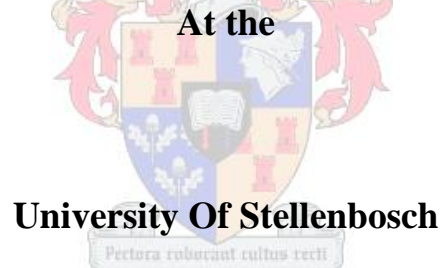


**The Sexual Dilemma of Widowhood within the HIV and AIDS Pandemic:
A pastoral Approach within the Apostolic Faith Mission Church (A.F.M) in
Zimbabwe**

By

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**Thesis presented in partial fulfillment of the requirements for the degree
Of
Masters of Theology: Clinical Pastoral Care (HIV/AIDS Ministry and
Counseling). Faculty of Theology**



Promoter: Dr. C. Thesnaar

March 2013

DECLARATION

By submitting this thesis electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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ABSTRACT

The current situation around widowhood sexuality is unspeakably painful. It has been established through literature review in this study that widows are the most neglected group in many societies. In Zimbabwe the unprecedented rise in the number of widows has been caused by the proliferation socio-economic, political climate coupled with the devastating effects of HIV and AIDS pandemic. HIV and AIDS pandemic has caused unimaginable suffering among all segments of society in Zimbabwe but impacts more on women and girls. HIV has increased the number of young widows in the country. This is the group which is still sexual active and they are in the church in quest to find meaning in God. The study also explored how the patriarchal society and religious norms control and manipulate women's sexuality. The church and the community views sex and sexuality issues as private matters. Hence, the dilemmas of widowhood sexuality are created by widows' failure to publicly and or share their challenges with church leadership. However, it was made clear during the study that the quest for sexual meaning becomes a challenge due to the complexities caused by HIV and AIDS pandemic. The challenge shown in this study was how to do theology and be a church where we accept that all theological formulations and institutional designs are influenced by their context. Therefore, could it be moral for the church to teach that widows embrace other sexual alternatives that are less risk to contract or transmit HIV; such as masturbation, use of sex toys and vibrators? Can these help widows reduce their sexual tension and evoke pleasure? If such or more suitable means are availed by the church how should widows be enriched to live meaningful in their faith in God? For the church to teach widows to say "no" to sexual intimacy outside marriage sound irresponsible and unrealistic to prevailing statistics of widows and their ages in church. However, the dilemma is for them to engage in sexual intimacy without creating other existential issues leading them to live in guilt- feelings and in the process lose their meaning in their God. Is the church willing to look closely to widowhood sexuality in this era of HIV and AIDS pandemic? The HIV and AIDS pandemic challenges the church to formulate policies and reframe pastoral theology in a way that is relevant to allow widows discover a God who can be compassionate and trusted to give meaning in suffering.

OPSOMMING

Die huidige situasie in verband met weduweeskap en seksualiteit is onbeskryflik pynlik. Dit het duidelik geword uit die literatuuroorsig in hierdie studie dat weduwees die mees afgeskepte groep in baie gemeenskappe is. In Zimbabwe is die ongehoorde styging in die aantal weduwees te wyte aan die groei in die slegte sosio-ekonomiese en politiese klimaat tesame met die verwoestende gevolge van die MIV en VIGS pandemie. Die MIV en VIGS pandemie het ondenkbare lyding veroorsaak in alle areas van die gemeenskap in Zimbabwe, maar dit het 'n groter invloed op vroue en jong meisies. MIV het veroorsaak dat die getal jong weduwees in hierdie land gestyg het. Dit is ook die groep wat steeds seksueel aktief is en hulle kom na die kerk in 'n soeke om betekenis te vind in God. Hierdie studie ondersoek ook hoe die patriargale gemeenskap en sy godsdienstige norme vroue se seksualiteitsbeheer en manipuleer. Die kerk en die gemeenskap beskou seks en seksualiteit as 'n private aangeleentheid. Die gevolg is dat die dilemma van weduweeskap en seksualiteit geskep word deur die weduwee se versuim om haar uitdagings in die openbaar of by die kerkleiers bekend te maak. Dit het egter gedurende hierdie studie duidelik geraak dat die soeke na seksuele betekenis 'n groot uitdaging is as gevolg van die kompleksiteite wat veroorsaak word deur die MIV en VIGS pandemie. Die uitdaging wat met hierdie studie beklemtoon word, is hoe om teologie toe te pas en 'n kerk te wees wat aanvaar dat alle teologiese formulering en institusionele ontwerpe ook deur hul konteks beïnvloed word. Is dit derhalwe 'n morele probleem vir die kerk om vir weduwees aan te beveel om seksuele alternatiewe te ondersoek wat minder risiko's inhou vir die opdoen of oordra van MIV; soos masturbasie, die gebruik van seksspeelgoed en vibrators? Kan hierdie alternatiewe metodes weduwees help om hul seksuele spanning te verminder en seksuele genot te ervaar? Indien hierdie, of ander geskikte metodes, deur die kerk benut word, hoe kan weduwees verryk word deur betekenisvol tot hul geloof in God te leef? Vir die kerk om weduwees te leer om "nee" te sê vir seksuele intimiteit buite die huwelik klink onverantwoordelik en onrealisties as die heersende getal weduwees in die kerk en hul ouderdomme in ag geneem word. Die dilemma is egter vir hulle om seksuele intimiteit te beleef sonder om ander eksistensiële vraagstukke te skep, wat hulle dwing om saam te leef met skuldgevoelens en in die proses betekenis in hul God verloor. Is die kerk bereid om noukeurig te kyk na weduweeskap en seksualiteit in hierdie era van die MIV en VIGS pandemie? Die MIV en VIGS pandemie daag die kerk uit om beleide te formuleer en

pastorale teologie te herdefinieer op 'n manier wat relevant is tot die ontdekking van 'n God wat medelydend en betroubaar is en wat betekenis kan gee aan lyding.

DEDICATION

I dedicate this thesis to Nothando, my wife, with love and respect. Her insight and support as a partner in Christ and personal friend and companion who prompted much of what is set down here. This work is also dedicated to my two sons Amicable Xolelo, Albright Sindiso and my twin daughters Buhlebenkosi Lisa and Bukhosibethu Winnet Ndlovu. May the good God richly bless them.

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CHAPTER ONE

INTRODUCTION

1.0 Introduction

When the Human Immune deficiency Virus (HIV) epidemic first broke out in Africa and in Zimbabwe in particular in the late 1980's, the church fuelled stigma and discrimination (Chitando 2007:19). It is also during this period of time that most African governments acknowledged ambivalently the existence of HIV and AIDS (Chitando 2007:1). Chitando (2007:1) argues that most African nationalist rhetoric could not be reconciled easily with the stereotype of a diseased and dying continent. The African Governments feared the admission would prejudice tourism and hence their approach avoided the realities of the epidemic. In unproductive defense Chitando (2007:1), states that publications defended African integrity by means of conspiracy theories claiming that HIV and AIDS were the result of a plot by "outsiders" to eliminate "blacks". Such responses made the epidemic to have a strong grip in the continent. Chitando (2007:1) adds that during this early phase, casual and dismissive attitudes towards HIV and AIDS predominated in most parts of Africa as no proper awareness campaigns were available to deal with the disease on the onset. In support of this, Lamptey, Johnson and Khan (2006:3) previously documented that by the mid-1990's many African communities had suffered greatly from HIV and AIDS' disastrous effects:

In the most affected regions, hard-earned improvements in health over the last 50 years have been overwhelmed by death and disability from Acquired Immune Deficiency Syndrome (AIDS). The disease is crippling progress at the personal, family, community and national levels. In severely affected nations, economic growth and political stability are also threatened.

The impact of HIV and AIDS transformed completely the African landscape (Louw 2008:415) and in Zimbabwe in particular. The church also found itself heavily implicated in this struggle (Chitando 2007:2). Louw (2008:415) argues that the drama of the HIV/AIDS pandemic presents a challenge to both a market-driven culture and a theological approach based on cheap triumphalism as found in the optimism of a *theologia gloriae* to rethink the paradigms which they apply to address or to cope with the pandemic. He further observes that figures and projections were already very disturbing during the 1990's (Ibid). According to surveys undertaken by the World Health Organization (WHO 2006:26), HIV is the main killer of

women within the 20-40 age groups in major cities in Sub-Saharan Africa. According to Louw (2008:418) the following sexual and social factors are major contributors to the spread of HIV/AIDS among women in Africa:

- Migratory labor and continuous moving between the rural areas and cities increases the risk of AIDS spreading.
- Women's lack of status gives them very little bargaining power in sexual relationships and very little chance of insisting that their husbands use condoms.
- Women's lack of economic power contributes to increased prostitution.

However, the most fundamental effect of the HIV pandemic is that it also challenges our understanding of being the church (Ibid). It calls for fixed ecclesial doctrines and rigid clerical convictions on sexuality to be reframed. He further laments that "the church is HIV positive", implying that the body of Christ is suffering as well so that it is impossible to remain aloof.

Since the HI Virus was first detected in human beings in 1981, AIDS related illnesses has claimed the lives of an estimated twenty-five million people worldwide (UNAIDS 2008:31). In Zimbabwe HIV/AIDS infection rate stands at 20.1% (Makamani 2009:2). This translates to a rate "around one in seven adults living with HIV. Makamani further explains this high rate of HIV/AIDS prevalence as to be understood in the context of an ineffective HIV/AIDS intervention model that culminated in serious power struggle to control HIV/AIDS information between political agents and state media on one hand, and independent media on the other. This lack of coherence placed the HIV/AIDS victims in a dilemma.

Hence, this chapter gives a general background to the study and a personal motivation for understanding the research. The chapter shows the research problem which motivated my interest to carry out the research. It also outlines the goals of the study and identifies research questions. In this chapter the methodology of the study is provided and the possible contributions of the study to Practical Theology. The thesis outline is as well listed in this chapter.

1.1 Background to the study

According to UNAIDS Regional Fact Sheet (2011:1) there are 22.9 million people living with HIV in Sub-Saharan Africa. This report further states that an estimated 68% of all people living with HIV resided in Sub-Saharan Africa, a region with only 12% of the global population. The proportion of women living with HIV has remained stable at 50% globally, however, women

are more affected in Sub-Saharan Africa consisting 59% of all people living with HIV (UNAIDS World Data Sheet 2011:1). In 2010 the report further states that 48% of pregnant women living with HIV received effective regimens to prevent new HIV infections among children.

AIDS has claimed at least one million lives annually in Sub-Saharan Africa since 1998 (UNAIDS Regional Fact Sheet 2011:1). The report highlighted that nearly half of all AIDS-related deaths in 2010 occurred in Southern Africa. However, since the peak of the epidemic in 1997, the total number of new infections in the Sub-Saharan Africa region has declined by more than 26%, from 2.6 million to 1.9 million people (Ibid). This however, should not give the impression that the fight against HIV/AIDS is won. A lot of engagements to fight the epidemic should be applied.

Zimbabwe is one of the countries in the sub-Saharan Africa and is reported to be experiencing the hardest HIV/AIDS pandemic. The impact of the HIV/AIDS pandemic is felt in all communities in the country. This poses a great challenge to the church and all sectors in the country. An appropriate approach to engage with the challenges posed by the pandemic is necessary for the church in general to put into action in playing a visible role, and foster an atmosphere of care and love to those affected and infected by HIV/AIDS virus.

According to Zimbabwe National HIV and AIDS Strategic Plan (ZNASP 2006-2010) report, an estimated 1,6 million people are living with HIV and AIDS (2005 National Estimates). In a country with a population of 11, 6 million people, 115,000 of this estimate are children (HIV positive) under the age of 15. Although Zimbabwe is the first within the Southern African countries to record a significant drop in the HIV and AIDS prevalence rate in the adult age group (15-49) (from 24.6% in 2003 to 20.1% in 2005), no clear reasons were attributed to this drop. However, in Zimbabwe the possibility of a combination of behavior changes, including reductions in the number of sexual partners, increase in condom use, and delayed age of first sex, could have reduced new infections (incidence) (UNAIDS Report 2011:14). For example, HIV incidence in urban Zimbabwe fell from an extremely high peak of almost 6% in 1991 to less than 1% in 2010 (Ibid).

In a bid to express the negative effects of HIV/AIDS to Zimbabwean population, the then Minister of Health and Child Welfare (MoHCW) Dr. David Parirenyatwa, in 2004 lamented that the life expectancy at birth has fallen below levels that existed at independence (1980), wiping out the gains of a generation. According to United Nations Children Education Fund (UNICEF 2005:12) report, in Zimbabwe, infant mortality rate doubled since 1990 and the

average life expectancy for women, who are infected by HIV/AIDS, is 34. The consequence of HIV/AIDS in Zimbabwe has been widespread death and massive suffering among the population.

The impact of the HIV and AIDS epidemic on population growth is an important aspect to be examined. According to MoHCW (2004:4) Zimbabwe has had one of the most successful Family planning programs in the sub-Saharan Africa. The fertility rate fell from about 6.7 children per woman around 1980 to 4.0 children per woman in 1990. However, the declining fertility, along with rising AIDS mortality and some out-migration, led to a constant decline in the population. The MoHCW (2004:4) report documents that by 1999, the population was probably growing somewhere near 1.2% per year. Hence the impact of HIV/AIDS to the population of Zimbabwe is a great concern.

This brings to the realization that HIV/AIDS in Zimbabwe is leading to a massive loss of life and requires serious attention. The MoHCW (2004:11) in its report asserted that the epidemic has caused and is continuing to cause untold suffering among those infected with the virus and mostly among the widows and children. The epidemic also has a pervasive impact on Zimbabwean society and economy (Ibid). Hence all sectors in the country and all Zimbabweans have a vested interest in addressing this epidemic because of its negative socio-economic impacts to the country. In Agriculture, according to the MoHCW (2004:11) report, food security has been greatly disturbed due to spontaneous and unprecedented droughts in the country. These droughts caused untold suffering to the under privileged population in the country. The report further states that the chronic illness that accompany deterioration of the immune system deplete households assets, reduce labor and lead to reduced crop production (MoHCW 2004:11). Women headed families are particularly vulnerable and are of great concern.

Zimbabwe's approach to the fight against HIV/AIDS could not be possible without the international communities' intervention in mitigating the impact of HIV/AIDS. As from 1992; various Non-Governmental Organizations (NGOs) or The AIDS Service Organizations (TASOs) started operating in Zimbabwe offering various AIDS services ranging from HIV education, prevention campaigns to counseling. TASOs in Zimbabwe are registered with the Zimbabwe AIDS Network (ZAN) which was founded in 1992 with the main aim of combating HIV/AIDS. However, the Zimbabwean politics within the past decade has hampered the zeal for the International support and this has caused unbearable suffering of innocent Zimbabweans. The government through the ruling Party, Zimbabwe African National Union

Patriotic Front (ZANU PF) tried to control the incoming of NGOs to the country. The politics of the time was suspicious towards European and American NGOs in fear of them conniving with the opposition Parties in the country. This caused a lot of willing NGOs to be denied opportunity to assist a number of people in need in Zimbabwe. This background of the HIV/AIDS situation in Zimbabwe is important to this study in order to examine the involvement of the church in general and the Apostolic Faith Mission Church in Zimbabwe (A.F.M).

Therefore, in this study I particularly wish to review on how much the church in Zimbabwe especially the A.F.M Church is involved in combating the spread of HIV/AIDS, with much focus on widowhood within the HIV/AIDS challenge. The Bible commends that:

*Religion that God our Father accepts as pure and faultless is this:
to look after orphans and widows in their distress---- (James 1:27
NIV Study Bible)*

The women, the moment they lose their husbands through death are confronted with major decisions about life due to a changed life status. The challenges of widows are worsened by the impact of HIV and AIDS. Amosun (2011:6) confirms that one of the challenges faced by widows is the lack of recognition by epidemiological studies. This makes it difficult to realize how big their needs are. According to Amosun (2011:6), the joint United Nations Programme on HIV/AIDS (UNAIDS) epidemiology team is unaware of any statistics available on the number of women who have been widowed due to an AIDS- related deaths, or of the number of widows themselves living with HIV/AIDS. The statistics remain invisible and until more information from studies is available on the scale of the effect of AIDS on widowhood, this group of people will remain unrecognized. However, UNAIDS global statistics revealed that in 2002 only 560 000 children were born with HIV and the number dropped to 390 000 in 2010 due to the availability of antiretroviral prophylaxis to pregnant women living with HIV (UNAIDS Report 2011:1). These statistics indicate the possibility of a large number of women who have been widowed through the effects of HIV/AIDS deaths, but it does little to show how being widowed in this way compounds the already traumatic experience of widowhood (Sleep 2001:3). Sleep (2001:3) argues that although widows may constitute 25% of the adult female population in many African societies, they have been a topic of little interest to researchers. According to UN Women 2000 (2001:2) the available literature on widows focuses almost entirely on cultural norms of widow's remarriages and little is known about their sexual dilemmas. In the face of HIV and AIDS pandemic the number of widows increased beyond

normal proportions making the remarriages of widows so complicated. Therefore, requiring the revisiting of cultural norms on widows and the formulation of contextually suitable approaches that will provide widows with meaning in their sexual lives. It is against this background that this research will opt for a social responsibility strategy within a pragmatic pastoral approach in addressing widowhood sexuality in the era of HIV. This approach aims at empowering widows to be authors of their destiny in spite of challenges facing them. In this way widows may be helped to find meaning of life in their sexual encounters. This study proposes to explore the sexual dilemma of widowhood within the HIV/AIDS pandemic. In this research the term sexual dilemma shall refer to the difficult circumstances widows encounter in their quest to freely engage or express their capacity to be involved in erotic experiences sexually in the manner of their own choices within their cultural and religious domains. These sexual dilemmas are mainly caused by “harmful traditional practices” leveled towards widows (SAFAIDS 2007:1). These practices are harmful mainly because they seek involuntary engagement of widows into sexual activities or neglect their sexual feelings by treating them as non- sexual beings. Therefore, the dilemma involves the degree to which widows are able to control the various aspects of their sexual lives (i.e. their ability to negotiate their timing of sex, conditions under which it should take place, and the use of condoms) plays a critical role in determining their vulnerability to HIV infection (Kambarami 2006:14). Widows in Africa and Zimbabwe in particular are placed in this dilemma due to unchanging cultural, patriarchal and religious formulations which have been controlled by men for quite a long time (Bujra and Teka 2008:24). The research proposes to focus on how the A.F.M Church in Zimbabwe addresses widows’ sexuality issues in relationship to pastoral care and counseling. I also aim to formulate proposals and recommendations on how widows can be helped to find meaning of life in their widowhood sexuality.

1.2 Motivation

I am motivated by the possible growing number of widows caused by the HIV/AIDS pandemic in the country and specifically among the A.F.M Church in Zimbabwe. My interest is also aroused as I notice and observe how the issues of widowhood are dealt with both in church and in secular life. In connection to church ministry, widows’ problems are complicated by the fact that some are active leaders in the church in their community. The widows may know that if they followed their traditional customs regarding widows, they would be forbidden and expelled from the church or ostracized and declared to be living in a “state of sin” hence they

will either hide their sexuality or live in guilt. In the Christian life today, the leviratic custom (the practice of encouraging the marrying of the widow of the childless brother in order to maintain the brother's line) is bizarre and unworthy of a Christian woman (Baylies and Bujra 2000:71). It is indeed difficult to implement this practice in today widows' life situations. The problems they encounter may be beyond those of child bearing alone. Bryant (1975:2) once wrote poetically in half a century ago to express this dilemma:

And when I lean into the wind I look into the depths of darkness; yet no one survives a storm by bending backwards.

Therefore, this study proposes to explore to what extent the sexual conflicts which face the widows can be addressed. According to Baylies and Bujra (2000:71), one of the most revolutionary outcomes of attempts to address AIDS in Africa has been the objectification of sexuality through 'breaking silences' and critically addressing sexual practices. Basically, the process of confronting AIDS is beset with contradictions which may allow for the realization of an emancipator project in terms of safer sex and more equal gendered sexual relations. Taking these factors into consideration, but the threat of the epidemic with its prospect of death for self and future generations and its souring of the enjoyment of sex, is one of the most potent reasons for this research. Hence in the context of this study, I perceive that the future of widows may be full of pain and unpleasantness and can be diminished when the church and people contemplate a life where 'each one must be encouraged to live alone against his/her will'. It would be more disastrous if widows can no longer freely see themselves as sexual beings because they have been exposed to sexual stigmatization (Tamirepi 2011:48).

My interest in this study is to also find the interplay between the cultural norms and the Christian beliefs and customs largely affecting the widows in Zimbabwe with regard to sexuality. For this reason, Louw (2008:154) advocates that interculturality describes mutuality in terms of a hermeneutical process of understanding and interpretation, enrichment and critical exchange without the sacrifice of uniqueness. It is also possible that exploration should be made to examine how the influence of Western-oriented ways of marriages has affected the African and Christian marriages. In most cultures in Zimbabwe patriarchal practices shape and perpetuate gender inequality and strip women of any form of control over their sexuality due to the fact that: "Custom in Africa is stronger than domination, stronger than law, and stronger even than religion" (Okome 2003:71). Over the years, customary practices have been incorporated into religion, and ultimately have come to be demanded by their adopted gods,

whoever they are (Okome 2003:71).

After a notable period after this assertion was made, I presume that it may still be appropriate to continue challenging how culture impact negatively on feminine sexuality despite all efforts that have been made to minimize its impact by challenging the status quo.

1.3 Problem Statement

Zimbabwe is a patriarchal country where men dominate on social, sexuality, political and economic spheres whilst women are forced into subordinate positions. This imbalanced state of affairs is imbedded in the socialization process and is tied to culture (Kambarami 2006:6). Therefore, in an era of HIV and AIDS, among other reasons women and widows in particular have experienced the brunt of the epidemic mainly due in large measure to their deteriorating and unequal status to men (UN Women 2000 (2001:2)). Therefore, although pastoral care may seek to challenge the dominance of men but this research aims at empowering the widows themselves. Widows should be introduced to the possibilities of becoming producers of their own culture (Shumbamhini 2009:3). However, in reality being HIV positive can become a predicament and a social reality requiring special treatment (Louw 2008:419). Louw adds on to say, apart from its physical manifestation as the disease, HIV/AIDS affects the core of what it means to be human raising existential concerns to people living with the pandemic. Persons, families and communities infected and affected by HIV and AIDS experience meaninglessness and hopelessness due to the suffering they experience from the impact of HIV and AIDS on their lives (Tamirepi 2011:13-14). In showing the dilemma in living with the disease Louw (2008:126), notes that HIV and AIDS causes existential suffering which leads to asking the question why me and then try to justify the ways of God and His will in face of the reality. The widows are then most confronted with fears of finding meaning in their sexual encounter after knowing their HIV status.

Therefore, the problem I wish to address in this research is the sexual dilemma experienced by widows within the A.F.M Church in Zimbabwe in the context of HIV and AIDS. However, in the process within the study the engagement with the church in general will not be avoided as matter of fact. The study wishes to focus on widows' sexuality over single women, divorced or separated women who may face similar challenges in life because the researcher assumes that widowhood is a condition which is imputed on these women outside their choice. Yet

singleness through divorce or separation may be through choice.

1.4 Research question

Therefore in light of the above problem the main question which I will attempt to explore will be:

How can pastoral care within the A.F.M Church in Zimbabwe help to address the sexual dilemmas of widows in the context of HIV and AIDS?

Sub-questions

In this study, also I propose to answer the following sub-questions;

1. What is the position of the Church in general and the A.F.M church in Zimbabwe on widows' sexuality?
2. How can the Church in general and the A.F.M Church in Zimbabwe address the question of sexuality among widows?
3. How can the A.F.M Church in Zimbabwe equip HIV positive widows to avoid re-infection of HIV/AIDS?
4. How can the A.F.M Church in Zimbabwe and the church in general provide an intercultural approach to pastoral care for widowhood sexuality?

1.5 Research goals

In pursuance of this study, I shall be guided by the following research goals:

1. To explore the sexual dilemma experienced by widows within the A.F.M Church in Zimbabwe.
2. To discover ways on how pastoral care can address the issues of sexuality among widows Within the A.F.M Church.
3. To explore ways of equipping HIV positive widows in engaging in safer sex practices.
4. To search for a pastoral approach relevant and contextual in addressing the sexual issues of Widows within the A.F.M Church in Zimbabwe.
5. To assess the impact of HIV and AIDS among widows in Zimbabwe.

1.6 Significance of the study

This study may be very important to the church at large especially the A.F.M Church in Zimbabwe as I feel it lacks a clear policy and practice to address the sexuality issues of widowhood. This may also benefit the church by opening opportunities to consider the meaning-seeking of widows in dealing with their sexuality. It hopes that after thorough analysis and consideration, policies can be drafted that integrate a pastoral care approach in handling the sexuality of widowhood in the face of an HIV/AIDS era. The study may contribute towards developing and designing training programs for the pastors, church lay-leadership on adopting a compassionate stance on widowhood sexuality. The study may help the church in identifying the missing gaps in presenting the gospel in the African context.

According to Hendriks (2001:76), “Doing theology and being a church is a process where we accept that all theological formulations and institutional designs are influenced by their context”. In which, practical theology focuses at describing the context and interpreting what has been discovered, bringing in Christian norms, and constructing models of Christian practice (Park 2010:1). This in turn may determine strategies of action in dealing with widowhood sexuality which effectively contributes towards the search for meaning in suffering of widows affected by HIV and AIDS. Hence, this study endeavors to make a contribution to Practical Theology by proposing a model which can assist the church in its challenge to help widows in their quest to find sexual meaning within the HIV and AIDS pandemic. Stone (1996:64) had noted that apart from affirming the balance between theory and praxis in Practical Theology, there is a closely related understanding of Practical Theology as a “co-relational discipline”. This is where theology is understood as a two-way conversation between cultural norms and the Christian faith or scripture (Tamirepi 2011:18). Stone (1996:64), further defines the concept of correlation as, “to correlate is simply to bring two discrete entities into mutual relation with each other”. In this way in connection to widowhood sexuality correlating theology with the practice of ministry means integrating the insights of theological thoughts to impinge upon, interact with and influence the actual, day to day tasks of ministry and vice versa. In this study therefore, efforts to integrate thoughts from cultural norms and religious standards shall be drawn in order to formulate practical ways that involves the epistemology and hermeneutics in dealing with widowhood sexuality within the HIV and AIDS pandemic. Such a resource of information can be important for the growth of the church in its care to the disadvantaged population in particular the widows. It is also suggested that social responsibility strategy and

widowhood empowerment as an alternative should be appropriate to provide a meaningful theological inquiry (Park 2010:1) into widowhood sexuality.

On the 23rd of June 2011, the United Nations Entity for Gender Equality and the Empowerment of Women, held an International widows' Day Conference in the Gabonese Republic (UN Women Report 2011:1). During this conference it was noted that widows are everywhere and their numbers are growing enormously yet little is known about whom they are and the challenges they face (UN Women Report 2011:1). The report further stated that widows are seldom captured in statistics, unnoticed by researchers, often neglected by law makers and developmental strategies, the churches as well seldom attend to their challenges; actually the situation of widows is, in effect invisible (Ibid). To give special recognition to the situation of widowhood across all regions, the United Nations General Assembly on 21 December 2010 adopted Resolution 65/189 and declared 23rd June as the International Widows' Day (UN Women Africa Section 2011:1). Hence, the commemoration of the very first International Widows' Day is sending a great message to the entire world to validate the existence and realities of widowhood. This again provided an opportunity to raise awareness of not only the discrimination and challenges faced by widows around the world, but also pay attention to the valuable contributions they make to their communities and their churches in particular. Against this background, it also enlightened this researcher that examining the widowhood sexual dilemma should not box or label widows as sexual objects but also acknowledge their uniqueness as human beings with more than conjugal and filial rights.

1.7 Research Methodology

I acknowledge the fact that this research may require an empirical study to be done, but due to practical consideration, time and financial constraints, the literature study aimed at providing the necessary theological framework and a better understanding of the study was pursued. However, I propose to do the empirical part of this research in further studies. The nature of this study requires adopting reviewing related literature sources as the main research methodology. The study is Practical Theological in nature. In this way practical theology shares the same line of thought concerning interaction between theory and practice and their critical correlation: Practical theology is the mutually critical correlation of the interpreted theory and praxis of the Christian fact and the interpreted theory and praxis of the contemporary situation (Parks 2010:13). This meant that Practical Theological methodology was applied in order to

attain the research goals; hence a hermeneutical approach was used. Hermeneutics is not a method for understanding but an attempt to clarify the conditions in which understanding takes place (Tamirepi 2011:16). Hence, without understanding of the contextual dilemma of widowhood sexuality, giving meaning in a purposeful manner in their situation within HIV and AIDS pandemic can be a challenge. In this study the hermeneutical process should start in the giving meaning to the widows impacted by the HIV and AIDS pandemic in their quest for meaning. According to Osmer (2008:4) the primary objective of practical theology is to equip leaders in the church in general to be effective interpretive guides for their congregations by teaching them how to engage in practical theological interpretation of episodes (single incidents or events), situations (broader patterns of events or relationships in which episodes occur), and contexts (the social and natural systems in which a situation unfolds). These situations call for interpretation (Smith 2010:102). Osmer embraces the belief that all scholarship is hermeneutical, that is, it is not neutral and objective, but is an interpretive experience affected by preunderstanding. According to this philosophy the interpretive guides/ pastors can discern God's will in a particular setting.

Therefore, the literature sources and review used in this study aimed at providing the necessary theological framework and an overview of written authorities which can provide a good understanding of the issues and arguments in the area of study. An integration of current theoretical thinking and models as well as previous studies and their results shall be analyzed in this study. Though I am an insider researcher in this research because I am a pastor within the A.F.M. Church, scholastic ethics shall be considered in order to be nonjudgmental throughout this study. The use of literature will be driven by the theoretical considerations such as the goals of the study, the problem statement, and the research question(s). In an effort to bring meaningful engagement with the issues of widowhood sexuality, assessment of the existing theological knowledge regarding the pastoral anthropology of human sexuality and Christian spirituality will be viewed. The practical theological methodology which engages in reflective, critical, communicative, interpretive, hermeneutical and co relational dialogue in order to achieve its purpose of bringing new meanings and horizons to specific contexts shall be pursued in this study (Parks 2010:12). The research therefore aims to add input to practical theology in order to bring about transformation of some sort for the betterment of Christian praxis.

1.7.1 Contributions of the research to practical theology.

In order for this study to be significant, the research outcomes may contribute meaningfully to the Christian Church at large by deconstructing the fixed cultural and religious stereotypes and ideologies about widowhood sexuality. The study endeavors to make a contribution to the balance between the Christian tradition and the modern situation (the HIV and AIDS pandemic) by arguing for a paradigm shift in terms of reframing and reinterpretation of certain doctrines in order to effectively practice pastoral care in a way that will assist to find meaning for widows within the HIV and AIDS pandemic. In addition the study may contribute to Practical Theology by assisting the Christian Church and the A.F.M Church in particular to rediscover the importance of interpreting scripture contextually and considering that scripture represents all range of believers. This in turn may determine strategies of action which effectively contribute towards the search for meaning of people affected by HIV and AIDS as supported by Osmer (2008:4). The outcomes of the research may assist the church to consider practicing a responsible practical theological interpretation of theological sexual concepts and hence putting in place strategies of action which are culturally sensitive in dealing with the healing process of people affected and infected by HIV/AIDS (Ibid).

In light of this research, I consider a contextual approach of doing practical theology because it starts from the life situation of widows, “the cultural experience or observation (praxis)” (Louw 2008:18). This is a grass-roots approach rather than a top-down attitude that leads to action. By implication, theology can only be done credibly if it is done with those who suffer; the emphasis is on doing theology (Bosch 1991:424). This form of practical theology, with its “from below” communication style, suggests that religious information can no longer be passed down to people, but that communication should involve the experiences and expectations of the people themselves.

Building on Osmer’s practical theological approach where he proposes four interrelated tasks of doing theology i.e. descriptive- empirical, interpretive, normative and pragmatic.

1.7.1.1 The Descriptive- Empirical Task: Priestly Listening

According to Osmer (2008:4) practical theology begins with episodes and contexts. He grounds the descriptive task in terms of “a spirituality of presence”. It is a matter of attending to what is going on in the lives of individuals. He refers to such attending as priestly listening,

the term which is based on the idea that true intercessory prayer and engagement involves more than praying for people; it involves listening closely to their needs so that one can represent their needs to God (Smith 2010:102). In relation to this study for the church in general and the A.F.M Church in Zimbabwe should embrace the priestly listening strategy to hear the concerns of widows. In this engagement pastoral care will be provided without a judgmental taste.

1.7.1.2 The Interpretive Task: Sagely Wisdom

The interpretive task seeks reasons for the phenomena that were observed in the descriptive task. Here the interpretive guide must identify the issues embedded within the episodes, situations, and contexts that have been observed. Osmer (2008:82) refers to this as applying “sagely wisdom”. Sagely wisdom requires the interplay of three key characteristics:

- (1) **Thoughtfulness**, which is the quality of a leader’s commitment in reflecting deeply on the questions that life, throws on the situations. This calls for wise engagement with, for example, the widows’ issues within the church.
- (2) **Theoretical interpretation** which is the capacity to integrate theory of the situation with its context.
- (3) **Wise judgment** is “the capacity to interpret episodes, situations, and contexts in three interrelated ways:
 - (a) Recognition of the relevant particulars of specific events and circumstances.
 - (b) Discernment of the moral ends at stake.
 - (c) Determination of the most effective means to achieve these ends in light to the constraints and possibilities of a particular time and place. Wise judgment involves discerning the right course of action in particular circumstances, through understanding the circumstances rightly, the moral ends of action and the effective means to achieve the desired results.

1.7.1.3 The Normative Task: Prophetic Discernment

The normative task according to Osmer (2008:132) asks, what ought to be going on? It seeks to discern God’s will for present realities. Osmer (2008:132) refers to this task as prophetic discernment. The term “prophetic discernment” is intended to capture “the interplay of divine disclosure and human shaping as a prophetic discernment. The prophetic office is the

discernment of God's word to the covenant people (the church) in a particular time and place. Theological interpretation according to Osmer (2008:134) is informed by biblical and systematic theology; it focuses on the interpretation of present episodes, situations and contexts with theological concepts.

1.7.1.4 The Pragmatic Task: Servant Leadership

The objective of this task is to provide leaders with guidance for leading congregations through the process of change. It seeks to answer the question, How might we respond? Pieterse (2011:108) states that "divine salvation and human reality, though in tension, can be so related that the one moment cannot fully come into its own without the other". Therefore, the response to the "How" question should come through the understanding that hope is only found through proper alignment of individual's situation with the word of God. The role therefore, of a leader according to Osmer (2008:26) is the provision of communication which modifies the attitudes and behavior of others in order to meet shared group goals and needs. This is more apparent in dealing with the challenges of widows within the church at large.

However, this research intends to engage Osmer's practical theological approaches sited above with a social responsibility strategy within a Zimbabwean cultural context to provide support tool for widows. In the use of literature review methodology in order to gather the information about widowhood sexuality challenges within the church and the A.F.M Church in particular Osmer's descriptive practical theological task has been engaged. The information gathered through this process shall be used in this research to discern the possible pain caused by the challenges facing widows. This takes place through hermeneutically listening to the stories of widows. According to Osmer (2008:5) through the descriptive task the pastoral counselor inter-culturally attends to the influence caused by cultural norms and religious beliefs that has a negative effect on widowhood sexuality. The descriptive task encourages the pastoral care giver to be "spiritual present" attending to the concerns of widows.

Through the hermeneutical methodology of practical theology, the interpretive task was engaged by identifying the situations faced by widows within the patriarchal society and religious circles that caused gender imbalances. Accordingly this process involves a style of

theological reflection in which theological concepts are used to interpret particular episodes, situations, and concepts associated with widowhood. The interpretive task of Osmer was mainly used in chapter three of this research where widowhood challenges were highlighted.

In this methodological engagement the normative task was useful to encourage the widows to view themselves as God's people who can trust that God travels with them as they begin to change and journey toward the future (Osmer 2008:9). This is viewed as an empowering tool to the widows as it deals with correcting their perception towards their current situation.

In the applicability and assessment process of this study, the pragmatic task of practical theological interpretation was sought as the research intended to respond in ways that may give meaning to the lives of widows. In this task the research opted for the social responsibility strategy identifying widowhood empowerment as the option for widows to control their destiny.

Through social responsibility strategy, the widow is empowered to discover her preferred identity as a widow despite her HIV positive status. By empowering them within their social structures it is aimed to make them develop their own preferred sexual and moral practices within the acceptable cultures of Zimbabwe and be able to celebrate their own identities within the church (Shumbamhini 2009:3). In the process, this will help them to deconstruct the boundaries set by dominant discourses such as the patriarchal type. Hence, because of these reasons, the social responsibility strategy aims to support Osmer's approach to practical theology by taking away the burden from the community and the church and empower the widows to manage their lives within these oppressive cultural discourses and social practices that have been promoting injustice towards widowhood sexuality.

In its practical emancipation, practical theology should engage other theologies within cultural contexts and communities. This study may contribute towards the sexual liberation of widows within the church as the interpretation of their experiences will be given within their context (Park 2010:1). This is in line with what Ackermann (1991:96); Kotzê & Kotzê (2001:6) describes as saying the feminist pastoral practices are liberating as they seek "justice, peace, healing and wholeness for all in partnership". In light to widowhood sexuality, the feminist theological approach helps to eradicate the hermeneutics of suspicion. In this methodological process feminist theology allows us to hear the voices of women and hear their feelings in relation to how they view God, and to write theology from their own perspective (Fulkerson 1994:13). According to Gebara (2010:52) suspicion shows a lack of trust in certain

interpretations of life advanced issues; it means distrust regarding the given facts and it can also mean a sense or discomfort with respect to the beliefs relating to women at large. Widows in this understanding can be in a position to control their sexual behaviour responsibly. The widows in this manner may witness and experience their God personally.

In support of the view that widows should control their sexual behaviour in connection to their relation to God, Herholdt (1998:225)'s postmodern theology states that every "person imagines God personally and differently; although this does not exclude the religious feeling that God is also your God". According to the postmodernist theologians God is therefore seen as "Divinity-in-Diversity", female/male, black/white and so forth". This theological view aims at empowering women/widows to see God as their relational God. It is believed that each person's relationship with God is unique. According to the postmodern theology widows need not be passive recipients of God's plan for them, "all people are afforded the right to some human input that co-determines the "plan" for their lives" (Herholdt 1998:217). In postmodern theology we draw the fact that widows personalize God in their plea and in their quest for meaning in their God.

In addition, Pettison (1994:2) discusses liberation theology in connection with the empowerment of widows and states that liberation theology is practical, contextual, and action-guiding, not remote, theoretical and academic. Ngwane (1994:114) also pointed out that according to liberation theology to know God or to love God is to do justice. The justice sought in this approach is that theology should be viewed from below, in which the stigmatized, the poor and the marginalized of the Christian community and the society are made agents of their own history through empowerment. Gutierrez (1995:XIV) had this to say:

All liberation theology stems from trying to make sense of human suffering when those who suffer are the victims of organized oppression and exploitation, when they are emasculated and treated as less than what they are; human persons created in the image of the Triune God, redeemed by the one Savior Jesus Christ and sanctified by the Holy Paraclete. This is the genesis of all liberation theology.....

Basically integration of these stated above and other views from theological theories shall be greatly analyzed to come out with meaningful ways of understanding the widows' needs.

However, Hendriks (2004:24) contends that academic and the pastor are to use theory and

praxis which are ultimately complementary because doing theology in a concrete situation does not only make theology alive and relevant, it also helps one to understand theology better. In support of this view Pieterse (2011:108) states that in descriptive theology the praxis that is described is also theory- laden. The results of the descriptive theology engage with the classic Christian resources, historical theology and systematic theology, in order to come to strategic practical theology that can guide a renewed praxis. The study therefore attempts to make a contribution to practical theology by bridging the traditional approaches that are basic for widows and bringing together practice and praxis in a theological engagement in dealing with the sexual concerns of widows. It takes into a consideration that within Zimbabwean cultures sexuality is the broader term encompassing gender roles, sex, masculinity and femininity etc. Most cultures in Zimbabwe for example, the Shona and Ndebele cultures (the major tribes in the country), their sexual language uses metaphors, therefore, in terms of widowhood empowerment with theological flavor sensitivity to the sexual language which the people use will be recognized so that respect is shown and maintained.

1.8 Definition of Key Concepts

The following definitions for key concepts in the study are given and are going to be used accordingly:

HIV: HIV is the acronym for “human immune deficiency virus”. HIV is a virus, which attacks and may ultimately destroy the body’s natural immune system (Dyk 2008:492).

AIDS: AIDS is the acronym for “acquired immune deficiency syndrome”. AIDS is the clinical definition given to the onset of certain life-threatening infections in people whose immune systems have ceased to function properly as a result of infection with HIV (Dyk 2008:489).

A.F.M.: an acronym for Apostolic Faith Mission, a Pentecostal Church (A.F.M in Zimbabwe Constitution 2008:1).

Healing: An intensely personal subjective experience of transcendence of suffering involving a reconciliation of the meaning and individual ascribed to distressing events with his/her perception of wholeness as a person (Tamirepi 2011:19).

Church: A body of living Christian believers, regarded as striving to combat evil on earth and enhance justice in the world. In this thesis the term Church refers to the Christian Church in general terms.

Culture: Refers to the total manifestation of a people’s self-understanding and self- expression through politics, economics, ethics, aesthetics, kinship and religion (Tamirepi 2011:19).

Religion: Meaning takes on a supernatural character and provides a mechanism by which people may establish communication links with the supernatural.

Widow: A woman who has lost her husband by death, and has not married again (American Heritage Dictionary English Language 2000:1464).

Widowhood: The time of a woman's life when she is a widow (The Shorter Oxford English Dictionary 2007:3632).

Pastoral Care: Presupposes a faith conviction as the starting point and faith community as one of the contexts from which to do theology or from where counseling is offered (Louw 2008:10).

Dilemma: A circumstance in which a choice must be made between two or more alternatives that seem equally undesirable; a difficult circumstance or problem.

Sex: Sex is the sum of the characteristics that distinguish organisms on the basis of their reproductive function. It also states that sex could be feelings or behavior resulting from the urge to gratify the sexual instinct of which this research will centre on (Collins English Dictionary 2010:1501).

Sexuality: This refers to the quality or state of being sexually, that is, the human capacity to express sexual feelings or to engage in sexual activity (Ngure 2007:7).

Sexual: this is how people have the capacity for erotic experiences and responses to sex.

ABC: Abstinence, Faithfulness and Condom use.

STI: Sexually Transmitted Infection. Sexually transmitted infections are infections transmitted primarily through sexual intercourse (Dyk 2008:496).

Suffering: Refers to an inherently unpleasant experience reflecting an intensively personal narrative of hopelessness and meaninglessness and may alienate the sufferer from self and society engendering a crisis of meaning (Tamirepi 2011:19).

Empowerment: Empowerment is "the process of helping individuals, families, groups and communities increase their personal, interpersonal, socioeconomic, sexual, political and influence toward improving their circumstances" (Zastrow 2004:431).

1.9 Thesis Structure

The thesis comprises five chapters:

Chapter One presents a general introduction to the study highlighting the background to the study and the motivation to carry out the study. The problem statement was given and the crust of the study; the pertinent research questions were outlined. The research goals, the significance

of the study and the research methodology used was explained as well as the study's contributions to Practical Theology were highlighted. Finally in this chapter, the definitions of key concepts used in the study were discussed.

Chapter Two: Gives general introduction to the chapter on challenges facing widows living with HIV and AIDS in Zimbabwe. The general position of the HIV and AIDS pandemic in Zimbabwe will be given. The chapter also looks at an overview of Zimbabwe stating its geographical location and looks at the general population. A brief history of the country is given in order to contextualize the location of the study based on the assumption that the challenges HIV and AIDS poses are related to the political and economic influences and the different cultural practices found in Zimbabwe. The chapter also provides the concept of HIV and AIDS in Zimbabwe, and also shows the influences posed by the Western and the African cultures in influencing the theological perspectives within the church in general and the A.F.M Church. The effects of HIV and AIDS on women and widows in Zimbabwe are also shown, with the intention of validating that widows are disadvantaged. The general position of the churches is given and examined. The chapter also looked at the A.F.M Church and its policy document in connection to HIV and AIDS.

Chapter Three: The chapter discusses the definition of widowhood in the African context. This chapter also looked at the influence made by the patriarchal society in shaping the status of widow and their sexuality. Again this chapter viewed widowhood within the church and also the general challenges faced by widows. This chapter discussed the cultural perspective of sex and sexuality. The chapter looked at widowhood sexuality within the African culture. It also examined the burning issue currently challenging theology on human sexuality by showing the church's perspective on sex and sexuality. Widowhood sexuality and the church were given and the chapter examined the dilemma of widowhood sexuality as a way of showing how religious beliefs and cultural norms controlled and directed widowhood sexuality. The Theological reflection on the dilemma of widowhood sexuality is described as well.

Chapter Four: This chapter explores the widowhood sexuality in different perspectives. In the process a biblical perspective is discussed in this chapter. The chapter also provided the theological hermeneutical paradigm shift on widowhood sexuality. Finally in this chapter pastoral care approaches to widows are provided in order to give meaning to widows.

Chapter Five: This chapter provides an assessment of the goals of the study. It also shows the limitations of this study and provides suggestions for future research. The recommendations made gives a proposal to the church to relook at the needs of widows differently and assist them find meaning in their faith in God.

CHAPTER TWO

CHALLENGES FACING WIDOWS LIVING WITH HIV AND AIDS IN ZIMBABWE

2.0 Introduction

Chapter one gave an introduction to the study by focusing on the background to the study as well as discussing the motivation and showing the significance of the study. The chapter described the core problem the study endeavors to explore as the sexual dilemma experienced by widows in the A.F.M Church in Zimbabwe within the context of HIV and AIDS pandemic. The research question is based on how pastoral care within the A.F.M Church in Zimbabwe can address the sexual dilemmas of widowhood. Therefore the objective of the study is to do a critical evaluation of the role played by the church in general in understanding the sexuality of widows within the religious and cultural frameworks. This chapter wishes to pursue and assess the impact of HIV and AIDS in Zimbabwe. This chapter becomes important to this study as it unveils the concept of HIV and AIDS with more focus on how HIV/AIDS has caused formidable and unprecedented suffering on the people of Zimbabwe and in particular how widows are exposed to the trauma of widowhood. The chapter indicates how the history and the politics of the land has influenced and created a predicament of vast communities of people that are experiencing an urgent search for meaning. Through the practical hermeneutical methodological approach used in this study, the philosophy of Osmer's Descriptive- Empirical task shall be followed in this chapter in order to provide a listening ear to the challenges and circumstances facing widowhood in Zimbabwe. This approach encourages "spiritual presence" with priestly listening and hence the ability to present and commit widows' needs to their God (Smith 2010:102). Through the enquiry on related literature, the background position of widowhood in Zimbabwe is indicated in this chapter.

The chapter attempts to provide the challenges faced by widows living with HIV and AIDS in Zimbabwe. In the process of identifying these challenges, a detailed outline of the epidemiology of HIV and AIDS in Zimbabwe is provided. This led this chapter to explore the effects of HIV and AIDS on Zimbabwean women in general and its impact on the church and the community. It is also important in this chapter to provide an overview of Zimbabwe as a country and give highlights of a brief background of its geography and political history in order to examine its connections with creating factors contributing to the marginalization of women in the country. At the same time an attempt is made to examine the interconnectedness of the Western and

African cultures in influencing the Zimbabweans' perception on HIV and AIDS pandemic. Finally, this chapter also attempts to provide some measures on addressing the issue of sexuality among widows within the A.F.M Church in particular and Zimbabwe at large. An effort to promote the social responsibility strategy as a way of empowering widows in the face of their challenges is considered in this chapter as well.

2.1 Overview of Zimbabwe

Zimbabwe is primarily an agricultural country of 390 580 square kilometers (150 8045q mil) with 386 669 square kilometers (149 293sq mi) farmland (Campbell, 2003:23). It is located in Southern Africa and is land-locked, being bordered by South Africa, Botswana, Zambia and Mozambique. The tropical climate is moderated by the altitude of five thousand feet (1200km) to provide favorable weather patterns during the summer (Mazula 2004:10). Agriculture provides a source of commercial crop, animal and horticultural products for domestic and export markets. It blossomed soon after independence but later on declined. The country also has some natural wonders and wild animals good for tourism. Furthermore, the country has natural deposits of precious minerals and metal products (Mazula 2004:10). As noted by Khumalo-Sakutukwa (2003:7), European colonizers displaced the majority of indigenous farming population into unproductive lands called communal areas. Historically, Zimbabwe's white minority owned most of the country's productive land through large-scale commercial farms, whereas, the majority of the population lived on less-fertile land. The need for land reform in Zimbabwe is widely acknowledged (Khumalo-Sakutukwa 2003:7), even by representatives of the commercial farming sector.

However, in 2000, the government began a fast-track land re-distribution programme, which is being carried out very rapidly, mingled with political aspirations hence by-passing legal procedures. The fast-track land reform has been accompanied by large migration of people, regrouping of families, and exposure to new sexual networks (Khumalo-Sakutukwa2003:9), thus increasing the risk of new infections. Women and children provide much of the farm labor because their husbands could be working in towns or could have migrated to other countries to work. Therefore, that leaves women exposed to HIV and AIDS pandemic. In some instances, these women are left to take care of the sick people at home and as well as provide for the children.

In view of the land redistribution, access to land remained largely biased towards males therefore women still remained dependent on their male counterparts for resources, leaving HIV and AIDS prevention male biased. In the few instances where women accessed land their spouses still remained as the advantaged beneficiaries (cultural aspects demand that males control the family's wealth) thus still leaving women in a vulnerable position. In yet another scenario, both spouses were allocated land in different provinces or places thus separating the spouses geographically. This type of separation created avenues for new sexual networks thus increasing the risk of HIV in women. In spite of the large base of natural resources that the country has and the attempt by the government to redistribute this wealth, female dependence on their spouses was not fully addressed thus the task of HIV prevention in the marriage set up still remains in the hands of the male. It is against this background that widows in Zimbabwe are left without sufficient resources for sustenance. Cultural practices in Zimbabwe forces women to assume surnames of their spouses if married, hence the death of the husband leaves the widow attached and controlled by the husband's relatives. In the case of the widow wishing to be remarried she is then forced to abandon the inheritance in the hands of the husband's relatives. As a result this discourages widows from remarrying in fear of losing the inheritance in a bid to getting married. This situation exposes some widows to promiscuous behavior ultimately exposing them to HIV/AIDS pandemic. Therefore in this regard the following section becomes relevant to the study as it provides the context to the study.

2.1.1 A brief History of Zimbabwe

Zimbabwe was colonized by Britain in 1890. Its endowments were the major reasons for colonization. In 1980 it won its independence, Robert Mugabe of Zimbabwe National Union-Patriotic Front (ZANU-PF) came to power. Before independence black Zimbabwean women could not own land because they were considered as minors. After the attainment of independence Zimbabwe inherited this law leaving women disadvantaged. In light of this background the history of Zimbabwe may be useful in explaining the social imbalances prevailing in the country today. The failure to put resources in the country by former colonisers and the post-independence government to empower women exposed Zimbabwean women and widows in particular into a weakened state. The socio-economic and political instability made a number of women to engage into cross-border trade, leaving their spouses sexually unattended. This exposed both parties to HIV/AIDS infection. As a result a number of women were

widowed during the period of political and economic instability in the country (Matchaba-Hove 2009:160).

The new nation predominantly comprised Africans of both the Shona and Nguni (known as Ndebele) language groups, with Shona being 80% and the Ndebele being 17%. It is also important to note that there are some other smaller tribes living as the 'Shona' when inhabiting Mashonaland, Manicaland, Masvingo and some parts of Midlands Provinces, or 'Ndebele' if they lived in Matebeleland and Midlands Provinces.

According to Eyre (2001:5) Zimbabwe was one of the last African countries to gain independence. It actually experienced the progression from a pre-colonial society to a European colony to an independent nation relatively quickly. In the 1870s early British expeditions in search of gold and diamonds moved into the area, the Shona people were living in more –or– less independent city states. However, the Shona's limited experience with the outside forces made it difficult for them to resist the colonial forces. The besieging Africa made it easier for Cecil John Rhodes and his followers to move peacefully into Shona lands during the 1870s and 1880s, and to establish settlements and mining operations. The Shona people did not object at first because the British claims were to the surface of the land, not what lay beneath it. However, before long the British began appropriating rich agricultural lands, establishing schools and institutions and setting up the beginning of a colonial nation. Southern Rhodesian appropriation of land for commercial farms continued all the way to Zimbabwean independence in 1979.

What was taking place in the Shona states was not the same south of the Limpopo river where the Ndebele people had settled around the Matopo hills near present day Bulawayo during the 1830s (Eyre 2001:7). The Ndebele were considerably more militant than the Shona. These were those who had split from the Zulu after a conflict with the legendary Shaka Zulu, one of the fiercest military leaders in modern African history. The Ndebele under their own leader Mzilikazi forcibly incorporated the few Bantu tribes living in the area and established their capital just north of Bulawayo. Mzilikazi uneasily tolerated a certain level of British missionary activity and never restrained the British in Ndebele territory.

In 1868, two years before Mzilikazi's death, the British explorers became the first Europeans to find the extraordinary ruins at Great Zimbabwe. The 'discovery' triggered a rapid influx of

British fortune hunters from South Africa. The inevitable confrontation played out between Mzilikazi's son Lobengula, and Cecil Rhodes' tactical skills and his ability to cajole and con Africans yielded fateful fruit in the Rudd Concession of 1888, in which Lobengula unwittingly gave British and not the Afrikaners mining rights to most of present day Zimbabwe (Eyre 2001). In order for Rhodes to gain strength and ground in 1889 he formed the British South Africa Company and quickly set about establishing bases of operation in key cities in the country.

Realizing the danger posed by this occupation, the Ndebele and Shona in 1896 joined forces in a sustained effort to stop the formation of a British state. The Shona called this fight "Chimurenga" a war for liberation while the Ndebele called it "Umvukela" (a war for liberation). It was led by two spirit mediums, Nehanda (a woman) and Kaguvi (a man), who both were hung at the end of the doomed struggle. These however, became powerful heroic symbols during the successful "second Chimurenga" of the 1960s and 1970s.

In process of time, Southern Rhodesia as it was called then, moved further and further away from England in terms of its norms of government and its treatment of Africans. In 1965, Ian Smith won a majority of the parliament and brought in a Unilateral Declaration of Independence (UDI), meaning that they would answer to no outside power: the bloody, final 15 years of Southern Rhodesia's history. In 1979, Ian Smith's regime was finally broken by the formidable tenacity of the guerilla fighters, and the loss of all international support, but was supported by the South African Apartheid regime.

The history of Zimbabwe significantly changed in 1980 when the two political parties, the Shona dominated Zimbabwe African National Union-Patriotic Front (ZANU-PF), and the Ndebele dominated Patriotic Front- Zimbabwe African People's Union (PF-ZAPU) faced off in a historic election. Robert Mugabe's ZANU-PF party won 57 of the 80 seats available to blacks. An agreement brokered by the British had guaranteed whites 20 seats in that first election.

On the 18th April 1980 Robert Mugabe was installed as the first leader of an independent Zimbabwe. Educated and articulate, with clear socialistic sympathies, Mugabe seemed to have begun well, focusing on health and education and making the most of the nation's natural wealth and strong infrastructure, nevertheless he gave less attention to quickly empower

women. But over the years his regime became more and more corrupt and entrenched. Despite interventions by the World Bank and International Monetary Fund (IMF), the economy faltered, sagged, and eventually plummeted to depths unimaginable in 1980. Increasingly remote and embattled, Mugabe has clung to power ferociously (Eyre 2001:16; Matchaba- Hove 2009:161). The situation in Zimbabwe was made difficult due to a number of factors. Among the notable ones are the raging poverty, malnutrition, a dire HIV/AIDS epidemic, and the political environment and misappropriation of national resources. However, Mugabe in an effort to divert attention from his foreign meddlers, union organization, gays, and lesbians, and all form of dissenters, but his most powerful and constant rhetoric has concerned the crucial issue of land distribution.

In 2000 the first credible opposition party was felt, the Movement for Democratic Change (MDC) led by Morgan Tsvangirai, built on popular discontent with Mugabe's regime. Tsvangirai led his party to near victory in the June, 2000 parliamentary elections, winning 57 of 120 seats. Immediately afterwards, the so-called "war veterans" began seizing white owned farms. Matchaba-Hove (2009:160-63) in his article HIV/AIDS in the Defence Force: A civil Society perspective, Mugabe cheered them on attempting to rally public support for an aggressive, take-no-prisoners approach to land re-distribution. The New York Times (6/5/2001) reported that to date more than 1700 white-owned farms have been occupied. This opened doors for lawlessness in the country making the political, social and economic situation in Zimbabwe unbearable.

The political crisis in the country contributed to the decline in foreign aid which has had a negative effect on the control and management of HIV and AIDS. Matchaba- Hove (2009:163) notes that in 2004 the neighboring Zambia received US\$187 in foreign aid for every HIV-positive person and Zimbabwe received only US\$4 per HIV-positive person for the same year. On assessment the UN Children Fund estimated that Southern Africa received US\$47 for every HIV-positive person, as compared to Zimbabwe's US\$4 per HIV-positive person (World Bank, Washington, DC 2005). Political environment and natural factors placed much of Zimbabwean population in great challenges. Zimbabwe therefore experienced a severe shortage of food and livestock which is important to sustain the HIV/AIDS people. This placed a number of women and children into prostitution for survival. This was coupled by a number of factors. The first of these is that the country has experienced severe droughts in recent years. Second, the violent

and chaotic “land reform” programme since 2000 has seen the departure of experienced farmers and capital.

The government allowed the people to seize the white owned farms and that created a lot of social problems as the international community withdrew its support leaving a lot of people without food aid (Tonini 2005:93). Third, the president Mugabe told the International donor community in 2004 that Zimbabwe had enough grain to feed the nation and therefore, did not need food aid. According to Matchaba-Hove (2009:160), Mugabe remarked during an interview aired by Sky TV on the 24 May 2004, and said:

We are not hungry. It (food aid) should go to hungrier people, hungrier countries than ourselves. Why foist this food upon us? We don't want to be chocked, we have enough.

Such miscalculated political speeches brought a negative effect to the needy populace in the country. Malnutrition has a direct impact on the human body's response to HIV/AIDS; therefore failure to take cognizance by the leadership exposed a number of sick people into health challenges. According to Maxwell (2010:99) Mugabe allowed a number of regular parliamentary and presidential elections portrayed as democratic and later came out to be not. As a result that frustrated a number of human resources in the country. The political and economic climate in the country during post 2000 crippled the health system as a lot of health personnel left the country for greener pastures. This brought a massive brain-drain in the country. The exodus of health personnel and the lack of medical drugs made a lot of sick people to be on home based care. The people who were to take care of these sick people were women, widows and children. Furthermore, the exodus of health personnel compromises the health delivery system, hence further exacerbating the vulnerability of people and women in particular to HIV/AIDS. Moreover, HIV/AIDS statistics of most African countries are not correctly publicized because of political reasons hence people might not be abreast/aware of latest developments and potential impacts of the pandemic.

2.2 The concept of HIV and AIDS in Zimbabwe

The HIV epidemic remains a major public health problem in Zimbabwe and the world over. In 2005 the Joint United Nations Program on AIDS (UNAIDS Report 2006:4) identified Zimbabwe as one of the countries with the highest rates of HIV infection in the world, (University of Zimbabwe (UZ) HIV/AIDS Policy Guidelines 2007:30). One of the greatest

concerns is the effect of HIV/AIDS among widows and the children. UNAIDS/WHO report (2009:22) states that women's vulnerability to HIV in sub-Saharan Africa stems not only from their greater physiological susceptibility to heterosexual transmission, but to the severe social, legal and economic disadvantages they are often exposed to. The United Nations AIDS update estimated that out of 33 million people in the world living with HIV and AIDS 15.7 million are women (UNAIDS/WHO report 2009:6). This makes women especially vulnerable and their life highly challenging. However, the source of encouragement may be found from the book of Proverbs in the Bible an admonition for women, widows in particular and all humanity: "do not give up and be helpless in times of trouble" (Proverbs24:10). This is the intention of this research that widows should heed to the advice given in the wisdom of the Proverbs and be empowered to find meaning in their situations.

The continuing rise in the population of people living with HIV and AIDS, in Zimbabwe reflects the combined effects of continued high rates of new HIV infections and the beneficial impact of antiretroviral therapy (National AIDS Council Report 2010:ii). Therefore, assessing the recent HIV infection data, this calls for an examination on Zimbabwe's behavioral trends and cultural perspectives. Such figures show that there are often large variables in HIV prevalence and epidemiological patterns within the country.

Thus, UNAIDS (2009:9) recommended that countries ground their AIDS strategies in an understanding of their individual epidemics and their national responses (UNAIDS Report 2009:9). It goes on to elaborate that the failure to match national AIDS strategies to documented national needs has been vividly illustrated by recent modes of transmission studies and HIV prevention syntheses conducted in a number of countries. The current Zimbabwean Minister of Health and Child Welfare Dr. Henry Madzorera stated that "despite the achievements, there is urgent need to drastically change the course of the pandemic. The understanding of the pandemic and the challenges it brings is a very essential element for effective national HIV and AIDS control" (National AIDS Council 2010:11) It is against this background that the church in general and A.F.M Church in particular for it to provide a meaningful pastoral encounter with the congregants living with HIV and AIDS, should be aware of the HIV and AIDS prevalence and the trends of infection. The most affected in this case are individuals who are divorced, separated or widowed who tend to have significantly higher HIV prevalence than those who are single, married or co-habiting, with divorced or widowed women experiencing especially high

risks of infection. Often, divorce or widowhood stems directly from an individual's HIV status (Apane et al. 1995:26), since many women are often divorced or abandoned because they are diagnosed with HIV and many individuals in the country have lost their spouses to HIV/AIDS-related illness.

A.F.M in Zimbabwe is a Pentecostal/Charismatic church, being currently the fastest growing Christian denomination in Zimbabwe in general and certainly in Southern Africa (A.F.M. Church, News Magazine, July 2011). Through its growth A.F. M Church is making a great influence the world over, owing to its involvement in all groups of people in its structures. It comprises ministerial programs focusing on young people, ladies unions (women in general), and men's educational fellowships and recently introduced the widows and single mothers department within its structures. It is in this department that widows fall and this is the section of this research. In search of meaning of life, it has been clear that a number of widows living with HIV and AIDS have turned their hope in God in anticipation to find meaning. Accordingly, the church at large must also take its place in the struggle against HIV/AIDS. HIV and AIDS challenge theological studies and all other Christian values which are immediately interrogated in the face of this life-threatening epidemic. Dube (2004:6) previously stated that both academic biblical and theological forums have not sufficiently taken up the HIV/AIDS challenges to help the world with the most useful paradigms of biblical interpretation in responding to the HIV/AIDS epidemic. Pastor Clever Gomba in his article in the A.F.M News Magazine (August 2010:14) stated that the vicious tendencies to stigmatize people living with HIV/AIDS are often based on social and religious taboos and attributes of human sexuality, which do not stand serious academic scrutiny. He further noted that churches in Zimbabwe, are still struggling to develop a theologically responsible vision and interpretation of human sexuality that is coherent with African values and cosmology. HIV/AIDS is a disease that speaks multiple languages and thrives on other pandemics. Thus, wherever the disease went it claimed 'shame, guilt, denial, and silence' as its code of conduct followed by stigmatization, discrimination and rejection as well as millions of graves, shattered communities and paralyzed church and other religious communities (A.F.M. News Magazine 2010:18). In this study the writer argues that HIV/AIDS should therefore, be a key priority in all churches and other religious communities. The Christian liturgy should insist on and celebrate justice. The church in general and the A.F.M Church in particular should be against the persistence of vestigial attitudes from traditional and unpalatable conservative theologies, attitudes of religious bigotry

and exaggerated self-serving piety bordering on myopia and naïve bibliolatry.

In this research one encourages the nation of Zimbabwe and the church in general to be an urgent and revitalized force for HIV prevention that support a combination of spiritual, structural, and biomedical approaches and which is based on scientifically derived evidence and wisdom and ownership of communities. The church at large should be responsible to challenge structures that forever wish to keep other people oppressed especially widows. Therefore structural sins and individual sins that deny people social justice need to be challenged head on since the prevalence of HIV/AIDS is not only about individual lack of morality (A.F.M News Magazine 2010:18). Therefore, this research strongly aims to challenge the view that HIV/AIDS is a disease that comes as a judgment of God towards morally bankrupt people. It aims to encourage the church in general and the A.F.M Church to observe the influence of the HIV and AIDS pandemic in Zimbabwe and acknowledge that the good news of Jesus Christ was tough talk and not simple or blind reproduction and repetition of certain moral codes but it was a relevant gospel to confront the contemporary challenges. For this study to be relevant it would be important to assess the HIV and AIDS pandemic in Zimbabwe and its effects on widows.

2.3 The HIV and AIDS Pandemic in Zimbabwe

The previous section noted that the Zimbabwean population at large and the A.F.M Church need to rethink on how HIV is viewed. Its impact cannot be ignored without any serious engagement. With around one in seven adults living with HIV and an estimated 565 adults and children becoming infected every day (roughly one person every three minutes, (UNAIDS 2008 Report) Zimbabwe is experiencing one of the hardest AIDS epidemics in the world.

The HIV and AIDS pandemic has become part of the contemporary global landscape. Few predicted its effects on mortality and morbidity or its devastating social and economic consequences, particularly in the Sub-Saharan Africa. The first cases of AIDS in Zimbabwe were recorded in 1985. It was reported to have its peak prevalence of 36% between 1995 and 1997 (Zimbabwe National AIDS Council 2010:1). In 2009 the adult (15-49 years) HIV prevalence declined to 14.3% (UN General Assembly Special Session Report on HIV/AIDS 2010:10). The total number of adults and children living with HIV/AIDS is between 1.0 and 2.0 million. About 50 percent of the people living with HIV and AIDS are infected during

adolescence and young adulthood. At the end of 2003, an estimated 980 000 children under 17 years had lost one or both parents to HIV/AIDS (MoHCW 2009). Women are disproportionately affected by HIV/AIDS, constituting 51 % of people living with HIV/AIDS in Zimbabwe in 2003. The estimated number of women living with HIV/AIDS has been higher than that for men since 1989, and the number of new infections among women has exceeded that among men since 1989. Recent data from the national Surveillance System show a decline in HIV prevalence among pregnant women from 26% in 2002 to 21% in 2004 (Zimbabwe National AIDS Council 2010:3). In 2005, the MoHCW commissioned an epidemiological review to ascertain the decline in HIV prevalence in the country (UNAIDS Report on Zimbabwe 2010:10).

The HIV and AIDS epidemic is the most serious challenge faced by Zimbabwe since independence. According to records (MoHCW 2009, NAC 2009), Zimbabwe has an estimated 24.6% of the population aged 15-49 infected with HIV. The consequence has been wide spread death and massive suffering among Zimbabweans. According to MoHCW (2009) and NAC (2009) HIV continues to infect large numbers of Zimbabweans. The report further estimated that three out of every four adults in the population remain free of HIV and all of these people can take active measures to protect themselves and their loved ones.

The prevalence of HIV infection in Zimbabwe varies with locality. The most severely affected areas (with average HIV prevalence of about 35%) are large scale commercial farms, administrative centers, highly populated-growth points outside cities and towns, state lands and mines (WHO2005:1). Urban areas have an average HIV prevalence of 28% versus about 21% in rural areas (MoHCW 2009). Other groups severely affected by HIV/AIDS include female sex workers, uniformed personnel and orphaned children.

According to the Henry J. Kaiser Family Foundation Report (2005:1), general awareness of HIV/AIDS in Zimbabwe is relatively high. For example, the report states that among young people aged 15-24, almost three to four (75%) of young women and 83% of young men know that a 'healthy' looking person could be infected with HIV (Ibid). Access to antiretroviral therapy (ART) has quite improved in Zimbabwe. With over 300,000 people in need of ART, although Zimbabwe is among the 20 countries identified by World Health Organization (WHO) as having the highest unmet need for ART. As of June 2005, an estimated number between

9,500-16,000 people were receiving ART in Zimbabwe, covering only 3-5% of those in need (WHO 2005:3). Following the first records of AIDS in Zimbabwe in 1985, HIV sentinel surveillance was initiated in 1991. In 2000, Zimbabwe undertook the first fully implemented Antenatal Clinics (ANC) survey since 1997. It found that 35% of women attending the ANC were infected with HIV. The 2001 ANC findings appeared to indicate that ANC prevalence had fallen to 29.5%. In August 2003, Zimbabwe released a report presenting new national HIV/AIDS prevalence data, indicating that HIV prevalence in ANC survey peaked in 2000 at 34% fell in 2001 to 30%, and decreased further in 2002 to 25.7% (Henry J. Kaiser Family Foundation Report 2005:2).

The relationship between HIV prevalence and socioeconomic indicator is highly complex in Zimbabwe. Increasingly the risk of HIV infection is recognized as related to individual as well as community variables (Khumalo-Sakutukwa 2003:16). Khumalo–Sakutukwa (2003:16) states that, since 1999 the political and economic situation in Zimbabwe has drastically deteriorated, and the country is currently undergoing a massive food shortage. These factors may all be consequences or may have their own effects on HIV/AIDS prevalence. The heavily affected populations under these conditions are women, children and widows in particular. Politics in Zimbabwe at this critical moment tend to direct efforts and assistance to political affiliation rather than to the most vulnerable population.

2.4 Zimbabwe government's response to HIV and AIDS pandemic

Following the first report of HIV/AIDS in Zimbabwe 1985, the Zimbabwean government and the general population was in a mode of denial mainly due to lack of knowledge of the disease and its potential social and economic impacts to humanity. Makamani (2009:13) lamented that there was a marked paucity of government and other public figures that made no public announcements about the disease. Therefore, in Zimbabwe, HIV and AIDS public discourse was minimal and it was only considered to be newsworthy when President Mugabe included it in his speeches, which were too few to match the threat. Thus, government did not initially respond meaningfully to the disease and with a sense of urgency (AVERT, January 14, 2009).

After the negative effects of HIV and AIDS were visible in all sectors of Zimbabwe, the government responded by setting measures to avert the spread of the pandemic. In 1985 the

Ministry of Health through the National Blood Transfusion Services (ZBTS) intensified the screening of the blood and blood products (Zimbabwe National HIV/AIDS Strategic Plan (ZNASP) 2006:7). In 1987, the National AIDS Control Programme (NACP) was established in the Ministry of Health. During that year, a one-year Emergency Short-Term Plan (STP) was formulated to create public awareness of HIV and AIDS (Ibid). In this programme the health personnel were trained in the different aspects of HIV and AIDS interventions to include promotion of appropriate behavior change among targeted groups, counseling and caring for people living with HIV and AIDS surveillance and monitoring the epidemic through epidemiological surveillance. The first Medium Term Plan (MTP1) was launched in 1989 and remained operational until 1994. The MTP1 focused on expanding interventions to promote behavior change, prevention and treatment of Sexually Transmitted Diseases (STD) care and support for people living with HIV/AIDS (ZNASP 2006:7). In 1994, the five-year Second Medium Term Plan (MTP2) was developed to focus on mobilization of non-health sectors to integrate HIV/AIDS issues. It is during this period that the government of Zimbabwe, through the Ministry of Education and Culture, in conjunction with UNICEF introduced AIDS education as a subject in primary and secondary schools. However, this proved to be difficulty to parents' disinterest coupled with the teachers and school heads' unfamiliar with most of HIV/AIDS concepts (Gatawa 1995:11).

From 1997-1999, the government of Zimbabwe embarked on a broad-based and multi-level consultative process to develop the National AIDS Policy (1999). According to ZNASP, to operationalize the National HIV/AIDS Policy, the National HIV/AIDS Strategic Framework (2000-2004) was developed and launched in 2000. According to ZNASP (2006:8) in 1999, Zimbabwean government introduced National AIDS Trust Fund (NATF). In this bid the funds were managed by National AIDS Council (NAC), which was created through the Act of parliament in 1999 and started in 2000 (Zimbabwe National HIV/AIDS Strategic Plan, 2006:7). However, it is noted with much displeasure that Zimbabwe always came up with seemingly brilliant programmes to fight HIV/AIDS but much of its effects were drawn back by gross corruption and misappropriation of funds. This made the AIDS Funds never to satisfactorily meet needs of the intended beneficiaries. Therefore, the magnitude of the need for treatment for HIV/AIDS patients in Zimbabwe continues to reach unimaginable levels.

It is important to note that Zimbabwe's HIV testing is provided within the context of voluntary

counseling and Testing (VCT), the diagnostic testing (Preventing Mother to Child Transmission (PMTCT), opportunistic infection and Antiretroviral Therapy (ART) (National University of Science and Technology (NUST) Policy 2008:4). The NUST Policy report also noted that in 2002 the Zimbabwean government declared HIV/AIDS and lack of Antiretroviral Therapy (ART) as an emergency. Still by the year 2010 most hospitals and some clinics could carry out rapid HIV Tests as well as full blood counts and chemistry. Improved methods of HIV/AIDS surveillance were introduced in 2000, which incorporated expanded coverage, particularly in rural settings, more consistent site selection and field procedures, and detailed documentation of the procedures used. A national network of Voluntary Counseling and Testing (VCT) “New Start Centers” were established by Population Services International (PSI)(a Non-Governmental Organization), in association with Zimbabwe Ministry of Health and Child Welfare (NUST Policy 2008:4). In this regard it is however disturbing that most of these centers are largely located in urban areas with some being free standing and others being integrated into health services facilities.

It is in 2007, that the Government of Zimbabwe shifted focus from voluntary testing to provider-initiated testing, meaning that whenever a person visits a healthcare facility, they will be offered HIV testing as part of the hospital service. According to one of Zimbabwean doctors, Dr. Mugurungi, the head of the AIDS and TB Unit in the Ministry of Health and Child Welfare, noted that this regulation could mean a greater number of people knowing their status, which will help both the service provider and the infected person to plan effectively on either living positively or maintaining a negative status (The Herald, Harare, 29 October, 2007).

The other approach taken by the government is to prevent the transmission of HIV through Mother to child transmission (MTCT). There are estimated more than 17 000 children who are infected with HIV every year (AVERT 2008), the majority through MTCT. As with VCT, services to prevent the transmission of HIV between mother and their children during pregnancy is gradually being scaled up. In 1999 four sites were launched for PMTCT pilot programme, and today the programme is nationwide. The programme aims to provide pregnant women with free VCT and give them access to nevirapine, a drug that significantly reduces the chances of transmission occurring. AVERT states that the provision of drugs to prevent MTCT increased significantly from 4% in 2006 to 29% in 2007.

HIV and AIDS treatment in Zimbabwe is showing a great improvement, though largely as a result of Zimbabwe's declining economy, there has been a shortage of ARVs. However, the government has responded to this shortage by taking various measures to increase the availability of ARVs (AVERT 2009:11). Women who live in rural areas are reported to find it very difficult to obtain ARVs. The major reasons may be that incomes for rural households tend to be low, and rural women often rely upon husbands working in towns for financial support. The Ministry of Health and Child Welfare noted that even where treatment has been made accessible, a severe national shortage of healthcare workers has led to long waiting lists and administration problems.

The challenge in Zimbabwe is that HIV and AIDS is highly stigmatized (Rodlach 2006:1). People living with HIV are often perceived as having done something wrong, and discrimination is often directed at both them and their families. In particular, the Church is the most discriminating place instead of being welcoming (Rodlach 2006:1). Hence many people in Zimbabwe are afraid to get tested for HIV for fear of being socially alienated, losing their partner or losing their job. Those who do know their status such as some widows rarely make it publicly known, which often means that they do not have access to sufficient care and support. However, there is an opportunity in Zimbabwe that the stigma surrounding HIV is gradually diminishing due to the level of awareness which has been noted to have improved, although it remains a significant problem. In the country there are still some cultural myths that need to be addressed. For example some sects still believe that they do not have to be hospitalized (the Johane Marange and Masowe sects) this has a great effect in the control of HIV spread. On the same note these sects (the Johane Marange and Masowe sects) and in some societies polygamy is still acceptable and the most vulnerable people are women. Hence there is a need to challenge some religious beliefs and African cultural norms to accept the biomedical truths in a way that will give dignity to the African women and widows. Integrating such aspects into theology could be helpful and opting for a social responsibility strategy in addressing the gender imbalances. The social responsibility strategy provides a need to advocate for widowhood empowerment in spite of the patriarchal dominance within the Zimbabwean context.

2.5 The contribution of African and Western cultures to Theology

It is very difficult within the African context to talk freely about sexuality issues. Samuel (2004:26) states that traditionally, talking about sexuality is to a large extent a taboo and statements issued by African Churches are carefully formulated to avoid meaningful discussion on human sexuality. Therefore, this creates a great challenge to deal with issues of sexuality in addressing the problem of HIV and AIDS in African societies. One would find that it is easier to talk about sexual issues to classes within a Western culture than the strict African population. African and Western cultures play a great role in influencing theology and the transmissibility of HIV and AIDS. Since 1985, anthropologists have been making significant contributions to the study of HIV and AIDS in Sub-Saharan Africa (Feldman 2008:1). Such anthropological research on HIV and AIDS in Africa has informed other major areas including theology. Therefore, one would find that biblical interpretations are based on what the Western Missionaries informed the African theologians instead of contextualizing the gospel. According to Feldman (2008:2), the degree to which the epidemic in Africa is spread through which customs and practices, and which kinds of sexual behavior, and the precise trajectory of the epidemic are critical concerns, which a bio-cultural anthropological perspective is uniquely situated to investigate. Therefore, if such aspects of cultural influences are ignored it could be difficult to control the epidemic theologically. It requires the church in general and the A.F.M Church in particular to be compassionate and be responsible with human life than being dogmatic.

HIV and AIDS prevention methods are a controversy in most of African Churches today because there are different viewpoints on the concept of the pandemic. The use of condoms for HIV prevention is basically controlled by cultural beliefs and norms. In most African countries, especially Zimbabwe in particular, it is difficult for a woman to insist that a man use a condom and she can hardly withhold sex if a man refuses to use the condom. In certain instances, the use of a condom is seen as a challenge to a man's masculine authority (Feldman 2008:2). In a number of African cultures the underlying and pervasive ideal is that sex is essentially a procreative act, therefore, emphasis on male potency and male and female fertility often overrides anxieties about contacting the deadly HIV and other STIs (Ibid). Hence, in most cases condom use is only negotiated within some short-term relationships and even then not consistently (Rwabukwali et al 1994). The same authors stated in their study of sixty-five HIV positive women and sixty-five negative Bagandan women, found that cultural norms

traditionally encourage multiple sex partners for men, and that women feel helpless in preventing HIV. In another study conducted by Konfield and Namente (1997) in Feldman (2008:3), in Malawi, where 40% of marriages end in divorce or separation, and women engage in ritual sexual “cleansing” with their deceased husbands’ brother, most people are very religious, but do not use condoms. Earlier in 1980s Schoepf (1988) conducted a study in Democratic Republic of Congo (DRC) and found that the church was teaching that AIDS is a divine punishment and only the so-called sinners are at risk. In another separate study of 100 females by Varga (1997) in Feldman (2008:3), learnt that in most African cultures that condoms are perceived as suggestive of filth, disease, infidelity, and mistrust. However, according to Feldman (2008:4), new epidemiological evidence from Uganda clarifies that it was indeed primarily condom promotion that reduced the HIV rate from 15 percent to 6 percent from the early 1990s to 2008.

The Western perspective has also significantly contributed to HIV/AIDS prevalence. The former President of United States of America, George W. Bush’s administration at one point advocated for abstinence-only or partner-reduction strategy in place of condom use for Africa (Orza 2006:5). The US Government introduced in Africa the US President’s Emergency Plan for AIDS Relief (PEPFAR) which is believed to have promoted HIV zero-prevalence in those countries supported by the funds (Orza 2006:5). Orza (2006:5) states that all sexual activity is carried out in the context of power relations in any given society in Zimbabwe. Societal gender inequalities are among the factors informing the power relations of the intimate realm, which means that women’s sexual activity is often enacted from a position of lower status vis-à-vis a male partner. Most women living with HIV are infected through heterosexual sex, and most often by a regular partner or spouse. Under such situations, all three options that the PEPFAR ABC (Abstinence, Faithfulness, Condom use) approach promotes are ineffective, sometimes impossible to act out, and women in all cases bear the brunt (Orza 2006:5).

Most African and Western cultures maintain the conservative ideology which neglected the HIV epidemic, and often blame persons with HIV and AIDS for their predicament (Van der Vliet 1994:43). The church should avoid sending the message of condemnation but rather endeavor to proclaim the compassionate gospel of hope and meaning in suffering as proclaimed by Jesus Christ. According to Louw (2005:14) the challenge of pastoral care is to provide a theology that identifies itself with suffering and become involved with human suffering.

Therefore a theology of reconstruction which is geared toward restructuring the social structures that promotes the well-being of people living with HIV.

However, it is a known fact that pastoral care is influenced and dominated by the Western enterprise which may not be effective, relevant and contextual totally helpful to the Zimbabwean context within the HIV and AIDS pandemic (Tamirepi 2011:120). This is supported by Lartey (2002:318), who reflects that because of this Western domination, the pastoral care models that are in operation are characterized by a paradigm that focuses on individualistic, rationalistic that promotes the self (ego) above all else. This study therefore, proposes what is referred to as an intercultural approach to pastoral care as a shift which promotes respect for the universal cultural and unique aspects of all persons (Ibid). Therefore, to unpack and integrate intercultural theological perspective requires a lot of compromise within African cultures in order to come up with a healing solution for those in a dilemma. Cilliers (2006:7), supports this by stating that the theological rationale for enculturation can be found in incarnation theology which stresses that the gospel can and should be enfolded and embodied within the paradigm of a specific local culture. However, there could be a danger of enculturation though meant for good, that in Christianization the dominant culture of those doing Christianization can be imposed on the receiving culture, which has been the effect of Western missionary work in Africa (Cilliers 2006:7).

According to Louw (2008:180), pastoral care and counseling within an African context agree that pastoral care must be seen as a social and community issue where the community and networks of relations are in the center and the individual at the periphery. There is need therefore, for pastoral care givers to be aware of the connection between the care-receivers and their relations in the hope of fostering appropriate images of God which can help clients find meaning within the HIV and AIDS pandemic (Louw 2008:180). He adds on and states that there is a need to shift from the so called authoritarian missionary and traditional patterns to collaboration with the client to avoid pastoral care from developing an aloofness which may lead to keeping a distance between care givers and the client. Working in collaboration with the client within cultural context and with Western ingredients helps the pastoral care giver to practice interpathy but at the same time giving room deconstruct beliefs which may be supporting the client's problem. In this view Louw (2008:180), proposes that the mystic dimension of life must be taken into account and the role of the counselor is much more geared

towards the community and relational issues where the therapist functions as a mediatory agent. Louw (2008:181) commends that pastoral intervention then means intervening within the cycle of cause and effect in order to restore a relationship of trust between the individual and the others. He adds to say that this makes the intercultural approach which is sensitive to cultural inclusivity imperative and in this approach; the pastor then fulfills the role of a networker and bridge builder in order to change the cause and effect approach into a purpose and meaning giving approach. I agree also that pastoral care should adopt what Louw (2008:181) argues for when he states that a human being must be approached as a unity within the African context where the soul is viewed as a dynamic power and a total awareness of destination. Such a paradigm shift will help pastoral caregivers formulate a contextual theological perspective which helps improve service delivery in pastoral counseling. However, with the situation of widows within African cultures, provision of an appropriate contextual theology can be a challenge. It has been stated in this study that theological formulations within the African context are controlled by the males causing gender imbalances. Hence, transformation, hope and widowhood empowerment can surface as counter strategy to the culture of oppression, providing the scaffolding for re-storying their lives with a pastoral care support (Shumbamhini 2009:5). The next section intends to examine the effects or impact of HIV and AIDS among widows in Zimbabwe.

2.6 Widows and HIV/AIDS in Zimbabwe

In Zimbabwe the prevalence of HIV infection varies with locality and circumstances. The most affected areas have been discussed earlier. Among the groups severely affected by HIV/AIDS include women, widows and children. WHO/UNAIDS report (2005:1) document that HIV affects more women than men in Zimbabwe. Twenty-one percent of women aged 15-49 are infected with HIV, while men of the same age HIV prevalence is 15%. In Zimbabwe, for women HIV prevalence peaks between the ages 30-34 at 36%, for men it peaks almost a decade later, between ages of 40 and 44 at 33% (WHO/UNAIDS 2005:2). Young women are significantly more likely to be infected than young men at 11% and 4% respectively. Among HIV-positive adults, 23% of women and 21% of men have never used condoms the WHO/UNAIDS report 2005 laments. This creates a number of women who are widowed at young age and who are still sexually active.

In another UNAIDS report (1999:3), societal vulnerability to HIV/AIDS stems from socio-

cultural, economic and political factors that limit individuals' options to reduce their risk. Therefore, in most societies, gender determines how and what men and women are expected to know about sexual matters and sexual behavior. As a result, girls and women are often poorly informed about reproduction and sex, while men are often expected to know much more (UNAIDS, March 1999:3). The unrealistic expectations that men should know much have exposed many women into untold HIV infection risk. A number of women in monogamous relationships who are vulnerable to HIV through their partner may perceive the negative economic consequences of abandoning the high-risk relationship to be far more serious than the health risks of staying. Hence, women are likely to be disproportionately affected by HIV/AIDS when a husband falls ill. Therefore the burden of caring for children orphaned as a result of the pandemic is borne chiefly by women. The challenges pushing women and children to HIV risk are compelled by these economic hardships. Often it is disturbing that gender-related discrimination is generally supported by laws and policies that prevent women from owning land, therefore poverty and other productive resources promote women's vulnerability to HIV infection, limiting their ability to seek and receive care and support.

The HIV and AIDS epidemic has had its most profound impact to date in Sub-Saharan Africa. According to Amosun (2011:5), two-thirds of the world's HIV and AIDS epidemic is in Africa. This has resulted in the death of almost 22 million Africans; most of them aged 15-49, people in their potentially most productive years, the effect of which has continued to echo over continuing generations. HIV is predominantly transmitted by heterosexual activity and women, on average, are infected at a significantly younger age than men (Amosun 2011:5). For sociological and biological reasons women are twice as likely to contract HIV through vaginal intercourse as men. Since disease related to HIV infection tend to progress more rapidly with age (Baylies et al 2000), older HIV positive husbands are more likely to die before their younger wives, creating a new generation of young widows. Notwithstanding this burden, women who lose their husbands as a result of AIDS may also be stripped of their inheritance and property rights due to the stigma associated with the disease and the customary rights prevalent in different societies (Amosun 2011:6). The grief that most widows experience is not just sadness of bereavement but the realization of the loss of their position in the family that, in many cases results in their utter abandonment, destitution and dishonor.

In agreement with the fact that women are discriminated economically, the International Center for Research on Women (ICRW), in partnership with the Global Coalition on Women and

AIDS (GCWA/UNAIDS) and the UN Food and Agriculture Organization (FAO) reports that women own less than 15% of land worldwide. Moreover, without official title to land and property, women have fewer economic positions and virtually no collateral for obtaining loans and credit. Therefore there is some trend towards amending the country's legislations aimed at reducing the gender inequalities with respect to property rights and inheritance (Strickland 2004:64). However, these reforms are often poorly implemented and the laws are seldom enforced because civil law may contradict traditional laws (Strickland 2004:64). Hence, in the context of HIV and AIDS women in general and widows' lack of ownership and control over such economic assets as housing and land can leave them destitute, making them highly vulnerable to HIV/AIDS (Ibid). This is evident especially in communities where AIDS-related stigma is high and widows can become socially isolated. Strickland (2004:64) noted that women who own or otherwise control economic assets are better able to prevail over such crises and traditions. Therefore, to empower women the issue of resource ownerships should be taken seriously rather than being a political talk show among most stakeholders (Strickland 2004:65).

Women in general and widows' hardships are often exacerbated by their HIV/AIDS status. The World Health Organization report (2004:8), states that in many countries women are already facing severe hardships resulting from inequality, discrimination and victimization, and HIV/AIDS adds to the hardships. According to Feldman et al. (2002:7), HIV diagnosis have impact on every aspect of women's lives and there is need for emotional, medical, and social support in order for families and communities to better cope with the impact of HIV/AIDS. Feldman et al (2002: vii), found in their research that HIV positive women and widows in particular continued to have sexual feelings and many continued to enjoy sexual relationships after their HIV diagnosis. Therefore, existing prejudices that HIV positive women should not be sexually active make it difficult for them to disclose their status to family planning service providers. Feldman et al. (2002:vii), further documented that men's attitudes to sexuality and reproduction often posed problems for women's sexual health, especially as women saw themselves as having little control within their sexual relationships. The report further elaborated that some HIV positive women, especially younger widows who did not have any children may have strong desire to become mothers and may choose to become pregnant often in spite of previous experiences of miscarriages or still-births. However, those widows who may wish to get pregnant are not given information they need to reduce the risk of infecting their partner or the child. Also the widows with children, who may want to avoid further

pregnancies, may face discrimination from health workers if their status is known, in that they are not expected to be sexually active (Feldman et al 2002: xii). Therefore, it is clear that the lack of access to appropriate family planning services and fear of disclosure makes it difficult for widows to practice safer sex or avoid unwanted pregnancies. Against this background it is important to examine the position of the church in terms of its position towards people living with HIV and AIDS. It is this researcher's assumption that the church's embracing response will give hope and meaning to widows and people living with the pandemic.

2.7 The general position of churches on HIV/AIDS in Zimbabwe

Zimbabwe is home to a number of religions. Christianity happens to be the major religion in the country. The church in general in Zimbabwe is better positioned to deal with the HIV and AIDS pandemic looking at the respect it gets from the general population. But the question is how effective is the church (in general) in Zimbabwe utilizing its great opportunity in combating the spread of HIV and in giving support to those who are HIV positive and in need? The church has a crucial role to play in the widespread uptake of HIV/AIDS treatments, because of their influence within communities and their reach in rural and remote areas in Zimbabwe. According Samuel (2004:5), the church through its mandate to preach the unconditional love of God, is conveniently positioned to reduce stigma and discrimination. Similarly the church is also positioned to offer psychological, moral and spiritual support to people in difficult circumstances (WHO Report 2004:16).

The other recognizable advantage of the church is that it can use its qualified experts within its congregation who may volunteer their time and services to assist in the management and running of Non-Governmental Organizations (NGOs). The role of the minister is to make or encourage the church membership to embrace a volunteer spirit. In that way the church will feel they are fulfilling their commission. Olivier(2004:4) says:

The church is largely depended on volunteers. Volunteers serve the church, and make the church effective without costing money or requiring a regular salary. Volunteers are the biblical model for the progress and success of the church, as every member of the body of Christ is meant to offer their gifts and service to God, for the building up of the community of God.

However, in Zimbabwe a number of church organizations and people of other faiths have responded differently concerning the crisis of HIV/AIDS. Of which, some churches like the Catholics have responded constructively and with profound compassion to HIV/AIDS crisis. In an effort to avert the spread of HIV, studies have been undertaken, religious leaders' seminars have been conducted, diaconal programmes have been organized, and prison, police and military Chaplaincies have been expanded in the country (Samuel 2004:16). The World Council of Churches (2001:62) issued a statement in a debate on how the churches in general should handle the use of preventive measures like condoms and reported:

Without blessing or encouraging promiscuity, we recognize the reality of human sexual relationships and practice and of the existence of HIV/AIDS in the world. Scientific evidence has demonstrated that education on positive measures of prevention and the provision and the use of condoms help prevent transmission of the virus and the consequent suffering and death for many of those infected. Should not the churches in the light of these facts recognize the use of condoms as a method of prevention of HIV?

Among a number of churches' ethics, the use of condoms is ambiguous in many cases, but in some cases their use would be more on the side of conserving life. Therefore, with such a challenge the churches in Zimbabwe need to consider a range of approaches appropriate to the situations of different individuals, a changing morality, rapid urbanization, industrialization, the influence of African or Western culture towards sex in villages, towns and cities.

It is important to realize that Christian faith is a faith in God who loves life. God became human so that human beings may have life in its fullness. Hence, there is little doubt in the eyes of the church that in the AIDS situation today, God would be on the side of life. Despite A.F.M. Church being so renowned, it lacks clear policies or intervention plans on critical aspects greatly affecting everyday life among its members e.g. HIV/AIDS. The next section of the research wishes to examine the efforts taken so far by the A.F.M Church in Zimbabwe to address the effects of HIV and AIDS.

2.7.1 The A.F.M. Church in Zimbabwe and HIV/AIDS

The A.F.M Church in Zimbabwe is a Pentecostal/charismatic movement and Church, which is the fastest growing Christian Organization since its establishment in the country in 1915 (A.F.M. News Magazine, August 2011:4). There is little documented account of the church activities. The work in Zimbabwe is said to have been began through the preaching of a Mr. Zacharias Manamela who converted to the A.F.M of South Africa. Thereafter, the work was recognized by the A.F.M of South Africa and G.J. Booysen was appointed to look after the work and seek registration of the church in then Rhodesia. Since then the A.F.M denomination and organization is making spiritual influence in much areas of human life. However, very little is seen in its effort to fight the HIV/AIDS pandemic. Looking at its membership one would see the significant representation of those who are HIV positive within the organization. It therefore calls for the A.F.M Church to implement a responsive policy that looks at the impact of HIV/AIDS within the Church. The A.F.M. Church should not burry its head under the sand and pretend as if it is not affected at all by the epidemic. There has never been time in modern history when the issues of church relevance to contemporary challenges have been so important. It must be noted at this stage that despite some theological misconceptions by the church to HIV/AIDS pandemic, the church in some parts of the world is playing a critical role in dealing with issues of HIV and AIDS (A.F.M. News Magazine, August 2010:14).

The A.FM Church (A.F.M Policy document 2009:11) recognizes the widows and single mothers at the moment and has an opportunity to see their growing numbers due to the effect of HIV/AIDS. The church is doing well in giving this group spiritual encouragement, but the researcher feels that the needs of widows are too complex that a paradigm shift is called for in order to give meaning in their predicaments. The widows should be given human treatment and respect as responsible members of the church. The church should try to educate them on how they should handle their life issues.

2.7.2 The A.F.M Policy document on HIV/AIDS

After realizing the complexity of running the A.F.M. Church organization in face of current challenges in the country, Apostolic Council (the A.FM Church Governing Board) through its President Rev. Asaph Madziyire called for the formulation of a policy document in the late 2006 and was approved to be implemented in 2009. The purpose of the document as laid down

in its preamble is to set out the overall Employment Policies and procedures for the Apostolic Faith Mission Church in Zimbabwe and to form the bases upon which further policies and procedures are developed by the leadership (A.F.M Policy document 2009:5). However, through its consultations and discussions the organization failed to view the HIV and AIDS pandemic as a challenge which affects greatly church governance policies. Though however, there is relief because the document stated in its preamble that there is room for inclusion if recommendations are given to the church governing board. The document prescribe that the pastorate (which is the fulltime workers) to give their best and shall be reviewed constantly for acceptable performance by the church leadership (A.F.M Policy document 2009:5). Pastoral care and service provision calls for the church to provide training tailor made to meet challenges faced by the under privileged groups of people in the church such as the orphans, single parents and widows. Louw (2008:180) states that pastoral care must be seen as a social and community issue. In the traditional approach of pastoral counseling, the individual stands in the center of a network of relationships. Louw (2008:180) further argue that in an African context pastoral care must undergo a metamorphosis, as the community and network of relationships are in the center and the individual at the periphery. It is against this background that I feel there is a great need to equip the A.F.M pastorate in dealing with issues of HIV and AIDS. The HIV scenario is unfolding so rapidly on a daily basis that it is very difficult to keep up with developments and statistics (Louw 2008:415). The A.F.M policy document advocates for proper governance and administration strategies for the church. It also looked at new challenges and came up with new solutions to those issues. The document points out that the A.F.M Church practices the Presbytery Governance Principles (A.F.M Policy document 2009:15), meaning to say that it is run by a body consisting of pastors, ruling elders, lay-workers commissioned to represent the church at discussion forums. However, such an important document did not consider the issue of HIV/AIDS. More disturbing is that it has never been considered a critical issue.

2.8 Conclusion

This chapter looked at the HIV and AIDS pandemic in Zimbabwe and gave a brief history of the country. It also examined the history of HIV and AIDS in Zimbabwe. Again the chapter examined the contributions made by African and Western cultures to theology in formulating a theological framework to tackle the HIV/AIDS pandemic. Therefore, because the research is concerned with the dilemma of widowhood it was important also to examine the impact of the

HIV/AIDS pandemic on women in general and widows in particular. Finally the research examined the role of the church in general and especially the A.F.M Church in Zimbabwe in addressing issues pertaining HIV and AIDS.

However, the study noted that very little or no ready documentation on HIV/AIDS is available within A.F.M. Church. The following chapter will then look at widowhood and sexuality within the HIV/AIDS pandemic in Zimbabwe.

CHAPTER THREE

WIDOWHOOD AND SEXUALITY WITHIN HIV/AIDS PANDEMIC IN ZIMBABWE

3.0 Introduction

The previous chapter provided an overview of the challenges facing women in Zimbabwe in general and especially widows examining the impact of HIV and AIDS among women. It also gave the historical background, the political climate as well as the political changes in the country that influenced and escalated the impact of HIV/AIDS and the way how the situation exposed the women to the pandemic. It also showed the basic treatment given towards the women in general and the widows in particular in relationship to the HIV and AIDS pandemic by the patriarchal society. In this assessment the position of widows within the patriarchal society was examined and showed that widows still have no control over their sexuality issues. Therefore, in this approach making it possible to examine how widows' sexual issues are viewed within their cultures which have also influenced the theological formulations towards widowhood sexual issues. Widows are a population with a number of challenges and needs. In terms of widowhood sexuality in Zimbabwe, many cultures have been noted to be using sex and sexuality in a broader way which includes gender roles, sexual encounter, etc. Whilst this research wishes to examine the erotic and sexual cravings of widows within the church in an HIV and AIDS pandemic era. How can the church in general and the A.F.M Church intervene in this area and provide pastoral care to the widows? The church proved to be lacking in this area, hence, the need for it to be empowered first so it can be a vehicle to empower widows within a social responsibility strategy. In dealing with this sensitive area (widowhood sexuality) of the study within the church in general and the A.F.M Church in particular Osmer's normative task practical methodological approach shall be adopted in this chapter. It has been considered useful in this chapter because of its quest and demand to know what ought to be going on? Such an enquiry invites the church in general and the A.FM Church in Zimbabwe to seek and discern the will of God on widowhood sexuality realities.

This chapter aims at looking at a much sensitive area of widowhood sexuality as a dilemma within the HIV and AIDS pandemic in Zimbabwe. The question attempted to be addressed in this chapter will be to examine the position of the church in general and the A.F.M Church on

widows' sexuality. In this process the study will be guided by the following goal: To explore the sexual dilemma experienced by widows within the A.F.M Church in Zimbabwe. Against this background, widowhood sexuality should therefore be studied within the cultural and religious frameworks (Amadiume 2006:1) as it is mainly influenced by these. It become clear that to a greater extend all cultures and religions regulate sex and sexuality of women, yet permit some sexual freedom that can even be counter-normative to men (Amadiume 2006:1). As a result, the practice of sexuality in the African context and within religious institutions presents many difficulties to researchers and scholars due to ambiguity of beliefs and attitudes in traditional cultures and religions (Ibid). Again, exploring sex and sexuality of such less talked group of women (widows), within the framework of a spiritual church settings (the A.FM Church) with a multiple religious traditions; for example the emphasis on sex after marriage enshrined in the Church's teachings which have to be represented and respected can be a challenge (Amadiume 2006:1).

Hence against such a background, widowhood sexuality, in the broad sense in which the study focuses on is a central and inescapable dimension of human living (Clifford 2004:4). Therefore, no consideration of the aims and directions of human life can afford to bypass it. Nor can a theological exploration of the faith that human nature in some way reflects God's nature and his creative and redemptive purpose ignore the fact that widows are also created as sexual beings. Therefore, in the following section an attempt to explore the definition of human sexuality shall be attempted. This aims to give a working definition that will guide the process of study in this broad spectrum of subject. In order that widowhood can be defined within an African context where the widowhood sexuality is studied. Exploration on how patriarchy society has influenced and shaped how widowhood sexuality is viewed in Africa and in Zimbabwe in particular in order that widows can be empowered sexual without offending their cultural grooming. The chapter shall forthwith position the cultural perspective on sex and sexuality and how that perpetuates the challenges of widowhood.

3.1 Definition of human sexuality

At this stage the research aims to provide a working definition for sex and sexuality with an aim to define human sexuality ultimately. According to Collins English Dictionary (2010:1500), sex is the sum of the characteristics that distinguish organisms on the basis of their reproductive function. It also states that sex could be feelings or behavior resulting from the urge to gratify

the sexual instinct of which this research will emphasize more on the later definition of sex. Sexuality therefore, is the state or quality of being sexual (Collins English Dictionary 2010:1501). According to Ngure (2007:7) sex refers to the sum of biological and physical features which divide the human species into two groups: namely male and female. Both sexes complement one another reproductively and for enjoyment. Human sexuality, therefore, refers to the quality or state of being sexual, that is, the human capacity to express sexual feelings or to engage in sexual activity. It is the manner by which human beings express and experience the incompleteness of their individualities as well as their relatedness to one another as either male and female (cf. Genesis 2:18 NIV). Louw (2008:355) observes that, “Human sexuality is a special gift of God to human kind” – it was created for a common good. Dube (2009:10) concurs when he says, “Every special gift requires much care and protection so that it can maintain its virtue and continue to be useful”.

This is the fundamental part of what it is to be human. As a result this form of choice should be left to a greater extent to the individual to decide whether to engage in or not. Being sexual goes beyond our human experiences, physical, mental, emotional, or spiritual relationship (Ngure 2007:7). However, sexuality is a social construction of a biological sex drive and is influenced by socio-cultural and economic forces, power-balances and the sexual choices of individual men and women (Ibid). In reality the concept of human sexuality is complex as it varies from one individual to another in spite of the role culture and religion plays in the individual’s life.

Within the context of HIV and AIDS, human sexuality is connected to death (Mamba 2012:69). To prevent the spread of HIV, it is essential to address the root causes that make people vulnerable, such as the underlying gender inequalities and cultural imbalances in society (Marshall, Ouédraogo and Sandilands 2009:1). This means challenging and transforming damaging aspects of cultural and religious expectations, gender roles and traditional practices which existed for quite a long time. It also entails building on positive cultural values and religious practices which reduce people’s vulnerability (Marshall et al 2009:1). The church in general and the A.F.M Church is always positioned uniquely to work with communities to address cultural sensitive issues (Marshall et al 2009:2) and in this case reframe cultural and religious perspective on widowhood sexuality.

Failure to observe its (church) position, according to Courtney Duncan (www.u3acastlemaine.com/renaissance.../) in her essay on the role of women during the Renaissance period will just be treating women like they were treated in the 15th Century. The Florentine laws were not designed to support women in widowhood. Even the church supported a movement of suppressed female sexuality. Widowed women living independently presented a problem for the church and community (Clifford 2004:4). The Florentine society had strong ties with the church, since the beginning of its inception in the time of the Roman emperor Constantine; Christianity had crafted a system skillfully set in place to suppress the female gender. Hence, it is imperative to confront the challenge of widowhood sexuality not least because theology, with its concern for the nature of God's relationship with the people of his creation, aims to reflect the conditions in which those people live (Clifford 2004:4). Therefore, a theology formulated to address current issues should take into consideration the complexes of sexualities within the HIV and AIDS epidemic. In the following section of this research the definition of widowhood will be explored in order to understand where most challenges of widowhood could be emanating from.

3.2 Definition of widowhood in the African context

The understanding of widowhood denotes a gender-neutral concept, which in theory applies to both women and men (Aphane et al. 1995:1). In this study widowhood is mainly focused on women and the point of departure is that widowhood should be looked at beyond the confines of marriage in the narrowly defined sense (Ibid). Widowhood as defined by the society, customs and general law presupposes that marriage in one form or another must have taken place between the deceased and the surviving partner (Aphane et al 1995:8). The form might be one under civil law, customary law or any other recognized by society. Therefore, marriage is an important determinant for widowhood. Following this premise, it means therefore, that the widow would be dependent to the husband in all forms of support and the property owned may also be linked to cultural norms, which may limit the widow from owning the property wholly.

According to the American Heritage Dictionary English Language, (2000:1464), the term widow refers to a woman who has lost her husband by death, and has not married again. In agreement to the above mentioned definition, the Collins English Dictionary (2010:1860) states that a widow is a woman who has survived her husband, especially one who has not remarried. The Shorter Oxford English Dictionary (2007:3632) states that in most cultures the term widow

is formerly prefixed as a title before the surname of such a woman. Therefore widowhood refers to the condition or period of being a widow (The Shorter Oxford English Dictionary 2007:3632). Researchers such as Fry (2001:6) had previously tried to extend this definition of loss, stating that widowhood is the loss of a significant personal relationship in a marital status. As a result widowhood experiences are generally a trauma and in many African contexts widowhood conditions are considered more as an experience of deprivation, subjugation and humiliation, especially if the death of the husband is blamed on the wife as is common in many African cultures. The implications of widowhood on women become more obvious in the area of inheritance and sexual control by the patriarchal society and the church in general, making their position unfavorable (Apane et al. 1995:3). These facts are linked to the generally disadvantaged position of widows in other areas of life. The problems and uncertainties of widows are tied to the fact that most of the Southern African countries are predominantly patriarchal and thus re-enforce female subordination (Apane et al 1995:3). Ironically, the disorganization and trauma that follow the death of a spouse seem to be greater on the women than on the men whenever either loses his or her spouse.

Therefore, widowhood tends to impact more traumatically upon women than men, altering forever the way they are seen by society and affecting their self-image (Owen 1996:8). The cause of this is not farfetched; it has been rightly observed that “the differentiation between men’s and women’s roles in most African cultures which is one of complementary and superior relationship in favor of men” (Ahosi 2002:2). According to Nelson (1978:46), “men assumed to themselves superiority in reason and spirit and thus believed themselves destined to lead both civil and religious communities”. The result is a cultural setting that invariably promotes male domination and female subordination. This however leaves the widow in particular, in a disempowered position after the death of a spouse.

Within the structural set up of the African practices on widowhood are the two particular practices which are of great concern due to the effect of HIV and AIDS. These are widow inheritance and sexual cleansing (Sleap 2001:7). In the era of HIV and AIDS, there are fears that these African customs though there were appreciable could be costing lives, with the widow at risk of either becoming infected or herself transmitting the virus to her inheritor who may in turn transmit it to his other sexual partner(s). According to Sleap (2001:7), these may include new co-wives, if the new marriage is polygamous, thereby affecting a potential source

of support for the widow.

Widow inheritance and sexual cleansing are such practices that need to be revised in Africa. In Zimbabwe for example, amongst the Ndaou, Tonga and Shangani, sexual cleansing and widow inheritance is still flourishing (Shoko 2001:18), but in neighboring Zambia there has been official condemnation of sexual cleansing and grabbing of property among widows (Shoko 2001:22). However, while there is a call for them to be abolished and abandoned, there is also a belief that the best approach is not to abolish them but to make them “safe” by removing the sexual element (Sleap 2001:8). What could be a challenge in this approach is to ascertain “the safeness” aspect of the practices and the level at which women would be allowed to contribute on the issue in a patriarchal society in the African context. Because the fear is that such reformers or custodians of traditional culture, have been men who are taking these decisions, in their own interests, with little or no involvement of the women themselves. Therefore, it could be more critical to assess how the patriarchal society views widowhood in their context. The main aim of this study is to identify areas where a paradigm shift is required in order to find a place for widows within the patriarchal society in order to validate the need to provide a proper pastoral care model relevant and contextual in addressing the sexual issues of widows and other life challenges. Widowhood is positioned as a condition requiring much attention as it has as a number of challenges associated with this situation in life. It is therefore important to examine factors contributing to their challenges such as patriarchy.

3.3 Widowhood and the patriarchal society

In this section of the research consideration should be taken to view the patriarchal perspective towards widowhood. Women in Partnership Against AIDS Summit Report (2007:16), observed and stated that:

Men’s perspective and behavior towards women should be seen within the broader social context. HIV and AIDS have exacerbated the economic and social insecurity of women, and women’s social and economic insecurity, in turn, makes them vulnerable to HIV infection.

The power between women and men therefore becomes an issue of interest when one deals with the issues of widowhood and the patriarchal society. These Questions come into play: How can widows gain greater control over their lives and situations contributing to their risk of

HIV/AIDS and STIs where they have very little to say in terms of their sexuality? In many societies, men are expected to control women in all aspects of relationships (Women in Partnership Against AIDS Summit Report 2007:16). This involves decision-making on when and whom a girl/woman will marry, when and how she will have sexual relations, when and how many children she will have, household expenditures etc. Women in Partnership Against AIDS Summit Report (2007:16) further stated that this type of male power is supported by tradition and social norms of which its prejudices is generally normalized as the order of living. Therefore, women learn, for example, that their first loyalty must be their kin and families, causing them to act in ways that reinforce rather than challenge female subordination (Ibid).

The patriarchal society is a form of social organization in which the father or eldest male is the head of the family and descent is reckoned through the male line (Concise Oxford English Dictionary 2009:1050). In this way the societal structures are considered “normal” if the family is ruled or governed by men. The issue of widowhood therefore changes completely these social structures and perspectives as the women in this case are to assume the roles of governing and heading the families. Women are then marginalized by their gender in a patriarchal society making them not to be respected whenever they assume this daunting role after the death of the husband. Nelson (1978:46) three decades ago stated that it was the subordination of women.....and the religious life of patriarchal cultures that supported women marginalization. Specific gender roles are outlined for women in the African context; they are always supposed to be submissive to their husbands, must never have any authority over a man and must, therefore, keep silent. From this background widows are marginalized still further, both as women and as human beings. Their position can lead to additional marginalization through increased HIV/AIDS, poverty, lack of economic empowerment; especially when they themselves are not working and when the property left behind by their husband is taken by their in-laws, leaving them entirely without material support. Patriarchal oppression and marginalization of women is also an issue of contention amongst Zimbabwean cultural settings (Chimhanda 2000:5). In Zimbabwe customary law does not allow a widow to inherit from her husband in her own right (Chimhanda 2005:6). This can encourage widows to be dispossessed of their material property through customary laws and traditional practices that discriminate against them (Ibid). It becomes very critical if the patriarchal dominance is supported by patriarchal theological interpretations, in this case feminist theologians broker their concerns through allowing widows to tell their stories and influence theology in their own perspective

(Fulkerson 1994:13). Though, this may represent a radical critique of patriarchal religious and theological thinking, however, this results in women and men benefiting through this kind of debate (Kotzé and Kotzé 2001:6).

The patriarchal societies tend to promote the practice of concurrent sexual partnership as a way of meeting the widows' sexual needs. According to Reniers and Watkins (2009:4), this sexual partnership is considered to be a critical driver of the HIV and AIDS epidemic in high prevalence countries in the sub-Saharan Africa. As a result the virus can be transmitted relatively quickly through the sexual network as the women will always be not having control over their sexual safety. Reniers et al (2009:4) further states that polygamy and HIV provides a valuable contribution to understanding the relationship between overlapping sexual partnerships and HIV transmission. The aspect of 'owning women' within the patriarchal societies brings down the freedom of widows to such an extent that they may be blamed for causing the death of their husband. Izumi (2007:12) observed that after the husband's death, his family may continue to blame the widow for his illness and death. And even where there is no evidence that a husband has died of an AIDS-related illness, his relatives may still accuse the widow of being HIV positive, and use this as justification to evict her and take her property (Izumi 2007:12). Therefore, the stereotypes held by the patriarchal society towards widows and or women bring untold stress and trauma. Thus, stigma, poverty, deteriorating health, lack of support, physical and mental harassment, and humiliation by in-laws is a patriarchal construction which altogether puts pressure on widows who are already in a situation of extreme distress, sometimes leading to premature deaths to them (Izumi 2007:13). For example Izumi (2007:14), illustrated the intensity of this ill-treatment towards widows through citing the cruel death of a certain 57 year old Zimbabwean widow who died after being stabbed by her stepson at the home she had shared with her husband. Her murder followed a High Court judgment making her the rightful heir to the matrimonial home. Though, the murderer was apprehended and sentenced the patriarchal societal beliefs indirectly contributed to this cruel death of a widow. Instead of empowering her, the patriarchal societal beliefs exposed her because to the murderer the property should have automatically belonged to him after the death of his father. This does not consider however the contributions the woman could have made in acquiring the property.

Widowhood for women within the patriarchal society encompasses a multiplicity of problems some of which emanate from struggle for access and control of resources while many of them

however derive from the social, cultural and psychological situations in which they find themselves in. For instance, the traditional purpose of levirate (relative of the deceased marrying the widow) was to ensure continuity, the reproductive role of the family, meet widow's sexual needs and proper care of the minor children of the deceased man (Apane et al. 1995:44). Through this practice the person chosen to replace the deceased is a member of the family, it is assumed that the widow and the children would not feel insecure. However, the custom may have been useful in the past, but during the HIV/AIDS pandemic, this system appears to have outlived its usefulness, because the feelings of the widow who is given a 'new husband' are hardly ever taken into consideration, and this may expose the widow to HIV infection (Apane et al 1995:45). In the same token, to compound the problem, sometimes an elderly widow is given to a young man to take over as a 'husband', again without the realization of what this means in sexual terms to the widow. The custom in most instances has been abused as well and used as a tool to get access to the property of the deceased man's family without fulfilling the obligation of providing support for the widow and the children. Hence, widowhood within the frame work of a patriarchal society is especially problematic for women in practical sense especially in the era of HIV/AIDS epidemic.

Customary law is the most popular system which affects even people who attempt to opt out of it. Because of the duality of the legal systems, even couples who contract civil law marriages still find their lives tied to customary law in some way within the African context. This mostly is the case in family law matters particularly those pertaining to marriage and inheritance where the family still plays a pivotal role with the patriarchal blessings. This exposes the widow to be more vulnerable to subjugation and marginalization. In this light widowhood sexuality within African cultural frameworks becomes more suspicious.

3.3.1 Widowhood sexuality and the African context

The role of culture in the construction of sexual activities is great in the African continent. According to Oloruntoba-Oju (2010:3) Africa has been shown to be a hotbed of sexual diversity and sexuality controversies. Issues relating to sexual orientation for example and sexual pleasure have been hotly debated and has also become subject of contested legislations (Ibid). While culture is dynamic and there is increasing evidence of liberation of sexual ethic on the African continent, many old traditions and customs relating to sexuality have tended to endure (Oloruntoba-Oju 2010:3). Africa remains a prime example of how traditional culture continues

to impact on aspect of sexuality. Hence, cultural attitudes continue to be unfavorable in Africa. The issue of sex and sexuality in an African culture has profound implication on widows. In many parts of Africa; virginity and widowhood customs continue to place severe restriction on the actualization of female sexual desire, while the man is not subject to such restrictions. The African tradition considers sex as a thing strictly restricted to family life and only persons who are joined in marriage are expected to have sex. In this way sex has a social function and it informs gender identity (Ntseane 2004:10). Another social function of sex within the African cultures is that it gives great pleasure and entertainment. In a marriage the wife is to give the husband carnal satisfaction and no attempt is made to disguise this. According to Ntseane (2004:13) as far as sexual behavior is concerned, within the African culture, men in many societies can be proud of having multiple partners because it shows their sexual prowess. But for women sex is predominantly about pleasing men, essentially her husband, and about having children. Hence, sexuality often refers to male needs and desires, while women's sexuality is looked down on, ignored and repressed. However, in the view of Ojo (2010:4), when it comes to the question of what the African scale of value is, sex relates to the totality of human condition. Therefore, any deviation is faced with stigmatization. More disturbing however, is that sexuality within the African context is also "gender-skewed, as it places specific stricture on females" (Ojo 2010:4). The big burden that tradition places over women is inimical to the evolution or development of authentic sexual feelings on the part of the woman.

Widow inheritance is also one practice that is so disturbing within the African culture towards the sexuality of widowhood. In support of this concern Ojo (2010:4), gives an example of a marriage by inheritance in Yoruba tribe, in Nigeria whereby a widow is given in "marriage" to her dead husband's relative. A Yoruba woman who proved her worth at the *ibale* (virginity) ceremony may not be truly heroic until she commits herself totally to the family of her husband through sex. When her husband is alive she is "wife" to all members of her husband's family; male or female, including even toddlers born to her groom's family before the day of her marriage (Ojo 2010:4). This cultural practice is not only to ensure that she respects her husband and her family, but also to prepare grounds for her to get a replacement in case of the sudden death of her husband, or when her husband could not give her required attention sexually because of other wives (Africans being polygamous by tradition). In case of the demise of her real husband, tradition allows her a "choice" as she will be asked to pick any of the men. This is not a perfect choice, however, as she is not allowed, or encouraged to make her choice beyond

the family walls (Ojo 2010:5). The widow's sexual desire is circumscribed and the prospect of real pleasure is diminished. Instead the African cultures try to ritualize widows and make them sexual objects. The fear of the ritual danger embodied is expressed in mourning and black dressing for at least one year in most African cultures. It is the sexuality of the widow which becomes at stake in all these rituals. The widow's body is marked in some communities by some or all of the following practices sited by Mamphela (1996:103):

Shaving her head, smearing a mixture of herbs and ground charcoal on her body, wearing black clothes made from an inexpensive material and covering her face with a black veil and her shoulders with a black shawl.

In some communities in the African context, a widow expresses her liminal status in variety of ways depending on local custom. The proscription of social intercourse finds expression in widows being bound to stay at home, except for essential business trips, for which they would have to be accompanied (Ibid). The design for the way widows are treated makes them feel lowered in their sexual attractiveness. With this background scenario, the A.F.M Church and the African Christian churches borrowed to a larger extent some cultural beliefs towards the treatment of widows.

Hence, the situation of widowhood sexuality is complicated by cultural and religious norms within the HIV and AIDS pandemic in Zimbabwe. The cultural settings are failing to change accordingly, hence, in the context of HIV and AIDS epidemic, women are being widowed younger and are facing more extreme challenges, while much of cultural positions towards widows were focused on elderly women. This approach is complicated greatly by the existence of HIV/AIDS pandemic. Among the critical and more complex challenges is their sexual dilemma (UN Women Africa Section 2011:3). The diversity within this group therefore, highlights the need for the Church in general and A.F.M Church and pastoral approach to adopt contextually-relevant approaches to changing negative views of widows and empowering them to build new lives for themselves and their families. Widows in Zimbabwe and within the Church in particular may face some common challenges, but a woman's age, the circumstances under which she was widowed, her level of education, and the traditional beliefs of her society, all condition how effectively she is able to adjust liberally and deal with her new situation as well as being able to develop meaningful strategies in life (UN Women Africa Section 2011:3).

The transition into widowhood involves various losses and changes for women. They can as well encounter changes in their economic stability, social networks, identity, role changes and physical and mental health (Chamber 2005:46). Above all different cultures in Zimbabwe define and view widowhood in different ways and perspective, therefore creating a challenge among widows as their cultural context has to tell their identity and religious norms have to guide their spirituality. Therefore widowhood may mean more than just losing a spouse but has an intrinsic meaning.

The HIV and AIDS epidemic has led to extensive research on sexual behavior around the world and across different cultures and settings. Hence, a perspective that encourages discourse on responsible sexuality without guilt, fear or ill-health as a courageous departure from stasis and regression that typify rigid orthodoxies or suffocating sexual norms, may be resisted by most religious and cultural institutions (Amadiume 2006:1). Sex as a pleasurable act is often counter to cultural and religious fundamentalists or purist thinking that insists on sex and sexuality issues as sin, sex as duty, sex as a marital right and sex as a male domination (Amadiume 2006:3). The HIV and AIDS poses a great challenge especially looking at the number of widows and their ages, this calls for a paradigm shift on how we perceive sexual issues and formulate responsible and realistic sexual norms. According to Kessy et al. (2010:1), the incidence and prevalence of HIV and AIDS will not be significantly reduced unless the gender dimensions in the risk of transmission are fully recognized and comprehensively addressed, including the prevailing social norms associated with widowhood sexuality. It remains a fact however, that HIV is predominantly transmitted through sexual activity. Kessy et al (2010:1) described the dangers faced by women/widows in face of HIV and AIDS as “triple jeopardy” because the disease potentially threatens women/widows as individuals, as sexual partners and as caregivers.

The next section wishes to examine in specific how different African cultures and especially the Zimbabwean cultures view sex and sexuality in their context. Bujra and Teka (2008:25) observes that culture and religion have been complicit in women/widows’ social subjugation to men owing to their spreading of patriarchal ideology. As a result many African cultures including Zimbabwe sanction male, while restricting female promiscuity while women/widows are expected to be monogamous, hence predisposing men to be virus carrier (Ibid). In this case the research will borrow Owino’s (2010:5) transformative stance of a social responsibility strategy which assumes that if widows are empowered hopefully they will seek to:

- Deconstruct socio- cultural construction of cultural and gender power inequalities that exist as a result of patriarchal beliefs that expose women/widows to HIV infection.
- Search for ways of engaging men in the fight against HIV infection by undertaking theological tasks of deconstructing and liberating aggressive and dangerous masculinities with a vision of transforming the future.
- (Forming) working to transforming men by empowering them to disempower themselves from negative sexualities that lead to eroding ethical behaviours in a HIV and AIDS context.

Therefore, there is need to examine African cultural perspective of sex and sexuality so as to provide a basis for transformative approach which benefit widows.

3.3.2 African Cultural perspectives of sex and sexuality

This part of the research focuses on the cultural perspective of sex and sexuality. Sex and sexuality is most affected by the cultural aspects, namely, patriarchy and how patriarchy is bred through the socialization process, which begins in the family, and how it infiltrates into other sectors of society like religion, education, the economy and politics (Kambarami 2006:1). This research is however, interested on how culture controls gender sexuality and in particular the widowhood sexuality. The main assumption is that cultural practices in most African contexts lead to gender inequality and subordination of women to the extent that females do not have control over their sexuality. Radical feminists argue that culture imprisons women especially widows leading to their subordination because of the patriarchal nature of society (Kambarami 2006:1). In its sense culture is a broad term that refers to the ‘customs’, institutions, and achievements of a particular nation, people or group (South African Concise Oxford Dictionary 2002:282). According to Yusuf (2007:99-100) sexuality is a comprehensive term that translates into the sum total of a person’s well-being and humanity. Therefore, an understanding of one’s sexuality is an all-encompassing process. Religion as married to cultural and patriarchal structures makes it a visible thread that runs through many traditional and contemporary societies (Ibid). The patriarchal ownership of sexuality and the cultural crafted views on sexuality leaves widows in the African context in a sexual dilemma. Oluwole (2007:165) therefore states that the goal of addressing sex and sexuality imbalances within the African culture is:

....to identify factual errors, conceptual ambiguities, paradoxes and sometimes outright contradictions that have hitherto

beclouded the full understanding and appreciation of contemporary gender discourse and consequently hindered the formulation of cogent policies that can promote the finding of lasting solutions to the enigmatic problems of human rights in the area of sexuality and widowhood.

The cultural contributions to the imbalances in human sexuality therefore need to be addressed in order to manage the complexities of widowhood sexuality. According to Lipka (2006:1), each society in Africa has established norms, to which all members are expected to comply, regarding gender roles, sexual knowledge, and sexual behavior. It is the culture of a society that determines what behavior is considered sexual and what is not, what sexual behavior is considered appropriate and what is inappropriate. The social influences have the potential to mold behavior patterns. It is these socially constructed behavior patterns that permit an individual to engage in sexual interactions with others in his or her social group, through the acquisition of and acceptance of sexual norms (Lipka 2006:2). Therefore, the members of these socialized cultures internalize these sexual norms, because they have been exposed to them from birth throughout the course of their lives. Phiri (2010:223) further states that the construction of sexuality is the network of social meanings in the form of norms, definitions, practices, interpretations, prohibitions, and representations that the members of a particular culture create, maintain, and apply to sexual roles and sexual interactions. An attempt to transgress these cultural norms creates a lot of uneasiness within most of the African cultures. As has been noted by Lipka (2006:18), that culture as a product of consciousness and free will, paradoxically involves elaborate systems of unexamined prohibition. Societies have different codes of sexual conduct, but in every society individuals transgress. “The idea that there is a sexual line that must be crossed but in practice often, is far older than the history of Eve’s temptation by the serpent” states Lipka (2006:18).

Within Africa, the discourse of sexuality reveals a unique cultural tapestry in which difference does not deny the mutual co-existence of the idiosyncratic with its antithesis (Obono 2010:2). The diversity of sexuality within African cultures produces a complex fabric of conformist and non-conformist attitudes and behavior. The subject of sex and sexuality in the African cultural perspective is analogous in that it too results from forces that are sometimes common to all regions and areas but often come with specific tendencies and effects that are unrepeated

elsewhere in the continent (Ibid). Therefore, the issue of sex and sexuality in the African cultures is to be understood and taken in terms of interwoven of ecological stimuli and responses across the societies and among the people and peoples of physical and moral continent (Obono 2010:4). In the cultural perspective, sexuality seems distinct from gender yet intimately linked to it. An individual's sexuality is defined by whom one has sex with, in what ways, why and under what circumstances, and with what consequences (Stearns 2009:1). In this way sex and sexuality becomes more than sexual behavior, because it is a multidimensional and dynamic concept.

The complexity of women sexuality is caused by social institutions. According to Kambarami (2006:2) the family, as a social institution, is a brewery for patriarchal practices by socializing the young to accept sexually differentiated roles. In most cultures in Zimbabwe, from tender age, the socialization process differentiates the girl child from the boy child. Males are socialized to view themselves as bread winners and heads of households whilst females are taught to be obedient and submissive housekeepers (Ibid). Charvet (1982:47) had stated that the cause of such differentiation and discrimination is the fact that society considers women as sexual beings and not as human beings. Hence, in the cultural perspective, women are not constantly defined in relation to men, but are defined as dependent and subordinate to them as well (Ibid). As a result women are socialized to acquire those qualities, which fit them into a relationship of dependence on men. Therefore, these cultural teachings or grooming foster a dependence syndrome. This being the reason why most African women depend heavily on their husbands for support, making their state miserable when they are widowed (Kambarami 2006:4). This being a dilemma to the widow, one would find that many cultures of this form express leniency on male sexual behavior but are very proscriptive when it comes to female sexual behavior. Because in many African cultures the boy virginity is not monitored as compared to that of girls, males are therefore, free to experiment sexually at will before marriage whilst females are socialized to preserve their virginity for marriage (Ibid). According to Kambarami (2006:5) in marriage women are expected to be sexually passive and submissive to their husbands, men are the initiators of sex and also set the conditions for sexual encounter. This socialized ideology has created women to avoid expressing their sexual desires openly. According to Leclerc-Madlala (2000:12) when a husband wants sex, "the wife should comply because that is part of the marriage contract". The heavy disease burden and risks coupled with a traditional framework that puts a disproportionately larger burden on women are major

reasons why sexuality in Africa is not associated with pleasure but rather with pain, suffering and mourning (Reddy 2004:3).

Due to the fact that African culture is patriarchal, female sexuality is largely in the hands of males. For example, the payment of *lobola*, arranged marriages, rape and levirate marriages are meant to benefit men sexually. Kessy et al (2010:1) states that patriarchy defines and controls women in such a way that their full and wholesome existence depends on getting married, producing children and caring for the family. Oduyoye and Kanyoro (1992:141) observed almost two decades ago that, in general, the norm for male-female sexual relationships major on marriage; people marry for the purpose of procreation. The societal beliefs in that cultural perspective asserted that humankind is heterosexual. This, therefore, when taken in its socio-religious setting, implies that within the sanctity of the marriage bond, a couple can procreate in fulfillment of God's will. Then it follows that in such perspective, all extra-marital relationships are frowned upon, and all sexual acts outside the heterosexual experience are taken as deviant sexual behavior. Then to initiate and talk about widowhood sexuality through the cultural lenses creates a sexual dilemma. However, according to Kessy et al (2010:2) the implications of sexuality in the African culture make it anything for us to look at in order to examine realities in widowhood life. Though, in most African cultures the subject is taboo. It is however, apparent to note that sexuality is a prime factor in the determination of behavioral reality, both to human beings in general and widows in particular (Ibid). It falls therefore to say that the role played by sex and sexuality in humans should never be underestimated, especially in the face of HIV and AIDS era.

The HIV pandemic has heightened the sensitive nature of sexuality issues and has transgressed cultural norms on sex and sexuality. It is so because it is mainly transmitted sexually and People Living with HIV/AIDS (PLWHAS) are usually to have contracted the disease from illicit sexual relationships (Afolabi 2010:29). Such a perception injects a moral tone into the debate and prepares groups for stigma once status is confirmed, ignoring, however, the sexual needs and feelings of people affected by the situation. In African societies PLWHAS are sometimes not expected to express sexual feelings (Afolabi 2010:29). The failure to acknowledge the central role that sexuality and indeed, sexual needs play in the PLWHAS is an obstacle to the prevention of the spread of HIV (Ibid). Therefore, meeting the sexual health needs of PLWAS depends on the promotion of their human rights, access to health care without discrimination,

and attention to their psychological health issues, which includes their sexual activities. Therefore, acknowledging widows' sexual needs and aspirations is essential to vindicating the basic human rights of HIV-positive people. According to Stearns (2009:2) sex is an important aspect in human nature. Therefore, ignoring such a powerful force in human nature would be tantamount to dehumanizing widows. It follows to say, therefore, that cultural frameworks should be reformulated to accommodate the sexual humanness of widows. The cultural perspective towards widowhood sexuality creates untold challenges for widows in the African context and especially in Zimbabwe.

3.4 The challenges of widowhood

This part of the study proposes to explore and examine the widowhood challenges in general. The widowhood challenges are many ranging from socio-economic, political, human rights, sexual challenges to mention but few. However, in this study I explore mainly those challenges linked to widowhood sexuality. It can be said that there is no group of people more affected by the sin of omission than widows (United Nations Women 2000 (2001:2)). The widows are painfully absent from the statistics of many developing countries, and are rarely mentioned in the multitude of reports on women's poverty, development, health or human rights publications, observed the UN Women 2000 (2001:2). The growing evidence, however, of their vulnerability, both socio-economically and psychologically cannot be underestimated. According to Kapuma (2011:1), widowhood is one of the conditions that people do not want to talk about, worse still to mention their sexual rights as human beings. To many it is a taboo to keep talking about the dead as the name of the widow is mainly prefixed with her dead husband. Yet this is an issue that is greatly increasing in our context because of the number of deaths occurring due to HIV and AIDS. Due to the epidemic, there are many women who have become widows and some are widowed at an early age posing a number of challenges in their lives. The existence of ARVs is making them live long after their husbands have died, hence exposing the widow longer to sexual desires in the face of HIV and AIDS while living within cultural and religious norms that restricts their sexual behaviors. It is a fact that HIV and AIDS has contributed greatly in the number of widows (Kapuma 2011:1). Through this study it has been clearly pointed out that the state of widowhood is already a painful condition because the death of a husband is a painful experience which leaves the wife devastated, confused and without hope (Kapuma 2011:2). Burdens that were previously shared must now be borne alone, and that can

be very painful and traumatizing. Immediately the wife is called a widow, her plans and the future looks almost doomed. Within an African society and among the believers within the Church in general, the dignity and respect is gradually stripped and recognition reduced seen in the manner how widows are addressed. The widow becomes more vulnerable and feels marginalized with very few to turn to for support. The following section intends to highlight and outline some challenges associated with widowhood in general and Zimbabwe in particular.

3.4.1 Widowhood status

Widowhood, in the sense of loss of a spouse or perceived spouse, is a problem which mostly faces women in the African context. According to Apane et al (1995:9), it is possible in many African societies that when a man dies, it is often his family that will disclaim that marriage ever took place and thereafter, can decide whether to recognize the deceased's partner as a widow or not. Widowhood is therefore never a straight forward or predictable concept in most African customs. In Zimbabwe in particular the widows are not considered as having a right to freely marry without the involvement of the relatives of her deceased husband (Ibid). This uncertainty therefore, places the woman at the power of her partner's family to decide her status and fate in that family while in reality the woman would be mourning the loss of her husband but to the family relatives the greatest concern would be to dispossess the woman in terms of property right.

3.4.2 Lack of legislations to support widows

Although social rules differ greatly, almost all cultures have rules which govern women's lives. If one looks across a wide range of cultures, widows are subject to patriarchal, customary and religious laws and confront discrimination in inheritance rights (UN Women 2000 (2001:2)). More disturbing is the manner which countries' statutes handle widows' cases, few cases of this nature proceed successfully through the justice system in most developing countries as perpetrators go unpunished, while others remain undeterred and undetected because the cultural and religious systems protect them (UN Women 2000 (2001:3) for example some sects in Zimbabwe like the Johane Masowe African Apostolic sect encourages polygamy and disapprove hospitalization of their membership when they get sick. This makes it difficult for the state of Zimbabwe to control and detect HIV and AIDS related illnesses and deaths. The

World's Women 2000: Trends and Statistics (2001:3) states that the lack of inheritance and land rights, widow abuse and the practices of degrading, and life threatening mourning and burial rites are prime examples of human rights violations against women that are justified by reliance on culture and tradition. Peterman (2011:2), states that widows in Sub-Saharan Africa are perceived to face widespread discrimination in asset and property inheritance following the death of a spouse, leading to poverty for themselves and their children. According to Okunmadewa et al. (2002:106), basing their studies in Ikot Idem in Nigeria, stated that women's wellbeing often deteriorates quickly after the loss of their husbands, when they suffer threats of both their physical security and property. Behrendt (2011:484) states dramatically that "widows seem more dependent even than could have been imagined..." A widow in this manner often loses her husband's property to the in-laws in accordance with family rules. Structures in most African contexts expose the widows into great trauma which basically dehumanizes them.

3.4.3 Ill-treatment by in-laws

Widowers, even when elderly, are far more likely to remarry, but this is not the case for widows who if they do remarry, rarely do so of their own free will. In some communities, widows may be forced into new conjugal relations with a male relative or be forbidden to remarry, even if they wish to do so (UN Women 2000 (2001:3)). As a result, a number of women may spend a long period of their lives in widowhood, with all its associated disadvantages and stigmatization.

The way widows are treated by their in-laws and relatives has a negative impact on their children as well. According to Kapuma (2011:8), children grow to see the negative treatment that their mother gets from her relatives and this affects them psychologically. Against this background widowed mothers, as sole supporters of their offspring, are forced to withdraw these children from school and to rely on their labor (The World's Women 2000: Trends and Statistics 2001:3). Many children who experience such exposure, have not done well at school, dropped out of school and have grown up miserable. The end result could be that when they grow up they could apply such negative treatment to their wives when they marry, because they think that is the way women should be treated. Well before one can focus on the effects to the children, the way children behave in the face of a widow brings a great challenge because it destroys the widow's future hopes.

3.4.4 Loss of social status and support

Widows are mostly isolated from the real world. The United Nations Women 2000 (2001:5) states that widows mainly share two common experiences: a loss of social status and reduced economic circumstances. Many widows experience as the most torturing moment when they are left alone with no one to talk to (Kapuma 2011:7). In most of African cultures, to be silent and not seen talking is one of the virtues of a good grieving widow-so it is believed and taught (Ibid). Therefore, the widow is marginalized and left without decisions to make, only following the dictates of the in-laws or the people who might have taken over to conditionally support her and her children. As a result many widows suffer silently and become lonely which leads to depression. Within the church and cultural settings, now as a single person, the widow begins to experience what single women normally go through. She is “not allowed” to speak to men, otherwise she will entice them (Kapuma 2011:8). If the society acknowledges that men can be enticed by the single women, therefore, it should recognize them as sexual beings and treat them with respect allowing them to make responsible choices in regard to the matter. In as much as a male minister would be willing to help and assist the most vulnerable widow, he may find it difficult because of the stereotypes people hold towards single women. Therefore a stigma is attached to widowhood just like single women are.

However, it must not be forgotten that many widows despite these challenges facing them are enormously resourceful and resilient and go on to manage successful creative lives, both personally and professionally (United Nations Women 2000 (2001:5). It is nevertheless, important that our African communities and the church in general and the A.F.M Church in particular find its rightful place to be supportive and modify their cultural and religious practices which do not leave the widows victimized and victims. Therefore, it is important to examine the place of the A.F.M church in relation to widowhood, having noted that some of widowhood challenges emanate from the religious norms and values that are forced to widows by the church in general.

3.5 Widowhood and the A.F.M Church

The A.F.M Church in Zimbabwe believes in God the Father, God the Son and God the Holy Spirit. This is part of the church’s Statement of Faith (A.F.M Church Constitution, Amendment 2001:3) It is enshrined in the church constitution that widows and orphans are to be assisted

with church funds if need be through the church's extension Fund (A.F.M Church Constitution, Amendment 2001:25). However, this is not always enforced to meet the ever growing needs of widows within the A.F.M Church. The widows within the A.F.M Church are supposed to be registered from Assembly level (a grouping of A.F.M believers under the care of a pastor) and be helped from that level (A.F.M Church Constitution, Amendment 2001:25). The greatest challenge facing A.F.M Church in Zimbabwe at the moment is the growing number of widows due to HIV and AIDS and that surpasses by far the Church's financial capacity, hence the supposedly neglect to assist them. What makes this research examine the relations between A.F.M Church and widows is to find out if the church is aware of the fact that widowhood challenges are not mainly financial or material, but there are some more complicated aspects like their sexual dilemma. Therefore, widows are affected by a number of factors within the church and outside the church such as cultural factors. Hence, making this research interested at examining the role or the place of the A.F.M church in relation to widowhood sexuality influenced by such cultural beliefs. The women experience increased social pressure during the period of widowhood; the church in general and A.F.M Church in particular may require them to remain loyal and faithful to their late husband's and to honor their memory, whereas men are often pressured into quick remarriage, regardless of their wish to remarry (Dube 2008:7).

Widows in the church have sought strength from God to adjust to the psychological trauma they have suffered (Dube 2008:7). One would still wonder; is the church in general or the A.F.M Church in particular offering the widows that haven they are seeking or the environment is traumatizing them more? Dube (2008:7) observed that the position of radical feminist theorists is that oppression of women in churches stems from the patriarchal norms and values of the society which assumes that women's lives should be controlled by men. The patriarchal societies socialize women in accordance with their required role and status in society to serve the needs of the "dominant group" (men). According to Dube (2008:52), in his thesis on widowhood and the church, the church is a powerful institution for widow's empowerment. The true view observed by Dube in his thesis helps to speculate that widows should be given their space even within the A.F.M Church. However, this may not be the case if the church in general because it has been proven in this study that no structures that show respect and provide dignity to widows are available in most churches in Zimbabwe. The involvement of the church in issues affecting widows can make it possible for them to be empowered in spiritual and social dimensions. Dube points out that some church organizations in Zimbabwe placed

programs to uplift widows' status; for example, some widows sought economic empowerment from the Catholic Agency for Overseas Development (CAFoD) of the Catholic Church. In this manner, the Catholic Church has made some strides through the support of women/widows farmers, for example the livelihood projects, and promotion of gender equality and justice (Ibid) while in the church widows turn to seek support and comfort from fellow Christians, they are repeatedly told that they are not alone and pointed out that they are married to God by quoting from the book of Isaiah 54 vs. 4-5 NIV:

Do not be afraid; you will not suffer shame. Do not fear disgrace; you will not be humiliated. You will forget the shame of your youth and remember no more the reproach of your widowhood. For your maker is your husband- the Lord God Almighty is His name.

Such portions of scripture can be helpful in widowhood situations but need to be aligned correctly with their situations. However, when dealing with vulnerable persons like widows special attention needs to be taken into consideration. Practically speaking the Christian churches and the A.F.M Church in particular need to be equipped to deal with widowhood issues, of which according to Kapuma (2011:8), widowhood is a theological issue because it deals with human dignity. The dignity which African cultures and religious positions of the Churches in general and the A.FM Church tends to disregard (Aduyoye 2001:15).

Aduyoye (2001:15) advocates that "it is assumed that a husband's soul will not rest until the widow has completed elaborate mourning rites and has been purified". The A.F.M Church members have strong connections with cultural beliefs like any other Christian churches in the country. As a result, now that widows may be members of the church, the A.F.M Church needs to take a leading role in helping to raise awareness on the dangers of these practices, especially because of HIV and AIDS (Kapuma (2011:5). The A.F.M church and or the Church in general's role is to speak against the injustice given to widows within the Christian community. It is the church's responsibility to liberate women from the unjust experiences they go through in the community so that their dignity could prevail. According to Aduyoye (2001:37) on women liberation, states that, "liberation must be viewed as men and women walking together on the journey home, with the church as the umbrella of faith, hope and love". Therefore, through some practical pastoral care models, the A.F.M Church may achieve wholeness, healing and liberation to widows and become an instrument of justice to them and those who are marginalized (Kapuma 2011:10). The A.F.M Church and its theology of hope should provide

refuge and emotional support acknowledging that the Christian widow is a person created in the image of God in all respect.

3.5.1 The A.F.M Church's perspectives on sex and sexuality of widows

Widowhood sexuality within the A.F.M Church cannot be studied in isolation without examining the general position of the church towards sex and sexuality. Khatinde (2003:1) noted that since the advent of HIV/AIDS the A.F.M Church has shown some reluctance to get involved in the meaningful debate about the epidemic and the fight against it. He elaborated that as HIV/AIDS is largely a human sexuality issue, it is urgent to look into the A.F.M Church's attitude towards sex and sexuality. The churches in Africa tend to share doctrines and ideologies on most issues of human life. Therefore, in this section of the study an attempt is made to explore the position of the A.F.M church's perspective on sex and sexuality. This approach to widowhood sexuality in particular attempts to understand human sex and sexuality as a precious gift and attribute from God. Stearns (2009:2) affirms that sex is an important aspect of the human condition and its impact on human beings can therefore not be ignored. As a matter of fact, however, in most religious sectors sex is such a private behavior that its real history is impossible (Stearns 2009:3). Meaning to say that these aspects of history of sex that cannot be as clearly studied as one might like, because accurate data are simply not available. One would see that all societies have some sort of values that apply to sexuality but no society is willing to openly teach it as a public subject (Ibid), yet its effects are publicly observable and require to be examined. The major drive to explore this area of study is the impact of HIV and AIDS which is one of the leading killer diseases of human beings. For this reason, it is necessary that the church in general and A.F.M as an institute that stands for life and the love of God play a leading role in educating people on the risk of HIV/AIDS infection through any behavior which has the risk of facilitating HIV infection (Ngure 2007:1). Makinwa-Adebusoye and Tiemoko (2007:2) states that traditional view of sexuality is affirmed by a religious or moral framework that gives higher priority to responsibilities, proscriptions and prescriptions of acceptable behavior. Religion addresses sexual behavior, decisions in heterosexual marriage relationships within the context of beliefs and values about identity, relationships and intimacy, and has endowed sexuality with a meaning and symbolism that translates into varied realities in multi-cultural Africa (Ibid). In the face of the complexities faced by the A.F.M church today the subject of sex and sexuality should be differently. Sex and sexuality issues should cease to be private matter for an individual to deal with alone because one of the potential outcomes is HIV

and AIDS infections which tend to affect a number of relationships in the community (Ngure 2007:1). According to Stearns (2009:43), religion and sexuality have often been closely related.

Almost 90% of HIV infections in African countries are transmitted through sex, therefore, it is necessary that the church in general and the A.F.M Church discusses the subject of sex and sexuality with an aim of coming up with contextual theology. The relevance of this subject should focus on hearing the voices of widows rather than theologizing on their behalf. Due to historical factors like the influence of ancient philosophy, which regarded the spirit as pure and all matter as evil, the church and the A.F.M Church in particular has been tentative in handling issues that affect the human body directly asserted (Khatinde 2003:3) in his article on issues of sexuality in Pentecostal Movements in South Africa. Therefore, this makes the church lack in theological capacity and skills in addressing problems of the body. According to Khatinde perhaps the reason why the A.F.M Church finds it difficult to handle sex and sexuality-related issues is because it has considered sex as belonging to a domain outside the sovereignty of God. Hence, the church feels comfortable with the fact that sex education is the responsibility of governments, schools and NGOs (Ibid).

Borrowing Clifford's (2004:4) assertion that if God is to be revealed through the interpretation of the biblical text in the context of today's world, a theologically informed, contemporary approach to scripture cannot ignore the fact and impact of HIV and AIDS. In the same note Musa Dube (2003:7) lamented that "HIV/AIDS makes love drag us to death". While David Atkinson in Clifford (2004:16) has commented that "the processes that we associate with giving life are bringing death", by this he was referring to the importance of sex in human lives in the face of HIV and AIDS pandemic which have become a risk act. These emphases that the issue of sex and sexuality among widows should be a subject considered across the board and the A.F.M Church cannot neglect it as well. The great Christian themes of the goodness of creation, love and life, appear to have been thrown into disarray. With the general church's perception on sex and sexuality changed, sincerity in formulating today's theology with reference to HIV and AIDS is eminent.

The A.F.M Church believes in heterosexual marriage relationships and always promotes it in its teachings of sex after marriage among its youths. If ever the issue is mentioned outside marriage, it tends to be regarded as sinful and therefore demonized (Ngure 2007:10). The

individuals within the general church and A.F.M Church membership who like to openly speak about sex and responsible sexual behavior are not listened to. This is because for many in the Christian domain, human “sexuality” is “morality” and as such it is considered as a private issue. However, according to Cahill (1999:326) sexuality is part of our expressing, for good or ill, relationship to the material world, to other life forms, to the self, and to other persons, including God. It is important to note that the strong relationship between God and man is metaphorically expressed as intimately with him. Norman Pittenger in his foreword to Nelson (1978:5) wrote that the church is in the midst of a sexual revolution. He noted as well that the church for the most part of its existence has been defensive when dealing with issues of sex and sexuality. While it is noted that human sexuality is the ground or base for our capacity to enter into relationships which are life-enhancing, life-enriching, and provide the possibility for humans to become what God would have them become (Ibid). The church is a human community composed of sexual beings (Nelson 1978:14). Therefore, Christian theology ought to have an immensely positive bias toward embodiment. In Nelson’s assessment, the church’s theology has tended to greatly treat the human body as something other than the essential person. In contrast the A.F.M Church’s theology postulates that the human body is the Temple of the Holy Spirit. In its understanding, this means that sex outside marriage is considered immoral and defiles that temple. Hence, this theological separation of body and spirituality of the person poses a challenge on the positive significance of human’s physical body and the sexual being. The greatest challenge within the A.F.M Church theology is how to harmoniously integrate the two without compromising the historical heritage of their teachings.

The Christian church in general and the A.F.M Church in particular significantly inherited its perspective on sex and sexuality from the Jewish tradition (Khatinde 2003:4). The way the church and religious patriarchs used the authority of the bible to place women under them sexually, made the modern feminists to hold the Bible responsible for the subservient status of womanhood. The rabbis and the church fathers have appealed to the scripture whenever they have sought to justify their misogyny (Ngure 2007:10).

Several texts from the Old Testament currently cause the challenge about an understanding of human sexuality as they relate human sexuality only to procreation as many Africans value children and take that as primary purpose of marriage (Rosenow 2011:53). In the Old Testament, human sexuality was regarded as a covenant that was binding to the man to “leave

his father and mother and attach himself to his wife, and the two become one” (Genesis 2:23-25 NIV). Mamba (2012:73) advises that members of the Christian community should exercise mutuality in this challenging time of HIV and AIDS by not manipulating human sexuality to connect it to sin and promiscuity practice. The notion of human dignity within the realm of sexual behavior and the HIV and AIDS pandemic needs the compassion of God, recalling that the suffering people and especially widows are the image of God. The pandemic of HIV/AIDS has created an atmosphere of despair and anxiety (Mamba 2012:73).

However, what is encouraging is what is shown by Jesus Christ in the way he respected womanhood in the New Testament. The bonds uniting Jesus to his disciples, male and female, transcend the ties of his heredity, consanguinity, or connubiality. His utter respect for women as well as for men was eloquently made evident by the words of oriental hyperbole that the Sermon on the Mount ascribes to him:

*I say unto you that everyone that looks on a woman to lust after
her has committed adultery with her already in his heart
(Matthew 5:28).*

The opposition of Jesus to divorce, in flagrant violation of the Law of Moses (Deut. 24:1-4), showed that he upheld the dignity of womanhood (Ngure 2007).

Sex and sexuality plays an important role in influencing the interpersonal relations among human beings. Carl Jung a psychologist once remarked that people who brought sexual issues for therapy those issues were closely linked to religious questions and conversely when they brought to him religious issues they turned out to be sexual ones (Nelson 1978:14). This only gives a message that religion greatly influences positively or negatively human sexual relations, hence, the Christian church should value such an influence.

The Christian church historically poses a heritage that contains not only a plethora of teachings concerning sexual morality, but also bears great theological themes of sexual relevance. The church in general’s message of sexual abstinence before marriage and faithfulness in marriage is the ‘vaccine’ (Garland and Blyth 2004:290), which has proved difficult to rely on in addressing a number of sexual challenges in this generation. Therefore, if the church ignores and treat issues of sex and sexuality lightly in the face of great challenges such as widowhood sexuality, the church in general and the A.F.M Church in Zimbabwe unconsciously dehumanize them because that could be taking away the part of their being human. Phiri (2010:222) states

that African women Theologians writings have shown that in Africa marriage is at the center of the African community. Marriage is still widely respected in Africa even in the era of HIV and AIDS. Marriage has been considered as a refuge when the married can shield themselves against the threat of HIV/AIDS (Ngure 2007:41). Yet marriage is also the center of patriarchy, which constructs the subordinate position of African women. As mentioned before this position does not work well in the era of HIV/AIDS, when research showed that there are more new infections of HIV among married women than any other group (Ngure 2007:41). It has been argued that the major reason why this is the case is because of the “sexual and economic subordination of women” (Phiri 2010:222). Therefore, harmony of life should allow gender equality on issues of sex and sexuality.

However the A.F.M church in its effort to interpret the Bible should have a clear position on sex and sexuality that may encourage personal responsibility and growth. Because the association of sex with sin by the church in general has posed a major barrier to effective HIV and AIDS prevention efforts by the church (Ngure 2007:35). It also enabled the church’s judgmental attitude towards the infected implied by simply considering them as immoral and not deserving of sympathy or empathy. This position assumes by default that PLWHAs are being punished by God for their immorality (Ibid). According to Louw (2005:425) the apathy that readily results from viewing AIDS as a sinner’s disease is damaging to the church as a whole, because it can be accompanied by a refusal among individual Christians to view persons in the high-risk groups as the proper focus of the church’s mission. HIV and AIDS challenge the church in general’s position on sexual issues. Because according Louw (2005:425) it unmasks sexuality within the area of so-called private intimacy. It makes sexuality a public and a social-cultural phenomenon. Therefore, the church in general and the A.F.M Church in particular should take its head out of the sand and teach people responsible sexual practices that take into consideration preventive measures. This is the most radical impact of HIV on our being human. To the church in general HIV is fundamentally an issue of human dignity and integrity (Ibid). The compassionate knowledge of the importance of sex and sexuality by the church will enable a level ground to discuss widowhood sexuality with openness and in a helpful manner. The following section of the study will examine widowhood sexuality and the church in general and A.F.M Church in Zimbabwe in particular.

3.5.2 Widowhood sexuality and the church

Both sexual ethics and widowhood sexuality education within the churches in Zimbabwe are problems as less attention is given to examine the sexual challenges faced by widows within the church, which according to this research makes their discussion not only interesting but urgent. It becomes urgent, realizing the impact and the complexities of sexual matters on women's vulnerability in the face of HIV and AIDS pandemic. According to Cahill (1999:325):

One of the many reasons sex is of interest and urgency for every adult human being is that all people at least some of the time are unsure how to understand their sexuality and how to behave sexually in ways that are morally praise worthy than reprehensible.

Louw (2008:353) states that sexuality is the search and longing for a counterpart as the loving mirror of one's own identity. He elaborates and says "Human sexuality is a deep-seated human drive geared towards personal and existential need satisfaction as an expression of human and gender identity". It also represents the will to communion (the sensuous, erotic power to human fulfillment in bodily communion) and the quest for intimacy (developing intimacy with a partner is a lifelong process oscillating between the reality of fulfillment and disappointment) expressed by sexual love.

According to Nelson (1990:157), the introduction of this love implies that sexuality is related to ethics. A sexual ethic centered in love can express itself in various values or criteria by which specific sexual acts might be measured. Louw (2008:354) states that all human beings are sexual from birth until death, and all sexual acts and expressions are embedded in ethics (love) and aesthetics (completion and fulfillment). Against this background this means that all human beings may be capable of having responsible sexual relationship irrespective of their marital statuses. This approach creates a challenge to the churches in Zimbabwe as such a teaching is considered as encouraging casual sexual practices among church members. However, the purpose of sex in human life has some psychological, spiritual and emotional benefits. Louw (2008:354), points at the following as sexual features:

- It is self-liberating, expressing one's own self-affirmation and desire for growth. Without positive self-love and a mature stance in life, however, genuine intimacy is impossible, for intimacy depends upon each person's sense of self-

worth and emotional, as well as spiritual maturity.

- It is bodily related (embodiment of sexual love). Sexual love is heavily connected to sex and to biological drives. The primary aim of sex is pleasure, recreation and reproduction. It includes the important dimension of the satisfaction of the sex drive, and eventually at some stage, intercourse.
- Sexual love includes mutuality and is therefore other-enriching and other-empowering, displaying a genuine concern for the well-being and growth of the partner or spouse. In this regard sex is a search for completion of the human person through an intimate personal union of love expressed by bodily union.
- Sexual love should be honest and convey trust. It should express as truthfully as possible the meaning of the relationship between the partners.
- Sexual love implies commitment, committing oneself faithfully to an ongoing relationship. Positively, Christian sexual ethics affirms marriage as a covenant of love, always in process. It is centered in fidelity: the bonding of trust, honesty, mutual care and primary commitment.
- Authentic sexual love implies responsibility, which includes a social responsibility. It should express values that enhance the larger community and is sensitive to cultural values.
- Sexual love should be geared towards life fulfillment and the healing of life in order to prevent estrangement, rejection and isolation.

The views cited above may give an impression that widowhood sexuality can be treated as an issue that should be laid at widow(s)' choice to responsibly engage or choose not to. Of concern however, is the fact that the morally praise worthy sexual behavior is largely formulated by the patriarch society as well as the religious institutions without the involvement of women who become victims when it comes to exercising their sexuality responsibly and reprehensibly. Therefore, sexual completeness and personal fulfillment is not the same thing within the Zimbabwean societies and the Church in general (Dube et al 2004:24). Each involves a mystery of human person, a mystery whose completeness and fulfillment the church in general is destined to know fully only in God. It is, therefore, imperative to demystify widowhood sexuality within the A.F.M Church. The spiritual and cultural barriers prohibiting any discussion and considerations on widowhood sexuality must be confronted and challenged as to provide an approach that seek to empower widows to discover new ways within their resources

to author their lives responsibly (Shumbamhini 2009:4).

3.6 The dilemma of widowhood sexuality

Widowhood creates significant personal and emotional changes as women cope with loss and grief. According to Eipper (2009:8), changes in a woman's sense of herself, her sexual life or self-concept, also arise as she adjusts to the loss of her personal and social role as a wife. Clearly, widowhood creates significant dilemmas in women's lives that are both profound and diverse. The sexual dilemma widows may have can have a significant emotional, spiritual and psychological impact. It can cause major instrumental disorganization, can challenge and redefine relationships, and can disrupt a woman's self-concept (Eipper 2009:8). These can be painful and stressful experiences. More often the desire to have autonomy and the need to have a sexual relationship can be complicated by the religious and the social structures the woman may be living in. Eipper (2009:18) states that feminist scholars have identified the tendency for women to lose independence, autonomy, and control in romantic relationships with men in their widowhood as they may be in a confusion of what they want and what the society require them to do. Despite the influence of patriarchal gender dynamics within heterosexual relationships, there are exceptions to this rule. Hollaway (2004:320) had criticized feminist literature that looks exclusively at women's oppression in relationships without also acknowledging what can be gained. She proposes a relational dynamic of mutuality: mutual compromise, support, work, and caretaking, which, she believes, can allow widows to be independent while being in relationships. Though Hollaway's views can be of value, I think she does not consider the complexities widows in contexts like the African, where a lot of paradigm shifts is still to occur to accommodate widows' sexual autonomy.

If the widow has children she has the task of explaining to them why the life style has changed. But most importantly her state of being single, in this state she does not choose celibacy; it is thrust upon her (Eipper 2009; Bittman et al. 2003; Davidson 2001; Kraft 1979:7). She never prepared to take such a choice, nor does she want it. De Jong (2002:62) identifies the importance of society in acknowledging the uniqueness of females and males in a matrimonial relationship as a God designed aspect. He states that when God created human beings, He created two biologically distinct types: males and females. The first question likely to be asked about a new born child in any society is: "is it a boy or a girl?" The answer has profound implications for the whole of the child's life, because every society expects women and men to

be “different”. Therefore, each society expects females and males to accomplish different tasks, to play different roles in society, the loss of a husband to a woman changes completely this set up. Basically one of the aspects of life she loses is the sexual intimacy. Fatia Al Assal of Egypt quoted in Paterson (1996:1) once stated that:

Do you know what women lack most? The knowledge, the deep-rooted knowledge and conviction that they are human beings and sexual beings.

As an integral part of human existence, sexuality deals with vital and frequently sensitive concerns, which are intricately implicated in social dynamics and male-female power relations that vary greatly by culture and religion and over the life cycle (Makinwa-Adebusoye and Tiemoko 2007:1). The already stated position of women in relation to men prepares an unfair ground for widows to express their sexual needs openly. Hence, due to the fact that sex and sexuality issues are treated as private in many cultures and in particular African cultures makes widowhood sexuality a dilemma. Makinwa-Adebusoye et al (2007:1) captures the complexity of widowhood sexuality:

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behavior, practices, roles and relationships. While sexuality can include all these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious, and spiritual factors.

These influence significantly issues of widowhood sexuality. Their sexual freedom is controlled and manipulated by all or some of the above factors of which they can hardly express their desires freely.

In most African societies, heterosexuality procreation is the only justification for the expression of sexual feelings (Makinwa-Adebusoye et al 2007:2). However, this view gave rise to patriarchy replete with elaborate “sacred” rituals of initiation to sex and passage to adulthood, female genital mutilation and the gendered role of women as procreators subordinate to men. Makinwa-Adebusoye et al (2007:2) further observed that the other awesome potential of human

sexuality of which may be lacked by widows is the ability to foster shared pleasure, intimacy and bonding in relationships, which should be viewed as a right to all human beings. This clearly shows that if exercised responsibly, sexuality fulfils a number of personal and social needs as individuals value their sexual beings for accruing pleasures and benefits. With the aspect of widowhood sexuality a number of issues disturb ways of engaging into sexual activities. For example, the negative consequences of sexual transmitted diseases including HIV/AIDS, unintended pregnancy, have aroused great concern and brought the traditional and moral restrictions on widowhood sexual behavior under intense scrutiny (Ibid). For example The Herald of 27 June 2012 reported a case of a widow in Harare Zimbabwe, who fell pregnant to another man while staying at her late husband's house and this did not go well with her sister-in-law. The widow was called a "prostitute" in the presence of her children (Herald 27 June 2012).

The heavy burden of sexual-related diseases and risks in Africa and other regions are reasons also that compromise the safety of widows and pose a debate on sexual health and responsible sexual behavior. In showing the impact of the dilemma of widowhood sexuality, Kraft (1979:2); Makinwa-Adebusoye et al (2007:3), observed that the experience of being married and later lose the husband through death and withdraw unceremoniously from sexual enjoyment brings a psychological confusion. The challenge is then on how the widow should learn to manage to get by with other social, economic and other responsibilities. But the crave for sex, the need for love making, to touch and be touched intimately and share sensual feelings with a man becomes a challenge in her life time (Eipper 2009:19).

Makinwa-Adobusoye et al (2007:3) in suggesting a way of dealing with widowhood sexuality, states that a rights approach is essential to avoid arguments based on culture, religion and 'age-old traditions' which, in Africa and in particular Zimbabwe, have been used to maintain practices that denigrate women and pose great risks to their health and general well-being. The authors explains the rights approach as emerging from a long history of resistance to society's regulation of sexuality, "sexual rights" embraces human rights that are already recognized in International consensus documents such as the convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (Ibid). Moreover, the rights approach sets clear guidelines for the basic minimum entitlements, including the right to respect for bodily integrity, the right to decide to be sexually active or not, and the right to pursue a satisfying,

safe and pleasurable sexual life (Makinwa-Adobusoye et al. 2007:3). WHO Report (2004:4) further posits that the rights approach also places obligations on States to ensure culturally appropriate sexuality education, as well as sexual and reproductive health care that include freedom from stigmatization and violence, on the basis of gender or religion or sexual orientation. The greatest challenge then is how to integrate these brilliant considerations in realizing the insubordination position of widows within a pastoral approach. Is the pastoral care ministry in a position to integrate such important human consideration in addressing the dilemma of widowhood sexuality?

The sexual challenges faced by widows are not only emanating from cultural imbalances and religious dogmas but also the impact of HIV and AIDS pandemic. Their knowledge of their HIV status brings with fears of further engaging into sexual relations as they may lack skills on how to use preventive measures available. In showing this dilemma in living with the disease Louw (2008:126), notes that HIV and AIDS causes existential suffering which leads to asking the question why me and then try to justify the ways of God and His will in the face of the reality. The HIV status may take away the personhood of the individual as he/she may continuously blame him/herself for contracting the disease. Ngure (2007:103) note this as a concern by saying that there is a growing worry over the rapid HIV infection rates among women who comprise almost half of the 42 million people in the Southern Africa region currently living with HIV infection in the age group, 15-30 years. In the region, these young women are more than four times more likely to be infected compared to young men (Ibid). Ngure (2007:103) also states that research undertaken by UNAIDS (2004), revealed that although women are empowered with ways of HIV/AIDS prevention measures that does not support their prevention efforts due to the discrimination and violence that they are likely to encounter within the male dominated society. As stated earlier, widowhood poses a great challenge especially if the widow is forced to embrace the ABC model (Abstinence, Faithfulness, and Condom use) as a way and means of total safe-guarding herself from contracting HIV/AIDS or transmitting the disease.

Chitando (2007:19) provides the following detailed explanation of the ABC prevention model "Abstinence means an individual refrains from engaging in any sexual activity". On the same note Chitando opts for abstinence as an effective prevention strategy for couples/ partners who are separated temporarily from one another due to various reasons. He further indicated that abstinence is not an easy option for young people and the young widows who are sexually

active and in need of sexual fulfillment.

Faithfulness means being faithful to one's sexual partner or spouse. Multiple sexual partners contribute to a high possibility of HIV and AIDS infection (Mamba 2012:14). Therefore, faithfulness decreases the possible high exposure to HIV/AIDS. Hence the model requires a dedicated commitment of both collaborators that, in the absence of the partner, abstinence will be practiced.

While realizing the failure of abstinence and the application of being faithful in the spread of HIV/AIDS among the singles and widows, the use of condoms was opted for as a prevention model. However, the effectiveness of condoms depends on their correct and consistent use, but this prevention strategy encounters some cultural and religious barriers (Chitando 2007:20) especially for the widows.

Ngure (2007:104) notes the challenges posed by the ABC model as a form of preventing HIV infection to widows and shows its shortcomings. The ABC model has limited success in communities where widows have less ability to control sexual encounters and express themselves freely. In particular, Ngure (2007:104) notes the following:

- Abstinence is ineffective in circumstances where widows are forced by cultural practices into sexual activity.
- Faithfulness becomes difficult because those widows who may engage into sexual activities may do so with married people, hence multi partnership is at play.
- Condom use requires the co-operation of the partners who may refuse to use them.

Given the unequal power relationship, it is frequently difficult for widows to refuse sexual relations with willing partners taking into consideration the sexual dilemma they might be in. Ngure (2007:131) states that low economic status and fear of social rejection because of cultural and religious beliefs, might render widows unsuccessful to engage into safer sex practices or makes them unsuccessful in negotiating condom use. However, the research takes into consideration that the ABC model was not originally designed for HIV/AIDS prevention but as a reduction method. The ABC model has been used for hundreds of years in the United States of America (USA) for pregnancy prevention (Mamba 2012:42). When the predicament of HIV/AIDS came, the "condom use was advocated as a potential prevention tools".

The global model of ABC discourse creates tension among the people, as it challenges cultural practices that are sensitive to making changes as people believe that culture is part of their being, according to Haddad (2011:79) “Christian churches in general adopted a very ambivalent attitude while the general population discreetly promoted their use”. The ABC model therefore faces many challenges that create obstacles for implementation in addressing widowhood sexuality issues.

The daunting question is asked within the Christian domain: Is it possible to recommend other sexual alternatives for widows and the single individuals to use in meeting sexual needs? By sexual alternatives here I refer to masturbation, use of sex toys and vibrators that may not require an individual to have a sexual partner to meet his or her sexual cravings. Can it be okay for widows to masturbate when sexuality becomes intense? Masturbation is a thing that men and women may do when they do not have a sexual partner. It is used as a substitute for real thing. Ngure (2007:130) states the dangers of this alternative and says “masturbation can be a poor substitute for another person”. He defines masturbation as the act of manipulating the sexual organs for the purpose of sexual release or pleasure. In men it involves playing with the penis and mental imaginations as if one was really having sex. In women, it involves manipulating the female sexual organs especially the clitoris and breasts for the same purpose. Ngure (2007:131) adds to say that such manipulation is considered safe and harmless in that there is no risk of conception in a women or the risk of contracting a Sexually Transmitted Infection (STI) or HIV. Then the question remains on what widows should do with the yearnings for intimacy, especially sexual intimacy within their widowhood life journey? Can it be possible for them to live through it and still enjoy life to its fullest? The widows may not want to be celibate, and hence, would find themselves in a quandary. It is however, a fact that sexual relationships do give some meaning and satisfaction for the sexual yearning. This therefore, may mean that sometimes the permanency in sexual absence may bring pain and compromise the meaning of life in a person hence leading into a sexual dilemma.

Louw (2008:225) points out that the question about meaning in suffering is about the purpose and direction of a person’s life. Louw (2008:225) adds that, however meaning as a sum total of answers to all questions, does not exist as such because meaning can be discovered only within a loving relationship with God and other fellow human beings. This can only happen when the person has the security found in God’s covenantal promises and the eschatological reality of

salvation indicated in the cross and the resurrection of Jesus Christ (Tamirepi 2011:68). Through all this the widow in this case will come to know that God Himself is not the meaning of life because God is more than the sum total of meaning. Louw (2000:172), articulates, “Meaning rather is the discovery of God whom one can trust and who can bring meaning to life due to actual involvement and engagement with those existential realities which threaten humans in the very core of their being”.

Masturbation is therefore considered safe and harmless, to engage in masturbation for widows rather than in sexual activities with opposite sex partners as this may expose them to unwanted pregnancies as well as expose them to HIV infection. But the question still remains in ascertaining the flexibility of the church in general and the A.F.M Church in particular in accommodating this sexual practice. Because Ngure (2007:132) states that it is sometimes argued that masturbation is an unchristian practice as it involves fantasies about sex. He notes again that extreme opponents argue that it could lead to mental problems, although no evidence has been provided to support such a view. In my view, the only concern with this practice is that it may inhibit social interactions with members of the opposite sex. Further, it may compromise self-control which is an essential character and a virtue in Christianity. Hence, the practice of masturbation may require counseling and assistance so that one can be assisted to develop in all-round manner as a Christian.

The above argument aims at providing an approach that engages widows to lead an appropriate Christian life and work for the kingdom of God but realizing that they are also very much sexual beings. However, if the dilemma of their sexuality is not dealt with, their sexual search may be frustrating and hence lead a life full of guilt feelings. Eipper (2009:20) mentions that widows may pretend that sexual problems do not exist within their Christian life while that pretence is not productive to them. I realize that the church in general can provide a lot of help in the spiritual life of a widow, but the incarnation, sexual aspect of their personality receives relatively little recognition. The none Christian widow may not have equal challenges as they may opt to follow cultural ways of engaging sexually or masturbate and yet remain unmarried and still be called widows .

If the church in general and A.F.M Church teaches widows to say no to sexual intimacy, the message seems incomplete, they should be told and given skills on how to deal with their sexual feelings in ways that will not offend the Christian morals and not ignore that they have a right to

sexual fulfillments as human beings. Paul in the Bible states this to the singles and widows:

If they cannot control themselves, they should marry, for it is better to marry than to burn with passion (1 Corinthians 7:9 NIV).

The problem in our age is that it may be difficult for a widow to find a husband due to the effects of HIV and AIDS and also because of the magnitude in number of widows in Zimbabwe. On the contrary there are other poor substitutes available pornography for men and sex toys for women (Ngure 2007:134), these are a lot easier to find than to find a partner. But however, they can give temporary relief to widows' loneliness, but are they the answer? However, Paul's advice to the Corinthian church, who lived also in challenging situations with a lot sexual alternatives just like today, was that people should rather marry rather than indulge in sexual immorality (1 Corinthians 7:2). This could also mean that widows should better marry than to be consumed by masturbation or other sexual substitutes. Paul had to say in another scripture that:

It is God's will that you should be sanctified: that you should avoid sexual immorality: that each of you should learn to control his or her body in a way that is holy and honorable, not in passionate lust like heathens, who do not know God; and that in this matter no one should wrong his brother or take advantage of him. The Lord will punish men for all such sins, as we have already told you and warned you. For God did not call us to be impure but to live a holy life (1Timothy 4:3-7 NIV).

The above passages of scripture create a great challenge into today's context. It may be critically as I view it if sexuality becomes solely a moralistic issue as it may overlook some important aspects in pastoral care and counseling to the disadvantaged populations. According to Taylor (2008:3) self-control is a fruit of the spirit (Gal. 5:23) however, fruit takes time to grow. Our sexual appetite is stronger and for most people is difficult to tame, celibacy is unnatural as well for most people and therefore most people are in sexual dilemma. Taylor (2008:3) in consolidating his view states that, marriage is not just a solution to sexual immorality; it is also God's plan to end loneliness, provide companionship, provide a helper, mutual support, joy etc. This raises many challenges to the African church in general. The church in general and the A.F.M Church should have properly organized counseling sessions in which widowhood sexuality issues are addressed and widows helped to appraise themselves in

their new situations realistically (Kapuma 2011:10). There is therefore, a need to do a theology from widowhood sexual experiences where the experiences of widows are explored, storied and assessed holistically. Kapuma (2011:10) states that “Women/widows experience the injustice of being blamed for whatever does not go right. The injustice of having to implement decisions on theologies they did not help to make, all this becomes the context of struggle reflected in women’s theology. Therefore, it is the church in general and the A.F.M Church in particular’s responsibility to liberate women/widows from the unjust experiences through a formulation of an incorporating theology. The following section of the study aims at exploring the theological reflections postulated on the dilemma of widowhood sexuality in general.

3.7 Theological reflections on the dilemma of widowhood sexuality

It is not only the HIV and AIDS pandemic and the gay debate that have stirred up a lot of questions concerning human sexuality. A number of developments such as new medical improvements have also re-opened questions about the meaning of human sexuality and how it relates to human identity, human dignity, and the origin of life, marriage, family and the dynamics of human relationships (Louw 2008:351). The other challenge theology encounters in this epoch is to come up with a directed theological reflections that are supported by scripture in dealing with widowhood sexuality. Nelson (1978:162) noted this interplay and stated that “but the dynamics of both sexuality and that of grace are such that greater wholeness does not come through the denial of sexual feelings”. Nelson states that in denial the feelings do not dissolve but rather disappear from consciousness into the turbulent emotional underworld, only to be expressed in less salutary ways. Fitzkappes (2010:9), Nelson (1978:162) asserts that greater wholeness comes through our acceptance of such feelings as part of the reality of who we are, even though we may well choose not to act upon them. Therefore, the chances are that by allowing widows to suppress their sexual feelings it may create yet other psychological and existential problems that may require them to receive psychotherapy.

Widowhood is a theological issue because it deals with human dignity (Kapuma 2011:10). According to Kapuma (2011:11) a theological perspective is one which takes the view point of God on widowhood sexuality. How does God view widowhood sexuality? Therefore, getting widowhood sexuality into theological perspective is a delicate task because human sexuality is an abstraction; it is a dimension of persons, not something in itself (Fitzkappes 2010:9). The theological significance of widowhood is expressed in the idea of covenant. The covenant is an

understanding between parties, a kind of love-pledge that exists between God and His human creation. It is a state of being at “one mind” together, with a quality of affection which is infinite on the part of God. Ngure (2007:136); Reidy (1978:623), concurs that sexuality in a theological reflection frames human beings’ personhood and their mode of being human. This makes human beings aware that manhood and womanhood is anchored in the emotions and affections, and that our innermost thoughts and feelings flow along lines that are linked to sexuality. Fitzkappes (2010:13; Reidy (1978:623) advocates also that putting sexuality into the theological perspective means reviewing all what is known from experience and the human sciences in the light of what is known from God and discovering thereby the kind of depth of quality revealed by our faith in God. Reidy (1978:625) argues that therefore, God giving human beings the gift of sexuality, the creator has given them the trust, an invitation to share their lives with one another and with Him. Reidy (1978:625) had further explained that the life we share together as men and women is the threshold of the life He shares with us. Sexuality therefore, becomes a vehicle in presenting human beings to one another as men and women, consequently framing the personhood and being the mode of being human (Ibid). As sexual beings we are conscious of two interwoven strands in our self-understanding: one concerns human tenderness and companionship, the other concerns the role humans play in the transmission of life.

Ngure (2007:137) states that the world knows each of us by our sex, yet sexuality belongs to the intimacy in every personality which is expressed only in secret, and whose expression can be the crown of love. Therefore, sexuality is a cup of passion, humor, constancy and love. Hence in reflections of God’s perception, sexuality is seen as a human couple: “God created man in His own image, in the image of God He created him; male and female He created them” (Gen. 1:27; cf Matt. 19:4). In the perspective of God, sexual and personal fulfillment comes together in a companionship of man and woman that is total and life-long. Louw (2008:351) states that in the Christian tradition sexuality has historically been connected to marriage and even defined by a marriage-driven ethics.

Within this tradition it has been consistently maintained that sexuality belongs exclusively within marriage and is primarily meant for insemination, which is to say for the propagation of the species. That means the element of sexual activities as a form of finding meaning in enjoyment of which one is before God falls away in this traditional ethics. Louw (2008:351) further states that “sexuality is personal” and the sexuality of unmarried adults and this includes

the sexuality of widows who have renounced marriage, is to be understood as a dimension of personhood which has not sought complete realization. However, this should not be understood as saying that widows should not be fulfilled as persons; the affective and sexual dimension of personhood can achieve great depth without marriage. This presupposes that sexual completeness and personal fulfillment is not the same thing. Each involves the mystery of the human person, a mystery whose completeness and fulfillment as human beings are destined to know fully only in God. In this perspective widows should be assisted to realize that full sexual sharing belongs to the full sharing not just of sexuality but of persons and lives. Reidy (1978:628) quotes Dominian who wrote: "The real evil of our age is not the permissiveness of sexual pleasure but the impermanency of relationships whereby, through transience and divorce, human beings becoming stepping stones of temporary exploitation where the whole is never touched". Hence, theological reflections together with psychological thinking should explain if the trivialization of pleasure and the trivialization of persons are not linked. This may help provide a way forward in dealing with the complexities of widowhood sexuality and their cravings. However, Louw (2008:351) observes that in the era of HIV and AIDS, the epidemic unmasks many presuppositions regarding the meaning of human sexuality:

When sexuality is connected with death, short circuit occurs in the human psyche-and this is surely the main reason for the terrifying anxiety that AIDS creates in many people. The possible spread of the disease becomes a battlefield for repression-and here we must dare to face up to issues that otherwise get swept under the carpet.

He further argues that the debate on sexuality is currently shifting from a pessimistic stance to sexuality beyond the marriage and gender paradigm, to liberated, free, individualized performance sexuality and need-satisfaction sexuality; from normative and procreative sexuality to experiential, recreational sexuality. Louw (2008:352), refers to this as plastic sexuality which is sexuality emancipated from fixed social roles. This he says is a decentered sexuality freed from the needs of reproduction. This allows sexuality to be shaped by personal choice. The implication to widowhood is that the former marriage devoid by death is no longer the framework for sexual and erotic experience, which in this case has become a personal choice and a matter of individual satisfaction. Louw (2008:352) calls this approach as the democratization of intimacy.

He further provides an important theological argument when he mentions 1 Corinthians 6:13-20

as an eschatological foundation of human sexuality and the affirmation of human embodiment. Verse 13 starts with a most interesting argument. In a very logical and even “natural” way, Paul argues as follows: food is meant for the stomach and the stomach for the food. In an indirect way, Paul proceeds with the following under-girding argument: sex is for the body and, in terms of a “natural”, experiential approach; the body is there for sex. Louw (2008:357) poses a question “why this focus on the importance of the body and its sexual functions?” He states the theological reason as that God raised the Lord and will also raise us by His power. In Christ our body already partakes of this resurrection. In this way the body attains a new eschatological status as an expression of the indwelling presence of God’s Spirit (Ibid). This is what is meant by an inhabitation approach to embodiment and human sexuality. According to Ngunjiri (2007:131) the core issue and basic human need in all forms and modes of sexuality and sexual activities is the notion of intimacy: the need to be accepted unconditionally for who you are, without the fear of being rejected. I believe that if widows are treated with respect and be allowed to express their sexual feelings and choices without cultural and religious prescriptions but be guided by the biblical teachings there may exercise growth in their Christian living. In this way their choice of intimacy will create an atmosphere of acceptance and security in the church. According to Louw (2008:359), safe sex is more than “condomising”; it is about “compassionate intimating”. Widows should be encouraged to exercise responsible sex as responsible Christians within a social responsibility strategy. The challenge within the church in general and the A.F.M Church in particular is its willingness to accommodate important sexual preventive measures like the use of condoms as forms of empowering widows. Hence, widows are desperately in need of pastoral counseling which takes into consideration their sexual needs in an HIV era.

Ahlberg (2006:1) once identified this crisis within an African context and noted that African sexuality is often misinterpreted because it is viewed from a Western perspective. The greatest challenge as sited in this research is the religious and moralistic approach to sexuality. This is mainly so because the Western perspective to African sexuality attaches moral and religious value to sexual activity (Ibid). While according to Ahlberg (2006:1) sexual activity in Africa is free and has no moral value. The major difference however, is the way how female sexuality is controlled and dominated by men. This is so because of the characteristic features of African social systems. For example, the African economy is small in scale, with an inheritance system where property remains within the lineage or male control (Ibid). This makes the widows have no power over their sexual activities as they may fear to be abandoned by those caring for them.

However, in most African countries today, there is increasing evidence that HIV and AIDS Educational campaigns have generally resulted in increased information making it possible to have people who are individually responsible with their sexual activities. Therefore, it is the desire of this research that future studies should come up with an African well grounded sexual alternative for widows.

3.8 Conclusion

In concluding this chapter it is important to note that widowhood affects women differently depending on their age, strength of character, economic status, childlessness and especially “sonlessness”. To have a son becomes a security measure for the widow as she may be assured to remain in the matrimonial home together with her children. It has been noted that depending on these factors, widowhood entails a variety of hardships and frustrations that are traumatic to the women. Widowhood again places the widow into a multiple roles of which were harmoniously shared with her partner before she was widowed.

The patriarchal dominated society tended to dispose the widow of the resources that should empower them. According to Nelson (1978:52) the church fathers never were concerned with women’s sexuality matters but projected women as created to meet men’s sexual needs and social roles. He further stated that the church fathers were little concerned with a systematic theology of sexuality. Theirs was a much more practical interest on issues of purity of the spirit and the Christian life in a licentious, pagan environment. These views impacted greatly in formulating both the cultural and religious norms that are seen today to be oppressive to women as well as the widows in particular.

The chapter, implicitly and explicitly indicated the possible areas which bred and created an environment that created the dilemma of widowhood sexuality. In an attempt to understand the possible cultural and religious influences to widowhood sexuality, the chapter looked at how culture view widowhood sexuality. It also examined how the church perceives sex and sexuality and the crust of the study which is the dilemma of widowhood sexuality was identified. In consolidation it was apparent again to make some theological reflections on widowhood dilemma in order to have a base to sit upon when reformulating or formulating policies that may guide the church in this era of HIV and AIDS pandemic and hence come up with an appropriate pastoral approach.

This chapter noted how males dominate and socialize women's sexuality. In her study in Zimbabwe, Kambarami (2005:5) found that St Paul's letter to the Colossians is one example of the letters which most Zimbabwean men quote as a justification of their control over women. The woman is expected to submit to her husband (Colossians 3:19). Kambarami (2005:5) argues that in this case love is much more difficult to measure than obedience or submissiveness as a result; men control their wives and justify their actions basing on Christianity. This possessiveness of women by men goes on to follow them even if they are widowed. Phiri (2003:10) has remarked that this Christian submission of wives to their husbands has made many married women vulnerable to contracting HIV as they have no power to negotiate for safer sex. Chitando (2007:46) asserts that Christianity like most other religions is patriarchal. Hence the church in Africa remains the bastion of patriarchal and male privilege when the women "groan in faith". Therefore, the issue of widowhood sexuality becomes a challenge because men tend to decide for women, while it is impossible for them to be truly in their situation.

The question still remains on how widowhood sexuality should be handled within the church domains. Does the death of a partner terminate totally the other partner's sexuality realities? If the sexual feelings are there how should they be managed to avoid taking away the partner's meaning making in the remaining life period? What then should the church in general and the A.F.M Church say and teach widows on dealing with their sexual feelings if such feelings do exist? Personally I have a feeling that the church in general must avoid burying its head in the sand and be willing to confront holistically widowhood sexuality issues. To teach the widows to say "no" to sexual intimacy outside marriage sound to me as being irresponsible to the lives that were entrusted in the Church leadership's hands by God. Yet the dilemma comes on how they can exercise their sexual relations outside marriage without exposing them to existential life challenges such as HIV infection and making them live in guilty feelings which may be detrimental to their spiritual growth and meaning making in their Christian journey? Is it ethical for them to embrace sexual alternatives available as postulated by some views in the research? Sexual alternatives such as masturbation, use of sex toys, use vibrators and or have sexual partners outside marriage? How should they engage into sexual responsibility where the male-dominated society will not control again their sexual choices and use freely the sexual preventive measures and contraceptives available for their benefit without being victimized?

Can that freedom be afforded all widows equally to make informed choices of their lives?

Admittedly this research is far from resolving the problems of widowhood sexuality dilemma. It however makes a contribution to opening the way to explore further on the realities that may sound secretive in the eyes of the church's moralistic, idealistic and religious persons. Taking into consideration the impact of HIV and AIDS pandemic and how most women in Africa are vulnerable to the disease, it is imperative for the church and the community of believers to be supportive to widows. Seeing the ever growing number of widows in church and the age at which some are being widowhood sounds as bells calling for reformulation of policies that are integrative in nature. The question remains: How can A.F.M Church in Zimbabwe formulate its policies to mitigate the widowhood sexual dilemma in this era of HIV and AIDS pandemic? Therefore, the researcher proposes a pastoral approach/model which may give dignity to the widow and adds the spiritual dimension of healing in the pastoral care and counseling. Hence the next chapter aims at providing a pastoral approach for widowhood sexuality.

CHAPTER FOUR

TOWARDS A PASTORAL APPROACH: WIDOWHOOD SEXUALITY WITHIN THE A.F.M CHURCH IN ZIMBABWE

4.0 Introduction

Chapter three of this research explored and examined widowhood sexuality within the African context especially in Zimbabwe. Efforts were made to locate the place of widowhood within the church in general and the A.F.M Church in the face of HIV and AIDS pandemic. It has been apparent that the widows face a number of challenges in their sexual lives. The widows' challenges emanated from the socio-economic, political, cultural and even from religious spheres. The study revealed that widows faced among other challenges the following; lack of acceptable status, no state legislations are designed to support them, they face ill-treatment from the in-laws and the apparent loss of social status and support. These affect their day to day living and especially their sexual explorations. This chapter's goal is to search for an appropriate pastoral approach relevant and contextual in addressing the sexual issues of widows within the A.F.M Church in Zimbabwe. In the process the research question aimed to be answered is: How can the church in general and the A.F.M Church in Zimbabwe address the question of sexuality among widows? It is also apparent that in this endeavor a pragmatic practical theological process will be engaged. This process is suitable in this context because according to Osmer (2008:175-76) it seeks the task of forming and enacting strategies of action that influence events in ways that are desirable. Therefore, the A.F.M Church leadership not only face the external challenge of changing the social existing context on widowhood sexuality, but also the internal challenge of accommodating the need for a paradigm shift in practical theological formulations. However, it is important to note that although pastoral care within the A.F.M Church may be in a position to challenge existing structures on widowhood sexuality, the benefits may be minimal. Hence, this research considers the empowerment of widows as more effective than burdening the community and the church.

It has been observed in this study that often, traditional responses to widowhood sexuality were intended to draw a curtain over their sexuality and make widows non-sexual beings. The research has noted that cultural inhibitions held that either widows should not have sexual

desires or needs whatsoever, or that their sexuality must be stringently controlled (Kartzow and Maseno 2010:147). Kartzow et al (2010:147) argued that in general, attitudes toward the sexuality of widows are at the very heart of their low status and marginalization in many contexts for example within the Church in general and in particular the A.F.M Church in Zimbabwe.

Umoren (2008:2) defines pastoral theology as a practical theological discipline which focuses on the ministry or care of souls. As a practical theological approach, pastoral care systematically puts into practical effort or use knowledge about God gained from the scriptures and other theological disciplines into addressing and giving meaning by a pastoral caregiver to widows and the congregation at large (Umoren 2008:2).

The need for a pastoral approach for widowhood sexuality is derived from the natural human need for God. It has been noted that whenever and wherever, widows in their life dilemmas hunger and thirst for God, they also do hunger and thirst to be directed to find meaning of life in their situations (Umoren 2008:2). Pastoral care approach thus aims at seeking out the best way possible to render service to widows in their dilemmas. In this way pastoral care approach employs the elements and fruits of social analysis in order to understand the dynamics and needs widows within the church settings where they do fellowship.

According to Louw (2008:14), the challenge in pastoral care is to identify with suffering and become involved with human suffering. Therefore, the church must be a haven that willfully accommodates People Living with HIV and AIDS (PLWHA). Louw (2008:49) also states that spirituality concentrates on those human acts in which the reference to God is not only explicit but also immediate. Spirituality concentrates on both religious experiences and religious exercises, which always draw people to find meaning in their God. Through the normative task of practical theological interpretations this chapter seeks to provide the basis for pastoral discernment in dealing with widows' challenges. According to Osmer (2008:137) discernment is "the activity of seeking God's guidance amid the circumstances, events, and decisions of life". This process however, will take into consideration the Zimbabwean cultural aspects of the widows. In this exercise the pragmatic task will be the guiding principle as it encourages pastoral care givers to determine strategies of action that will influence situations of widows in ways that are benefiting them. The next section of the study assesses the widowhood sexuality

perspectives discussed in the previous chapter.

4.1 Widowhood sexuality Perspectives

The researcher will reflect on the sexual perspectives of widowhood sexuality and how such sexual applications are fitting in the African context, Zimbabwean Churches and within the A.F.M Church in Zimbabwe. How appropriate is scripture, as a combination of theory and praxis, to the HIV/AIDS scenario? And how can a theology of HIV/AIDS guide us in terms of widowhood HIV/AIDS stigma, destigmatization and the role of the church in destigmatization interventions? It is believed that properly aligned theology can play a major role in combating HIV/AIDS stigma and stigmatization. A theology of HIV and AIDS will help reduce stigmatization on people living with HIV and AIDS. Louw (2008:423) states that HIV has become a much stigmatized issue and society in particular is prejudiced against people living with HIV. Scripture provides both knowledge and existential direction to inform HIV and AIDS stigmatization (Heymans 2008: ii). Stigmatization is considered to be sin because it robs the human being - as created in the image of God, reconciled, and redeemed through the cross and resurrection from his/her God-endowed dignity and worth. Heymans (2008:ii), notes that a theology of HIV/AIDS, including a theology of affirmation and inhabitation theology, is required to adequately address HIV/AIDS stigmatization and destigmatization among widows. Stigmatization makes it difficult to discuss openly widowhood sexuality within religious settings. The researcher therefore, wishes to revisit the discussed sexual perspectives intended to address the widowhood sexuality within the HIV/AIDS pandemic in order to examine their applicability within the African context. The African cultural practices mainly allow the males to prescribe sexual engagements to females (Sleap 2001:34).

In the study Makinwa-Adebusoye et al. (2007:1) stated that sexuality is a critical aspect of being human throughout life and encompasses sex. However the study revealed that in the case of widowhood sexuality, the sexual aspect of their lives is controlled and manipulated by the patriarch and religious norms. In this case there is no guarantee that widows' sexual activities continue uninterrupted throughout their life. If widows cannot have a total choice to exercise their sexual desires at will, that certainly contradict with what Mamba (2012:71); Reidy (1978:625) pointed out in the study that God by giving human beings the gift of sexuality, the creator was giving them the trust, an invitation to share their lives with one another and with Him. Reidy further explained that the life shared between men and women is the threshold of

the life God shares with human beings. Therefore, according to God sexuality becomes the vehicle of presenting human beings to one another. Ngure (2007:137) concurred with this view when he mentioned that it is difficult to ignore widowhood sexuality when in reality even the world acknowledges each of us by our sex. Yet sexuality belongs to the intimacy in every personality which is expressed on in secret, and whose expression can be the crown of love.

The study mentioned the sexual alternatives available that may assist widows to rectify and meet their sexual cravings without involving a sexual partner. The research revealed that masturbation, use of sex toys and vibrators can be an alternative when sexual craving becomes intense for widows. Ngure (2007:131) in seeing masturbation as an alternative to resolve widowhood sexuality challenges stated that masturbation is considered safe and harmless in that there is no risk of conception in a women or the risk of contracting a Sexually Transmitted Infections (STIs) or HIV. However, the task remains to ascertain whether these seemingly European alternatives can be applicable in the African context and especially in Zimbabwe. The study noted that the A.F.M Church in Zimbabwe believes in heterosexual marriage relationships and always promotes sex after marriage among its youths and widows. Therefore, alternative sex has no room in its teachings. The A.F.M Church like many churches in Zimbabwe has a strong cultural background. It is also apparent that for the A.F.M Church to be accepted in its communities has to be contextual in its approach. Therefore, while it may be proper to be contextual, it is as well being appreciable for the A.F.M Church to be responsible to all its membership's needs and concerns.

Louw (2008:351) noted in the study that sexuality is personal and is a dimension of personhood which has not sought complete realization. Louw advocated for what he called the democratization approach of intimacy. On a similar view, Hollaway (2004:320) proposed that widows may be independent while being in relationships. Louw (2008:354) in this study emphasized what he called "responsible sexual relationship irrespective of the person's marital statuses." This, however, may be difficult to promote within the Zimbabwean churches in general as the limit of control may be compromised and questioned. The situation in the African context and especially in Zimbabwe, the woman is married for the community and the relatives are concerned with what the widow does. The independence of the widow as proposed above can be hardly achieved in the Zimbabwean context. However, taking into consideration the psychological importance of sex and the spiritual benefits to the widows; it follows that this

aspect of life need not be neglected for the total growth of widows.

4.2 Providing hope for widows in sexual dilemma

Hope is shown as a very important aspect when we care for the widows and with each other in life. I agree with what Mamba (2012:40) stated that hope “is something we do with others. Hope is too important - and its effects on the body and soul too significant- not to be left to individuals alone. Hope giving must be the responsibility of the church at large and the community.”

Heymans (2008:ii) proposed that the church must embrace the theology of affirmation in dealing with the issues of widowhood in the face of HIV/AIDS, because it confirms the eschatological ontology of human being as a new creation, with a new, stigma-freed identity and status. While this research values the role played by culture in enhancing behavior change in the era of HIV and AIDS pandemic, it is important that culture should change in accordance with the circumstances necessary to support people living with HIV/AIDS (PLWAS). As a result the widows should be instilled with the theology of inhabitation because it has been revealed that it reflects triumph over stigma through the empowerment of the indwelling Spirit (Heymans 2008: ii). The embedding power is therefore reflected in the passion and compassion of the theology of the cross and resurrection. Hence, instead of condemning the widows the study revealed that the church must emphasize in its approach, the significance of the theology revealed on the cross of Jesus Christ, that of human condition of sin, guilt and guilt feelings, but also God’s grace, our salvation, forgiveness and reconciliation as the message of the theology of the cross. According to Heymans (2008:ii), this culminates into the theology of resurrection which encourages the power of God over sin, resulting in the transformation of the widow, which enables empowerment through the Spirit who infuses the widow with courage, meaning, purpose, dignity and self-worth. The church has been encouraged to follow a holistic, systems approach, involving the proclamation of a theology of life, practicing pastoral care; participate in the *Missio Dei*, and exhibiting a normative basis regarding destigmatisation interventions especially with regard to the issues and concerns of widows and their sexuality. The theology proclaimed by the church in general should demonstrate the resurrection identity of hope and empowerment, as enabled by the Holy Spirit (Heymans 2008: iii).

Louw (2008:435) pointed out that resurrection and suffering are two themes that cannot exist separately. He added to say that resurrection faith does not retreat from the reality of suffering,

but confirms the tragedy of suffering. He took it from Moltmann's Theology of hope which states that "the resurrection plays a crucial role in revealing the meaning and gospel of the cross". Louw (2008:434) pointed out that within Moltmann's eschatology of the cross, the cross is not limited to Christ's reconciliatory work, but becomes a symbol for the eschaton of Christ: the resurrection. In this way the resurrection opens up a future perspective in such a way that the resurrection obtains an eschatological primacy over the cross. Louw (2008:435) advocated that faith in Christ for the HIV sufferers cannot ignore the empty grave. In his view the empty grave is God's final critique on the reality of death and every other form of death related to being human, including the death of relationships and the robbing of our human dignity. Proper formulation of a theology of HIV and AIDS gives hope to those infected and affected by the epidemic in particular the widows.

4.3 Biblical perspectives on widows sexuality

Mamba (2012:71) states that human sexuality is embedded in the Christian belief of sharing as Christ Himself shared His life with all humanity and He continues to be with us in the community of believers. She further stated that human sexuality is part of God's creation (Genesis 4:1). For that reason it is clear that human sexuality was never meant to be a communal affair but was given for individuals to enjoy (Proverbs 5:15-20) and share. The study revealed however, that with widowhood sexuality perception, this approach is not easily applicable as the African culture remains oppressive to widowhood sexuality. Oloruntoba- Oju (2010:3) noted that African cultures continued to place severe restriction on the actualization of widows' sexual desire. It has been noted in this research that African tradition considers sex as a community thing and strictly restricted to family life and only persons who are married are expected to enjoy sex. While Oju (2010:4) argued in this study that sex relates to the totality of human condition individually. Biblically, sex meant to be enjoyed by two people in order for them to take pleasure in the satisfaction of life to its fullness and that encompasses the companionship of one another (Mamba 2012:71).

However, human sexuality and especially widowhood sexuality has become a difficult subject for the church in general and the A.F.M Church to address today, despite the fact that the Biblical emphasis of companionship is highlighted: "It is not good for the man to be alone, I will make a helper suitable for him" (Genesis 2:18 NIV). This gives a basis to condemn rejection, stigmatization and all sorts of gender-based violence on women and widows in particular as the kingdom of God is a focal point in the healing of human life. Mamba (2012:71)

mentioned that human sexuality in a monogamous pattern has been considered as a sexual expression for women and men of all cultures.

But, for sexual issues to be discussed in public and be liberated is against the norms and practices of many African cultures especially in Zimbabwe (Tamirepi 2011:76). African traditions shroud sex with secrecy to the extent that children grow up being told that children are bought at the hospital (Rosenow 2011:51). As human sexuality is a gift from God, widows like all humans must learn to glorify Him with their bodies for such a gift, and also learn to appreciate that they exist as sexual bodies. For God created humans as sexual beings, both man and woman, not in opposition, but in mutuality. Therefore, even though widows are groomed and influenced by their cultural practices, religious beliefs and the challenges of the HIV/AIDS pandemic, it is of vital importance that human sexuality should not lose its biblical perspective and meaning. Mamba (2012:72) observed that “The crisis that human sexuality faces today originates from a historical understanding and Christian tradition that has connected sexuality only and exclusively to marriage”. Hence this opens debate on the meaning of sexual intimacy (Louw 2008:351). In that case pastoral care ministry fosters to bridge the gap between cultural and religious norms that are prohibitive by interpreting scripture accordingly and contextually.

Pastoral care and counseling have a crucial role to play in the widespread uptake of HIV and AIDS treatment and healing because of its influence within community and its reach to the people. Pastoral care proclaims a compassionate gospel to people affected with the HIV/AIDS pandemic. Compassion is a particularly important word in the gospels. The Lord Jesus Christ in His ministry work on earth was moved with compassion. For compassion is the driving force and central moral quality of a life centered in God as a caring Father. In the gospel of Luke these two aspects are put succinctly as “Be compassionate as God is compassionate” (Luke 6:36). In other words, the mission of pastoral care is to minister to the people living with HIV/AIDS and the widows with love, compassion and care by giving them hope. This is the pragmatic practical theological emphasis towards giving care to widows.

Pastoral care reveals God as a healing God in times of HIV/AIDS. When the study speak of healing in pastoral care it speaks of giving meaning in suffering, it does not take suffering as a surface issue but rather consider it as a reality. To the widows healing becomes a comprehensive concept as pastoral care addresses their concerns holistically. The healing proclaiming the message of hope through Christ, which includes both body and soul. Louw

(2008:84) states that the early patriarchs did not separate physical healing from religion and faith. For example, Ignatius of Antioch commented that communion bread is “a remedy to bring about immortality”. In respect to the widowhood conditions, in today’s church, it is important to demonstrate the power of God through healing and ministering hope. Louw further noted that the importance of healing by saying, “within the historical context of the early church, charismatic healing powers were perceived to be tokens confirming the missionary objective of the church”. Exorcism in the name of Christ was a sign of the progress of Christianity. Therefore, in the same manner, a theology that cares for the healing of widows is needed in order for them to realize meaning in their God.

Louw (2008:84) provided an encouragement suitable for the widows within the HIV and AIDS pandemic by paradoxically showing how the early church viewed suffering. In Tertullian’s time patience and martyrdom were strongly emphasized. Patience became part of self-inflicted martyrdom and was praised as a virtue. As a result of the Platonic influence in the early Christian church, victory in suffering by Christians was an abstract concept not necessarily connected to the reality of their suffering. The crisis of HIV/AIDS continues to be a sensitive issue in this era to be discussed because of its connectedness to sexual character (Mamba 2012:73). Victory took place beyond human life and was exclusively a Godly concern of the risen Christ. In this way one could be part of this by detaching oneself from suffering and by becoming one with God, the basis being the Stoic concept of providence (*pronoia*). According to Louw (2008:84), a reversion to providence brought a certain amount of meaning and “freedom” from suffering. However, the problem in the early Christian church was that suffering became a demonstration of theological and ecclesiological glory; hence the church lost sight of suffering humans (the existential aspect of suffering). Therefore, if the current theology ignores those who are suffering and in need of a theology that allow them to find meaning in their God; theology fails to be empathetic. Treatment that HIV/AIDS positive people receive drives away the perspective of compassionate caring and regarding people from the perspective of grace and being loved by God (Mamba 2012:73).

In this regard, it may be important to mention that true healing and recovery, viewed from a Biblical perspective must be seen as reconciliation and peace with God. The widows should be helped to find peace and recovery from the traumatic loss and hence, live a meaningful life in spite of the challenges. The unhealthiness occurs when the widows’ sexuality behavior is

detected to them and they are treated as non-sexual humans. According to Louw (2008:46), in pastoral terms, one is healthy when one has a source of faith that enables one to live with meaning. Louw further stated that mature faith which is a virtue is that which reflects a certain understanding of God who enables a meaningful life. This means the individual having congruency between that which one believes of God (content) and how one act in the awareness of God's presence (witness) (Ibid). Spiritual healing refers to wholeness and a comprehensive understanding of the concept of the soul, *nephesh*, which includes embodied life as experienced within the presence of God, as well as within a cultural system and network of relationships. What has this healthiness aspect of life to do with widowhood sexuality? As a matter of fact, according to Louw (2008:47), the bodily function is not conceived as something separate from the *nephesh*. Embodiment and soulfulness are complementary categories. Louw (2008:47) summarizes as this:

Healthy people in the Old Testament were people who expressed the quality of fullness and wellbeing of life as represented by the notion of shalom, peace. It refers to complete fulfillment and is connected to moral activity, spiritual achievement, righteousness (sedeq), obedience to God and the law, blessing fertility and longevity. These concepts, within a comprehensive understanding of health as wholeness and wellbeing, refer to a positive state of complete fulfillment and a sense of destiny as it emanates from God and His will for a humane life with dignity and righteousness.

In the New Testament Jesus Christ's ministry was characterized by compassion to the people who were under privileged. He never condemned them. For example at one point His disciples connected illness with sin as they questioned Jesus about the cause for the man's blindness. Jesus responded by saying: "Neither this man or his parents sinned, but this happened so that the work of God might be displayed in his life (John 9:2-3 NIV). In an endeavor to provide an approach that can address the dilemma of widowhood sexuality it is important to consider the healing ministry as the cornerstone for the church in recognizing the situation the widows in church are undergoing. Louw (1998:305) referred to this approach as the holistic growth model. It presupposes that pastoral care is fulfilled within a relation. A person not only has relations, but is a relation. He further states that the basic need for relationships means that growth and healing will take place within a caring relation of love. The church in general and the A.F.M

Church in particular therefore, can be the only haven for such a relational care.

Pastoral care ministry is unique from other approaches in that it uses the word of God as the key factor in understanding HIV and AIDS and issues surrounding widows. In God's word, pastoral care realizes the plan of God as it unfolds in the realm of human history, not outside it. The use of a hermeneutical approach in interpreting the word of God in times of HIV/AIDS acknowledges that God is a God of all history, the living voice of the gospel proclaimed to those in need. The other purpose of pastoral care ministry is to demystify the notion that suffering and HIV/AIDS is totally due to sin. In this way, I do not deny that sin is cancerous in human life and perhaps it is better to suggest that sins have consequences, but a disease such as HIV is not a punishment by God. Pastoral care approach shows that Jesus Christ did not make sin sole cause of sickness. He frantically, rejects the popular view that the person who suffers sickness or misfortune must have sinned. Tamirepi (2011:111) stipulates that theological hermeneutics is directed towards the Bible as a collection of documents which appeals to the reader to respond with faith. This helps us to understand that people have become increasingly aware of how the worldview represented in the Bible and from which basis the biblical message was communicated differs from that of the people who today attempt to communicate that message clearly and effectively (Tamirepi 2011:111).

Louw (2008:427) pointed out that to regard HIV as a punishment from God could lead to inappropriate or irresponsible and irrelevant theologizing. The problem which pastoral care needs to deal with, therefore, is about life and meaning and not about sin (Tamirepi 2011:112). Therefore, in pastoral care there is a need to proclaim and teach positive images of God in its struggle to help people find meaning within HIV and AIDS pandemic. Louw (2008:92) warns that God images in pastoral care not predicated a theological correctness because appropriate God images denote existential and functional understanding and perceptions about God as related to basic existential issues experienced by people in their daily life. Hence God empowers the AIDS sufferers in quest for meaning with living hope which becomes a reality in their lives due to His inhabitational presence within our bodies (1 Corinthians 6:16). It becomes imperative for pastoral care ministry to be aware that, understanding the meaning of God images and their role in faith is crucial to the quest for meaning in suffering, implying that analysis of a person's God image helps to a diagnosis of a person's faith (Tamirepi 2011:113). Widows living with HIV and AIDS in Zimbabwe within the church at large need to

be empowered and helped to start living positively and constructively despite the reality of the virus. In understanding how the virus has impacted on our communities, the church in general and the A.F.M Church in particular needs to have a theological hermeneutical paradigm shift in order to be relevant in the Zimbabwean context, since our God is caring, protective and comforting. Therefore, the message of the church must represent the mission of God to the sufferers.

4.4 The Theological Hermeneutical paradigm shift

The study has revealed that religious norms and cultural beliefs in Zimbabwe have contributed immensely to the low status given to the widows within the church in general and the A.F.M. Church in the HIV and AIDS pandemic. This makes it clear that there is need of a paradigm shift in theology and pastoral care within the churches in Zimbabwe in particular in order to help widows discover a God who can give meaning in suffering by being involved and engaged in their suffering. The study has revealed as well that the urgent quest for meaning in suffering within HIV and AIDS pandemic in Zimbabwe has greatly challenged both Christian faith and the traditional cultures. Pastoral care approach in Zimbabwe is very relevant and much needed to engage people who are suffering because of the effects of HIV and AIDS.

Pastoral hermeneutics could indeed be regarded as existential in the Zimbabwean situation on HIV and AIDS. Pastoral hermeneutics is an interpretation of existential and contextual issues in the encounter with God (Louw 1998:3). According to Thesnaar (2010:6), both reciprocity and interpretation imply that most appropriate paradigm for doing theology is hermeneutics. It has something to do with explanation, speech, with translation, with communicating a message, with interpreting something for people who want to hear and understand especially those in suffering. He further noted that practical theology is in essence hermeneutical because it has to do with understanding. According to Sinn (2008:582), pastoral hermeneutics is a fundamental element of the human condition itself. A hermeneutical process is also a deeply transformative process. It is the process that involves the interpretation of the meaning of the interaction between God and humanity, the edification of the church and becoming engaged in praxis through communities of faith in order to transform the world or to impact on the meaning of life (Thesnaar 2010:6). Sinn (2008:589) stated in his remarks on what hermeneutical reflection can offer to ecclesiology that a hermeneutical process is a deeply relational process. Thesnaar (2010:7) rightly said that understanding relationships and communities grows out of a fuller understanding of God as Trinity. He quotes Moltmann who explicitly attacks a “metaphysical”

notion of divine immutability. Moltmann according to Thesnaar (2010:7) explains this by stating that a God who cannot suffer cannot love either. In emphasizing this Louw (1998:14) stated that a pastoral hermeneutics can only be exercised in a meaningful manner when it is understood as a hermeneutics of the cross. Pastoral hermeneutics is therefore not only about God's relationship with us and our relations with each other but is also about restoring the relationship with us and with each other. Therefore, the churches in Zimbabwe should enforce meaningful relationship with widows and people suffering from HIV and AIDS.

Pastoral care within a hermeneutical paradigm also has to do with a theology of life and the healing of life. It is about dwelling in the presence of the pathos of the suffering Christ (Thesnaar 2010:8). It is about the question how the perspective of the resurrection in Christ, and the indwelling presence of His Spirit, which can contribute to the empowerment of human beings. It is about hope, care and the endeavor how to give meaning to life within the reality of suffering, our human vulnerability, and the ever existing predicament of trauma, illness and sickness. All this can be imbedded in the meaning of theology if the churches in Zimbabwe and the A.F.M Church can accommodate a hermeneutical approach that constantly visits the situations affecting its membership contextually.

Louw (1998:95) defined theology as faith seeking to understand meaningfully the God-human relationship, text and content. This definition of theology has an important implication for both practical and pastoral theology in Zimbabwe. This implies listening to the narrative stories of the widows and people living with HIV and AIDS. It views theology as a hermeneutic event, involving human reflection and interpretation (Ibid). In the light of the dilemma of widowhood sexuality, it may be said that practical theology is the hermeneutics of God's encounter with widows and their world. This encounter results in communicative faith actions. The study has revealed that the A.F.M Church in Zimbabwe has neither formulated policies on HIV/AIDS nor placed a meaningful pastoral model to deal with widowhood sexuality issues despite the fact that there is enough evidence at its disposal in terms of the growing number of widows in young age within the church. Hence, there is an urgent need of a paradigm shift in order to make theology and pastoral care effective, contextual appropriate to address the realities beforehand.

In the context of widowhood sexuality, the matter of a paradigm shift not as an optional extra for theology and pastoral care, but as an absolute imperative if A.F.M Church's pastoral

theology has to effectively address the desperate widowhood sexuality dilemma, within the HIV and AIDS pandemic. Louw (1995:29) affirms that pastoral theology has to undergo a fundamental paradigm shift especially in the African context in order to address the paramount issues such as HIV/AIDS pandemic. According to Tamirepi (2011:110), the shift in question is from the cause and effect paradigm which has hindered progress in dealing with paramount issues to the pastoral theological intercultural hermeneutical approach. The strength of intercultural hermeneutical approach chiefly lies in its methodology which makes it possible for theology to respond to various circumstances and contexts. In dealing with such a complex topic like the dilemma of widowhood sexuality, a paradigm shift should proceed in consideration of the warning given by Louw (2008:154), “The prerequisite for such a dynamic intercultural approach is a risky critical openness, without losing the tension between continuity and discontinuity or identity of the ultimate (the eschatological truth of the Christian faith) within and through the particular we encounter in culture”. The necessity for a theological hermeneutical shift is perpetuated by the realization of the widows with their basic life issues. Louw (1998:3) states that the undergirding assumption in designing any theory for pastoral care is that all human beings wrestle with the following basic life issues:

- **Anxiety.** Voidness, misery and the threat to be isolated and rejected accompany our daily life. Our most fundamental quest in life is to be accepted unconditionally as a unique human being. A human person’s fundamental fear is the fear rejection, hence the current need for intimate relationships.
- **Guilt.** Everybody experiences guilt or guilt feelings in some way. Feelings of shame, disappointment and failure are part of being human. Whether due to cultural or religious influences, guilt and our sense of responsibility are intertwined. Hence people’s search for liberation from haunting feelings of guilt and failure.
- **Despair.** Our greatest threat in life is the possibility that our achievements are meaningless. Helplessness and hopelessness result. A lack of hope, without any meaningful anticipation, may bring about existential disintegration, i.e. the disillusionment of nothingness.

All these basic life issues can be present in a widow’s life. Some may have been caused by the circumstances in which their husbands went through in sickness towards their death and coupled with ill-treatment from the relatives of the deceased as shown in Chapter three. Therefore, the challenge to pastoral care is to address these existential issues from the perspective of Christian faith and hope. Louw (1998:3) earlier pointed out that pastoral theology

is engaged in an understanding of God in order to convey God's comfort and to instill meaning and hope. Therefore, to achieve this within churches in Zimbabwe, a pastoral hermeneutics should have an existential perspective.

On the other hand, Louw (2008:78) made it very clear that pastoral care deals with a very specific dimension of our being human which is called "soul" from a theological and anthropological point of view. In connection with the widowhood sexuality challenges it is important to note that pastoral care aims to address the whole person as an "ensouled body" and an "embodied soul". To further understand Louw's stand point, he explains that soul does not refer to an inward substance, but to the totality of life within the presence of God and because humans are created in the image of God, souls reveal attitude and aptitude representing subjectivity and responsibility. Therefore, the soul is an indication of the quality of our being functions determined by norms and values which make the human person reflect soulfulness because we are ethical beings which are directed to the ultimate future posing the question of meaning in life (Tamirepi 2011:116).

In the following part of the study I will submit what I consider could be the appropriate pastoral approach towards widowhood theology of care and support based on Osmer's pragmatic approach in doing practical theology.

4.5 Pastoral care approach for widows within HIV/AIDS pandemic

The research indicated that the A. F. M. Church neither has structural policy or informed theology to address issues of widowhood sexuality. The A.F.M Church however, has been revealed as taking into consideration of the existence of widows within the church structures. The research indicated that Widows and Single Mothers' (WiSMos) Department was established within the Church's structures in 2004 (A.F.M. Church Constitution Amended 2008). The department looks at the spiritual needs of the widows and single parents. The Church however, has no proper documented challenges facing widows and single parents especially their sexuality dilemmas. Consequently, it would appear that the theology of pastoral care within the A.F.M. Church should undergo an important paradigm shift. In this perspective the church should come out with policies that are going to address the issues of widowhood sexuality and other challenges facing widows and single parents within the church in the era of HIV and AIDS.

It is of a known fact however, that pastoral care is a Western dominated enterprise which may not be effective, relevant and contextual totally to Zimbabwean context on widowhood sexuality. This is supported by Lartey (2002:318) who reflects that because of this Western domination, the pastoral care approaches that are in operation are characterized by a paradigm that focuses on individualistic, liberalistic, rationalistic that promotes the self (ego) above all else. It is clear that this paradigm is not consistent with the African and in particular the Zimbabwean cultures on women and widows' sexuality practices. It has been already revealed in this research that sexuality in Zimbabwe is male dominated and considered a private issue. Therefore, to apply the Western pastoral care enterprises on widows' sexuality requires a lot of effort and compromise. The proposition of a theology of social responsibility does indeed intend to consider the complexities of African and the Zimbabwean cultural values that pastoral care need to employ without offending those people in need of help. According to McLeod (2004:351) at the heart of social constructionism is the idea that our possibilities as human beings arise from the culture, society and tradition within which people live. Hence below, I recommend how the A.F.M. Church can shift its understanding to what it means to be human and how that re-interpretation and understanding can assist the widows to realize their position in terms of the God human relationship and its impact on their quest for meaning within the HIV and AIDS pandemic. In this way the church will assist widows to map out their empowerment strategies within their communities.

4.5.1 The Theology of social Responsibility

The theology of social responsibility draws its strength through the use of Osmer's normative task discussed in chapter one with its premise on the importance of practical theology to interpret widowhood episodes, situations and constructing ethical norms to guide responses towards widows and consequently adopt the pragmatic task in determining strategies of action (Osmer 2008:4). According to Parks (2010:13) practical theology should engage social scientific stance in trying to bring transformation of lives. Parks uses the correlational approach which views theology of social responsibility as standing in a mutually influential relationship to intellectual resources and or emancipator praxis of culture. From this perspective, a phronetic social science may provide important clues about its role in contemporary life for practical theology (Osmer 2006:339). In this approach, integration between theology and social science

occurs in the pragmatic person of the practical theologian.

The researcher considers the theology of social responsibility as an important subject in an undertaking to address the imperatives of instituting the theology of care to widows, hence the discourse on this very theology. A theology of social responsibility considers the society in which widows live as it shapes their belief system and behaviors. It is noteworthy to mention at this stage that ignoring the society in which the widows live and where the gospel of care is being preached will be suicidal to the intended purpose thereof. According to Kubeka (2011:208) leaving the society in the theology of care for widows will be a self-defeating exercise to the aims of serving humanity with the Christocentric message of care. The author understands this underpinning principle to suggest that after the church in general and the A.F.M. Church in particular had given the message of Christ to the people as pragmatic guiders according to Osmer, in a contrary manner, the care is being destroyed by the carelessness of not caring for those who are hurting such as the widows after the death of their husbands.

Kubeka (2011:209) pointed out why the establishment of the theology of social responsibility is crucial:

One answer to that may be found in what came to be called the Social Gospel movement, whose development closely parallel that of the Emmanuel movement. Both movements had their origins in the rise of the social sciences during the latter half of the nineteenth Century and the accompanying developments, which caused them to go in quite different directions.

Whereas the Emmanuel movement, along with the psychologists of religion, found its primary social scientific partnership with psychology, the social gospel movement was prompted by a developing dialogue with sociology. One might even say that, whereas the Emmanuel movement psychologized the gospel to the end transforming the cure of souls into a scientific pastoral therapy, the social gospel movement socialized the gospel to the end of transforming Christian social ethics into a scientific cure for society's ills. The opinion of social justice, especially in view of the oppressed and in particular the widows' sexuality is of paramount importance especially in Practical Theology. Kubeka (2011:210) stated that: "The church today has two-pronged task: to minister to society in terms of social justice and to individuals in terms

of their specific needs”. Therefore, I recommend that the church in general and A.F.M. Church must take the faith out of the pew and putting it into practice in the daily lives as the very definition of the theology of social responsibility is capable to help in the formulation of the desired theology of care for the widow. Social responsibility strategy through empowering widows helps them break their silence. If they are empowered their voices are heard (Shumbamhini 2009:24). Thomas (2002:97) had noted that widowhood empowerment assists widows (where relevant) to stop measuring their lives according to what certain social norms or religious norms say their lives should be. This study had noted earlier on that patriarchy and religious norms mainly controlled by men have been guiding women/widows’ sexuality. Therefore, the ways in which widows may commonly understand their world, the categories and the concepts they use are historically and culturally specific (Shumbamhini 2009:11). Widowhood empowerment enshrined the social responsibility strategy aims at undoing the influence or power of dominant cultural and patriarchal practices or knowledge that widows live by. In the next section of the study I intend to introduce the theology of power which indicates that human beings have a responsibility of continually re-creating themselves regardless of their status in the community and at the same time craving for a superior power to guide them.

4.5.2 The Theology of Power

The theology of power takes from the notion as viewed by Kubeka (2011:212) “we are creatures, but divine providence has given us the privilege and responsibility of continually re-creating our lives. Thus God’s strength is perfected in our limitations and weaknesses”. This notion apparently surrender to the reality that humanity has weaknesses and limitations. This indicates that there is a need up on humanity to solicit for a power base superior to theirs. In this way there is a call which is spelt out in clear terms that speaks of the concept of powerlessness as articulated in the human terms that indicate its inherent shortfall thus: “why should this happen to me? Why me? What have I done to deserve this? (Kubeka 2011:211). This raises the question about meaning in suffering which is about the purpose and direction of a person’s life. This meaning in life according to Louw (2000:172), can be discovered only within a loving relationship with God and other fellow human beings. This can only happen when the person has the security found in God’s covenantal promises and the eschatological reality of salvation indicated in the cross and resurrection of Jesus Christ (Tamirepi 2011:68).

This notion appears to present a systematic way of enquiring into the state of powerlessness and as such advocating for the theology of power which focuses on the creator Himself. In the light of caring church, it uses the power of God to care. Hence, it will never consider the suffering of people as caused by their sin as such. Kubeka (2011:211) states that, “the power of God is the power of God because it is used for us”. The pastoral care provides empowerment to widows by accepting them as people of worth as dignity. The widows are therefore empowered through the proclamation of the gospel of hope.

4.5.3 The Theology of Proclamation for widows

The Theology of proclamation requires that there should be recognition of the emptiness within the widows, signifying a lonely life. Her husband is gone from her, but God’s human speech is very vocal and clear as the lonely widow keeps herself busy in order to engage herself with only one voice, and that is the voice of God (Kubeka 2011). In this gloomy state of the widow, the proclamation of the prayer by the pastoral care-giver is an essential necessity. Theology of proclamation constitutes the very elementary basis of theology which seeks to bring about hope, leading to the widow through preaching or proclamation: preaching then is first of all narrative discourse. It is performance of the story (Bartow 1997:100). The researcher views this proclamation theology as therapeutic as it gives a chance of a narrative discourse which is helpful to both the recipient of therapy as well as the one proclaiming it. However, such a proclamation should happen in a conducive and hospitable content. Kubeka (2011:214) states that the church is a place which brings many people from varied backgrounds and economic statuses together under one roof. This responsibility incumbent upon each pastoral care-giver is to submit a leading proclamation within the church environment which does not discriminate against the status of a widow. In this scenario as well the widows are allowed to tell their stories while a pastoral care-giver listens to their narratives and consequently address their needs on their merit. This research therefore introduces one of the most important aspect in pastoral care approaches- the aspect of tending the flock of God.

4.5.4 The Theology of tending the flock as pastoral care strategy.

This kind of theology requires as well as inquires how someone who is a pastoral care practitioner could enter into the space of a widow, the widow who had suffered rejection. The desire to enter into such a space calls for the application of the therapeutic model spelt out by Lyon and Smith (1998:98) who state that: “The conviction that persons who are weak in faith

should be welcomed but not subjected to controversial disputation undergirds an inclusive theology and biblical hermeneutics". The underpinning principle requires that both the theology of care and biblical hermeneutics be inclusive (Kubeka 2011:216). This suggests therefore that the widow who regards herself as weak as a result of the loss of her loved one be provided with an environment of care and love. Pastoral care is always effective when it is supported by a theological hermeneutics that is appreciative and accommodative of those who are suffering. The pastoral care-giver should not be judgmental but should show compassion to widows at all times.

4.5.5 Theology of compassion to widows

The previous section has shown the role of a pastoral care-giver in tending the flock of God especially the widows. This section aims to show the theology of compassion to widows as a pastoral approach to widows by the church in general and the A.F.M. Church in particular of which the researcher feels thus what the church can offer those who are in need. The church's mission is to proclaim the good news of Jesus Christ to the entire human race and care for those who are in need (Chitando 2007:21). The church understands its mission as preserving the self-revelation of God throughout the ages, to the end of time (Ibid). Chitando argues that while the church definitely needs to hold on to basic truths, the era of HIV and AIDS calls for a fresh understanding of these truths. It was perhaps inevitable for the church in general to frame its initial response to the epidemic in existing theological vocabulary. HIV became a manifestation of humanity's sinfulness (Chitando 2007:21). Chitando further stated that the church interpreted HIV as fulfilling the curses in Deuteronomy 28:27, which include God sending incurable diseases to an apostate people. Therefore, HIV was read as a signifier that the end of the world was drawing near (Luke 21:5-28). Hence, the failure to develop a vaccine to cure HIV has been taken by some as confirming God's punishment of stubborn and sinful generation (Chitando 2007:21). In this traditional theology, God rewards good and punishes evil. HIV is attributed to humanity's refusal to follow God's commandments. Promiscuity and rebelliousness in all its forms are the reasons why the epidemic exists, according to this line of thinking. It may be difficult however to say such views are completely wrong but what may be asked is that "is it our role to judge?" According to Chitando (2007:21) theological rigidity and intellectual aridity have led to the church's failure to interpret HIV and AIDS as a critical turning point. As a result a number of people are desperate for a theology of compassion which Jesus Christ commissioned.

It may be important in this submission to define what compassion means in order to apply it appropriately in this study. Dube (2007:18) in defining compassion quotes Nouwen et al (1982) who held that:

Compassion asks us to go where it hurts, to enter into places of pain, to share in brokenness, fear, confusion, and anguish. Compassion challenges us to cry out with those in misery, to mourn with those who are lonely, to weep with those in tears. Compassion requires us to be weak with the weak, vulnerable with the vulnerable, and powerless with the powerless. Compassion means full immersion in the condition of being human.

The word compassion is derived from Latin *comparsus* and means “suffering with another” (Chitando 2007:51). This implies the ability to identify with the journey of another. In addition to this definition Dube (2007:19) states that compassion is “Not only the capacity to be moved by pain...of another; compassion also denotes an important source of energy we need to respond-to, right a wrong when we can; to protest when we are important to effect change; and to support the conditions for flourishing that we observe. Compassion, in this view, is a robust concept that includes not only motivation but movement.

According to Chitando (2007:51) the term compassion evokes notions of feeling pity for people in difficult circumstances. This pity must be revealed empathetically rather than sympathetically. It engenders the idea of one who is in a better position feeling sorry for others who are worse off. Therefore, such a reading of compassion tends to be patronizing. A compassionate church through its theology does not feel sorry for those living with HIV and AIDS and the widows in particular. Rather, it stands in solidarity with them. In support of this view Dube (2007:19) argued that compassion is not disengaged, distant, neutral or disinterested. Rather, compassion denotes engagement, involvement and activity. Therefore, if compassion means to suffer with, to enter into places of pain, to go where it hurts, to share in brokenness, fear, confusion and anguish then in the sexual dilemma of widows within the HIV and AIDS era, when the church is tempted to disengage, isolate widows compassion is the energy and the strength the church in general can seek to relook at its attitude and formulate policies that are aimed to empower widows.

Indeed, as the Christian church, compassion should be a central aspect of our faith and identity. It is stated in 1 Corinthians 12:26 that the church is one body, the body of Christ; thus “When one member suffers, we all suffer”. Compassion is, therefore central to the identity of being a church (Dube 2007:19). More importantly, the theology of compassion not only requires the church to sit, watch and cry for the suffering of one another, it must move the church to actively seek change of policies and reformulate policies that will end the pain of widows inflicted by them being stigmatised and isolated. Dube (2007:20) supports this by saying that compassion as a theology is not charity; it is revolution. He added to say; by defining the theology of compassion as revolutionary means that compassion is justice seeking- it aims to tackle the root causes of suffering not just the symptoms. God is a compassionate God, “because God, first of all is a God who has chosen to be God-with-us...” God has chosen to be in solidarity with humanity, to come to places of hurt and to seek to end the sources of pain. In explaining this Dube (2007:20) further stated that:

The God-with-us is a close God, a God whom we call our refuge, our stronghold, our wisdom, and even, more intimately, our helper, our Shepherd, our love. We will never really know God as a compassionate God if we do not understand with our hearts and minds that He lived among us.

In other words, Christology in itself-the fact that God sent Jesus Christ to earth, to live among us, take the human form, to know human suffering, to hang on the cross and to die-is the very heart of God’s compassion. Isaack (2005:135) pointed out that “compassion is being a channel of God’s grace and coming to the side of the one who is hurting”. The church suspends judgment and focus on the needs of others when it exercises compassion. The main aim is ultimately to become channels of God’s grace by walking in solidarity with widows within the HIV/AIDS pandemic.

The theology of compassion confines the church into the true plan of God through Jesus Christ. Louw (2008:95) purported that, the theology of the cross means that God is identified with suffering and He is active in overcoming it as well. On the other hand, through the cross, God is the compassionate and suffering God who identifies with human suffering through Christ. This implies that through Christ’s Mediatory role, God expiated our guilt by making Christ guilty and

Christ died as the transgressor or HIV patient and this identification according to Louw (2008:9) is divine and not merely the attempt of a mortal human being. Hence God is compassionate and empowers the HIV widow in quest for meaning with a living hope. There is therefore an urgent need for the church in general and the A.F.M. Church to develop an African theology of healing in the context of HIV and AIDS. Such a theology should synthesize the different therapeutic models that may assist, accommodate and empower widows. The following section provides an empowerment approach for widows drawn from the social responsibility strategy of this research. The empowerment approach seeks to give “power” to widows in order for them to discover their preferred identity, i.e. making them develop their own preferred sexual practices within an HIV era.

4.6 Empowerment approach for widows

The research has shown that the patriarchal nature of the Zimbabwean society has shaped and perpetuated gender inequality to the extent of allowing male domination and female subordination. This imbalanced state of affairs has been fuelled by the socialization process, therefore to amend the situation this calls for a paradigm shift in cultural construction and empowerment of women/widows within any community in Zimbabwe (Kambarami 2006:8). The community should be socialized that men and women are equal because biological differences do not mean that the other sex is inferior.

If such an approach is adopted, the voices of women/widows would be heard forthwith and their issues will be addressed with their involvement. In so doing they will be part and parcel of the society they are living in. Olajubu (2003:7) noted that women scholars have been more interested in focusing on women’s voices. Olajubu (2003:7) clarifies this stance:

Where people extol complementary gender relations, but accounts of people’s culture and religious traditions present the male as the active participant and the female as docile and passive, there is a valid reason for the hermeneutic of suspicion....There is need to retrieve, reinterpret, and reevaluate previous assumptions about women/widows in religious traditions to arrive at the centre point where all voices are heard and respected.

The focus of this research is to view widowhood empowerment as key has been accentuated by the study’s focus on HIV and its impact on widows who have been silenced by cultural and religious norms in Zimbabwe. The research has demonstrated how inequitable gender relations

buttressed by religion and culture have left Zimbabwean widows more vulnerable to HIV. The study has shown how the church, patriarchy, and culture have been abused to direct the lives of women/widows. It is however not the aim of this research to provide solutions to widowhood sexuality but to expose the gaps needing to be addressed. The section below intends to examine the empowerment needs of widows in Zimbabwe. As stated above in section 4.5, the patriarchal nature of the Zimbabwean society shaped and perpetuated gender inequality calling for a need to empower widows to gain an equal standing in the society they live in.

4.6.1 Empowerment needs of widows

People with less power such as widows whose property has been stripped can be helped through the empowerment approach to social work practice within a pastoral care approach of a pragmatic nature. The empowerment approach is a dramatic departure from traditional social and theological practice and concentrates on the strength of the “victim” towards liberation from his/her social problems (Saleeby 2002:4). This approach was useful for this study as it helped to explore ways in which the widows may utilize their own strength to move from their current position towards adjustment. Empowerment in itself has a liberating function which “unleashes human energy and spirit, critical thinking, the questioning of authority, challenges to the conventional wisdom, and adds new ways of being and doing” (Saleeby 2002:7).

Widows taking their situations as outlined in the study may need empowerment so as to soldier on with life. However, the term empowerment has different meanings in different socio-cultural and political contexts (Dube 2006:39). Due to the fact that empowerment has definitional impression, Lybery and Buttler (2004:8), warn that the term empowerment is likely to be a debased term or to have its value lowered yet empowerment is very important in the context of widowhood sexuality in the era of HIV. However when usage of the term is explored in local terms around the world, it has the following features that appear to be common to UNICEF (2009:9) :

[S] elf-strength, control, self-power, self-reliance, own choice, life of dignity in accordance with one's values, capable of fighting for one's own rights, independence, own decision making, being free, awakening and capacity...

According to Zastrow (2004:431) empowerment is “the process of helping individuals, families, groups and communities increase their personal, inter personal, socio-economic, sexual, and

political influence towards improving their circumstances". Against this background the social responsibility strategy postulate that widows need to be empowered legally, economically, sexually etc.

4.6.2 Empowerment of widows through law

According to Kambarami (2006:8) The Beijing Platform of Action (1995) is a reform that made a significant point of departure as women's rights are concerned. It was born out of the realization that despite the launch of the Convention on the Elimination of All Forms of Discrimination against women in 1979, they had been no significant change in the way women were treated. It was also realized that in most countries women/ widows were still treated as inferior citizens thus increasing their vulnerability to HIV infection.

In this age most governments however adopted programs aimed at women/widows empowerment for instance the Zimbabwean gender policy, but there is still a long way to go before widows in particular become totally empowered (Kambarami 2006:8). Kaler (2003:14) had cited this notion and stated that women/widows are still a subordinate sector which is dominated by men. In Zimbabwean societies this treatment of widows is attributed to cultural practices which entrench this subordination. Therefore, this sad state of affairs has hampered the success of empowerment policies that have been enacted by the Zimbabwean government due to the fact that these policies do not take into account cultural factors which lead to the subordination of widows. For example, the women and HIV/AIDS Bill of Rights (2002), states that women have the right to disclose their HIV status without fear of violence, discrimination or stigma. Such an ideal situation would empower widows to disclose their HIV status without encountering violence from their sexual partners. However the reality is that many widows who disclose their HIV status to family members, partners, church members and communities are physically and emotionally abused (Kambarami 2006:9).

The above mentioned conventions and government initiatives portray that they is need for the empowerment of women/widows so that they become masters of their own destiny (Ibid). This Means being in control of their sexuality, of their selves, resources and theological formulations.

4.6.2.1 Legal Age of majority Act (1982)

This law confers adult status on all Zimbabweans over the age of 18. This Act also established the principle of equality between man and women in Zimbabwe. Thus paving the way for other reforms aimed at bringing about equality and empowerment to women. The realization of the power of this law by women/widows who could not vote, own or register property without male mediation and were considered perpetual minors could help them acquire resources to support themselves and their children. Therefore, in respect of this study if widows are empowered and realize that they have a legal right to own properties and position themselves in a respectable way in the society, control by male counter parts will be minimized.

4.6.2.2 Sexual Offences Act (2001)

The section of this Act criminalizes the deliberate transmission of HIV which carries a maximum sentence of up to 20 years. According to this Act one must prove that he or she knew about his or her HIV status and did not take any precautionary measures to protect his or her partner. However, though there is existence of this Act in Zimbabwe the majority of women are disempowered and never know about this Act (Kambarami 2006:9). The research revealed that most widows got HIV from their partners but the cultural practices exposed them and victimized them as killers of their husbands. On the other hand the research showed that women and widows in particular have little or no say on their sexual interest. This goes on to explain that even their power to negotiate condom use with their partners is affected by their lack of empowerment legally. Hence if the widows are empowered legally they can represent themselves meaningfully for their benefit. The social responsibility strategy postulated in this research intends to work hand in gloves with pastoral care counseling in addressing widowhood sexual challenges. In this way although pastoral care can challenge patriarchy but more emphasis should be placed on empowering widows.

4.7 Conclusion

The chapter aimed at discussing the appropriate pastoral care approaches for widowhood sexuality within the HIV and AIDS pandemic. In this chapter a review of the widowhood sexuality perspectives were discussed and analyzed within the African context and the Zimbabwean situation in particular. The chapter showed how appropriate is the scriptures in addressing widowhood challenges within the HIV and AIDS pandemic. The research as well

showed that the church through a theology of affirmation and inhabitation theology should embrace widows living with HIV and AIDS with unconditional love. It has been revealed that our God is a caring God who showed His care through giving Jesus Christ to die for humanity a clear sign of His uncompromised love and the willingness to journey with His people.

The study also revealed the need for a theological hermeneutical paradigm shift within the A.F.M. Church and the church in general. It has been established through this chapter that the healing of the soul is important in making people locate their meaning in suffering. The healing of the soul through the gospel of the resurrected Christ enables the individual to have congruency with God. The chapter implicitly and explicitly indicated the importance of a pastoral care approach in addressing the widowhood sexuality issues within the A.F.M. Church and the church in general within the HIV/AIDS pandemic.

Admittedly, this research is far from resolving the problems faced by widows in their sexual dilemma within the church. It however, makes a contribution to opening the way of assisting churches in Zimbabwe and beyond to realize the need to formulate policies and have programs appropriate to address widowhood sexuality. The next chapter will bring a summary of the study, conclusion, and recommendations for future research.

CHAPTER FIVE

SUMMARY, RESEARCH FINDINGS, RECOMMENDATIONS AND CONCLUSION

5.0 Introduction

The problem analysis for this research which prompted this study was the sexual dilemma experienced by widows within the A.F.M Church in Zimbabwe within the context of HIV and AIDS pandemic. The study has shown that sexuality issues in the African cultural understanding are a private matter; it cannot be a public topic (Mamba 2012:69). It has been as well revealed that culture restricts widowhood sexuality in the sense that it treats it as a duty and never a pleasurable act (Amadiume 2006:3). Therefore, within the African context and particularly in Zimbabwe sex resulted within the cultural setting making it difficult to liberate widows to take responsibility on their sexual lives. Seeing this dilemma Kessy et al (2010:1) proposed that in the time of HIV and AIDS pandemic there should be formulation of responsible and realistic norms which fully recognizes the widows' sexual dimensions which needed to be addressed. In this chapter of the study, the research goal to be pursued is: To explore ways of equipping HIV positive widows in engaging in safer sex practices because they will be valued and viewed as sexual beings in a mutual relationship with their caring God under the pragmatic pastoral care giver.

Widowhood sexuality is a cause of concern even within the churches in general and the A.F.M. Church in particular as no policies to direct the conduct of widows' sexuality is available. Mamba (2012:69) noted the importance of the church in general to provide a theology on human sexuality especially on widowhood sexuality so as to equip people with knowledge and hence, avoid negative interpretation and cultural influence on human sexuality. Human sexuality and or widowhood sexuality has been revealed as God-given pleasure, yet at the same time, sex can cause great anxiety and deepest unhappiness if the person is controlled only by external forces without making personal choices. It can also absorb a great deal of a person's inner life and lastly, responsible sex enables a person to realize his/her deepest identity. What makes sex a dilemma in widows is that whenever they engage in it they are either controlled by their culture, and religion or they do it secretively in fear of being victimized and stigmatized. Yet widows should engage in sexual activity with the capacity to express sexual feelings in a godly manner. Therefore, this chapter is summarizing the research, discuss research findings,

conclude the study, provide recommendations and the goals of the study will be examined and assessed.

5.1 Summary of the study

5.1.1 Chapter One

In this first chapter the researcher outlined the background to the study and provided the motivation behind the study as a concern to have a better way of treating widows within the body of believers; in a manner that will give them meaning in their situation. The chapter discussed the research questions and outlined the objectives of the study.

Recommendation: The researcher recommends that the A.F.M. Church and the churches in Zimbabwe should formulate policies that will look closely to widowhood sexual challenges and engage to live a meaningful life.

5.1.2 Chapter Two

Chapter two showed the position and influence of HIV and AIDS pandemic in Zimbabwe. The chapter provided an overview of the country in general and its geographical location. As a matter of fact the country's initiative in combating HIV and AIDS was examined in order to assess the efforts put in place to counter the epidemic. A brief history of Zimbabwe was given leading to the current political and economic situation which directly and indirectly fueled the spread of HIV and AIDS and placed women and especially widows into great vulnerability. The effects of political climate and economic challenges towards widows were identified as well. In this chapter the position of the church in general and the A.F.M. Church in particular towards HIV and AIDS revealed that most churches in Zimbabwe have no clear policies on the epidemic. The reasons for this were not clear; possibly it could be that the church did not from the onset consider HIV and AIDS as a spiritual issue which threatens the people of God's lives. I greatly believe this pandemic is both an existential issue and a spiritual challenge. As a result, because HIV and AIDS pandemic poses existential threat. It makes people seek God as their ultimate hope.

Recommendation: The researcher noted that the HIV and AIDS pandemic in Zimbabwe

challenges for change in cultural practices and religious norms that cause women/widows to suffer and contribute to their sexual insubordination.

5.1.3 Chapter Three

Chapter three gave the definition of widowhood in the African context and looked at how patriarchal society influences and control women and widows' sexuality. This chapter also examined the challenges of widowhood in general. This chapter also was about understanding the sexuality of widowhood and exploring it from different perspectives.

Recommendation: The researcher recommends that the A.F.M. Church and the churches in Zimbabwe's leadership to be equipped with skills to engage in pastoral care and counseling, where issues of sexuality and especially widowhood sexuality and cultural practices paradigms will be discussed. The emphasis in this encounter should be information on equality and dignity of all human beings.

5.1.4 Chapter Four

Chapter four introduced and proposed pastoral care on widowhood within the A.F.M Church. In this chapter widowhood sexuality perspectives were revisited to examine if they are fitting in the African context and in Zimbabwean cultural settings. The need for theological hermeneutical paradigm shift was emphasized as a process of correcting rigid theologies within the churches in Zimbabwe.

Recommendation: Churches in Zimbabwe need to engage professional personnel to deal with sensitive issues like widowhood sexuality in the era of HIV and AIDS pandemic.

5.1.5 Chapter Five

Chapter five summarizes the study and evaluates the process of the study. The study purported to answer the following, how can pastoral care within the A.F.M Church in Zimbabwe help to address the sexual dilemmas of widows in the context of HIV and AIDS? The specific goals of the study consequently were to (1) explore the sexual dilemma experienced by widows within the A.F.M Church in Zimbabwe, (2) discover ways on how pastoral care can address the issue of sexuality among widows within A.F.M Church, and (3) search for a pastoral care approaches

relevant and contextual in addressing the sexual issues of widows within the A.F.M Church and the churches in Zimbabwe. The conclusions, limitations, recommendations and suggestions for future research are included in the present chapter.

Recommendation: Therefore, the A.F.M Church and the church in general needs to be encouraged to exercise its mission of being called to offer pastoral care and counseling to all people including widows suffering from HIV and AIDS disease. Hence, help them to realize meaning in their lives.

5.2 Research Findings

The research established that the issue of widowhood sexuality is not common within the A.F.M Church in Zimbabwe. This has been attributed to the lack of a laid down policy to address such an important aspect in the lives of widows in the HIV and AIDS era. However, the number of widows in Zimbabwe seems to be big enough to call for attention even within the church in general and especially the A.F.M Church in Zimbabwe. Though the research has shown that no proper records are kept within the A.F.M Church to document the widows in Assemblies throughout the country, hence making it difficult to prove in this study the fact that their consideration is far much anticipated. HIV in Zimbabwe is predominantly transmitted by heterosexual activity and women, on average, are infected at a significantly higher rate and at younger age than men. Therefore, for sociological and biological reasons women are revealed to be twice as likely to contract HIV through vaginal intercourse as men. It has again been noted in this study that disease related to HIV infection tend to progress rapidly with age, older HIV positive husbands are more likely to die before their younger wives, creating a new generation of young widows (Amosun 2011:5). The growth in the number of widows means a complication in their being remarried as fewer men are willing to marry them. Again this study revealed that the emphasis by the Church in general and A.F.M Church in particular to provide widow remarriage as the only solution to deal with their sexual needs creates a dilemma for widows.

After a close examination, the study revealed that women in Zimbabwe are greatly discriminated economically, socially and politically. In Zimbabwe politics and poverty played a great role in jeopardizing the status of widows. From year 2000, politics affected economics, saw a number of people dying of HIV and AIDS, a number of child marriages and prostitution

occurred (Dube 2008:95). All these factors contributed immensely to the spread of HIV and AIDS pandemic whose effects mainly impacts on women and widows. It is even worse in African developing countries like Zimbabwe with limited structures developed to empower people with knowledge of HIV and AIDS. Education in general and treatment plans are not readily available; this was worsened by a mass exodus of qualified personnel to neighboring countries and overseas. As a result effects of HIV are very much felt. However, the research showed that in Zimbabwe campaigns have been successful in reducing HIV prevalence, but could not identify the reasons, but noted that this could be mainly due to changes in sexual behavior among the population (Zimbabwe National HIV and AIDS Strategic Plan (ZNASP) 2006-2010). It has been noted that the church basically contributed very little to this fight against the spread of HIV and AIDS.

Though there is good evidence of the magnitude in the number of widows within the A.F.M Church, their sexual issues are not dealt with directly and specifically. The possible reason for a lack of direction to deal and address the widowhood sexuality has been noted as a lack of policies to direct how the issue can be handled. Interestingly to the church is that the evidence of the need is availed to it.

The research also established that there are some sexual alternatives available to meet widows' sexual needs which do not require the widow to have the sexual partner. These were identified as masturbation, use of sex toys and vibrators. These however, have been noted as difficulty to enforce within the church in general and the A.F.M Church as they are considered foreign and difficult to teach for cultural reasons as well.

This research has raised the prevailing problem of cultural practices, for example the patriarchal manipulation of sex and sexuality of widows. This is contributing greatly towards the high rate of HIV and AIDS infection in Zimbabwe. The research also found that the cultural norms of wife inheritance which is still prevalent in some parts of the country, religious beliefs that restrict sex only to the married are a cause of concern as this may bring challenges to widows in dealing with their sexual needs. The researcher proposes a shift in the paradigm of viewing sexuality in era of HIV and AIDS pandemic as essential to comprehensively address the impact of the high rate of HIV/AIDS in Zimbabwe.

Therefore, the researcher recommends the hermeneutic model as mentioned by Louw (2008:359) as this model addresses sexuality from a Christian perspective, where sex will be discussed openly rejecting the taboos of culture away to be examined, as it promotes responsibility in people's actions.

5.3 Assessment of goals of the study

5.3.1 Goal 1: To explore the sexual dilemma experienced by widows within the A.F.M. Church in Zimbabwe

This study however managed to show that indeed the widows within the A.F.M Church may be in a sexual dilemma though of course this could have been correctly proven if an empirical study was conducted. Literature review tended to be generalized on widowhood outside the A.F.M Church due much to a lack of literature in A.F.M. The research revealed that the A.F.M Church beside a lack of policy on HIV/AIDS and widowhood sexuality; it however, has a policy on proper church governance and administration. The research showed that this policy document is reviewable and this gives hope to this research that issues like HIV/AIDS and widowhood sexuality will be incorporated in the near future. The assumption is that when they are documented in their (A.F.M) policy document there would be proper pastoral care facilities for the widows and people living with HIV/AIDS.

In a general review it has been established that within the church and the A.F.M Church widows are not only ignored, but are completely left in oblivion (Kubeka 2011:208). This neglect creates a lot of challenges for widows, hence the need for pastoral care to provide healing of their souls and allow them to find meaning in their God.

Assessment: A.F.M Church proved to have no policy and let alone documentations to handle and address widowhood sexuality issues head-on within its church structures.

5.3.2 Goal 2: To discover ways on how pastoral care can address the issues of widowhood sexuality within the church in general and the A.F.M Church

The goal on how pastoral care can address the issue of sexuality among widows within the Church in general and the A.F.M Church in Zimbabwe became difficult as the research revealed that such an issue is not openly discussed within the churches in Zimbabwe. However, in general the study revealed that a great number of women are affected and infected with HIV and AIDS pandemic and hence have been widowed. This makes this study feel that pastoral care is paramount in giving the gospel of hope and care as the widows in particular will be battling with existential needs; such as anxiety, guilt and despair. In this way if widows are afforded or given the opportunity to table out their sexual challenges and the pragmatic pastoral care provider journey with them in seeking workable ways in engaging in sexual encounters. It is believed they, the community and the church may be empowered to work together.

Assessment: Cultural practices and rigid religious beliefs still control and manipulate women/widows' sexuality in Zimbabwe.

5.3.3 Goal 3: To explore ways of equipping HIV positive widows in engaging in safer sex practices

What does widowhood sexuality mean therefore in this era of HIV and AIDS? The pandemic poses a great challenge to sexual ethics and cultural norms on sexuality, hence calling for a clear understanding of underlying factors at the level of the individual and the community that influence HIV risk perception; is essential in order to strengthen supportive prevention efforts (Amosun 2011:14). It is clear that preventive measures of widows in conducting sexual activities is almost compromised as cultural and religious controls make them engage in sexual encounter in a secretive manner. Amosun (2011:14) pointed out that widows have a number of issues therefore, to cope with such an intense isolation and loneliness and sometimes the sense of losing their "womanhood," and of being seen as "sexless" by the society. As a result they may look publicly as conforming to what the society wants them to be, but in their secret lives indulging into unsafe sexual activities as they cannot be seen participating into community HIV and AIDS awareness campaign programs. The researcher recommends that the issue of widowhood sexuality should be viewed seriously and a lot of consultation and research

conducted.

Assessment: The churches and A.F.M Church in Zimbabwe proved that condom use cannot be publicly encouraged among church members and no free discussion on their use is encouraged.

5.3.4 Goal 4: To search for a pastoral approach relevant and contextual in addressing the sexual issues of widows within A.F.M Church in Zimbabwe

The pastoral approach that the A.F.M Church can adopt is a theology of compassion within a pragmatic task perspective as proposed by Osmer. The A.F.M Church because it does not publicly speak clearly on issues of HIV and AIDS it makes it difficult to implement the precepts of the theology of compassion as a model within its organization. The theology of compassion goes beyond proclaiming the gospel of salvation and miraculous healing but it incorporates all these and goes with the widows where it hurts, inter alia into places of their pain and share in brokenness in their fears and confusion and anguish (Kubeka 2011:211). The theology of compassion allows the church to engage and be actively involved with the widows.

Assessment: Admittedly pastoral care approaches mainly available are Western dominated enterprise which may not be effective, relevant and totally contextual among Zimbabwean churches.

5.3.5 Goal 5: To assess the impact of HIV and AIDS among widows in Zimbabwe

The research findings revealed that HIV/AIDS remains a major public health problem in Zimbabwe. The research noted that women and especially widows are the most affected group due to socio-economic, political and religious factors (Apane et al. 1995:26).

Assessment: The HIV/AIDS prevention programmes have been successfully implemented in Zimbabwe. Yet less attention has been apportioned to widows as a special group.

5.4 Limitations of the study

There are very limited sources written by the A.F.M Church on HIV and AIDS as well as on widowhood. To make the research a challenge again is that the literature available is written by the Western writers making it very difficult to link it contextual with African environment. Again what coupled this challenge is that authors who wrote extensively on widowhood sexuality wrote sometime back, hence making it difficult to meet the current research requirement standards.

Another limitation to the study relates to the lack of specific sources directly dealing with the sexual challenges of widows per se. This led this research to have a number of generalized views on widowhood sexuality issues. To combat these failures, I feel that an empirical study may be more appropriate as it will:

- Permit a better position deduced from the experiences of widows themselves.
- Allow for examination of long-term policies to address the widowhood challenges as well as make informed decisions.
- Reduce the potential of redundancy as data will be collected locally and contextually.

5.5 Recommendations

Bearing in mind to some of the main conclusions which have emerged from this study, the following recommendations are offered:

- Formulation of policies by the church in general and the A.F.M Church on HIV and AIDS and policies regarding widowhood sexuality, to meeting the challenges encountered in the era of HIV/AIDS. The study noted that despite the increase in prevalence of HIV/AIDS few churches have incorporated HIV/AIDS in their policies. This research proposes this as a recommendation because of the realization that churches do not consider HIV and AIDS as a subject to be taught and included in the governances of the churches in Zimbabwe.
- Application of a new mode of Christian spirituality in churches that will meet the challenges of HIV/AIDS pandemic. The church should be encouraged to provide a holistic approach that look at the needs of the people living with HIV/AIDS.
- The church in general and the A.F.M Church to create a supportive and enabling environment for widows through change of social and cultural norms that is oppressive to women in general. If the churches in Zimbabwe revisit the issues of widowhood and consider the biblical teachings about widows within the church. This research noted this as a recommendation after realizing that most churches no longer use financial resources to cater for the widows.
- An urgent need exists for church leaders in Zimbabwe to be empowered with new skills in pastoral care and counseling, to make leaders available to communities, and provide necessary services. Proper training is vital to equip church leadership to abreast with the new findings on HIV and AIDS pandemic. This will help them respond appropriately on

issues of HIV in the church.

- Comprehensive data on widows in Zimbabwe is crucial to understand the full dimensions of widowhood- who they are, what are their fears, challenges they face and how to address them? This came after the research established that there is little or no data showing the statistics, challenges and situations surrounding widows.
- The churches in Zimbabwe need to engage professional personnel to deal with sexual and other sensitive issues of widowhood.
- There is a need in Zimbabwe to come up with a paradigm shift of cultural practices that accelerate the spread of HIV/AIDS. This came due to the negative effects caused to widows by the cultural and religious norms on widowhood sexuality. There is need therefore, for researchers to come up with a well grounded African alternative to widowhood sexuality.
- The churches in Zimbabwe should organize therapeutic retreats for widows where issues of HIV/AIDS are discussed.
- The theology of sexuality must be revisited among churches in Zimbabwe, as it emphasizes responsibility in every sexual engagement. The need for a theology of sexuality in Zimbabwe groomed purely from the African perspective rather than that controlled by Western cultures.
- The faith-based organizations in Zimbabwe need to organize workshops and awareness programmes for continuous teachings in churches and the community. These workshops will help to equip church leaders to respond to HIV/AIDS pandemic with non-judgmental theology.
- The churches in Zimbabwe need to advocate for policies that can protect women/widows in taking decisions on matters affecting them.

In conclusion the result of this thesis may help the church in the formulation of policy on widowhood sexuality and hence improve their conditions forthwith.

5.6 Suggestions for future research

The researcher considers the issue of the dilemma of widowhood sexuality within the HIV and AIDS pandemic as crucial and very urgent if comprehensive measures to combat the spread of HIV are eminent.

- Having focused in this research on literature study, the study makes a recommendation

that an empirical study be conducted to arrive at results that are close to the truth. The empirical research will aim at generating information at primary level because the actual experiences of widows can only be falsified or validated by obtaining firsthand information from concerned parties.

- The study revealed that HIV and AIDS is creating a new generation of widows who are young and can have challenges in handling their sexual cravings. Hence there is need to develop programs to directly deal with their challenges.
- The study revealed the dangers of African cultures of widow inheritances within the HIV and AIDS pandemic. There is need to look for better solutions to replace them than just condemning them.

Future studies should therefore consider carrying out an empirical research on widowhood sexuality and mainly focus on the following topics:

- The appropriateness of widows embracing alternative sexuality activities other than sexual penetration
- Effectiveness of the use of sex toys for widows in the African context and within churches in Africa
- The effects of encouraging widows to use female condoms
- The effects of the African cultures in subordinating widowhood sexuality
- Pastoral care for the widows
- Widows and HIV/AIDS: Is this not isolating and discriminating widow further?

5.7 Conclusion

This research has shown that the number of widows in Africa and in Zimbabwe in particular is growing rapidly due to HIV and AIDS pandemic. More disturbing is the age at which other women become widows. The challenges these women face during their widowhood are enormous. The implications of widowhood on women become more obvious in the area of inheritance where the position of women was found to be unfavorable. This fact is linked to the generally disadvantaged position of women in other areas of life. The problems of sexual uncertainties of widows, are tied to the fact that most of the Southern African countries and in particular in Zimbabwe, which this study predominantly concentrated is patriarchal controlled. This does not suggest that in countries where matrilineal tribes like Mozambique and Zambia widows are not facing challenges in their sexual lives, because there also have some residual

patriarchal aspects in their practices. In an effort to localize and contextualize this study, Zimbabwean situation became the focus of the study, but views were generously borrowed from all available sources in the field of study. The challenges facing widows in Zimbabwe are multifaceted. Most of these are emanating from the socio-economic and political situation in the country. Looking at Zimbabwe; women have no sexual decisions to make.

The research also indicated that the church in general and the A.F.M Church in particular are largely controlled by men who tended to control and manipulate biblical texts to their advantages. This makes the church in general have difficulties in formulating policies in regard to HIV and AIDS pandemic as well as be in a position to liberate widowhood sexuality in a responsible manner. This ambivalence in church makes one to wonder if formulation of policies on HIV/AIDS and on widowhood sexuality can be possible. For example: Can the A.F.M church and the church in general be ready and truly accepted to be led by people living with HIV and AIDS? Because through this research it came out that the church is not yet ready to accommodate such people. This may be due to the fact that some in the church continuously associate the disease with sin and as a punishment from God. If the church in general and the A.F.M therefore, are not willing, how can it be made to understand and accommodate people living with HIV and AIDS? However, this researcher suggests that possibly there could be a need to carry out an empirical study to find out how A.F.M church members view people with HIV/AIDS and in particular widows within their organization. Then that could create a platform to correct their perception first before much exploration in widowhood sexuality.

The complexity of widowhood sexuality has been noted in this study as mainly caused by social and religious institutions (Kambarami 2006:2). The gender imbalances are caused by the way men view women as subordinate and subservient to them. The Bible has been manipulated by men to mean that the biblical woman is created as help and succor to man's loneliness and never the man to love the woman. Far from denoting the idea of service in a subordinated position, the word "help" (ezer in Hebrew) is generally applied to God, who is par excellence the succor of those in need and in despair. Therefore, the woman in meeting man's sexual, emotion and relational needs does not make her a mere tool of physiological or psychological delight. She fulfills a function of creative complementariness. Without her the man is incomplete. On the other hand it can also be true to say without the man the woman is also incomplete. It is their togetherness that brings completeness. Therefore, the question of the

equality or inequality of man and woman does not arise, for sexual differentiation is justified by sexual union. Moreover, sexuality is valued, first of all, for serving the mutuality of communion between man and woman, and not for its function of biological reproduction. Against this background this research wished to make an enquiry on how to meet widowhood sexuality if the spouse is dead? The environment noted in this study revealed that widowhood sexual choices are basically social and religiously controlled. Nothing, says Paul is unclean in itself (Romans 14:14), this can be applicable to sexual encounter within the responsible love relationship. Nelson states that we are body-people by God's design, and distinctly human bodies are made for play and exploration-“an adventure of tenderness and an exploration into the potential of pleasure hidden in our need for love”. The dilemma to this research comes if blindly Nelson's liberalistic views are embraced to be applied to address widowhood sexuality in an era of HIV/AIDS pandemic. Is this going to save widows from their sexual cravings and deliver them for true enjoyment and meaning or that will enslave them into more complications of life situations?

This research proposed for a theological hermeneutical paradigm shift which may move away from the existing proscriptive and prescriptive informed patriarchal society when it comes to issues of women/widowhood sexuality. The new paradigm should be engaging and involving women/widows in matters of their sexuality.

Finally, this study is more convinced that the church in general and the A.F.M Church in particular, theologically, morally, socially and contextually stands out to be the best organization to help widows rediscover and find meaning in their search for sexual fulfillment within the HIV and AIDS pandemic if proper policies drafted through a consultative approach are formulated to assess widows' sexuality.

BIBLIOGRAPHY

- A.F.M Constitution (amended 2008), Official Publication of the Apostolic Faith Mission in Zimbabwe, Harare.
- A.F.M News Magazine, Issue 85, August 2010, Official Publication of the Apostolic Faith Mission in Zimbabwe, Harare.
- A.F.M. News Magazine, Issue 89, August 2011, Official Publication of the Apostolic Faith Mission in Zimbabwe, Harare.
- Adams, V. & Pigg, S.L. (2005), *Sex in Development: Science, sexuality and morality in Global perspective*, Duke University Press, London.
- Ahlberg, B. (1994), *“Is there a distinct African Sexuality? A critical response to Caldwell”*. Africa.
- Aldridge, D. (2000), *Spirituality, Healing and Medicine: Return to silence*. Jessica Kingsley Publishers LTD, London.
- Apane, D, Gwaunza, E, and Kasonde, S. (Eds), (1995), *Picking Up the pieces: Widowhood in Southern Africa. Women and the Law in Southern Africa*. Research Trust (WLSA) Working paper no. 13.
- Ayanga,H. (2008) *Relio-Cultural Challenges in Women’s Fight against HIV/AIDS in Africa* in Hinga, T.M, A.T. Kubai, P. Mwaura, & H. Ayanga{eds} *Women, Religion and HIV/AIDS in Africa*, Cluster Publications, Pietermaritzburg.
- Barnhouse, R.T and Holmes, U.T. (1999) [Eds], *Male and Female: Christian Approaches to Sexuality*, The Seabury Press, NewYork.
- Baylies, C. And Burjira, J. (2000), *“Sexuality and Gender in Africa*, Routledge, London.
- Behrendt, S.C. (2011), *Women without men: Barbara Hofland and the Economics of Widowhood*, Vol.17, Issue 3 *Fiction and family*.
- Bittim, M, England, P. Sayer, L, Folbre, N and Mattheson, G. (2003), *When Does Gender Trump Money? Bargaining and Time in Household Work*. *America of Journal of Sociology*, 109
- Bond, G.C.J, Kreniske, J.B, Susser, I. and Vincent, J. [Eds], (1996), *AIDS in Africa and the Caribbean*, Harper Collins, New York.
- Bosch, D. (1991), *Transforming Mission. Paradigm shifts in theology of mission*. Orbis Books, New York.
- Bosch, D.J. (2005), *transforming Mission paradigm shifts in Theology of Missions*, Orbis Books, NewYork.

- Bujra, J. & Baylies, C. (2004), Gender and AIDS Project funded by the ESRC (UK).
- Campbell, C. (2003), *African Issues "Letting them die" Why HIV/AIDS Prevention Programmes Fail*, Indiana University Press, Bloomington.
- Campbell, H. (2003), *Reclaiming Zimbabwe: the exhaustion of the patriarchal Model of Liberation*, Trenton and Asmara: Africa World Press.
- Chirawu, S. (2009), *Sex, Rights and the Law in a world with AIDS, -Gender, HIV/AIDS and the Law in Zimbabwe*, Mexico, 23-25 February 2009.
- Chirimuuta, C. (2006), *Gender and Zimbabwe Education Policy: Empowerment or Perpetuation of Gender Imbalances? Quiet Mountains Essays*, <http://www.quietmountainsessays.org/chirimuuta>
- Chitando E and Chirongoma, S (2008) *challenging Masculinities: Religious studies, men and HIV in Africa*, journal of constructive Theology 14(1), 55-69.
- Chitando, E (2009) *Troubled but not destroyed*, WCC publications, Geneva.
- Chitando, E. (2007), *Living with Hope: African Churches and HIV/AIDS 1*, WCC Publications, Geneva.
- Chitauro-Mawema, M.B (2003), *Mvana and their children: The language of the shone people as it relates to women and women's space*, African Languages research institute, University of Zimbabwe, Harare.
- Cilliers, J. (2006), *Creating Space within the Dynamics of Interculturality: The impact of religious and cultural transformations in Post- Apartheid South Africa*, Steid, Berlin.
- Clifford, P. (2004), *Theology and the HIV/AIDS epidemic*, Christian AID.
- Clifford, P. (2004), *Theology and the HIV/AIDS epidemic*, Christian AID.
- Clutterbuck, D. (2004), *Sexually Transmitted Infections and HIV*, Elsevier Ltd, Edinburgh.
- Collins English Dictionary (2010), Harper Collins Publishers, Glasgow.
- Comprehensive Review of Behavioural Change as a means of Preventing Sexual HIV Transmission in Zimbabwe*, National AIDS Council of Zimbabwe and United Nations Population Fund Zimbabwe, (2006)
- Concise Oxford English Dictionary (2009), Soanes, C. and Stevenson, A. [eds], Eleventh Edition, Oxford University Press, New York.
- Courtney Duncan crystalcavechronicles.wordpress.com/.../role-of-women during the Renaissance period.
- Davidson, K. (2001), *late Life Widow; Selfishness and New Partnership Choices: A Gengered Perspective*. Ageing and Society, 21.

- De Jong, G. (2002), *The Dilemma of Repartnering: Consideration of Older Men and Women Entering New Intimate Relationships in Later Life* Ageing International, New York.
- De Jong, P and Wilson, D.R. (1979), *Husband and Wife- The sexes in scripture and society*, Zondervan Publishing House, Michigan.
- De Santis, Dominique (Press Officer, UN AIDS) 21st November 2000, Field Personal Correspondence of Bridget Sleep, author of “Widows and AIDS-Redefinitions and challenges with the Press officer- UNAIDS.
- Dickinson, D. (2009), *Changing the Course of AIDS, Peer Education in South Africa and its Lessons for the Global Crisis*, Cornell University, New York.
- Dube, M. (2008), “*Widowhood and Property Inheritance in Zimbabwe: Experiences of Widows in Sikalenge Ward, Binga District*”, University of Fort Hare, Alice.
- Dube, M.W, and Kanyora, M. (2004), *Grant Me Justice! HIV/AIDS and Gender Readings of the Bible*.
- Dube, W.M. (2007), *Theology in the HIV and AIDS Era Series: Module 7: A Theology of Compassion in the HIV and AIDS Era*, WCC, Geneva 2.
- Dyk, Van, A. (2008) *HIV/AIDS Care and Counselling- A Multidisciplinary Approach*, Pearson Education South Africa (Pty) Ltd. Cape Town.
- Eipper, J.W. (2009), *Older Women’s Perceived Independence in Post- Widowhood Repartnership* Smith College School, Massachusetts.
- Enke, A. (2003), *Smuggling Sex through the Gates: Race, Sexuality, and the Politics of space in second wave Feminism*, The Johns Hopkins University Press, Madison.
- Epstein, H. (2007), *The Invisible Cure, Africa, the West and the fight against AIDS*, Penguin Books, London.
- Facing AIDS: The Challenge, The churches’ Response* (Geneva: Switzerland, 2001, pg.62.
- Fitzkappes, J. (2010), *The Future of Human Sexual Practices and Identity*, Lutheran School of Theology, Chicago.
- Garland, J. & Blyth, M. (2004), *AIDS Is Real and it’s in our Church*, African Christian Textbooks, Bukuru.
- Gatawa, B.S.M. (2009) *Politics of the school curriculum*, College Press, Harare.
- Tear Fund, (2009) *Gender, HIV and the Church: A case study*, March 2009, Tear Fund, London, pd
- Gill, G. (2011), *An Insight into the Fallacies of Christian Fundamentalism*(with an emphasis upon sexuality and Body perception).

Global Report- UNAIDS Report On the Global AIDS Epidemic 2010, Joint United Nations Programme on HIV/AIDS, WHO Library Cataloging-in-Publication Data.

Green, G. (2000), *Theology, Hermeneutics, and Imagination: The Crisis of Interpretation at the End of Modernity*, Cambridge University Press, Cambridge.

Gunda, M.R. (2011), [ed], *From Text to Practice: The role of the Bible in daily living of African people today*, University of Bamberg Press.

Haddad, B. (ed) 2011, *Religion and HIV and AIDS: Charting the Terrain*. University of KwaZulu Natal, Pietermaritzburg.

Herbenick, D, Reece, M, Sanders, S, Dodge, B, Ghassemi, A, and Fortenberry, D. (2009), *Prevalence and Characteristics of Vibrator use by women in the United States: Results from a Nationally Representative Study*; Indiana University, Bloomington.

HIV and AIDS Research Priorities For Zimbabwe (2010-2012), Harare. ISBN:978-0-7974-55907-1.

Hollway, W. (2004), II. *Feminism and Heterosexual Marriage: The Return of the Repressed?* Feminism and Psychology Simon and Schuster, New York.

<http://www.org/static/doc18515.htm.pdf>.

<http://www.jstor.org/stable/27660625>.

<http://www.thebody/schoofs/africa5.ltm/>visited>.

Isaack, P. (2005), *"The Compassionate God-John 11, God Breaks the Silence: In Preaching in Times of AIDS*, UEM, Wuppertal.

Izumi, K. (2007), *Gender and Development*; March 2007, Vol. 15 Issue 1, p 11-23.

Jackson, H. (2002), *AIDS Africa Continent in Crisis*, SAFAIDS, Harare.

Journal Article, Multicenter Study, Research Support, Non-U.S.Govnt.2008.

Kambarami, M (2006), *Feminity, sexuality and culture: Patriarchy and female subordination in Zimbabwe*, University of Fort Hare, Alice.

Kapuma, G. A, (2011), *Widowhood: Perspectives of Pain, Challenges and Healing*. Stellenbosch, 1-3 August 2011, Gender Equality Workshop, NetAct, EFSA and the Faculty of Theology, Stellenbosch University.

Kartzow, M.B, and Moseno, L.I. (2010), *Windows, Intersectionality and the Parable in Luke 18*, University of Oslo, Oslo.

Kessy, F. Mayumana, I and Msongwe, Y. (2010), *Widowhood and Vulnerability to HIV and AIDS-Related Shocks: Exploring Resilience Avenues*, Research on Poverty Alleviation, Dar es Salaam.

- Khatide, A.G. (2003), *Teaching and talking about our sexuality: A means of combating HIV/AIDS; Reproduced From HIV/AIDS and the curriculum: Methods of Integrating HIV/AIDS in theological programmes*, [ed] Musa W. Dube, WCC Publications, Geneva.
- Kohlke, M, and Orza, L. (2008), *Sex and Sexuality: Probing the Problematics*; Papers presented at the Third Global Conference on Sex and Sexuality, Inter-Disciplinary Press, Oxford.
- Kubeka, M.J. (2011), *Proposal of the Theology of Caring*, University of Pretoria, Pretoria.
- Lartey, E.Y. (2002), *Pastoral Counseling in multi-cultural contexts American Journal of Pastoral counseling* Vol. 5 Number (3/4). The Hawarth Pastoral Press.
- Lipka, H.B.(2006), *Sexual transgression in the Hebrew Bible*, Sheffield Phoenix Press, Sheffield.
- Loughlin, G. [ed], *Queer Theology: Rethinking the Western Body*, Boyarin, D. (2007), *Against Rabbinic sexuality: Textual Reasoning and the Jewish Theology of Sex*, Blackwell Publishing, Malden, Mass.
- Louw, D. J. (2000), *International Theology: Meaning in Suffering: A Theological reflection on the cross and the resurrection for pastoral care and counseling*, Peter Lang. Frankfurt.
- Louw, D. J. (2008), *Cura Vitae Illness and the healing of life*. Lux Verbi.BM(Pty) Ltd. Wellington.
- Louw, D.J. (1998) *A Pastoral Hermeneutics of Care and Encounter: a theological design for a basic theory, anthropology, method and therapy*. Lux Verbi, Cape Town.
- MaC Kinnon, C.A. (2006), *Are Women Humans? And other International Dialogues*, The Belknap Press of Harvard University Press, Cambridge.
- MacDonald, R. (2005), *A Pentecostal-Charismatic Hermeneutic Model In a Postmodern Content*, Commonwealth Open University.
- Maina, W.M (2008), *African Communitarian Ethics in the Theological Work of Bezet Bujo*, Pacifica.
- Mamba, C. N. (2012), *Prevention within a Pastoral Strategy: Assessing The ABC-Model with reference to the HIV/AIDS Pandemic in Swaziland*, Stellenbosch University, Stellenbosch.
- Marshall, M. Oue'draogo, I and Sandilands, M. (2009), *Gender, HIV and the Church: A Case study in Zimbabwe and Burkina Faso*, Tear Fund, Teddington.
- Myeza, N.P. (2008), *Attitudes of High School Learners towards sexuality Education in Zululand*, University of Zululand.
- National HIV/ AIDS POLICY Republic of Zimbabwe (December 1999).
- Nelson, J.B. (1978), *Embodiment: An Approach to Sexuality and Christian Theology*, Augsburg

Publishing House, Minnesota.

Nelson, J.B. (1990), *Sexuality, Christian Theology and Ethics of Sexuality*, Hunter, R.J. [ed], Dictionary of Pastoral Care and Counselling, Nashville, Abingdon.

Ngure, P. (2007), *Theology in the HIV and AIDS Era Series: Module 2, Human Sexuality and HIV and AIDS*, World Council of Churches, Geneva.

Nguyen, V.K. & Klot, J.F.[eds], *The Fourth Wave-Violence, Gender, Culture and HIV in the 21st Century*, UNESCO/SSRC Book. (2004)

Ntseane, P.G. (2004), *Cultural Dimensions of Sexuality: Empowerment Challenges for HIV/AIDS Prevention in Botswana*, University of Botswana, Gaborone.

Obono, O [ed], A Tapestry of Human Sexuality in Africa, Afolabi, M.D, (2010), *Sexual Health Needs of People Living With HIV/AIDS In Osun State, Nigeria*, CTP Printers, Cape Town.

Oloruntoba-Oju [ed], *Sexuality in Africa Magazine and Monographs 2*; Ojo, R. (2010), *Against Desire and Pleasure: Tradition, Morality and The Woman in African culture*, Sexual Resource Centre, Lagos.

Olujubu, O (2003) *Women in the Yomba Religious sphere*, Sate University of New York press, Albany, New York.

Omwami, E.M, Commins, S. and Keller, E.J, (2008), [Eds], *HIV/AIDS In Africa Challenges and Impact*: Hodge, M, (2008), *HIV/AIDS, Demographics and Economic Development*, Africa

Orza, L. (2007), *Love, Sex and Abstinence: The Positive women's perspective*, Oxfam, London.

Osmers, R. R. (2008), *Practical Theology: An Introduction*, Grand Rapids, Eerdmans.

Owino, K (2010), *Masculinities, HIV and Aids in South Africa – evaluating the present, mapping the future: towards a transformative missiological paradigm through hopeful theologizing, comparative Theology and feminist Theology: Engaging African and Nordic contexts*. Univesity of Oslo, Oslo 25th 27th May.

Parks, S.K. (2010), *A postfoundationalist research paradigm of practical theology*, Vol. 66, No.2

Peter, R; Lamptey, Jami, L. Johnson and Khan,(2006), “The Global Challenge of HIV and AIDS”, Population Bulletin 61, P.3

Peterman, A. (2011), *Widowhood and asset Inheritance in Sub-Saharan Africa: Empirical Evidence from 15 Countries*, Poverty, Health and Nutrition Division, International Food Policy Research Institute.

Purvis, S.B. (1996), “Compassion,” In Russell, L. and Clarkson, J. S. (eds), *Dictionary of Feminist Theologies*, John Knox Press, Louisville.

- Rauch, R. (2003), *Harmful Sexual Practices and Gender Conceptions in Kwazulu-ers, New York. Natal and their effects on the HIV/AIDS Pandemic*, University of Stellenbosch, Stellenbosch.
- Reddy, V (2004), “*African Feminisms, sexuality in Africa: Some Trends, Transgressions and Tirades*” in *Sexuality in Africa* 62:3-11.
- Reidy, M. (1978), Human Sexuality: A Theological Perspective, *The Furrow*, Vol. 29, No. 10 (October, 1978), pp 622-629.
- Rewai-Makamani, (2009-1-3 July), Contradictory HIV/AIDS Rhetoric(s) in Zimbabwe: An Analysis of Selected online media Texts, Paper presented at Africa Association of Rhetoric 2nd Biennial International Conference at the University of Kwazulu-Natal.
- Rodlach, A. (2006) *Witches, Westerners, and HIV/AIDS and Cultures of blame in Africa*. Left Coast Press. Walnut Creek, CA.
- Rodlach, A. (2009), *Witches, Westerners, and HIV, AIDS and culture of blame in Africa*, Left Coast Press, Walnut Crock.
- Rosenow, W. J. (2011). *PACANet Ethno Cultural Factors and HIV/AIDS. A coordinated Church response to HIV/AIDS in Africa*. Uganda: PACANet.
- Rwabukwali, C.B, Schumann D.A. McGrath, J.W, Carroll-Pankhurst, D, Mukasa, R. Nakayiwa, S, Nakyobe, L, and Namande, B. (1994), Culture, Sexual Behaviour, and attitudes towards Condom use among Baganda Women” In *Global AIDS Policy*, [Ed] Feldman, D.A, Bergin and Garvey, Westport.
- Saleeby. D. (2002), “*The power in the people*”. In saleeby.D. (ed) *The strength perspective in social work practice*, Allyn Bacon, Boston.
- Shelton, J. (2007), *Ten Myths and One Truth about Generalized HIV epidemic*, *Lancet*; 370: 1809-11.
- Shorter Oxford English Dictionary, (2007), Sixth Edition Vol.2.N-Z, Oxford University Press, Oxford.
- Shumbahini, M (2009), *Storying widowhood in Shona culture*. UNISA institutional reporting.
- Slattery, H. (2003), *HIV and AIDS-A Call to Action Responding as Christians*, St. Paul Communications, Nairobi.
- Sleep, B. (2001), *Widows and AIDS: Redefinitions and Challenges*, Panos AIDS Programme, London.
- Sleep, B. (2001), *Widows and AIDS: Redefinitions and Challenges*, Panos AIDS Programme, London.

- Smith, K.G. (2010), *Review of Richard Osmer, Practical Theology: An Introduction*, South African Theological Seminary.
- Stearns, P.N. (2009), *Sexuality in World History*, Routledge, New York.
- Strickland, R.(2004), *To Have and to Hold: Women's Property and Inheritance Rights in the Context of HIV/AIDS in Sub-Saharan-Africa*, International Center for Research on Women, Washington.
- Tamirepi, F. (2011), *Going Back to my roots: A critical understanding of the interplay between Christian Faith and Shona tradition in the quest to find meaning within the HIV pandemic*, Stellenbosch University, Stellenbosch.
- The Faith Sector and HIV/AIDS in Botswana: Responses and Challenges*, Togarasei, L. Mmolai, S.K, and Nkomazana, F. (2011), [EDS], Cambridge Scholars Publishing, Newcastle.
- The Herald News Paper, Harare, 29 October, 2007.
- The HIV/AIDS Epidemic in Sub-Saharan Africa, In a Historical Perspective*, Philippe Denis and Charles Becker [eds], 2006,
- The World Health Report 2004, *Changing History*.
- The World Women 2000: Trend and Statistics (UN Publication, Sales No. E.00XV11-14.
- Thesnaar, C. (2010), *The Church Contribution to Healing of the Victims of Violence*, Stellenbosch University, Stellenbosch.
- Thomas, L (2002), *poststructuralism and therapy – What is it all about*. The international journal of Narrative Therapy and community work, N2.
- Uity*, Daedalus 125.1
- Umoren, A. (2008), *Pastoral Theology*, National Open University of Nigeria, Lagos.
- UN Report (2001), *Widowhood: Invisible Women Secluded or Excluded*, UN Division for the Advancement of Women Development of Economic and Social Affairs.
- UN Women (2011), *United Nations for Gender Equality and the Empowerment of women*, Geneva.
- UNAIDS (2011) World AIDS Day Report Regional Fact Sheet
- UNAIDS Report (2006), *AIDS Epidemic Update: December*, UNAIDS, Geneva.
- UNAIDS World AIDS Day Report (2011); How to get to zero: Faster. Smarter. Better.
- UNAIDS, (Issue 1, 1999), *Summary Booklet of Best Practices*, Joint UN Programme of HIV/AIDS, Geneva.ch, and Darrell E. Ward, New York.
- UNAIDS, March 1999, *Gender and HIV/AIDS: Taking Stock of research and Programmes*.
- UNAIDS/09.36E/JC1700E, November 2009.

- UNAIDS/WHO, (2004), *AIDS Epidemic Update*: December, UNAIDS, Geneva.
- UNICEF Africa's Orphaned Generation, (New York, UNICEF, 2003).
- United Nations Children's Fund (UNICEF) (2001), Equality and empowerment & Framework (online) Available from: www.ids.ac.uk/reports/re40c.pdf.
- Van Klinken, A.S. (2011), *The Ongoing Challenge of HIV and AIDS to African Theology: A Review Article*, Utrecht, the Netherlands.
- WAGF Theological Commission, (2011), *A Position Paper on the Pentecostal Theology of Compassion*.
- WCC Publications, World Council of Churches, 2008.
- Webb, D. E.(1996), *A Complete guide to understanding HIV/AIDS*, W.W. Norton & co, New York.
- WHO (2004), "*Progress in Reproductive Health Research*", No. 67, WHO, Geneva.
- Wills, M. [ed], Truth Magazine. Vol. L1, No. 12, December, 2007.
- Wills, R. (2002), *The AIDS Pandemic*, The Stanborough Press Ltd, Lincolnshire.
- Wisner, B, Blaikie, P, Cannon, T et al (2004), *At Risk: Natural Disasters, People's Vulnerability and Disasters*", Routledge, London.
- World Bank (2003), *Averting AIDS Crises in Eastern Europe and Central Asia*, World Bank, Washington DC. World Press, Asmara.
- World Council of Churches, (2000), *Facing AIDS: The Challenge: The Churches Response*. WCC Publications, Geneva.
- www.icrw.org/html/news/factsheets/womenandHIV/AIDS-Stigma.pdf.
- www.ilo.org/public/english/protection/trav/aids/publ/women-ilo_aids-brief.pdf.
- www.thefreedictionary.com
- Zastrow, C. (2004) *Introduction to social work and social welfare: Empowering people*, Thomson Brooks / cole, New York.
- Zimbabwe Human Development Report (2003), *Redirecting Our Responses to HIV and AIDS- Towards reducing Vulnerability- the ultimate war for survival*.
- Zimbizi, G. (2007) *Gender scoping, study report*, New Dimensions consulting (Pty), Canada.

