self reflection on the part of men in Southern Africa, so that they interrogate their position of power and show that they can identify with the cries of pain for women and children.³¹⁷

The whole process of being in solidarity with women by men involves the right attitude altogether, as I explain in the next paragraph.

³¹⁶ E.Chitando, 'Religious Ethics, HIV and AIDS and masculinities in Southern Africa', *Op'Cit*, 2008, p56.

³¹⁷ Ibid.

6.2.3 Getting the right attitude

Amongst the traditional Ndaou, it is taboo for a man to be seen performing some household chores such as cooking, washing plates and clothes (some forms of care). If a man is seen performing such tasks, he is considered to be under the woman's rule. This is called 'petticoat government'. They mostly refer to these men who perform 'feminine' jobs as '*akadyiswa*'. This means such a man behaves abnormally because he was given a love potion which acts as a concoction to disturb his mental faculties and therefore behave 'unmanly', but like a woman (*anoita semukadzi*). Getting the right attitude will therefore mean that men stop bothering themselves about such trivial issues (of being called names because one has defied the norm-which in any case does not help a situation) and start to ask themselves why they continue to enjoy certain patriarchal privileges when women continue to suffer in silence. Chitando therefore asks,

Why should ailing grandmothers be left to fetch water and firewood while boys enjoy social soccer? Why should men engage in political bar talk while women struggle to feed orphans and PLWHA? Gender roles are not cast in stone, nor are they divinely ordained.---they are socially constructed and are often consciously deployed. Consequently they can be realigned.³¹⁸

I agree with Chitando. This era of HIV and AIDS is a period that people reinterpret and replace some masculinities that reinforce injustices amongst women whilst men enjoy patriarchy. Apart from these, men can find a role for themselves to play in fighting the epidemic by adopting some strategies from other lifelines.

³¹⁸ Ibid, p.59.

6.2.4 Adopting some strategies from other lifelines

In another article, Chitando feels that churches in Africa need to adopt a strategy of a slogan used in the struggle against oppressive regimes and systems and shout, ‘down with dominant masculinities in the era of HIV!’³¹⁹

Using a different religious line, John Hospers identifies the adoption of the ‘golden rule’. Found in many religions of the world, the rule says, ‘do unto others, as you wish them do to you’.³²⁰ Basically, if applied to HIV, it calls for people to love one another, not to stigmatise, regardless of one’s status. According to C. Chukwu,

The Golden Rule shows that you cannot be an exception to what you always expect from others. This can be applied to the spread of HIV. The rule can be related to the conduct of a sexually active AIDS victim. If, for example, the victim feels disgusted to learn that he was indeliberately infected by his sexual partner then he should avoid infecting someone else deliberately, knowing that he is against anyone doing it deliberately. As for those who are sexually active with a negative status, one would suggest that if, for fear of HIV contraction you dislike infidelity from your sexual partner, then you should not indulge in the same vice. Assuming you do not want to get infected deliberately by your sexual partner, you too should not infect your loved one indeliberately.³²¹

I strongly echo this view, and suggest that Ndau culture should adopt such a strategy and shout the same slogan. With reference to the notion of care, if men want to be cared for when the need arises, they too should care for all those in need of care at an earlier moment.

³¹⁹ E.Chitando, *Acting in Hope:African Chuches and HIV/AIDS*, Geneva: WCC Publications,2007, p.45.

³²⁰ J.Hospers,*Introduction to Philosophical analysis*, New Dehli: Allied Publishers,1988, p596.

³²¹ C,Chukwu, *Op:cit*, p128.

In addition, Chitando provides prayer that can be used in sermons and this can change men's attitude when women continue to provide care. Though this is in actual fact a Christian prayer, it could be as well used in traditional prayers and help change the attitude of Ndaus women. It is actually a confession by men to women. The prayer says,

God Almighty,
We thank you for the gift of women,
We praise you for their industry, tenderness and care,
We give you glory, God most high!
Forgive us, Lord, when we exploit women labor and love,
Forgive the times when we selfishly expose them to diseases.
Forgive us, Lord, when we take them for granted.
Strengthen us to acknowledge their humanity.
Help us to banish gender inequalities and violence.
We have gone wrong, gone astray.
By trivializing the status of women;
By not counting women's activities as valuable work;
By leaving all care for the sick to women;
By leaving all housework to our wives.
Living God, Hear our prayers,
Through Jesus Christ. Amen.³²²

Though this is a Christian prayer, the attitude in this confession is what is important. After all it does not mean that the Ndaus in Chipinge do not profess to the Christian faith. Using such a confession from a Christian prayer can go a long way in changing the attitude of men in a traditional setting to ameliorate the position of women in the provision of care.

6.3 Lesson on the liberative elements in ATRs

To sum up, I echo the idea that HIV and AIDS epidemic has posed a major challenge to the powers that increase the injustices between men and women. Therefore, amongst the

³²² E. Chitando, 'Women', in *Africa Praying, Op:cit*, 2004, pp 188-191,p190.

Ndau, to reduce the burden of care work on women, men should partner their counterparts, as the formulated non-gendered ethic of care suggests. Men should participate in care work and remove their egos that come with cultural masculinities. This proposal will indeed go a long way in reducing the burden of care: what I perceive as the worst effect of HIV and AIDS on women (girls, mothers, aunts, sisters and grandmothers) amongst the traditional Ndau of Chipinge. Having analysed the role of women in providing care to PLWHA in Chipinge district, a role considered the greatest challenge of women in HIV and AIDS, I have also developed a non-gendered ethic of caring, in which I suggest that it is possible that Ndau men be involved in care work as well. This, I argue is another new dimension and contribution of my thesis to religion and gender. Before winding up the whole project, the next section provides a summary and analysis of what has been achieved in the whole discussion of my thesis.

6.4 Summary

To begin with, chapter 1 served as my entry point. It provides the theoretical framework to my thesis. It introduces how the whole project unfolds. Falling in the context of religious studies, particularly ATRs, I illustrate the significance of the method of phenomenology of religion and sociology of religion. I explain how the former approach is helpful if one needs to understand why and how a certain group of people is deeply rooted in any aspect of their tradition. The significance of sociology of religion is of no doubt as I explain how no study of religion is incomplete without the study of the social unit-and this means critical research amongst the Ndaus themselves. I do not leave out

the weaknesses of the methods I choose to use in this project. Hence, I explain how religious studies, being multi-disciplinary, require a poly-methodic approach.

Apart from the methodology issue, chapter one justifies the significance of my thesis in contemporary society. It illustrates how religious studies deals with real issues in relation to the existence of the society, and in this case HIV and AIDS and women is a very topical issue. Chapter one therefore is illustrating the validity of the study of religions in day to day lives of humanity. It nullifies the layman's idea that religious studies deals with abstract notions. A few examples of essential literature that support my arguments and are essential to the whole study are given as well. Generally, chapter 1 provides major guidelines to the purpose of my thesis; it gives structure to the project, thereby directing the reader.

Chapter 2 is a critical history of the status of the Ndaou woman in Chipinge district. It provides a historical background of the woman whose plight is being examined by the thesis. Chapter 2 is motivated by the fact that history is the past which explains the present and influences the future. Therefore, I examine what the traditional Chipinge woman's position in society has been from the past generations. I do so by an exploration of myths, folklores, proverbs and common sayings. These are a powerful language that I use to illuminate the position of women that makes them more vulnerable to HIV and AIDS due to culture and tradition. This helps me explain her current status in the HIV and AIDS epidemic, and arrive at possible traditional influences. This is where the history of religions becomes an important method in my thesis, because the historical

chapter becomes a vital source of information to the crux of my investigation-the effects of traditional religion and culture on women in relation to HIV and AIDS.

Chapter 3 delves into the socio-economic and cultural effects of HIV and AIDS on women. The Ndaus strongly believe in the existence of witchcraft and avenging spirits. If many deaths occur in the family, in this case HIV related, there are strong accusations of witchcraft on the women left behind. This is so especially when one's husband dies, and this leads to unbearable stigmatisation, which might have multi- psychological effects on the accused. In the case of avenging spirits, death is assumed to be due to the wrath of this *ngozi*, and some form of appeasement has to be done, and in most instances, it requires the girl child as a 'wife'. Consequently, she drops out of school and is denied education, and remains stuck in poverty, which is another risky factor to an increased vulnerability to HIV and AIDS. In addition, the numbers of women dying due to infection is disproportional to men. This means there are fewer women left to provide care to those who are left behind, increasing the burden of care once again.

To these effects I give possible transformative strategies which include;

- Educating the girl child
- Providing economic/financial security to women
- Ending gender violence

Having discussed the risk factors of Ndaus traditional religion to the woman, I suggest some form of liberal feminism in chapter 4. I argue that in addition to the help rendered

by western methods, and other religious traditions, the liberation of the Ndau woman can take place within the Ndau cultural context, and not outside it. To counter the effects of HIV and AIDS that lie heavily on women due to Ndau religion, I suggest that some cultural customs can be adopted and adapted with the intention of liberating these women and remove some oppressive elements of patriarchy. Generally, I argue that Ndau traditional religions are not totally inappropriate in contemporary society-in a society ravaged by HIV and AIDS. The fact that they have endured modern science and technology, they continue to have a bearing on the status quo. I propose that they remain significant and therefore can be of use in promoting the well being of the Ndau woman-and men, in the era of HIV and AIDS.

In chapter 5 I explicitly examine care work as the greatest effect of HIV and AIDS on women. Influenced by the historical status of the woman as a mother as illustrated in the previous chapters, I present care work as the greatest challenge that Ndau women face in the HIV and AIDS epidemic. I argue in this chapter that care work is the major effect of HIV and AIDS on women in Chipinge district due to culture and traditional religion, which emphasise her role as the mother and the sole care provider. This weighs heavily on the young girls and the grandmothers who are the majority of heads of families whose parents have succumbed to HIV and AIDS. I examine the significance of the feminist ethics of care amongst the Ndau women. I agree that instead of being motivated by the virtue of rules, law and a right, the attitude of care comes as inborn to females as an internal instinct. However, I argue for the possibility of care work that is male centred, in the earlier sections of chapter six. Instead of Ndau cultural practices leaving the burden of

care work solely on women, I propose that it should be non-gendered. By this, I mean that both men and women should play a part, and I see this as very practical and possible. Traditional ideologies need to be reinterpreted to make this happen.

6.5 Analysis of the whole project

Using interplay of phenomenology of religion, history of religion, sociology of religion, and feminist theology, I have illustrated how HIV and AIDS has a disproportionate impact on women and men in Chipinge. It spreads amongst females due to traditional practices and customs I have mentioned. Women, by virtue of their economic and feminine roles, constitute the larger proportion of those infected and affected by the epidemic. The role of care giving has hit women hardest as a major effect of HIV and AIDS. Thus, HIV and AIDS has a special gender dimension because of the prevailing socio-cultural ideologies that are masculine.

The major problem with gender construction is that it does not distribute power equally between men and women, and this unequal distribution of power is a fertile ground upon which HIV and AIDS thrives. Men are constructed as the only sex fit for 'public sphere' roles, leaders, decision makers, property owners, fearless and brave and are allowed to have more than one sexual partner by society. Men are the masters and decide on all important aspects of the whole family and society. Consequently, women are constructed as primarily domestic beings, as mothers, wives and sisters dependant on the property of their husbands, fathers and brothers and uncles, silent, non intelligent, emotional, well behaved, non-questioning, obedient and faithful to one man. Beyond women's

subordination are a number of cultural practices that take on board an added risk on the effects of HIV and AIDS on women. As mentioned, these include *kuzvarira*, *kuripa ngozi*, *chimutsamapfihwa*, *kugara nhaka*, *barika*, amongst others. Such prevailing cultural practices and ideologies fuel the spread and effects of the epidemic on women.

Apart from these practices, a variety of masculinities in Ndaun religion endanger women in relation to HIV and AIDS. Men are steeped in these views based on having as many dependant females as they can get. There are a number of cultural beliefs that I have discussed that consider a man as 'manly' when he is promiscuous. As such, some men believe that they cannot stay long without sex, let alone with one woman. Given the socio economic factors such as poverty, dualisation of homes (one in town and the other in the rural areas) due to high mobility even to the diaspora, promiscuity especially in marriages is very rife. It is the faithful partner who is usually the domesticated woman who is on the receiving end, who gets infected and suffers the worst effects of the epidemic.

Thus, women and girls remain at the epicentre HIV and AIDS. The status of women amongst the Ndaun of Chipinge, though changing, still remains a breeding ground for HIV infection and adverse effects of the epidemic. Although more women are being educated, employed, owning land and property, being socio-political and theological leaders, more still needs to be effected. Issues of gender inequality go beyond empowerment, encompassing culture rebuilding. Society must revisit the fundamentals, the cores, the origins of women's vulnerability so as to create good ground to reduce the effects of the epidemic on women.

6.6 Areas of further investigation

So much has been written in the area of HIV and AIDS, and yet so much still needs to be written, if the fight against the epidemic is to be won. I have written on the effects of traditional religion and culture on women in the HIV and AIDS epidemic. I have chosen just the effects of one religion of people found in one remote district of Zimbabwe. Other topics that could be investigated on include, (a), the effects of other world religions such as Islam and Christianity, (b), Transformative strategies found in other religious traditions- using liberal feminism as well. I strongly believe that so many other topics on gender, religion and HIV and AIDS have not yet been trampled upon, as far as the academia or scholarly writing is concerned.

6.7 Conclusion

My aim has been to uncover the gendered effects of HIV and AIDS in Chipinge district. Placing Ndaou women within the African socio-cultural context, and further within the religious context, I have managed to highlight the plea of women in the HIV and AIDS pandemic. In a nutshell, this thesis has highlighted the untold suffering of women in the context of HIV and AIDS, especially concerning the role of caring, an effect resulting from culture and tradition, that which emphasises her role as mother and caregiver. I am convinced that this study has achieved its set objectives. These were to identify the social status of Ndaou women as expressed in orature; the impact of religious ideologies on such construction and how it renders women vulnerable to HIV and the liberating role of ATR in the face of HIV.

Such has been the burden that women have named themselves *Mutsoto* (a rag), *Zhongoro* (an aimless millipede), *Muryiwangembwa* (dog's food), and *Mutamakanyi* (one without a home), amongst other names that depict misery and pain, as I mention in chapter 3. True social transformation which includes fighting against poverty, social and community behaviour change, male engagement in care giving and socio-economic empowerment of women will help ease women's vulnerability. Gender inequality and cultural oppression of women are at the centre of the epidemic. It is inefficient and insufficient to combat and reverse the spread of the epidemic if underlying socio-cultural factors that compromise the status of women remain unchanged. Only when some women rename themselves with identities that do not express bitterness and pain, can it be said that victory against the gendered effects of HIV and AIDS has been achieved.

Overall, my thesis does not dispute fact that the effects of ATRs are due to numerous oppressive elements, generally referred to as Harmful Cultural Practices (HCPs) found within the religion. I express this agreement through elaborating how some pains encountered by women are expressed in songs and names by women taking care of PLWHA. This is the idea constantly brought up by my predecessors in the study of women, cultural practices and HIV and AIDS, particularly the Circle of Concerned African Women Theologians. However, my argument as the thesis develops lies against painting all that is in African culture as evil. Hence, I point out the silver lining in the dark cloud of ATRs. There are practices that are liberating in African culture and tradition. Neither am I denying the fact that there are by and large oppressive customs to women in ATRs than there are liberating elements, nor am I saying HIV and AIDS can

be fought using ATRs only, but rather, am denying the eclipsing of positive elements in ATRS and calling for an appreciation of helpful cultural practices and thus call for complementarity of various religious traditions in the fight against HIV and AIDS.

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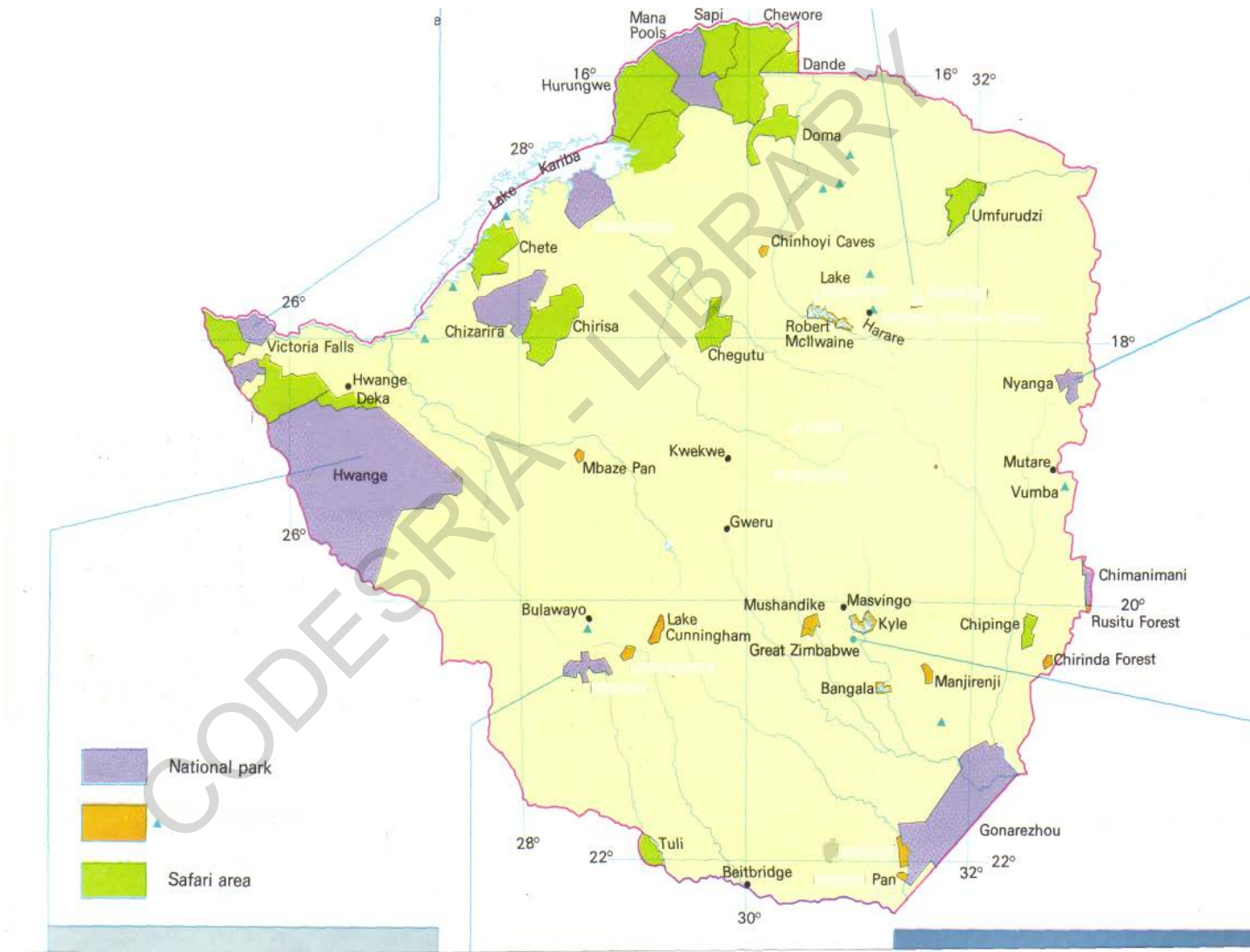
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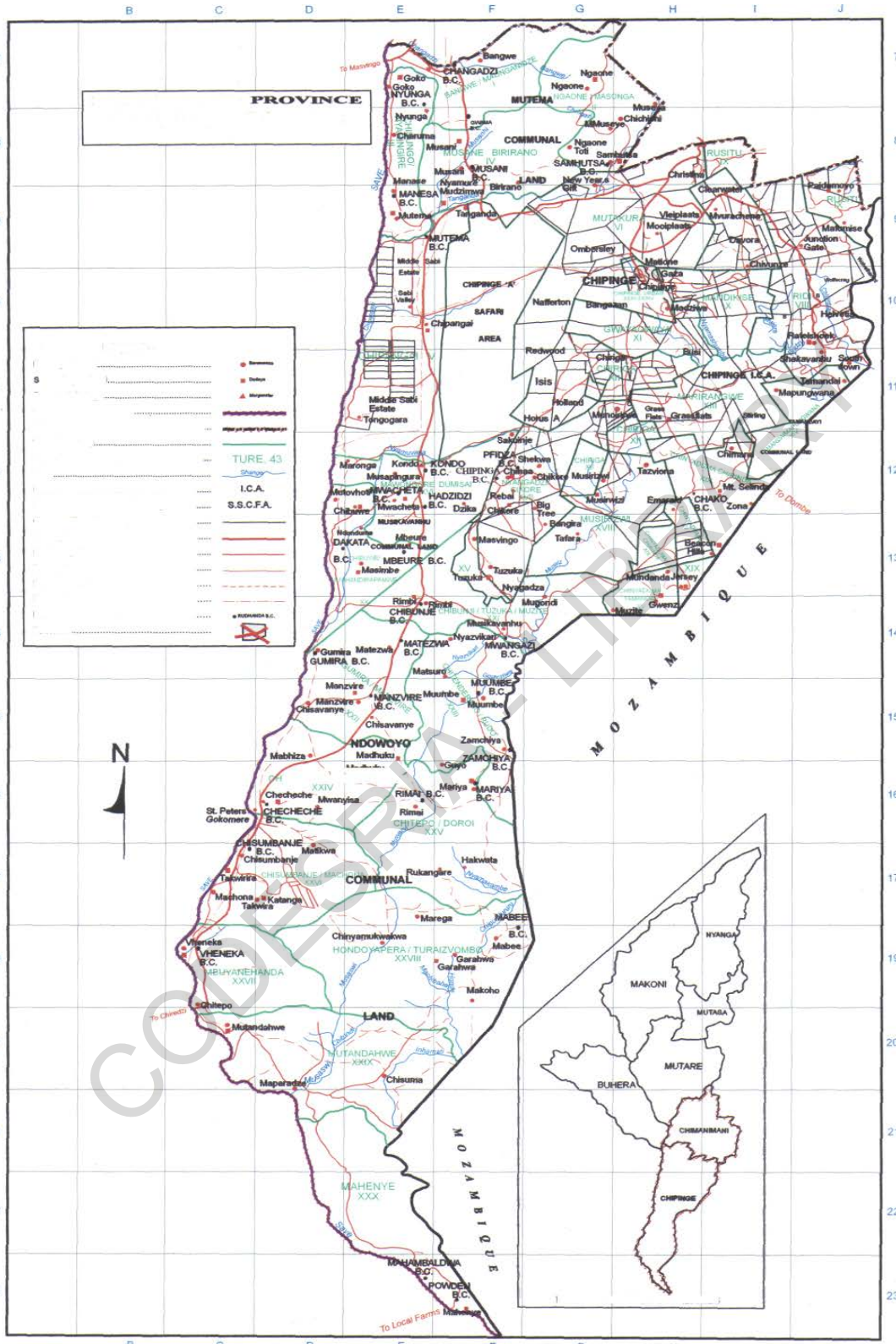
APPENDICES

Appendix 1: Map of Southern Africa Showing the Location of Zimbabwe



Appendix 2: Map of Zimbabwe Showing the Location of Chipinge (In the South East)





Appendix 3: Map showing Chipinge District

Appendices 4: Letter to seek authority to carry out research

UNIVERSITY OF ZIMBABWE
DEPARTMENT OF RELIGIOUS STUDIES, CLASSICS
AND PHILOSOPHY.

To whom it may concern,

My name is Tapiwa Praise Mapuranga. I am currently registered for a PhD in Religious studies at the University of Zimbabwe. My thesis is titled, 'A Phenomenological Investigation into the effects of traditional beliefs and practices on Women and HIV /AIDS with special reference to Chipinge District, Zimbabwe. What this study seeks to assert that is HIV and AIDS a gendered epidemic? Are there religio-cultural factors that increase the vulnerability of women to HIV and AIDS? I intend to apply African feminism to study how African beliefs and practices continue to affect today's women in the spread and effects of the epidemic. My thrust also lies on the fact that cultural practices do not just fuel the rate of infection amongst women, increase the role of caring to women only, but rather, some can also be adopted, adapted and implemented in the ongoing struggle against the epidemic. In the light of the above, I would greatly appreciate if you lend me your time to interview you.

Sincerely yours,

Tapiwa Praise Mapuranga (Ms).

Appendix 5: Questionnaire used in field

A PHENOMENOLOGICAL INVESTIGATION INTO THE EFFECTS OF
TRADITIONAL BELIEFS AND PRACTICES ON WOMEN AND HIV AND AIDS
WITH SPECIAL REFERENCE TO CHIPINGE DISTRICT, ZIMBABWE

TAPIWA MAPURANGA (D.PHIL CANDIDATE).
DEPARTMENT OF RELIGIOUS STUDIES, CLASSICS AND PHILOSOPHY,
UNIVERSITY OF ZIMBABWE, P.O.BOX MP 167, MT PLEASANT, HARARE.
E-MAIL--- mapspraise@yahoo.com

QUESTIONS FOR INTERVIEW: TRANSLATED IN NDAU, THE DIALECT FOR
CHIPINGE.

1. What are the norms and values defining femininity and masculinity in Ndau religion? (*kuti uzwi mukadzi kana murume pachiNdau zviinyi zvinokodzera kuti munhu aite?*)
2. What are the cultural practices making women more vulnerable to HIV infection? (*Ngedziri tsika dzechinDa/dzechivanhu chedu dzirikuita kuti vakadzi vaite mikana yakanyanya yekubatwa nemukondombera?*)
3. Which myths, proverbs and common sayings inform cultural values and affect women and engender HIV and AIDS in Chipinge? (*Ngedziri ngano, Mashoko eakuru kana tsumo dzinokurudzira kuti mukondombera unyanye kurwadza vakadzi kuChipinge?*)
4. What are the roles and obligations of men and women in this traditional religion of Chipinge? (*Mabasa anozwi ngeekadzi kana kuti arume pachikare chedunhu reChipinge ngeari?*)

5. Are there certain values and norms that cut across religions? (*Pane here magariro nemaitiro anoonekwa pachiNdau eionekwazve padzimweni tsika nezvitendero?*)
6. How are religious values and norms passed on from one generation to another? (*pachiNdau, tsika nemagariro akanaka zvinofambiswa sei pamazera anosiyana siyana?*)
7. What are the capabilities and vulnerabilities of men and women in the cultures and practices of traditional religion in Chipinge? (*Ngedziri tsika nemaitiro zvinopa vakadzi nevarume pachiNdau mukana yakanaka, neanohaishirazve?*)
8. Which gender/sex is more affected by HIV and AIDS? Can it be labelled as a gendered epidemic? (*Madzimai ere kana kuti madhodha anonyanya kushaishirwa ngemukondombera? Zvingazi here chirwere ichi ngechemadzimai kana kuti madhodha?*)
9. Who are the custodians of religious values in Chipinge and how does this affect women? how? (*Vachengeti vetsika dzemuChipinge ndiyani? Zvingadai zveishaishira vakadzi pakudini?*)
10. What are the effects of HIV and AIDS on the Ndau woman in Chipinge district? (*Mukondombera urikurwadzisa sei pamukadzi wechiNdau muChipinge?*)

11. What are the implications of care work for Ndau women in Chipinge?

(Basa rekungwarira varwere rinoonzei pamukadzi muChipinge?)

12. In your own opinion, in what ways can cultural values and norms assist people living with HIV and AIDS, especially women?

(Pakufunga kwenyu, ngedziri njira netsika dzingadetsera kunyanya vakadzi varikurarama nemukondombera?)

13. In your view, do you think Africans' traditional religion have a role to play in liberating women in the time of HIV and AIDS? Explain your

answer. *(Pamaonere enyu, munofunga kuti chianhu chine basa ere pakununura vakadzi panguwa ino yemukondombera?Tsanangurai mhinduro yenyu.)*

Thank you for your time. *(Mwashuma ngenguwa yenyu)*

Appendix 6: Guiding principles To Caring for People Living With AIDS (Taken from *The National HIV/AIDS Policy, Zimbabwe, 1999*.)

Guiding Principle 1: HIV/AIDS should be addressed through a multisectoral approach which will be co-ordinated by the National Aids Council (NAC). All sectors, organizations and communities should participate actively in the fight against HIV/AIDS utilizing their comparative advantages.

Guiding Principle 2: The Human rights and dignity of people living with HIV/AIDS should be promoted and protected. Discrimination and stigmatization should be avoided as far as consistent with the rights of society and those who are uninfected and concerned.

Guiding Principle 3: Confidentiality regarding a person's HIV status should be respected. Legal provisions should be made to enable health professionals to disclose a client's/patient's HIV status to those who have critical reasons to know.

Guiding Principle 4: The promotion of material intergrity and sustainability should be a primary objective of society.

Guiding Principle 5: Reducing HIV transmission should be central to combating the HIV/AIDS epidemic.

Guiding Principle 6: Quality STI care services should be made available and accessible at all levels of the health care delivery system and in the community.

Guiding Principle 7: Safety of blood products should be ensured before any transfusion.

Guiding Principle 8: Transfusion of blood and blood products should be carried out only when necessary.

Guiding Principle 9: To limit HIV transmission through sexual intercourse, condoms should be made available, accessible and affordable to all sexually active individuals.

Guiding Principle 10: Individuals and couples considering marriage or bearing children should have access to accurate information about HIV infection and pregnancy and Voluntary Counselling and Testing.

Guiding Principle 11: Breastfeeding should continue to be encouraged unless there are viable options to ensure appropriate infant and child feeding for women who know they are positive.

Guiding Principle 12: Comprehensive, cost effective and affordable care should be made accessible to people living with HIV/AIDS.

Guiding Principle 13: People living with HIV/AIDS have the right to choose the type of care they want and should have access to accurate information regarding orthodox and traditional medicine. Public awareness about the known benefits and limitations of the

different sources of care should be made widely available to enable people to make informed choices.

Guiding Principle 14: Nursing care, provided by health professionals in collaboration with care providers from the community, churches, NGOs, traditional medical practitioners etc, should be holistic and of acceptable quality.

Guiding Principle 15: Community Home Based Care should be fully developed and supported as an essential component of the continuum of care for PLWHA and their families.

Guiding Principle 16: Counselling services should be made accessible to all people affected by HIV/AIDS.

Guiding Principle 17: Voluntary HIV counseling and testing services should be made available and accessible to all members of the public.

Guiding Principle 18: Access to information and counseling necessary for informed consent to HIV testing should be ensured as a fundamental human right.

Guiding Principle 19: An effective referral and discharge plan should be an intergral part of the continuum of care.

Guiding Principle 20: Burn- out experienced by health care and other HIV/AIDS providers needs to be recognized and addressd as a serious and fundamental problem.

Guiding Principle 21: Legalising mandatory testing is not recommended in any situation other than in the case of a person charged with any sexual offence that could involve risk of HIV transmission. In this case, prompt testing of the perpetrator is required. The assaulted person should be offered voluntary counseling and testing, and where appropriate, treatment at the expense of the State.

Guiding Principle 22: All symptomatic people with HIV infection should be treated as any other health individual with respect to education, training employment, housing, travel, and health care and other social amenities and citizenship rights. People with AIDS should be treated as others who may have chronic or life-threatening conditions.

Guiding Principle 23: Partner notification of HIV status is an important issue for both men and women and should be encouraged and supported.

Guiding Principle 24: Where HIV or AIDS are deemed to be a public helath concern, they shall be separately and confidentially notified by the practitioner in terms of the Public Health Act.

Guiding Principle 25: The rights of children and young people with, or infected by HIV/AIDS must be protected and respected.

Guiding Principle 26: Children orphaned as a result of HIV/AIDS shall not be discriminated against in any way and require such support as necessary to grow up with respect and dignity.

Guiding Principle 27: Children and young people have the right to information and to advice on means to protect themselves from early sex, unwanted pregnancy and HIV/STI. Girls, in particular, should have equal access to education, training, and employment. Abstinence and the deferment of sexual debut should be a major component of reproductive health advice to the children and the youths.

Guiding Principle 28: Children and young people should be protected from any form of abuse that is likely to expose them to HIV infection.

Guiding Principle 29: Children and young people below the age of 16 years who have concerns about and or have an STI have the right to appropriate counseling and care services and advice on means to prevent HIV/STI. The counseling and professional advice given should depend on each young person's circumstances and potential risk of HIV/STI.

Guiding Principle 30: Wilful transmission of HIV in any setting should be considered a crime in the same sense as inflicting other life-threatening injuries to another.

Guiding Principle 31: Apply the most effective policies and strategies to deal with commercial sex work in order to reduce the transmission of HIV and STIs and deal appropriately with legislative provisions and revise those which do not comply current community concerns.

Guiding Principle 32: Information, education, counseling, male and female condoms and STI care services should be made accessible and affordable to all sex workers and for their clients.

Guiding Principle 33: Prisoners have basic rights that must be respected and protected including the right to HIV/AIDS/STI information, counselling and care.

Guiding Principle 34: Routine segregation of HIV infected prisoners is neither desirable nor practical.

Guiding Principle 35: Men and women should be accorded equal status with equal opportunity for education and advancement in all spheres of life.

Guiding Principle 36: Men and women need to understand and respect their own and other's sexuality.

Guiding Principle 37: All HIV/AIDS/STI programmes should be gender sensitive and include gender related issues.

Guiding Principle 38: Gender violence in any form and setting is unacceptable and should be prescribed by law.

Guiding Principle 39: All persons have the absolute right to clear and accurate education and communication on HIV/AIDS/STIs.

Guiding Principle 40: Information, education and communication on HIV/AIDS/STI should address the relationship and promote positive family and cultural values through a language and approach which must be appropriate for the respective target groups, communities and individuals.

Guiding Principle 41: The development of IEC material should be based on participatory methods involving the intended target audience/population.

Guiding Principle 42: Mass media should be utilized in a manner positive towards cultural values in order to create and promote awareness about HIV/AIDS/STI and promote positive and supportive attitudes in response to the epidemic.

Guiding Principle 43: HIV/AIDS/STI research should focus on priority needs in Zimbabwe and should be undertaken through a co-ordinated and multidisciplinary collaborative strategy with participation of the potential beneficiariie as well as the investigated community throughout the research where possible.