

HIV and AIDS, Gender Violence and Masculinities: A Case of South Africa

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ABSTRACT This paper aimed to examine an adapted Stepping Stones curriculum, which is used on church going couples. The purpose was to see if it promotes behavioral change in the area of communication about sexuality, fidelity and gender based violence. The study's population, consisting of church going couples from Slangspruit and Mpumalanga Townships, comprised of 53 respondents. In order to achieve the paper's objective, the researchers used a quantitative questionnaire and collected and analyzed the data using the Statistical Package for the Social Sciences (SPSS). Notes from the workshops formed qualitative data, which was used to validate or reject the qualitative data. The findings of this study confirmed a significant increase in communication among couples about their sexuality and a decrease in gender based violence. It raised concerns about issues of fidelity in monogamous and polygamous relationships. It also confirmed the need to re-examine the theology of marriage in the context of African Instituted Churches.

INTRODUCTION

Gender-based violence as both, a cause and consequence of HIV, raises major health and human rights concerns. In recent years, the global HIV policy field has seen a rise of interest in gender-related dimensions of vulnerability to HIV and violence, resulting in notable policy and programmatic advances with the aim of addressing gender-based violence (Gruskin et al. 2014). Policy directives addressing HIV, gender and violence would seem to call for an evidence base that elucidates how HIV-related violence is mediated by gender roles, norms and dynamics. However, it is not clear that the bulk of empirical research has kept pace with these developments. Within the global policy realm, the concept of gender as a set of norms, has a structurally and institutionally supported system of social relations and as a socially constructed identity, is understood to be distinct from the concept of biological sex (Gruskin et al. 2014).

In this particular research, the participants were pre-tested and post-tested using a quantitative questionnaire at the beginning of work-

shop 1 and 6 months after workshop 4 to measure if there has been an increase in communication about their sexuality, a decrease in infidelity and a decrease in gender based violence in relation to what it means for the men to be male. The findings of this study confirmed significant increase in communication among couples about their sexuality and a decrease in gender based violence. It raised concerns about issues of fidelity in monogamous and polygamous relationships. It also confirmed the need to re-examine the theology of marriage in the context of African Instituted Churches (AICs). The paper argues that a truly effective fight against HIV among churchgoers from African Instituted Churches requires a sustained Christian education that is sensitive to an African theology of marriage that accommodates polygamy. The study also argues for a need to use the metaphor of the church as family to support couple's efforts to maintain fidelity in their relationships in the context of HIV and AIDS.

Background to the Study

This research was prompted by a one-day couples' workshop requested by the Lutheran Evangelical Church in Namibia, who had come to Durban, South Africa, for a retreat in 2004. They suggested that they discuss sexuality in the era of HIV and AIDS as the theme of the workshop. The participants were divided into

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two gender-based groups. During the joint report back session, the women were surprised at how general the men's discussions were and the men were surprised at how personal the women's discussions were. This experience motivated the researchers more than ever about the significance of having couples workshops in the churches to talk about issues of sexuality, which are considered difficult in all African cultures and religious institutions. This led to the need for developing a curriculum that is gender sensitive and faith based for couples in the church. The Stepping Stones Curriculum is the closest that was found, which can be adapted to meet the needs of church couples.

Objectives

The objectives of the paper are to apply an adapted Stepping Stones curriculum used with church going couples from Slangspruit and Mpumalanga Townships in South Africa and to examine if the curriculum will promote behavioral change in the area of communication about sexuality, concept of masculinities, fidelity and gender-based violence.

Literature Review

The Current Debates on the Issues

HIV and AIDS and Gender Violence in South Africa

The most recent statistics released by the Department of Health on the HIV/AIDS pandemic in South Africa indicate that about 5.6 million people (out of a total population of 46 million) are HIV-positive, and that about 3.1 million of these are women. The highest mode of transmission is through heterosexual relationships. The estimated population-based HIV prevalence in the Province of KwaZulu-Natal is thirty-nine percent of the adult population among the 15-49 year-olds. This study chose to focus on the 18 to 49 age group because 18 is the legal age for marriage in South Africa.

The UN Declaration on the Elimination of Violence against Women defines gender-based violence (GBV) as, "Any act...that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation

of liberty, whether occurring in public or private life." It is broadly defined as any harm to a person resulting from the power disparities caused by gender inequality (SAA Swipp 2015).

A focus on gender, violence and HIV was chosen for this research because in the South African context there is a link between gender, violence and the spread of HIV and AIDS.

In this research, gender is understood to mean differentiating the role or function of male and female human beings in the society based on their sex. These roles are socially, culturally and religiously constructed. Every society or culture decides for itself on what is feminine or masculine. Depending upon the society, culture or religion of which one is speaking, the gender roles and expectations will differ. Social constructs are also often internalized by people in that society and are passed on from one generation to the other (Giddens 1990:150). Furthermore, gender-based violence refers to women and girls experiences of battery, sexual abuse of female children and workers, female genital mutilation, dowry related violence, marital rape, emotional, verbal, psychological, economic and spiritual abuse simply because they were born female (Phiri 2000: 85).

Scholars and the UNAIDS have identified gender inequality in general, and gender-based violence in particular, as significant factors in the high HIV infection rates among young women (Coombe 2002). It has been argued that if gender and HIV are not dealt with, the world will not make a difference in combating the virus (Phiri 2003: 8).

HIV and AIDS and Masculinities

More recently the important insight was gained that women's empowerment could not be achieved without a reflection on and a challenge of male powers. In the context where HIV and AIDS are transmitted heterosexually it has now become necessary for men and women to cooperate for effective prevention of HIV. So campaigns against the spread of HIV and AIDS in Africa are now beginning to take seriously the role that men play in the spread of the disease and target men in the discourse. This requires an investigation of men's perceptions on their masculinities. The diverse forms that gender may take are acknowledged, and masculinities are perceived to be pluralistic and dynamic

as opposed to static. This means that the campaigns that target men target on a change of their perceptions of masculinities or to achieve a greater mutuality between men and women (Bujra 2002; Moletsane 2004; Phiri 2004).

According to York (2014), researchers studying the related fields of HIV and violence have taken a growing interest in gender inequalities in South Africa, leading to a new focus on masculinities in the past five years (Dworkin et al. 2012). However in reality, most of HIV and anti-violence programing in South Africa still targets women, with fewer programs focusing upon men such as the Khanyisa Program focus of this study. There is now a growing interest in programs, which are gender transformative and aim to change gender roles, creating more respectful relationships, and impacting positively upon gender equality in relationships and on health (Gupta 2001; Barker and Ricardo 2010). Barker et al. (2010) argue that health seeking behaviors, nonviolence, and gender equitable relationships can all be nurtured and enhanced when men are supported in their effort to have a high degree of self-reflection and space to rehearse new ideas and behaviors York (2014).

Conceptual Framework for Assessing HIV and AIDS Interventions

The researchers agree with Peltzer (2007) that there is an urgent need to develop multilevel intensive and faith-based interventions aimed at HIV risk reduction for male and female church members in South Africa. The closest that he recommends is the Information-Motivation-Behavioral Skills (IMB) model of AIDS preventive behavior (Fisher and Fisher 1992, 2000). He argues that the IMB model provides a framework for developing HIV risk reduction interventions for men and women in South Africa (Simbayi et al. 2005). He also notes that the IMB model states that information about HIV transmission and methods of preventing transmission is a necessary precursor to risk reduction. The IMB model is flexible and allows for the integration of risk reduction components with contextual and population specific factors, such as gender attitudes, internalized stigmas and faith-based attitudes. In addition, there is strong empirical evidence in support of the IMB model, particularly as a heuristic for HIV risk reduction interventions (Fisher et al. 2002).

In addition to Peltzer's suggestion, because of its emphasis on gender, this study used the conceptual framework proposed by (Gupta 2000 and Tallis 2004) as summarized in the document of the United Nations Secretary General's Task Frame on Women, Girls and HIV and AIDS in southern Africa (2004). Gupta has identified five ways of assessing HIV and AIDS programs designed for HIV and AIDS intervention. These are: a) programs that focus on stereotypes of women and men; b) programs that are gender neutral; c) programs that are gender sensitive; d) programs that aim at empowerment; and e) programs that are transformational. In the same paper, Gupta (2000) is of the opinion that the Stepping Stones curriculum is an excellent example of community based HIV and AIDS prevention intervention because it combines gender sensitivity with empowerment and transformation that is supported by the community. What it lacks, though for the purposes is the ability to transform the religious beliefs and practices that under gird the lives of many African men and women. This is where the theoretical framework proposed by Patient and Orr (2004) becomes useful. Their theory argues that the faith communities have the capacity to improve communication on issues of sexuality among committed couples to the extent that it is possible for couples to be faithful to each other despite the contradicting messages that they get from culture, media and government.

Preliminary Studies

This study should be viewed as a portion of ongoing studies on church going couples and HIV and AIDS. First, in 1999, a study was carried out on 'Domestic Violence in Christian Homes: A Durban Case Study' Phiri (2000). The aim of that study was to investigate the nature and levels of domestic violence in Christian homes. 25 interviews were conducted in one Pentecostal church in a previously Indian neighborhood in the Durban region. All the participants were Christian married women who suffered from domestic violence at the hands of their Christian husbands. The findings of this research showed that all the participants had experienced some form of domestic violence in their homes. This research indicated that issues of domestic violence are not limited to non-churchgoers but are also present in Christian homes. Secondly, a sim-

ilar study was conducted in the indigenous African communities and in different churches that included mainline churches and African Initiated Churches. The findings were the same as in the first study except that in the second research focus was on cultural and religious beliefs and practices that promote gender-based violence (Phiri 2002).

RESEARCH METHODS

The Stepping Stones Project

The Stepping Stones is a training package in HIV and AIDS, communication and relationship skills designed by Alice Welbourn between 1993 to 1995, while based in rural Uganda, in a multi-faith context of Muslims, Protestants and Roman Catholics. It was further developed and promoted by the Strategies for Hope Trust based in the United Kingdom with the support of the ActionAid. It consists of a manual and a video. The initial motivation for designing the project was to address the vulnerability of women, men and young people in decision-making about heterosexual behavior in a context where men dominate women and older people oppress the youth. Therefore it was designed: 1) to enable women and men of all ages to explore their social, sexual and psychological needs, 2) to analyze the communication blocks they face, 3) to practice different ways of behaving in their relationships, and 4) to enable individuals to change their behavior-individually and together through the 'stepping stones', which the various sessions provide.¹

The content of the curriculum addresses the following issues: gender inequalities and violence, gender-based violence, violence against children and young people, violence against old people, life cycles of violence, the meaning of love, stigma, sexually transmitted diseases and HIV reduction, care and support, unwanted pregnancy, homophobia and diversity, fertility protection, condom use, hopes and fears, traditions, self-esteem and self efficacy, substance abuse, sharing household expenditures and tasks, acting assertively, trust and honesty, preparing for death, coping with grief and special community requests.

International, national and local Non Governmental Organizations have adapted the Stepping Stones in the communities where they are

working in Africa, Asia, Latin America and some European countries. These organizations include: ActionAid, Strategies for Hope, International HIV and AIDS, UNICEF, UNAIDS, The Royal Tropical Institute of the Netherlands, Agency for Cooperation Research and Development, Family AIDS Caring Trust, and Save the Children Fund of UK. There are also individuals who have adapted the Stepping Stones for their specific needs in different African countries.

What makes the current study different from the ones quoted above is: 1) in this research, the researchers have chosen to use the 4 weeks workshop format instead of the original 10 to 12 weeks. This is important because working semi-urban people may not have 10 to 12 weeks to attend workshops. They need something that is compact to be used over a short period of time. 2) The adapted Stepping Stones curriculum is overtly targeted to church going couples so that they can interrogate their faith in the context of HIV and AIDS. This is a crucial group as HIV and AIDS is mainly spread through heterosexual relationships in South Africa. Therefore, while the Stepping Stones curriculum has been used in a variety of ways, as of now the method of using it introduces some elements that are new to the curriculum in the processes of preventing HIV and AIDS that is linked to gender analysis in faith-based communities.

Location of Study in African Instituted Churches²

Slangspruit Township in Pietermaritzburg and Mpumalanga Township in the outskirts of Durban, South Africa were the location of this study. Couples were recruited from churches that are affiliated to the Centre for Constructive Theology (CCT) program on African Initiated Churches and the Program on Theological Education by Extension. Although the researchers are outsiders in the communities of the research in terms of nationality and denomination, their link to CCT goes back to 1997 and the research in African Instituted Churches goes back to 1995. The researchers therefore write as professionals with a longstanding relationship with the communities, which they write about.

The couples came from the following African Instituted churches: the New Orphanage Widows Apostolic Church of Zion, Salvation of God, Elohim church, Assemblies of God, *Amanaz-*

aretha and *Ukukhengo*. Thus, the location of the study in African Instituted Churches was not by design but by accident.

The focus on African Instituted Churches is crucial for studies on church based HIV prevention interventions because, the South African religious demography shows that:

*Eighty percent of the population is Christian. The African Independent Churches are the largest group of Christian churches. There are more than 4,000 of these churches, with a membership of more than 10 million, constituting approximately twenty-six percent of the total Christian population.*³

From the list of participants in this study, the majority of them came from African Instituted Churches of the spirit type (the Zionist church). Based on previous research (Phiri 2001, 2004), these churches are viewed as a supportive network that provides personal and spiritual assistance, guidelines for moral behavior and divine healing. In this way, they have a strong control on the morality of their members, which can contribute to the reduction of HIV. However, without being intentional, sometimes some of their spiritual activities can spread the HIV virus. For example, claims of spiritual healing from HIV and AIDS (Phiri 2001b) and arranged polygamous marriages (Masaiti 2007). Other HIV risk factors identified by Peltzer (1999) and other researchers include the use of poking instruments, the use of enemas and double enemas (both in vagina and rectum), bathing ceremonies with sexual contact bloodletting (Peltzer 1999), piercing legs with a needle, pricking on the hands, legs or in the nostrils in order to get rid of what is traditionally believed to be the source of sickness and pain, impure blood (Anderson and May 1992).

Definition of a Couple

In this study a couple was defined as two people who are either married or living together for more than 9 months in a year. The researchers did not specify that the couple should have been married in church or not or should be heterosexual or not. However, the way they structured the workshops assumed that there would be an equal number of men and women, thereby working with the assumption that the definition of a couple means one man and one woman as is the case with conservative Christian couples.

The biases were challenged by the reality of the actual response the researchers received from the 53 participants of which 20 men and 33 women. Since the research was for couples, it became necessary that all the investigators should be also be couples. Therefore, the researchers worked with two couples that were facilitators of the workshops.

Group Workshops

The 22 couples were divided into two groups of 11 couples in each group. Group one met in Slangspruit Township while group 2 met in Mpu-malanga Township. Each group went through the adapted Stepping Stones curriculum over 4 workshops in a period of 4 weeks consecutively. The pre-test quantitative questionnaire and consent forms were administered at the beginning of workshop 1 of the 4 workshops. The evaluation questionnaire was administered at the end of workshop 4. The 4 workshops were conducted on Saturdays. For each week, the couples went through one particular theme from the adapted Stepping Stones curriculum.

During the workshops, the participants were divided into 4 gender and age groups as follows.

1. Women between ages 18 and 35
2. Men between ages 18 and 35
3. Women between ages 36 and 49
4. Men between ages 36 and 49.

The gender and age group divisions were meant to allow space for each group to explore issues according to how they experience them in that age and gender group. Notes were taken from the workshop discussions, which formed qualitative data.

The 6-month follow-up meeting for each group of 11 couples was held 6 months after workshop 4. At this workshop, the 22 couples for both groups were post-tested with the same questionnaire that was used for the pre-test. The aim of the post-test was to measure if there was evidence of behavior change in the way the couples responded to the same questions.

Research Instruments

This research was designed to use the following research instruments: a) a pre- and post-test survey of the 22 couples using a quantitative questionnaire at the beginning of workshop

1 (pre test) and the 6 months follow up meeting (post test) to measure the couple's current levels of communication on their sexuality, fidelity in monogamous relationships, and experience of gender-based violence. The questions in the communication on sexuality section were taken from Quina, Harlow, Morokoff, Burkholder and Deiter (2000). Some of the questions in the gender based violence section were taken from The Revised Conflict Tactics Scale (CTS2) (for Couples) (Straus et al. 1996).

RESULTS

Data in this study has been presented using descriptive statistics.

Descriptive Statistics

Empirical results and interpretation of data collected from 53 of the targeted 60 respondents during the pre-test stage of the survey and from 48 respondents in the post-survey questionnaire is presented in this section of the paper. A comparative analysis was done on each key question used in the research questionnaire.

Cronbach Alpha Test – Pre test

Reliability Analysis - Scale (Alpha)
Reliability Coefficients
N of Cases = 53.0 N of Items = 14
Alpha = .8327

Cronbach Alpha Test – Post test

Reliability Coefficients
N of Cases = 47.0 N of Items = 13
Alpha = .8409

DISCUSSION

Reliability analysis for the questionnaire continuous variables in the pre-test reveals that the Cronbach's alpha value is 0.8327 (83.27%). The post-test Cronbach's alpha value is 0.8409 (84.09%). Both values are above 0.7, which indicates that this research instrument's (questionnaires) continuous study variable has internal consistency and reliability. This is important in an empirical study to make certain conclusive judgments based on the results of the data collected and presented through the research tools. The Alpha Reliability Coefficients with sample cases (n) of 53 and 48 respectively, and

key items (N) of 14 and 13 provided a fairly high level of reliability of this survey. According to Sarantakos (1998:223), this response is adequate for the purpose of making statistical inferences.

Respondent Age Group in Years

The results reveal age group dispersion of participated respondents in this project, the participated respondents in this project are 39.6 percent between 18 to 35 years and 56.6 percent are between 36-49 years, 3.8 percent did not reveal their age group in the pre-test and 45.8 percent between 18-35 years and 54.2 percent are between 36-49 years in the post-test results. The results show that the majority of the respondents were above 36 years. The results can indicate that these are reasonably mature people who are able to understand the values of the society in terms of developing meaningful relationships between males and females or couples.

Respondent Gender Group

The presented results on gender group reveal gender dispersion of participated respondents in this project. The participated respondents in the pre-test questionnaire show that 60.4 percent of the respondents are females and 37.7 percent are males, 1.9 percent did not reveal their gender group. The post-test results reveal that 26 respondents or 54.2 percent were females and 43.8 percent were males and 2.1 percent chose not to reveal their gender. In this instance, it also shows that the majority of the respondents were females. This is in line with the discovery during the workshops that some of the couples were polygamous and at least one couple was of the same sex. This dispels the myth that all African Christian couples are monogamous and heterosexual. The primary outcome variables have come from the following questions in the questionnaire.

Communication on Sexuality

In the last 3 months, I let my partner know what feels good to me in sex

The pre-teaching and discussions sessions survey indicates that 30.2 percent of the respondents never let their partners know what makes them feel good in their sex life. Thirty-four per-

cent said they sometimes let their partner know what makes them feel good in their sex life. At least 20.8 percent said they usually let their partners know what makes them feel good in their sex life. In this case, only 9.4 percent indicated that they told their partners at all times what made them feel good in their sex life.

The post-test results show that 12.5 percent never let their partners know what makes them feel good in their sex life. 39.6 percent said they sometimes let their partners know what feels good to them sexually. 20.8 percent usually lets their partners know what makes them feel good in their sex life. At least 18.8 percent indicated that they usually let their partners know what makes them feel good in their sex life.

The results show a drop of 17.7 percent in the respondents who never let their partners know what makes them feel good in their sex life. There is also an increase of 9.4 percent in the respondents who indicated that they sometimes let their partners know what makes them feel good sexually. This proves that the contents of the adapted Stepping Stones curriculum were effective in promoting good communication practices among couples as they improve their communication on issues that can bring sexual satisfaction and happiness. During the workshops the participants indicated that most of their communication is universal as culture does not allow women to verbalize their sexual needs or displeasure. They commented that nonverbal communication is very effective within their cultural constraints.

In the last 3 months, I told my partner to stop if my partner touches me in a way I don't like

The pre-test survey results indicate that 18.9 percent of the respondents never told their partners to stop touching them in the way that they did not like. 28.3 percent indicated that they sometimes tell their partners to stop touching them if they did so in a way that they did not like. Twenty-two percent said they usually stopped their partners from touching them in a way that they did not like. At least 18.9 percent were clear that all times they told their partners to stop when touching them in a way that they did not like.

The post-test survey results indicate that only 8.3 percent of the respondents never let

their partners stop touching them in the way they did not like. 43.8 percent indicated that they sometimes let their partners stop touching them if they were touching them in the way they did not like and 14.6 percent said they told their partners all the time to stop if they were touching them in a way they did not like.

There is a difference of 15.5 percent in the number of respondents who indicated that they sometimes tell their partners to stop touching them if they were touching them in the way they did not like. The increase shows a positive trend towards good communication in sexual intimacy and pleasure, which can promote good practice and help prevent gender violence between couples.

I would ask if I want to know if my partner ever had an HIV test

The results show that in the pre-test, 9.4 percent definitely did not ask their partners if they had an HIV test. At least 4.3 percent were not sure and 41.5 percent indicated that they would ask their partners if they wanted to know if they ever had an HIV and AIDS test. 24.5 percent indicated that they would definitely ask their partners if they ever had an HIV and AIDS test. The post-test results show that 41.7 percent would definitely ask their partners if they would take an HIV and AIDS test. This shows an increase of 17.2 percent in the respondents who would ask their partners if they could take an HIV and AIDS test. Generally, the response shows that there was an increase in the possibility to communicate about HIV and AIDS among couples. However, during the workshop discussions, many women feared physical violence if they were to ask their partners about HIV test as this is connected to suspicion of each other about unfaithfulness. The discussions revealed that many men showed their masculinity by requesting the testing of their partners but not of themselves. It was the majority of the men who showed willingness to ask their wives about an HIV test, without fearing the consequences of violence. Nevertheless, some men who were in polygamous marriages did not see the need for HIV testing, as they did not consider themselves to be at risk of being infected with HIV.

I would ask if I wanted to know if my partner ever had a sexually transmitted disease

The results shows that in the pre-test 11.6 percent definitely would not ask their partners if they had a sexually transmitted disease while 45.3 percent indicated that they would ask their partners if they had a sexually transmitted disease. 28.3 percent indicated definitely they would ask if their partners had a sexually transmitted disease. The post-test results show that 47.9 percent would ask their partners if they had a sexually transmitted disease and 33.3 percent indicated a definitely positive answer that they would ask their partners if they had a sexually transmitted disease.

The results both, in the pre and post session tests, show that there is generally an acceptable indication that the respondents would ask their partners if they had contracted a sexually transmitted disease. During the workshop discussions, this is another area where women indicated fear to ask their partners about sexually transmitted diseases, thus confirming issues of male dominance.

If I tested HIV positive I would share the information with my partner

The pre-test survey indicates that 49.1 percent of the respondents strongly agree that if tested positive, they would share their results with their partner. 28.3 percent agreed that they would share the results of HIV and AIDS test if they tested positive. 5.7 percent disagree that they would share the results of a positive HIV and AIDS test result to their partners. The post-test results show that 45.8 percent indicated that they strongly agree that they would share their results with their partners if they tested positive. 35.4 percent just agreed that if they tested positive, they would share the results with their partners. Only 8.3 percent indicated that they strongly disagree to share their HIV and AIDS test results if they tested positive.

The trends show a similar pattern for both pre and post behavior change sessions tests. In pre-test survey, 77.4 percent of the respondents showed that they would tell their partners if they tested positive. The post-test survey results show that 80.2 percent of the respondents would

tell their partners if they tested positive in their HIV and AIDS test. In comparison, the two tests survey results show a 2.8 percent difference, which is not very significant.

Fidelity in a Relationship

In the last 3 months I had sex with my partner only

The presented results show that in the pre-test, 84.9 percent of the respondents had sex with their partners only in the past 3 months and 5.7 percent said they did not have sex with their partner only in the past 3 months and 9.4 percent did not answer the question. In the post-test, the results reveal that 85.4 percent had sex with one partner only in the past 3 months. 6.3 percent said no to have sex with only one partner in the past 3 months. It is indicated that the number of those who had sex with only one partner in the last 3 months increased by 0.5 percent. It can be argued that the 0.5 percent is negligent growth but it could also be that the sessions between pre-test and post-test influenced some change in behavior. It should also be borne in mind that for the couples who are in a polygamous relationship, this question was ambiguous especially for the men. If the results show that the participants were referring to partners outside the polygamous relationships, then there is a significant degree of infidelity among the respondents who are churchgoers even though the numbers are small. These results contradict the findings of Garner (2000), Peltzer et al. (2006), and Trinitapoli and Regnerus (2004) who argued that members of charismatic churches exhibit reduced risk of HIV infection, due in part to their reduced likelihood of having extra-marital partners and pre-marital sexual activity.

I want to have only one sex partner throughout the rest of my life

The pre-test results show that 86.8 percent of the respondents strongly agree that they would like to have only one sex partner throughout their lives and 13.2 percent of the respondents simply agree on having one sex partner. In the post-test, 72.9 percent strongly agree on having one sex partner throughout their lives and 22.1 percent simply agree. The results show a decline in commitment to having one sexual partner after attending the sessions. From the

workshop discussions, the researchers kept on going back to the cultural practice of polygamy, which is accepted in their churches. To the majority of the workshop participants having one sex partner in a marriage was not connected to fidelity but to monogamous marriage.

I would need support to stay with only one sex partner permanently

In the pre-test questionnaire, 16 (30.2 percent) of the respondents indicated that they would want to stay permanently with one partner. 1.9 percent strongly disagreed to stay with one partner and 47.2 percent did not answer the question. The post sessions test show that only 4.2 percent would strongly support the idea of staying with one partner permanently and 95.8 percent decided not to indicate their answer. The large percentage of those who did not respond may refer to those who have not resolved the question of whether polygamy constitutes unfaithfulness in a marriage relationship.

To stay with one sex partner, I would need support

The results show that in the pre-test, 32.1 percent needed support from family to stay with one sex partner. 5.7 percent needed support from the church and 13.2 percent did not need any support from anybody in order for them to stay with one sex partner. In the post session survey, 60.5 percent indicated that they would need support from family in order for them to stay with one sex partner and 10.4 percent would need the family and the church support to stay with one sex partner.

The results show that there is need for external support to encourage people to stay in a relationship with one sex partner. The family has been singled out as the strongest support base for couples that want to remain faithful to each other. In the context of this study, the family would include parents, in laws and other members of the extended family. The church comes second to the family in their role to support faithfulness in a marriage. Therefore, as the church prepares programs to support a couple to be faithful to each other, the program should also have space for the family education.

Gender-based Violence

In the 3 months, my partner slapped/punched/kicked/choked me at times

The results reveal that 43.4 percent (23) respondents in the pre test questionnaire of the project had not been physically violated by their partners, and 3.8 percent had been violated 4 times and 43.4 percent did not answer the question. The post-test results show that 60.4 percent had never been violated and 2.2 percent had been violated 4 times in the past 3 months. There is a good increase of seventeen percent in the respondents who had never been violated physically between the pre-sessions period and after the sessions on behavior intervention in gender violence and sexual behavior change among the respondents. The results for emotional, verbal and psychological, economic, sexual, and spiritual violence were all very similar. It can be argued that unlike the previous preliminary studies (Phiri 2000) where eighty-six percent of the women reported that they experienced economic violence in their homes, eighty-six percent of the women also reported to have experienced emotional, verbal and psychological violence, eighty-four percent of the women reported experiences of physical violence, and seventy-six percent had experienced spiritual violence, the current study group did not have a similar problem. The current results do not tally with the workshop discussions on bad experiences of sex where both men and women reported that a woman's refusal to have sex with her husband is met with physical violence. Both genders talked about the existence of physical violence when a partner suspects or discovers that the other partner is having extramarital relationships and when a woman receives HIV positive results. Perhaps the participants discussed this topic generally without necessarily referring to their own experiences while in the questionnaire it required of them to speak about their personal experiences. This may explain why there was a discrepancy between what was discussed in the workshops and what the statistics from the questionnaires are showing.

In the last 3 months, I slapped/ punched/kicked/choked my partner times

The results show that in the pre-test 41.5 percent of the respondents in the pre-sessions

survey had never slapped/punched/kicked/choked their partner times in the past 3 months. Only 3.8 percent indicated to have practiced physical violence to their partners in the indicated period. In post session questionnaire results, 60.4 percent indicated that they had not slapped/punched or choked their partners in the past 3 months.

The statistics show an increase of 10.1 percent in the number of people who had not choked/punched or slapped their partners in the past 3 months. The results for emotional, verbal and psychological, economic, sexual, and spiritual violence were also all very similar.

There are two theological themes that emerge from this study. The first one is the theology of marriage, which is connected to the theology of human sexuality. The second is the notion of the church as the extended family that encourages couples to remain faithful to each other. The nature of the churches, where the research participants came from, requires that the researchers interrogate these themes within African theology. There is a general agreement among African theologians that African Instituted Churches are one source for doing African theology. The debates center on what type of AICs and how much of their beliefs and practices should be taken as a serious reflection on African theology. Of particular interest to this study is the issue of cultural practices, which are taken as part of a people's religiosity and therefore part of their faith in God even when they convert to Christianity.

First, the Western missionary teachings on marriage were that marriage was created by God, a Christian marriage is the union of one man and one woman, the two are to live in a faithful relationship until death parts them, and therefore polygamy was viewed as committing the sin of adultery. This theology of marriage has remained intact in most Mission churches with few variations.

Among other issues, protest against the ban on polygamous marriages is one factor that led to the founding of some of the African Instituted Churches. When the Bible was translated into the local languages, African people saw that some of the giants of faith like Abraham, Jacob, Moses, David and Solomon practiced polygamy and yet God was happy with them. African people did not understand the missionary rejection of the African practice of polygamy in the light of what they discovered in the Bible. It is

no wonder then that both the Nazareth Baptist Church/Amanazaretha, and the Zionist Christian Church/Amazayoni, which have a large following in Kwazulu Natal, practice polygamy. It is also important to mention that there are some African Instituted Churches, especially those that were founded by women, which do not accept polygamy. An example is the Lumpa church of Alice Lenshina (Roberts 1970).

In this study, the definition of a couple is what has drawn the researchers into a reflection on the theology of marriage for African Instituted Churches (AICs). The research plan overlooked the presence of polygamy in the AICs, which became a crucial issue when examining what is meant by a couple when one is doing research in areas like Slangspruit and Mpumalanga Townships. Since the majority of the African Instituted Churches accept a theology of marriage that accommodates polygamy, academic discourse on this concept in Africa especially when considering HIV prevention interventions needs to take polygamy seriously. Further research is needed to establish how many of the South African Instituted Churches actually have a theology of marriage that accommodates polygamy and what that means in the context of HIV protection.

Some African women theologians for example, have taken the theological discourse on polygamy as a form of marriage in Africa very seriously. The African women theologians argue that feminist cultural hermeneutics are needed as a tool to analyze cultural beliefs and practices before condoning them in the African churches. Thus, using this framework, polygamy cannot be supported as a form of marriage.

The debate on whether polygamy promotes the spread of HIV or not has also been well documented. There are some scholars who have argued that if the polygamous unit remains faithful to each other, there is no danger of HIV infection. However, others have argued that to achieve a status of faithfulness when there is room to bring in new sexual partners is a loophole in a polygamous relationship. In the study workshop discussions, the women also pointed out that sometimes the husband spends too much time with one woman and neglects the other, who is then tempted to go outside the unit for sexual satisfaction. This argument puts pressure on women as the sources of unfaithfulness in a polygamous marriage.

The African discourse on Christian marriage should also include the debate on same sex relationships. The fact that this issue has surfaced twice in the research (2004, 2006), even though it is one couple at a time is enough to draw attention. What is significant is that in the previous research, same sex relationship among traditional healers was justified on religious grounds, and potency of traditional medicines. In the current study the couple that were in a same sex relationship were also traditional healers who are members of a Zionist church. The issue that this suggests as discussed elsewhere is that same sex relationships are not a Western influence if they are connected to traditional healers whose sexuality is controlled by the ancestors. A more systematic research is required to speak on this issue with confidence.

Lastly, the family was identified as a source of support for couples to remain faithful to each other as a form of protection from HIV infection. Some Protestant African theologians have proposed the use of the concept of the African family as a metaphor for a church that is truly African and truly Christian. The concept of the African family embraces both those who are in the spiritual and the present world. This concept is also in line with the argument that the concept of the Trinity is a source of African family Ecclesiology. However, it is also important to mention that when accepting the metaphor of the church as a family, African women theologians have raised the point that African communities and family are structured on patriarchal principles which women find oppressive to both themselves and their children Phiri (2005).

Dube (2006) has already argued for the use of African concept of family and community to prevent the spread of HIV. She has stated that:

Given that HIV and AIDS is a symptom of social ills, it is, therefore, more than an issue of individual morality and health, rather, it is also about the morality and health of our cultural, spiritual, social, economic, and political structures. It is about broken relationships within communities and the world. Given that AIR/s approach to health and healing is holistic and focuses on the healing of all relationships, it is clear that the African cosmology has a significant contribution to make to HIV and AIDS prevention. Prevention calls for a community-centered approach in which the whole community works for its own health and the healing of its members (p. 145).

This study has therefore added its voice to argue for the role of the family and community in the prevention of HIV and AIDS. African Theologians also agree that it is within the African Instituted Churches where the African communal nature of the Church is most clearly displayed, as they seek to combine strong family relationships among their members, and a total dependence on God for physical healing and daily provision. It is in these Churches that the African people's desire for fullness of life as described in John 10:10 are best captured. Bearing this in mind, it also becomes important to perceive the church as the family that would be encouraged to support its couples to a life of fidelity even within polygamous relationships as approved by the AICs. The church itself needs to be equipped with appropriate HIV prevention interventions. The community work of the Center for Constructive Theology's program on Theological Education by Extension with African Instituted Churches has shown that such attempts to provide Christian Education, that is, relevant to the theology of African Instituted churches is possible.

CONCLUSION

This study has confronted the issues of sexuality of women and men in African Instituted Churches in a public space. While the church globally has been quiet about public discussions on human sexuality, the advent of HIV and AIDS has forced the church to make this a public space discourse. Contrary to the popular opinion, which says discussions about human sexuality are a taboo in African and other cultures, other studies have shown that some African cultures celebrate human sexuality in designated spaces. Communication among couples on issues of their sexuality within the contexts of African culture, HIV and AIDS and African Instituted churches was the central theme of this study. Having the couples come regularly to the workshops and developing enough trust in the gender-based groups during workshops proved to be a momentous task. But the results were rewarding when a comparison of the pre-test and a post-test showed that the adapted Stepping Stones curriculum was effective in promoting communication among couples on their sexuality and on gender-based violence. The results indicate that positive communication about ones

sexuality with their partner could lead to safer sexual practices, which eventually would lead to preventative activities of HIV infection. Future research will be necessary to see how the teachings of the Bible can be brought into the conversations as the participants talked more based on their culture than on the teachings of their churches and the Bible. The issues of fidelity among couples was challenging as the study started on a wrong presupposition that all Christian marriages are monogamous. Future research should focus more on how extensive is the practice of polygamy in African Instituted Churches in South Africa and how the Stepping Stones curriculum could be adjusted to take into account this type of marriage in the context of HIV and AIDS. Cultural practices and the centrality of marriage in African communities continue to put women at risk of exposing themselves to HIV. Therefore, an effective HIV prevention intervention still needs to deal with issues of cultural perception of the significance of marriage relationships that enhance life and not death.

NOTES

- 1 Strategies for Hope-Stepping Stones, From <<http://www.stratshope.org/t-training.htm>> (Retrieved on 3 April 2005).
- 2 The African Instituted Churches are known by many names which include: African Independent churches, African Initiated Churches, African Indigenous Churches etc. In this study the preferred term is e African Instituted Churches. They are churches which have been instituted by Africans for largely African membership. African Instituted Churches are divided into two types, which are: The Ethiopian Churches and the Spirit type Churches. The AICs are further divided into the classical AICs of Pentecostal type who were established before 1970s and the Charismatic type that came after 1970s.
- 3 From <<http://www.state.gov/g/drl/rls/irf/2007/90121.htm>> (Retrieved on 27 August 2008).

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