

COMPLEX REALITIES:
BLACK SOUTH AFRICAN WOMEN, HIV/AIDS, AND PENTECOSTALISM

By

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For Jimmy

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As I drove to the orientation for my doctoral program at Vanderbilt (incidentally, the same day I met my husband), Hebrews 12:1 came to my mind:

Therefore, since we are surrounded by such a great cloud of witnesses, let us throw off everything that hinders and the sin that so easily entangles, and let us run with perseverance the race marked out for us.

I was excited for a fresh start and at the same time was reminded of all of the people who, in one way or another, had helped me, supported me, encouraged me, or otherwise prodded me along. I imagined them as my cloud of witnesses, who cheered me on and believed in what I could do. It is fitting that five years later, I thank these individuals and those who have joined them.

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PREFACE

My interest in Pentecostal responses to HIV/AIDS began when I traveled to West Africa for the *Missions World Evangel*, the monthly publication of the Assemblies of God World Missions Department. I met an Assemblies of God (AG) missionary and Registered Nurse whose work focused on AIDS education in AG churches for children, teens, adults, and leaders. I was struck by the importance of her efforts, but was also amazed at the complexity of issues it generated, particularly for Pentecostals.¹ In this branch of Christianity, HIV is frequently associated with “sinful” behavior (e.g. sex outside of marriage), and yet many people are infected because of others’ failings, not their own. Similarly Pentecostals usually understand sin as individual moral failure, and yet the social situations and institutions in which HIV thrives (poverty, gender inequality, low access to health care) are corrupted and sinful in their own right. Biologically and socially women are more vulnerable to the virus, and yet culturally and religiously women are the least likely to be empowered. Pentecostals can be squeamish about sex, and yet it is impossible to talk about HIV without discussing sexual practices. Finally, conversations about HIV bring the focus to life in this world, and require resources to help people face terrible medical crises; yet Pentecostals have historically emphasized proselytizing, and salvation for the life to come.

Nine years have passed since that trip and eight years since my *Missions World Evangel* article was published. I now situate my interest in Pentecostal responses to HIV/AIDS in Africa within my broader interests in Pentecostal/Evangelical social ethics and mission. A month in South Africa in 2005 confirmed my commitment to this topic, laid the groundwork for my study, and helped me formulate questions. The rising rates of HIV infection in countries like South Africa have virtually ensured that members of Pentecostal churches will continue dealing with the realities of HIV/AIDS. In light of the growth of Pentecostalism, I formulated three general questions: What resources are these churches providing? What could concerned Christians learn from church responses? What needs are *not* being addressed?

¹ A lengthier description of Pentecostalism follows in Chapter One; briefly, Pentecostal faiths are characterized by their emphasis on an individual’s personal relationship with God. They believe that the gifts of the Holy Spirit, such as speaking in tongues, divine healing, and prophesying, are for today—not just for Biblical times. Pentecostalism is arguably the fastest growing branch of Christianity.

With these questions in mind, this project focuses on the experiences of black South African Pentecostal women. First, I ask what is the situation for these women in two communities with regard to HIV/AIDS? How does it affect their lives? What are their understandings of the disease, particularly as it intersects with faith, family, and community? Second, I examine the underlying beliefs and theologies that intentionally or otherwise sustain these situations. How are their situations supported or shaped by community beliefs and norms? Third, I find examples of women who have taken actions that break with theologically-supported norms in order to care better for themselves or their families. Based on community and Christian/Pentecostal values, I analyze and critique aspects of these underlying beliefs and practices in order to suggest ways that the situation for women could improve, moving closer to ideals of health and well-being. While evangelical and Pentecostal Christians may disagree on the particularities of religious practice, my hope is that they can agree to the following: the basic values of Christian love and concern require our work toward a day when fewer people are infected by HIV, more resources are available to those affected, and less stigma and shame surround the disease.

Because of my personal commitment to engaged listening, writing about any aspect of HIV/AIDS in South Africa required me to see the complex configuration of situations for myself, talking to those most affected.² My commitment to listening and grass roots engagement meant that as a white woman from the United States I was an obvious outsider in these communities. I found that this status brought distinct advantages and disadvantages. In some cases, people talked very openly, seeing me as a “neutral” person with whom they could share without consequences. Others held back, but after follow-up interviews were more forthcoming, seeing that I might be truly interested in their thoughts and opinions. Some remained suspicious of my work.³ My choice of South Africa (and my sites within) owed largely to the convenience of connections. The extent to which my findings would be relevant to other locales is unknown.

Argument

I make a two-pronged argument. The first is methodological: North American Christians (evangelicals in particular) who are concerned about HIV/AIDS should base their understandings

² Work on U.S. responses to the global pandemic or NGO programming can better proceed from a first-hand understanding of how HIV affects people in the places where it is most prevalent.

³ A more detailed description of my research experiences follows in Chapters One and Two.

of the situation and subsequent strategies on what is said by those directly affected by HIV, intentionally including women in the conversation.⁴ There is no substitute for the deep listening that comes in an encounter with people's lived experiences. As an additional starting point for any work in this area, North American Christians must find ways to engage with African scholarship and leadership on these issues.

The second part of my argument provides the organizational structure to this work. Beliefs about gender and healing sustain the complex of situations in which black South African Pentecostal women find themselves as related to HIV/AIDS in the two communities in which I conducted research. After examining how these beliefs shape practices pertaining to HIV/AIDS, I consider how congregations might better embody shared norms of faithfulness to God and Scripture and commitment to abundant living.

I did grow up Pentecostal, and I consider myself both a sympathetic outsider and critical insider. I also want to note the difficulties inherent in my position as a white woman conducting research and making normative claims outside her community and country, particularly in a postcolonial context. Moving from grounded research to normative claims is not without problems. As will become clear, to counter tendencies toward essentialism, I built cyclical moments of reflection into my research design through follow-up interviews, conversations with my research assistants, and a workshop with feminists at the African Gender Institute at the University of Cape Town. My data sources are multiple: I draw on interviews, follow-up interviews, participant observation, and focus groups. Throughout my work I intentionally seek to destabilize my epistemology so that I remain attuned to what my participants are saying through their words and silences. While outsider and cross-cultural barriers can never be overcome completely, I present my findings as a good-faith effort at understanding.

⁴ I take for granted that some North American Christians are concerned and interested in acting to aid those affected by HIV. While organizations such as World Vision have been working in this area for some time, more attention has been drawn to this problem through the recent work of Rick and Kay Warren (Saddleback Community Church) who started an HIV/AIDS initiative and whose church has hosted an annual conference on HIV/AIDS since 2005.

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CHAPTER I

META-PERSPECTIVES: METHODOLOGICAL SOURCES, PROCESSES, AND OUTWORKINGS

*“Every ethic conceived in solitude implies the exercise of power.” Albert Camus, *The Rebel**

This is a project about listening—patiently, deeply, and intentionally. It is a story of people who are left out of discussions and who deal with issues that do not make for polite conversation. It is not a romanticized tale about people who triumphantly overcome hardship, although that does happen. It is not about a God who miraculously intervenes to heal people and save the day, although that, too, is part of the narrative. Rather, it is about the messiness of life: the competing claims of God, work, and family; the challenge to be faithful in an unkind world; the struggle to right past wrongs. This project is about what happens when we carefully listen to what is said and unsaid; observe what is done and left undone; and base critiques and normative claims on communities’ core beliefs. It is about reading situations, and responding appropriately with a Christ-like commitment to enhancing human flourishing in this world.

Introduction

In *Everything Must Change*, best selling author Brian McLaren, a leading figure in the Emergent Church movement in the U.S.,¹ asks two questions: “What are the biggest problems in the world?” and “What does Jesus have to say about these global problems?” McLaren draws on his world travels and meetings with various believers to answer these questions. In Chapter Four, “Not What Jesus Intended,” he tells the story of a South African healthcare worker’s outrage at a meeting of Pentecostal and charismatic pastors in a township outside Cape Town. The young man accused the pastors of bringing destruction and devastation through their messages of healing, getting born again, and tithing. According to McLaren, the healthcare worker said that healing messages led people to stop taking their medications, which then causes them to develop new resistant strains of the virus and to spread the disease. The worker went on to criticize

¹ “Emergent” and “emerging” denote church movements throughout the world that tend to eschew labels (such as conservative or liberal) and attempt to re-embodiment the Christian faith in ways that are especially relevant to post-modern culture. See: Christian Century, “‘Loose’ Emergent Churches to Add More Structure,” *Christian Century* 122, no. 14 (2005); Mark Driscoll, “A Pastoral Perspective on the Emergent Church,” *Criswell Theological Review* 3, no. 2 (2006): 89–90; Andrew D. Streett, “A Selective Bibliography of the Emergent Church Movement,” *Criswell Theological Review* 3, no. 2 (2006) 95–99.

churches for exploiting people through sermons about money and not addressing economic and health-related concerns.

At a basic level McLaren is engaging in social criticism. He is an insider with some critical distance, he interprets the situation at hand, and he reminds fellow believers of their commitments to unmet ideals. In his book, McLaren interprets the realities and ideals of Christianity writ large and calls believers to overcome individualistic Christianity and address injustice. The ‘real,’ which McLaren describes as distorted religion, diverges from the ‘ideal,’ the understanding that “a right understanding of God and faith can train people to hold their heads high, to doubt the lies of a dysfunctional society and to work for its transformation.”² Although only mentioned in one chapter, McLaren’s South African anecdote becomes part of his overall criticism of individualistic Christianity and his argument for addressing the economic, political, and military dysfunction of this world, since—as his title states—*everything* must change.

McLaren’s comments are insightful, and his commitment to travel and conversation are laudable. His “method” involves first-hand encounters with Christians around the world, and he wants to be in conversation with individuals who are often marginalized. To be fair, McLaren does not set out to present an academically critical project. At the same time, he does hope that his book will inspire institutional change in the wider church and alter the activities and priorities of contemporary Christian communities. Furthermore, he sees himself as a researcher and positions himself as a spokesperson for Christianity, one who has the unique perspective (in part through his first-hand conversations with diverse believers) to point his readers to the “best practices” of today’s faithful. In short, he assumes the role of a social critic as I am defining the practice.

I find myself agreeing with several of McLaren’s conclusions—that a “right understanding of God and faith can train people to hold their heads high.”³ I also affirm the healthcare worker’s desire for churches to address peoples’ economic needs and talk about HIV/AIDS—even if it means talking about sex. In McLaren’s quick shift from observations to implications, however, he misses (or at least neglects to mention) the contestation of norms and the power dynamics that

² Brian D. McLaren, *Everything Must Change: Jesus, Global Crises, and a Revolution of Hope* (Nashville: Thomas Nelson, 2007), 29.

³ Ibid.

can privilege and silence people—in short, the complexity of the situation he encounters. Without a method that both intentionally encourages exchange and expects to find a range of perspectives, McLaren cannot fully account for the nuances of the situation. The healthcare worker raises a legitimate concern, but preaching healing does not necessarily cause people stop taking their medications. Later in this project, I will show that healing messages in South African Pentecostal communities can actually affirm the medical profession, encourage disclosure of HIV status, and decrease stigma.

The heart of my project is Christian social criticism insofar as I strive to analyze situations, identify norms, and describe how communities can better embody their religious ideals in a context of HIV/AIDS. My project is grounded in fieldwork, and I utilize sociological and anthropological methods to effectuate ethical analysis, an umbrella term under which I include social criticism. To address the economic, political, and social dysfunctions of this world, Christians need a method through which communities can collectively (including individuals often silenced) identify oppression, discuss responses, and generate change. In this chapter, I describe this method and then demonstrate it through the remainder of this project. I draw on Brooke Ackerly's work on Third World feminisms but adapt it for religious communities by accounting for religious language and religious sources of authority. I then detail the research design and practices that underlie fieldwork conducted in summer 2008.

Methodological Approach

In *Political Theory and Feminist Social Criticism*, Ackerly describes a Third World feminist approach to social criticism. Ackerly criticizes Michael Walzer's more relativist model and Martha Nussbaum's essentialist model. Ackerly recognizes that communities sometimes accept social practices, norms, and values that perpetuate inequalities and oppression. For example, community norms about women's roles in families and churches may unintentionally (or intentionally) reinforce gender inequality.

To combat the acceptance of oppressive norms, the social critic should maintain a posture of "skeptical scrutiny" toward a community's existing and proposed beliefs and practices. This attitude prevents the critic from accepting these values uncritically and requires her to consider

carefully their potential to perpetuate inequality.⁴ Third World feminist social critics attempt to question everything (e.g., government institutions, family organization, and language) in order to identify and critique the ways that power can privilege some and marginalize others.⁵

Additionally, the critic seeks to listen to individuals who have been silenced by community norms, values, and practices.⁶ In my case, this meant seeking out women's voices.

Ackerly's second concern is the critic's method for determining what constitutes shared values. Questioning whether an individual's observations and interpretations can really represent a community, its silenced members, and the invariable contestation of norms, Ackerly's critic facilitates society's self-examination through deliberative inquiry, a process that draws on the expertise of insiders while accessing the outsider's perspective.⁷

Drawing on Ackerly's framework, I argue that Christian social criticism has three tasks. First, the critic increases her knowledge by way of *critical inquiry*. This includes questioning, investigating, analyzing, and interpreting a society's practices, norms, and values. The critic can then identify a range of views, accessing the perspectives of people who are silenced because of coercion or oppression.⁸ She recognizes that a majority opinion does not necessarily represent everyone's viewpoint. Similarly, a church community may present a unified voice, creating the illusion of consensus. To expose the contestation of perspectives, critical inquiry listens for silenced voices and discerns differences between beliefs and practices so as to approximate the complexity of lived experiences.

The critic's second task is to promote *deliberative inquiry*. By hosting and promoting deliberative opportunities, the critic increases a community's knowledge of itself, which enables people to understand problems from others' different perspectives and to cooperate to solve problems collectively.⁹ It is both formal and informal, taking place as people reflect on a subject

⁴ Brooke A. Ackerly, *Political Theory and Feminist Social Criticism*, Contemporary Political Theory (New York: Cambridge University Press, 2000), 75.

⁵ *Ibid.*, 76.

⁶ *Ibid.*, 75.

⁷ *Ibid.*, 92.

⁸ *Ibid.*, 123.

⁹ *Ibid.*

and exchange ideas through time.¹⁰ Deliberative inquiry serves at least two purposes. It creates a safe space for group learning among those who have been silenced, leading to greater self-knowledge and a better understanding of the challenges they face. This deliberative process also provides opportunities for individuals to promote similar discursive practices in the broader society from which they have been excluded.¹¹ By facilitating deliberative inquiry, the critic creates conditions in which marginalized voices can speak and be heard. Deliberative inquiry recognizes that all society members are potential critics and sources of knowledge.¹²

Deliberative inquiry should remind all participants that norms and values are almost always contested and that culture is dynamic and not monolithic. As Seyla Benhabib says, “Cultures themselves, as well as societies, are not holistic but polyvocal, multilayered, decentered, and fractured systems of action and signification.”¹³ She adds that even “tradition is in transition.”¹⁴ For example, my participants in South Africa noted that their “culture” dictates gender inequality. At the same time, the South African government has advocated for women to make up 50 percent of elected officials in political decision-making as well as to attain equal representation and participation by 2015.¹⁵ The coexistence of these two divergent viewpoints provides a key example that South African culture is multivocal. As various voices emerge through critical and deliberative discourse, it becomes more and more apparent that there is no monolithic “South African culture.”

The critic’s third task is to suggest *institutional change* so as to represent those who are silenced and help communities approximate their shared norms. The process of social criticism is both a means to an end and an end in itself: critical and deliberative inquiries effectuate social

¹⁰ Brooke A. Ackerly, *Universal Human Rights in a World of Difference* (New York: Cambridge University Press, 2008), 151.

¹¹ Ackerly, *Political Theory and Feminist Social Criticism*, 78.

¹² Ibid.

¹³ Seyla Benhabib, *Situating the Self: Gender, Community, and Postmodernism in Contemporary Ethics* (New York: Routledge, 1992), 26–27.

¹⁴ Ibid., 116.

¹⁵ Manto Tshabalala-Msimang, “Call for at Least 50% Representation of Women in Political and Decision Making Positions Ahead of 2009 Elections,” The Presidency, Republic of South Africa <http://www.thepresidency.gov.za/show.asp?include=minister/sp/2008/sp12071516.htm&type=sp&ID=1846> (accessed May 18, 2008).

change because knowledge is added to the community; power structures are shifted;¹⁶ and people who are usually silenced are invited to speak and be heard.¹⁷ Based on the findings of deliberative and critical inquiries, the critic highlights the ways that the community is already moving toward its shared norms and suggests additional ways to continue this work.¹⁸ The critic may also advise future partners concerning the formation of fruitful working relationships.

The processes and outcomes of these tasks are regulated by what Ackerly calls “guiding criteria,” which I refer to as communities’ shared norms. These shared norms are immanent and vary by community. For example, below I will describe two of my participants’ shared norms as working for an “abundant life” and maintaining faithfulness to God and Scripture. These are not the only values believers in Bethel and Dhumaylong share, but I focus on them because I found they were particularly relevant to participants’ moral discernment processes. What it *means* to be faithful to God and Scripture and work for “abundant life” will of course be contested. Nevertheless, the reality of such contestation reinforces the importance of deliberation as a way to displace the single individual’s claim to power and interpretation.

Christian Ethical Sources

Whereas Ackerly applies Third World feminist social criticism to political discourses, I incorporate it into Christian social criticism. Like Ackerly, I am apprehensive of the widespread acceptance of oppressive norms, and I am suspicious of the work of the isolated critic. These concerns are particularly relevant in religious communities such as the Pentecostal congregations I studied, given their appeals to divine sources of authority as justification for their community norms. Although political authority and religious authority are comparable, they are not identical.

Religious beliefs in divine authority can reinforce an isolated critic’s message and problematize deliberative inquiry. In U.S. and global Pentecostal communities, some individuals (often pastors and leaders) are seen as having better access to knowledge of God’s will. In many

¹⁶ Among other means, this can happen by way of deliberative inquiry.

¹⁷ Ackerly, *Political Theory and Feminist Social Criticism*, 131.

¹⁸ *Ibid.*, 123. Not quite an insider or an outsider, the critic must carefully negotiate her role in promoting social change.

congregations, “thus saith the Lord” serves as the divine trump card effectively ending deliberation. This may lead communities to accept certain teachings without recognizing that some elements are more socially constructed than divinely ordained. These socially constructed teachings can then be reinterpreted as timeless religious rules and regulations, granting them authoritative force. For example, the contents of McLaren’s “right understanding of God and faith” or definition of “distorted religion” are likely to be more compelling to some people given that God and the Bible serve as the source of his norms. For Pentecostals, belief in divine revelation implies that their values apply to all people in all places.

Appeals to divine revelation (which includes but is not limited to the biblical text) are particularly prevalent among Pentecostal believers, who consider themselves open to new revelations and interpretations, having faith that God is present and working in the world today.¹⁹ Table 1.1 shows the Pew Forum’s findings that South African Pentecostals are substantially more likely than other South Africans to say they have received a revelation from God, that Scripture should be taken literally, and that they have given or interpreted prophecy.

¹⁹ Pew Forum on Public Life, *Spirit and Power: A 10-Country Survey of Pentecostals* (Washington D.C.: Pew Research Center, October 2006).

Table 1.1: South African Perspectives on Revelation, Scripture, and Prophecy

	% saying they have received direct revelations from God²⁰	% saying Scriptures are the actual word of God and should be taken literally²¹	% Saying they have given or interpreted prophecy²²
South Africans	33%	59%	27%
South African Pentecostals	64%	72%	55%
South African Charismatics	41%	72%	35%
Other South African Christians	27%	63%	19%

The prominence of these individualized sources of authority raises the question of what religious people should do: should they listen to the one who says, “Thus saith the Lord”? or should that critic, the one who claims to speak the Lord’s word, also be subject to critique? As a Christian ethicist, I argue that the givenness of sinful humans and institutions requires religious individuals to take seriously their own roles in moral discernment and in Biblical terms to, “test the spirits” and criticize the critic.²³ Human fallibility renders the perspective of the isolated religious critic (whether pastor, congregant, or researcher) one of many.²⁴ In other words, despite appeals to divine revelation, the religious critic has no more a “monopoly” on truth than any other critic. The possibility that a critic thinks her message is more truthful than others actually makes deliberative processes all the more important. Deliberation leads to conversations through

²⁰ Ibid., 17.

²¹ Ibid., 6.

²² Ibid., 16. It is clear from these statistics that while pastors are afforded greater authority in these communities, a majority of South African Pentecostals also claim to have experienced their own revelation or prophetic experience.

²³ 1 John 4:1 says, “Dear friends, do not believe every spirit, but test the spirits to see whether they are from God, because many false prophets have gone out into the world.” All verses are quoted in the New International Version unless otherwise noted.

²⁴ Like other Pentecostals I see humanity’s fallen nature as related to the reality of sin in the world. See also Romans 3:23, “For all have sinned and fall short of the glory of God.”

which individuals discern together whether one individual's message is normative for the community.²⁵

Thus, the religious social critic will do the most beneficial work in service of the community by acknowledging these religious authority sources at the same time she grounds her criticism in shared norms and discussion. In these Pentecostal communities, ethical questions appear in various ways. As they pray, converse, and read the Bible, believers often phrase ethical questions as, "What is God's will?" and "What is God saying to us?" These questions are particular forms of more general moral questions such as, "What is the good?" and "Who are we to be?" In other words, coherence with God's revelation and will is an important standard by which Pentecostals evaluate norms and practices.

From conversations with my participants, I came to see that these communities shared several norms useful for testing their beliefs and practices.²⁶ By highlighting these shared concerns, I do not mean to imply that they are universal. Instead, they reflect the internalized standards these communities use to "test the spirits" and determine the right and the good.²⁷ The meaning of these community values is contested. At the same time that they provide an ethical orientation, they are open to varying interpretations. Nevertheless, through careful reflection and conversation a person can show how one action may better cohere with these values than another. While these norms may have application in other Christian and Pentecostal communities, they are particularly relevant in Bethel and Dhumaylong.

²⁵ Given Protestants' belief in the "priesthood of all believers," there is warrant for understanding moral discernment as a group rather than individual process. This is based on 1 Peter 2:9, "But you are a chosen people, a royal priesthood, a holy nation, a people belonging to God, that you may declare the praises of him who called you out of darkness into his wonderful light," which draws on Exodus 19:6, "'you will be for me a kingdom of priests and a holy nation.' These are the words you are to speak to the Israelites."

²⁶ Ackerly, *Political Theory and Feminist Social Criticism*, 77; Ackerly, *Universal Human Rights in a World of Difference*, 150. On the process critics use to test their norms, Ackerly discusses guiding criteria as a list of "minimum standards" that help the critic determine whether norms and practices perpetuate inequality. Ackerly's list (which she developed in dialogue with global feminists, activists, and international documents) includes trust, life, spirituality thinking, and planning. She says that not all lists are equally helpful, and communities modify such lists to reflect their own concerns and particularities. In her more recent work, Ackerly reconfigures guiding criteria as "a working list of issues and concerns, revealed by the experience-based inquiry as important to the struggles and wishes of the age."

²⁷ Both the congregations I studied had male senior pastors, but the majority of the congregations (and the majority of my participants) were women. There were enough commonalities among church teachings and individual statements for me to identify the shared norms discussed in what follows.

First, believers desired to be *faithful* to God and Scripture, and they wanted their actions and beliefs to coincide with what they perceived to be God’s will. The source of their understanding of God’s will (which may be contested) was their interpretation of Scripture, revelation, and prophecy. As is visible in the table above, seventy-two percent of South African Pentecostals believe that Scripture is God’s actual word and should be taken literally. It became clear that my participants governed their actions by appeals to Scripture (often proof-texting). For example, they frequently quoted the first half of Malachi 2:16, “God hates divorce,” as their reason for staying with unfaithful and unsaved husbands.

A second shared norm is based on the belief that God cares about wellbeing: physical, emotional, and spiritual. This was unmistakable as believers prayed for healing, financial prosperity, and the salvation of others. Their requests were not limited to spiritual issues but extended to include material concerns (e.g., cars, jobs, financial increase, etc.) that would make their lives easier. Here I use the biblical notion of the “abundant life,”²⁸ which signals that life is more than “mere existence.”²⁹ Despite day-to-day difficulties, Pentecostals believe that God intends for people to flourish and to access joy, agency, and flourishing.

My research plan reflects my methodological approach. Commitments to critical inquiry shaped my practices of participant observation and interviews. In a desire to facilitate deliberative inquiry and shift the task of knowledge creation to my participants, I conducted multiple follow-up interviews in a dialogical format, discussing individuals’ personal experiences and viewpoints as well as those that surfaced in small group conversations. In the following chapters, my understanding of institutional change leads me to lift up those practices that *are* faithful and contribute to enhancing individuals’ lives. I also understand that the processes of critical and deliberative inquiries in themselves challenge congregations to be more faithful and life-giving by reminding them of shared values.

²⁸ John 10:10 “...I have come that they might have life, and that they might have it more abundantly.” (KJV)

²⁹ Cf. Denise Ackermann, “From Mere Existence to Tenacious Endurance: Stigma, HIV/AIDS and a Feminist Theology of Praxis,” in *African Women, Religion, and Health: Essays in Honor of Mercy Amba Ewudziwa Oduyoye*, ed. Isabel Apawo Phiri and Sarojini Nadar (Maryknoll: Orbis, 2006), 222–223.

Theoretical Implications for the Research Plan

My project required fieldwork given my commitments to understanding the situation at hand and engaging in deliberative inquiry. In an article about the importance of fieldwork, Todd Whitmore argues, “For the Christian ethicist to only read texts is for him to access only the most powerful people,” as opposed to working from the ground up.³⁰ While books are clearly important to the research process, through fieldwork the researcher encounters a community’s particularity and becomes familiar with internal standards of virtue and excellence.³¹ In what follows, I will briefly summarize my data collection process in 2005.³² After that I will describe my 2008 research questions,³³ my role in the communities, how I found conversation partners, and the kinds of interactions that contributed to my understanding of the context as well as the communities’ understandings of their own situations, ideals, and practices.

During the summer of 2005 I conducted qualitative interviews and participant observation in Johannesburg, Pretoria, and Cape Town, South Africa. Semi-structured qualitative interviews focused on South African religious communities’ responses to the HIV/AIDS crisis and their underlying motivations and commitments. Participants included pastors and denominational leaders, community development workers, and Pentecostal African Bible College students from five provinces and several denominations.³⁴ These participants ranged in age from twenty-one to sixty-five. Of these, six were clergy, four were laypeople, and seven were aspiring clergy still involved as laypeople in their congregations. This sample of participants represents a spectrum of South African Pentecostal leaders present and future, though they may not be representative of South African Pentecostalism as a whole.

³⁰ Todd Whitmore, “Crossing the Road: The Case for Ethnographic Fieldwork in Christian Ethics,” *Journal of the Society of Christian Ethics* 27, no. 2 (2007): 275.

³¹ Richard B. Miller, “On Making a Cultural Turn in Religious Ethics,” *Journal of Religious Ethics* 33, no. 3 (2005): 410.

³² Cf. Appendix A for the 2005 Interview Guide.

³³ Cf. Appendix B for the 2008 Interview Guide.

³⁴ All names have been changed in keeping with anonymity protocols. My study, *Pentecostalism and Health in South Africa* (#050395), has been approved by Vanderbilt University’s Institutional Review Board.

Each interview lasted between thirty minutes and an hour. I asked questions to learn factual information as well as perceived social and theological implications of HIV/AIDS. First, I asked participants to describe their church, denomination, or organization's work related to HIV/AIDS and to describe their own experience in activist work. I did not ask individuals to disclose their own HIV status in keeping with Institutional Review Board protocols. The second question type asked interviewees to describe social perspectives of HIV/AIDS and people with AIDS as well as appropriate interventions. The third set of questions related to theological implications of the disease and asked participants how Christians should respond to HIV/AIDS and what constitutes appropriate motivations. Additionally I asked interviewees to share their ideas about what may prevent Christians from addressing the disease, what constitutes the mission of the Church, and how God works in the world and in relation to HIV/AIDS. I modified the questions based on the participant's role as an African Bible College student, pastor or denominational leader, or leader of a faith-based organization.³⁵

From this initial study, I became interested in the particularities of black Pentecostal women's experiences of HIV and AIDS. In 2008 I spent approximately three weeks each at two Pentecostal church-based sites in Dhumaylong (a township in the Guateng Province) and Bethel (a rural community in the Northwest Province). I chose these sites because of personal connections and since the varied proximity to urban centers would provide a diverse range of perspectives.

My overarching research question was: "What is the situation of black Pentecostal women in these communities with regard to HIV/AIDS?" Secondary questions considered which problems women find most pressing, the role of faith in exacerbating or overcoming challenges, and beliefs about healing and gender. With a more thorough understanding of the situation at hand and community ideals, I construct normative claims about the ways Christians can act responsibly, particularly to enhance women's flourishing. I keep in mind that each individual story confirms and contests more general claims about South African Pentecostalism.

Instead of grounding my understanding solely in what physically presents itself, I consider what is *and is not* present. As I analyze my data, I use grounded theory so that I develop

³⁵ All interviews were conducted in English, and all participants were English speakers. Interviews were recorded and later transcribed. Interview question guides are located in Appendix A.

connections and theories from within my data and do not impose them from the outside.³⁶ Building on the methods proposed by Glaser and others, I attempt to recognize in every situation both what is said and left unsaid. Contradictions or disparities are not treated as outliers; rather, I consider and analyze inconsistencies and silences as part of the situation at hand.³⁷ For example, my understanding of divorce in these communities is informed by what the majority of women said, what women did not say, their relationships to legal structures and the church, and how dissenting opinions both confirm and question preliminary findings.

My Role: Balancing Outsider Status with Egalitarian Intentions

My entry into these communities came by way of a friend, making me a “friend of a friend.” At both churches, leaders introduced me and encouraged congregants to assist me with my study. While this alleviated some of the suspicion with which they may have initially viewed me, it added a layer of coercion insofar as participants knew that helping me would please their leadership.³⁸ At Victory Church (Dhumaylong), where Pastor James was the senior pastor, Associate Pastor Linda introduced me and asked the ladies to stay after the morning service, at which time she asked for volunteers. By the end of this meeting, I had scheduled approximately fifteen interviews. At Bethel Apostolic Faith Mission (where Pastor Dan was the senior pastor) Ma Meruti (the term used for the pastor’s wife)³⁹ instructed people to welcome me with love, to be there for me, and to make me feel at home by inviting me into their homes and serving me a drink. During my time there, several people referenced Ma Meruti’s words; one gave us money

³⁶ Barney G. Glaser and Anselm L. Strauss, *The Discovery of Grounded Theory; Strategies for Qualitative Research* (Chicago: Aldine Pub. Co., 1967).

³⁷ Adele Clarke, *Situational Analysis: Grounded Theory after the Postmodern Turn* (Thousand Oaks, Calif.: Sage Publications, 2005). Also helpful have been Stacey M. Floyd-Thomas, *Mining the Motherlode: Methods in Womanist Ethics* (Cleveland: Pilgrim Press, 2006); Patricia Maguire, *Doing Participatory Research: A Feminist Approach* (Amherst, Mass.: University of Massachusetts, 1987).

³⁸ In Dhumaylong there were a few people that Pastor Linda specifically asked to participate. When I could tell that someone was not completely comfortable with being interviewed, I tended to cut the exchange short and not to conduct follow-ups out of respect for the individual’s apparent wishes.

³⁹ In Setho, “meruti” is pastor; Ma Meruti is the term used to refer to the pastor’s wife. I will use this term throughout to refer to Pastor Dan’s wife, as I did not interview other pastors’ wives.

for a soda, and another gave us money for a taxi.⁴⁰ I scheduled my initial round of appointments by phone with the help of a deacon.

I employed research assistants at both sites. In Dhumaylong, Melinda, a high school teacher, drove me to appointments in the late afternoons and evenings. She also assisted in making arrangements for follow-up interviews and focus groups. In Bethel, Masego, the 22-year-old daughter of a deacon, helped me to set up appointments, to find my way around the village, and to communicate during interviews.⁴¹ I conducted interviews in English. Melinda and Masego provided translation when participants either did not speak English or felt more comfortable speaking through a translator. Both women proved exceptional conversation partners with whom I consulted about my findings through the course of my study. I had select interviews transcribed.

At both sites I stayed in the local communities. In Dhumaylong, Pastor Linda hosted me, and in Bethel I stayed with Masego. Both communities were black; white people were an obvious oddity.⁴² In many cases, people were less surprised that I was from the U.S. than they would have been had I been a white South African. In Dhumaylong, I participated in Pastor Linda's daily 6 a.m. prayer meeting with women from area churches. I also attended Sunday morning services. In Bethel, I attended weekly prayer meetings and Sunday morning service.

I had conflicted roles as an insider and outsider. My "insider" status was enhanced because church leadership introduced me, I stayed in the township/village for more than a few days, and I claim a Pentecostal heritage. My participants saw me as a religious insider, sometimes asking me to pray and share from the Bible. As a married woman, participants assumed that I could relate to some of their experiences, and some asked me to share from my personal history. However, my skin color and foreign status and their accompanying assumptions and limits designated me as an outsider.

⁴⁰ Pastor Dan was out of town on my first Sunday. His wife acts as pastor in his absence. Their son interpreted as I introduced myself, and her speech of encouragement followed.

⁴¹ Masego means "blessing" in Tswana.

⁴² One morning a young woman from the church walked with me back to Pastor Linda's house in Dhumaylong. She told me that people later asked her with whom she had been walking, indicating that they were impressed that she had been walking with a white woman. Other women said that neighbors would come over after my departure to find out about their white visitor. A Peace Corps volunteer couple lived in Bethel; for the duration of my stay people greeted me by this other white woman's Setho name.

As I explained my research to participants, I positioned myself as one who was “learning from the experts.” I told women that my objective was to learn about the lives of South African women who went to churches like theirs: the problems they face, how their faith helps them, and what their churches do (and can do better) to assist them. Invariably I started out by asking a participant to share “how she came to know the Lord.” This question anchored the interview in my commitment to listening to their stories and in a sort of neutrality in which there were no right or wrong answers. I ended the interviews with the question, “Is there anything else that I didn’t ask about that you believe would be important for me to know?” This question reinforced my status as learner and often opened the door for further discussion.

Both churches had hosted U.S. missions trips in the past, which sometimes led to the expectation that I would preach and/or share from the Bible—not just listen. One woman asked me to pray for her son, who had heart problems. Another woman gathered her friends at the time we had scheduled for her interview so that I could preach to them.⁴³ On numerous occasions Masego told me that I should be sharing words of encouragement at the end of my interviews. In her words, I was “poking at a bruise” and then leaving without providing any relief. On several occasions she would offer a verse of encouragement or prayer when I did not. Some moments were awkward, as I strived to maintain my integrity as a person of faith without causing offense by questioning or contradicting others’ religious beliefs.

Critical Inquiry: Increasing Knowledge Through Interviews

I describe my research plan in three stages, the boundaries of which are fluid. In other words, the social critic’s tasks of critical reflection, deliberative inquiry, investigation, and analysis can occur in varying degrees at all times. The first round of interviews fulfilled the first task of Ackerly’s social critic: to question, investigate, analyze, and interpret a society’s practices, norms, and values.⁴⁴ I designed my questions both to identify the struggles women face and to locate themes in what women did and did not expect from their churches and/or God. I tried to

⁴³ I arrived late to this interview and could see the dismay on the woman’s face. I found out she had been expecting me several hours earlier and had gathered a number of her friends so that I could preach to them. When she, Pastor Linda, Melinda, and I decided I would stay and conduct the interview, the woman found four additional women who came with the expectation that I would be sharing a word of encouragement. Making the best of an awkward situation, I conducted an informal focus group and then reflected on the story of the Good Samaritan.

⁴⁴ Ackerly, *Political Theory and Feminist Social Criticism*, 123.

learn what role their faith played in their lives. With the help of my research assistants, I was able to identify a range of views, including the perspectives of women who may have been silenced because of coercion or gendered oppression.

In both sites I used a snowball sampling technique in which key informants referred me to individuals who then suggested other participants. In each location I strove for variation with regard to age, marital status, employment, and educational level. I was aware of the possibility that my sample would be elitist since my snowball sample had started with church leadership.⁴⁵ To circumvent this, I purposefully asked for interviews with women who would add to the diversity of my sample because of their age, employment, church involvement, marital status, or other identifying quality.

Bearing in mind the challenges of overcoming my own biases, I asked open-ended questions and followed with clarifying questions, a semi-structured open-ended qualitative interview method.⁴⁶ During the first set of interviews at each site, I asked general questions such as, “How did you come to know the Lord?” “What problems do women in South Africa face?” “What Bible verses encourage you?” and “For what do you pray?” These general questions provide some indication of community norms and values. These interviews enabled me to build rapport and identify individuals with whom I could conduct follow-up interviews. In Dhumaylong I conducted interviews with twenty-seven individuals. Two were male pastors, and one was a young male church member; twenty-four were women, including three pastors. Of the twenty-seven, all but two participants self-identified as attending Pentecostal churches,⁴⁷ with most coming from Victory Church and Christian Worship Center (CWC).⁴⁸ Regarding the twenty-four women’s ages, the range was from twenty to sixty-one, with a mean of forty-seven and a median of fifty. The mean and median number of children per family was three. Of the ten married

⁴⁵ In Dhumaylong, I began to sense that Pastor Linda wanted me to talk to educated women whom she thought would give me the best information. I tried to assure her that I was interested in talking to a wide variety of women of different ages, educational backgrounds, and professions.

⁴⁶ See Appendix A and Appendix B for my interview guides.

⁴⁷ The term “Pentecostal” was not common in Bethel, and so I explained that I wanted to talk with individuals who attended AFM churches or who were “born again.”

⁴⁸ I became aware of a relationship between these two Dhumaylong churches. Of the five pastors I interviewed, one was a pastor at CWC, and three were former pastors at CWC. Conflict led a number of people to leave CWC, some of whom were attending Victory Church.

women, one had previously been divorced. Two women were divorced but not remarried, and five were widows. Two of the five single women had one child each.

In Bethel I conducted twenty-eight interviews. Included in this sample were two men, one a deacon at the church and the other the senior pastor. Among the women in my sample, all attended the main AFM church except for one who led a branch church. They ranged in age from twenty-four to eighty-one, with a mean of forty-seven and a median of forty-nine. The average number of children was 2.5, and the median number of children was three. Of the twenty-five women, two were separated, two were widowed, fifteen were married (one had separated from her husband but had since reconciled), and six were single (two women of whom had one child each).

After each interview I recorded notes of key ideas in my notebook and then transferred ideas about themes to my field notes. Roughly half of my interviews were in English, the other half were in Setho and Tswana, which Melinda or Masego translated.⁴⁹ Afterward my research assistants and I would reflect on the interviews, isolating common themes that then framed follow-up questions.

Facilitating Deliberative Inquiry by way of Follow-up Interviews and Focus Groups

The second stage of my research was geared toward facilitating deliberative inquiry. According to Ackerly, “Deliberative inquiry challenges the ontological perspective of research subjects as objects of study and theorists as constructors of knowledge.”⁵⁰ I facilitated deliberative inquiry using follow-up interviews and focus groups.⁵¹ I conducted individual follow-up interviews with six women in Dhumaylong and seven women in Bethel. Based on findings from my first set of interviews, I asked questions to confirm, elaborate, or correct my perceptions and understandings of their statements. These were more discussion-oriented conversations than were the preliminary interviews. There were at least three women with whom I conducted more than one follow-up interview over the course of my stay.

⁴⁹ Transcriptionists recorded the responses in English rather than the original language.

⁵⁰ Ackerly, *Universal Human Rights in a World of Difference*, 168.

⁵¹ The women’s availability determined the scheduling. With some women I had conducted follow up interviews prior to focus groups, and with others the opposite was the case.

During my time in each community, I conducted several focus groups, which increased the community's knowledge of itself. Through the focus groups, I wanted to create safe spaces for women to converse about their problems and learn more about one another's lives. I also wanted to provide opportunities for women to talk about possible ways that they could respond or ask for others' assistance. For the most part, in both locations I had already interviewed the majority of the women who participated in the focus groups, making for multiple contacts with the majority of my participants. After each focus group, I followed up with women to find out their reflections on the process.

In Dhumaylong, I conducted six focus groups, three formal and three informal. I planned three in advance, having invited the participants to attend. The other three arose more spontaneously when multiple women arrived at individual interviews. Two to ten individuals attended the focus groups. In Bethel I conducted two focus groups attended by seventeen and twenty-six women. As I observed focus groups, I became aware of the multiplicity (and occasionally the incommensurability) of perspectives. For example, one Bethel focus group discussed how the congregation could strengthen marriages. Some women suggested that the church conduct pre-marital counseling, while others wanted to form a committee devoted to fasting and prayer. Their different ideas (i.e., intervening with couples directly as opposed to interceding before God on couples' behalf) reinforced that "knowledge provided by any source is always partial and contested."⁵² This variation also showed that creation of knowledge and suggestions of solutions had shifted from the researcher to participants.

Each focus group had a distinct set of challenges and opportunities. In situations in which one voice dominated, I divided participants into smaller groups for discussion. If I had not heard back from all of the smaller groups, I collected their notes and asked group members questions in follow-up interviews. Further removing myself as a source of authority, Rachael, a local teacher with whom I had developed rapport, facilitated the second group in Bethel.

On a micro-level, I also had deliberative conversation with my research assistants. As we traveled to our appointments, we often discussed what we were hearing, what created the conditions for the situation, and what churches and believers could do to address these challenges. As a life-long member of the Bethel AFM, Masego provided insights into the families and histories of participants. Melinda provided an invaluable comparative perspective

⁵² Ackerly, *Universal Human Rights in a World of Difference*, 172.

based on her experiences in Victory Temple vis-à-vis CWC. A month after I left Dhumaylong, I returned to have another conversation with Melinda during which we discussed my findings even further.

These conversations and deliberations underscored my commitment to understanding research as partnership, that both parties come to the research process with knowledge and experience to contribute. While I started with my own understanding of what was relevant in the initial creation of research questions, I built on the knowledge of others and carefully tested connections and analyses. Through focus groups in which women freely discussed how they could work together to identify and solve their own problems, the production of knowledge moved from the researcher to the participants and back.⁵³ My experience confirmed Maguire's principle that in the research process, both the researchers and participants "know some things; neither of us knows everything. Working together we will both know more, and we will both learn more about how to know."⁵⁴

Working for Institutional Change

The abbreviated nature of my fieldwork makes most of the long-term effects of my work impossible to gauge. In the short-run, I understand the process of listening to women's stories to be a good in itself. Many women indicated that telling their stories was therapeutic. Furthermore, that my research focused on women was a statement that women's voices matter.⁵⁵ I frame further institutional changes within three concentric circles: the church communities I studied, South African Pentecostalism, and the broader evangelical and Pentecostal communities.

In the long-term, I think that my extended interactions with my research assistants generated new insight for them into their communities. After the first focus group, Melinda expressed a desire to gather women to provide support to people with HIV/AIDS by visiting hospices. As she listened to women's struggles, she observed that women wanted their church communities to be sympathetic but feared gossip. Her suggestion that churches teach men and boys about appropriate male headship stemmed from her knowledge of the pervasive mistreatment of

⁵³ Floyd-Thomas, 68; Paulo Freire, *Pedagogy of the Oppressed* (New York: Continuum, 1993), 106; Maguire, 36.

⁵⁴ Maguire, 36.

⁵⁵ The head pastor at Victory Church remained somewhat confused as to why I was focusing on women and HIV/AIDS when the church had so many other activities that I could consider.

women. After my visit, she took on leadership roles in the church's work with orphans and outreach efforts. Masego expressed a renewed commitment to visiting and praying for the ladies of her church. At the last focus group in Bethel, the women discussed forming a committee and designating particular women as individuals in whom they could confide. Through this process and others, these communities developed their problem-solving skills and gained a sense of empowerment.

Further institutional change may come when I share my findings with the South African Apostolic Faith Mission leadership. In what follows, I highlight the ways in which South African believers are faithfully and responsibly enhancing their own lives and those of their neighbors, and I suggest additional resources for their efforts. My hope is that sharing these findings will lead to the development of gender-related programming and theological discussions about prosperity among pastors and denominational leaders as well as in Bible colleges. Already my findings have informed an article I wrote on gender and HIV in a book by Johan Mostert entitled *How to Become HIV-Positive: Guidelines for the Local Church*, which is to be distributed to pastors throughout Africa.⁵⁶

As for the broader Pentecostal and evangelical communities, my project can complement and improve churches' HIV/AIDS programming. I argue especially that U.S. efforts will be greatly enhanced through deep listening to context and marginalized voices. This commitment to listening is particularly important with HIV/AIDS, as there is frequent reluctance to appraise the situation realistically and account for women's perspectives.⁵⁷ Chapter Five considers the role of U.S. organizations in these efforts.

⁵⁶ This is one of the few books I have seen that openly encourages condom use by people engaging in risky behavior. Katy Attanasi, "AIDS as a Women's Issue," in *How to Become HIV-Positive: Guidelines for the Local Church* ed. Johan Mostert (Harrisonburg: Kersesus Books, 2009).

⁵⁷ Musa W. Dube, "Theological Challenges: Proclaiming the Fullness of Life in the HIV/AIDS & Global Economic Era," *International Review of Mission* 91, no. 363 (2002). Cf. also discussion in Chapter Two. For example, regarding prevention strategies, New Testament scholar Musa Dube argues that it is irresponsible for churches to teach that abstinence and faithfulness are completely effective in a context in which unfaithful husbands infect faithful wives and women are at risk of rape. In other words, prevention strategies must be reconsidered in light of a careful reading of the situation.

Roadmap

In this chapter, I have outlined my methodological and ethical commitments. In Chapter Two I situate Bethel and Dhumaylong with respect to the history of South Africa, the characteristics of Pentecostalism, and the realities of HIV/AIDS. In Chapters Three and Four, I describe how conversations about gender and healing/prosperity messages relate to communities' promotion and prevention of women's flourishing.

More specifically, in the next chapter I address beliefs about gender inequality, showing how they render women more vulnerable to HIV/AIDS infection. I describe how women in Bethel and Dhumaylong experience the realities, causes, and responses to domestic abuse, and I argue that faith-based efforts to address HIV/AIDS will be greatly enhanced by addressing gendered norms. Once communities acknowledge the contested nature of beliefs about gender, marriage, and divorce, they can destabilize ideologies of gender inequality and reveal the ways that women can be both faithful to God and free to flourish.

Chapter Four describes how theologies of healing and prosperity are relevant to HIV/AIDS and demonstrates their positive and negative effects in faith communities. I show how these beliefs contain immense potential to lessen stigma and to help people access social support. By contrast, they may also prevent believers from analyzing HIV as a structural issue and realistically appraising context.

Chapter Five concludes by exploring how my participants and findings speak to the work of U.S. ministries. In particular, I analyze HIV/AIDS programming by Rick and Kay Warren and the Global AIDS Partnership of the Assemblies of God. I consider whether their programs account for women's vulnerabilities, particularly the concerns of the faithful wife of an unfaithful husband. I also discuss whether their programs cohere with Pentecostal values of abundant living and faithfulness to God and Scripture.

CHAPTER II

THE SITUATION AT HAND: COMMUNITIES IN HISTORICAL, POLITICAL, AND SOCIAL CONTEXT

In 2002, evangelical minister and best-selling author Bruce Wilkinson moved to Southern Africa and started a ministry called Dream for Africa. He wanted to solve the problems of “AIDS, poverty, hunger, orphans and spiritual emptiness.”¹ Wilkinson soon shifted his efforts to Swaziland. To address hunger, Dream for Africa brought together hundreds of volunteers who planted as many as 500,000 family vegetable gardens.² Regarding HIV transmission, Wilkinson’s volunteers went to all 172 of Swaziland’s high schools and taught sexual abstinence using film, music, and drama presentations. A grant from the U.S. government enabled Wilkinson to bring together 400 Swazi pastors for a conference on how churches could fight AIDS.³

Wilkinson next planned a grand tourist destination. He proposed the Swaziland Dream Center, a 32,500 acre complex that would include an industrial park, Bible College, housing for 10,000 orphans, and tourist attractions such as a golf course, bed and breakfast, and wild game reserve. Wilkinson asked the Swazi government for a 99-year land lease, but the King of Swaziland rejected his plan. In October 2005, at the age of 58 Wilkinson left Africa and retired from active ministry.⁴

It is not that the Swazis were disinterested in addressing the challenges of HIV/AIDS: Swaziland has one of the highest infection rates in the world, a 26.1 percent adult prevalence

¹ Michael M. Phillips, “Preacher’s African Dream Fizzles; Mr. Wilkinson Hits a Wall as He Tries to Push Ambitious Plan for a Village for AIDS Orphans,” *Wall Street Journal*, December 19, 2005.

² Timothy C. Morgan, “Jabez Author Quits Africa: Disappointments Prompt Early Retirement,” *Christianity Today*, January 2006; Phillips.

³ Phillips.

⁴ Ibid.

rate.⁵ However well-intentioned, Wilkinson's project failed because it was ill-advised, lacking a critical engagement with Swazi culture and local experts. Removing orphans from their villages would mean loss of land and could affect their long-term security. Wilkinson's land request included part of a game reserve in addition to tracts of land already committed to other people, and in Swaziland land ownership is a sensitive matter. It would have been more culturally appropriate to facilitate local solutions, support local churches, or contribute to ongoing government efforts.

Wilkinson's efforts would have been greatly enhanced by sustained conversation and greater cultural engagement. He, along with other evangelicals and Pentecostals engaged in international development work, should have engaged the situation and culture at hand. Such engagement requires a method through which communities can work collaboratively to identify challenges, consider alternatives, and generate change. To these tasks I now turn, investigating the social and political history of the communities in which I worked, assessing their current context, and describing the communities themselves.

Introduction

In Dhumaylong, I woke up every morning at 4:30 a.m. to the sounds of honking horns, screeching tires, and people passing by the house. I lived near a main road where mini-taxis (15-passenger vans) came to pick up commuters for their jobs in places as far away as Pretoria and Johannesburg. Some people made the two-hour (one way) commute daily; others would be gone for a week or more at a time. In Bethel, which was even farther away from the urban centers, numerous people commuted to these same cities for employment. The geographic relationship of housing to jobs spoke to the realities of black South African life, particularly the effects of apartheid policies under which black people worked in but could not live in urban centers.

The apartheid government controlled and marginalized black Africans by restricting movement and land ownership.⁶ In 1951 the apartheid government passed the Bantu Authorities

⁵ UNAIDS, *Report on the Global AIDS Epidemic* (Geneva: Joint United Nations Programme on HIV/AIDS, 2008), 215. This Adult Prevalence Proportion is the estimated number of adults (15-49 years) living with HIV in 2007.

⁶ In keeping with academic South African terminology, I use the term "African" to refer to black Africans; "whites" to refer to South Africans of European descent; "Coloured" to refer to people of both African and white ancestry; and "Indian" to refer to people from the Indian subcontinent, many of whom are the descendents of South Asian slaves. The apartheid system marginalized all non-whites. In what follows I focus on the experiences of Africans

Act, which assigned Africans to “homelands” based on their recorded ethnic origin. Stripped of South African citizenship, they became citizens of their particular homelands. As a result, they needed passports to travel outside of the homelands, and it was difficult to travel outside of South Africa. This formalized an already century-old system according to which Africans lived on “reserves” (which by 1939 constituted only 11.7 percent of the land); by 1951 they were prohibited from owning land elsewhere.⁷

In addition to regulating where people could live, the apartheid government also legislated access to urban centers. The 1923 Urban Areas Act designated cities as “white” and used pass laws to restrict African movement.⁸ The 1950 Group Areas Act further divided urban areas into zones for particular racial groups. Restrictions against Africans living in urban centers eventually gave rise to townships, which grew up alongside major cities and met the need for housing (since most jobs were in the cities).⁹

I start with these geographic realities because they reveal the ways that history shapes the present, in this case by determining where people live and work. The trajectory of this project of Christian social criticism aims to increase knowledge and facilitate deliberative inquiry in order to learn more about women’s experiences of HIV/AIDS and strengthen current responses. Listening to marginalized voices, particularly on the topics of gender and healing, will greatly enhance work by evangelicals and Pentecostals to prevent and treat HIV/AIDS. In what follows, I lay out the historical, political, and social realities of the communities that I studied. Methodologically, the social critic must understand context in order to enhance deliberative inquiry. By investigating how past and present realities shape the ways that the women of Victory Church (Dhumaylong) and Bethel Apostolic Faith Mission (Bethel) experience HIV/AIDS, we can learn from and with these women to enhance ministries of solidarity and healing.

since their history is most relevant to my work. Aran S. MacKinnon, *The Making of South Africa: Culture and Politics*, 1st ed. (Upper Saddle River, NJ: Prentice Hall, 2004), 1.

⁷ Ibid., 226; Leonard Monteath Thompson, *A History of South Africa*, 2nd ed. (New Haven: Yale University Press, 1995), 163. This led to the forced relocation of millions of Africans.

⁸ Thompson, 169.

⁹ Ibid., 193–194.

A Brief History of South Africa

Most African colonies earned their independence in the aftermath of World War II. At the same time that these countries were gaining their freedom, the South African government was solidifying its minority rule through a government system called apartheid, which in Afrikaans means “separateness.” The groundwork for these policies was laid much earlier.

The earliest Dutch settlers arrived in South Africa at the Cape of Good Hope in 1652. What started as a place for the Dutch East Indian Company to stop on their Eastern routes grew into a small colony that included slaves from elsewhere in Africa and Asia. According to Leonard Thompson, by the mid 18th century these settlers, known as *trekboers*, no longer identified with Europe religiously or culturally; their Afrikaner identity was born.

Conflicts in Europe between the Dutch and the British meant that the British took over the Cape from 1795 until 1802 and again in 1806.¹⁰ In 1807 Great Britain ended its involvement in the slave trade, although white settlers still held slaves. The Cape Government introduced several measures to reform slavery in the early 1800s. Eventually the British Emancipation Act of 1833 abolished slavery in British colonies, including South Africa.¹¹ Dissension remained between British and Afrikaner settlers. In search of land and economic opportunity, Afrikaners had already begun migrating to the interior. A drought in 1836 and the abolition of slavery coincided with The Great Trek, the migration north and east of more than 10,000 Afrikaners who refused to live under colonial rule with its “egalitarian” racial politics.¹²

British and Afrikaner tensions culminated in the Anglo-Boer South African War, which began in October 1899. Nearly half a million British soldiers fought some 88,000 pro-Afrikaner forces, including 12,000 Cape Colonists.¹³ Using guerilla war tactics, the Afrikaner troops tried to penetrate the Cape Colony to garner support, but the British initiated a scorched-earthly policy and set up concentration camps, dividing civilians by race. Some 28,000 Boer women and children and 14,000 African and Coloured people died in appalling conditions. The war ended

¹⁰ MacKinnon, 48; Thompson, 52.

¹¹ MacKinnon, 50.

¹² *Ibid.*, 95–96.

¹³ Thompson, 141.

with Boer defeat in 1902.¹⁴ Eight years later, South Africa became a Union, creating one government out of four previously independent colonies and republics. Despite the efforts of non-whites to be part of the government, the Union barred non-whites from being members of the Parliament; the Cape was the only region that gave non-whites the right to vote.¹⁵

Early on, white British colonial authorities marginalized Africans (despite making slavery illegal), denying them freedom of movement, citizenship, and the right to own land. The 1913 Native Lands Act relegated Africans (80 percent of the population) to 7 percent of the land and prohibited them from entering white land unless they were employed there.¹⁶ The pass laws of the 1920s and 1930s forced Africans to carry passes that required stamps when traveling from one province to another. In effect, Africans were considered foreigners in South Africa.¹⁷ By the 1930s, very few Africans had a formal education, and they were paid significantly less than whites for doing the same work. The 1953 Bantu Education Act brought schools under government control. The system ensured educational disparities through poor funding and by legislating that Africans would only learn “trades” in secondary schools.¹⁸

After the global Great Depression, South Africa experienced a period of economic growth. Wealth generated through manufacturing, farming, and gold mining made the economy self-reliant by 1949, but Afrikaners and the British remained divided. Historically Afrikaners held hard labor jobs while the British were more well off, avoiding factory jobs and menial labor. Afrikaners became more economically vulnerable when employers found that they could hire blacks at a tenth of Afrikaners’ wages. According to Thompson, by 1948, “as a result of industrial growth, pervasive color bars, and state aid, white poverty was being phased out and individual Afrikaners were getting a foothold in top positions throughout the economy.”¹⁹ Afrikaners were politically committed to maintaining white supremacy because “farmers and businesspeople wanted unimpeded access to African labor, combined with stringent government

¹⁴ MacKinnon, 172.

¹⁵ Thompson, 148–152.

¹⁶ *Ibid.*, 140–142, 163.

¹⁷ *Ibid.*, 166.

¹⁸ *Ibid.*, 196.

¹⁹ *Ibid.*, 155.

controls over its allocation and discipline.”²⁰ At the same time, Afrikaners wanted protection from competition for jobs along with complete political and economic segregation. Amid this climate, the Afrikaner National party came to power in 1948 and instituted apartheid as the state’s official political doctrine.²¹

Thompson gives four ideas that provided the ideological basis for apartheid policies. The first was a belief that South African people fell into one of four racial groups, each of which had its own inherent culture: White, Coloured, Indian, and African. Second, as the “civilized race,” whites were to have complete control over the state.²² The third followed: white interests should override African interests; indeed the state was not obliged to provide equal facilities for the “subordinate” races. Fourth, Africans belonged to distinct nations (the homelands), whereas the whites formed a single nation with Afrikaans- and English-speaking, making it the largest in the country.²³

As Afrikaners began to form their own cultural identity, they set up the Dutch Reformed Church of South Africa (DRC) as a parallel church with no official ties to Holland. They developed distinct theological doctrines that supported apartheid ideology. For example, the story of the tower of Babel was taken to mean that by separating people by languages, God was separating people to follow different life paths. Afrikaners believed that the church should not erase distinctions among people but should support policies of “separate development.”²⁴ At first only a small minority held these beliefs, but soon a DRC theology of “separate development” dominated and became a political doctrine and rationale for Dutch nationalists.²⁵

Eventually apartheid collapsed, but only after a decades-long conflict. Global pressure rose in the 1980s in the form of boycotts, divestment, and sanctions, all of which isolated South

²⁰ Ibid., 185.

²¹ Ibid., 186.

²² Ibid., 190.

²³ Ibid.

²⁴ John W. De Gruchy and Steve De Gruchy, *The Church Struggle in South Africa* (Minneapolis: Fortress Press, 2005), 71–72.

²⁵ Like the U.S. notion of “separate but equal” (cf. *Plessy V. Ferguson*, 163 U.S. 537 [1896]), the policy focused more on the former concept than the latter.

Africa.²⁶ Through extensive debates and negotiations, the government began repealing apartheid laws in 1989. Also that year, the ban on the African National Congress (ANC) was lifted, and in 1990 Nelson Mandela was released from prison. In 1994 South Africa chose him to be president in its first free election.²⁷ The fight had been long and the cost had been high: when blacks (often joined by whites) protested apartheid policies, they were met with police brutality. For example, in the Sharpeville Massacre of 1960 250 men, women, and children were killed or wounded; in the Soweto Uprising of 1976 nearly 500 people were killed.²⁸

In order to come to terms with this violent history, the government established the Truth and Reconciliation Commission (TRC). Government and TRC leaders believed that in order for different races to partner together in building a united nation, South Africans had to forgive each other for the hurtful actions of the past. The TRC revealed the breadth of the violence by hearing the offenses perpetrated by both the government and liberation forces. Of 7,112 petitioners, the TRC refused amnesty to 5,392 people and granted amnesty to 849; others withdrew their petitions.²⁹ In October 1998, the TRC submitted its final five-volume report.

Despite great progress, the after effects of apartheid (especially policies restricting where black people could live and work and what they would learn in school) leave deeply entrenched economic and social inequality. Challenges such as unemployment correlate with higher crime rates, and government corruption remains rampant. Furthermore, while South Africa was engaged in the process of nation building during the 1990s, other African countries were beginning to deal with the new storm on the horizon, namely HIV/AIDS. This disease capitalizes on South Africa's economic, social, and political inequalities and has become a key challenge of this next millennium.

²⁶ Thompson, 234.

²⁷ MacKinnon, 264.

²⁸ Some of the long-term effects of this violence will be further described in Chapter Three.

²⁹ John P. Grant and J. Craig Barker, *International Criminal Law Deskbook* (Portland: Cavendish, 2006), 382.

South Africa and HIV/AIDS

Today South Africa's population of almost 44 million people is 79 percent black African, 9.6 percent white, 8.9 percent Coloured,³⁰ and 2.5 percent Indian/Asian.³¹ The median age is 24.³² South Africa's economy, one of the largest in Africa, experienced strong growth between 2004 and 2008, after which it slowed due to the global financial crisis. South Africa has plentiful natural resources and a stock exchange that is the seventeenth largest in the world. It has a comparatively modern infrastructure that allows for efficient distribution of goods between rural and urban locales. There are also well-established legal, communications, financial, and transport sectors.

South Africa faces numerous challenges. Its 2008 estimated unemployment rate of 21.7 percent is associated with poverty, high crime rates, and economic problems that go back to the apartheid era.³³ In 2007 South Africa began to experience an electricity crisis. The state power supplier instituted load-sharing (periodic blackouts) because of problems with aging power plants and inadequate infrastructure.³⁴ The country is enthusiastically preparing to host the World Cup in 2010 but in 2008 experienced xenophobic violence against refugees. Later that year President Thabo Mbeki followed African National Congress (ANC) orders and resigned the presidency.³⁵ In April 2009, South Africa elected ANC candidate Jacob Zuma to the presidency despite his association with corruption and sex scandals.

Although South Africa is one of the wealthier countries in sub-Saharan Africa, its relative economic success has not protected it from an increasingly high HIV/AIDS infection rate. Table

³⁰ The term "Coloured" is a category used by South Africans to describe people who are of mixed ancestry. It sometimes includes South Africans of South Asian descent.

³¹ Central Intelligence Agency, "CIA World Factbook," Central Intelligence Agency <https://www.cia.gov/library/publications/the-world-factbook/geos/sf.html> (accessed March 30, 2009).

³² Ibid.

³³ Ibid.

³⁴ Ibid.

³⁵ Mbeki's power struggle with ANC leader and former deputy president Jacob Zuma came to an end after a high court dismissed corruption charges against Zuma and accused Mbeki of misusing the justice system. BBC News, "Thabo Mbeki: Born into Struggle," <http://news.bbc.co.uk/2/hi/africa/3499695.stm> (accessed July 9, 2008).

2.1 shows the GDP per capita (2008) and tracks the HIV/AIDS Adult Prevalence Rate of South Africa and its closest neighbors in 2001 and 2007.

Table 2.1: Countries, GDP per capita, and Adult Prevalence Rate of HIV/AIDS

Country	GDP per capita (PPP US\$ in 2007)³⁶	Adults Prevalence Rate 2001³⁷	Adult Prevalence Rate 2007
South Africa	\$9,800	16.9%	18.1%
Botswana	\$13,200	26.5%	23.9%
Zimbabwe	\$200	26.0%	15.3%
Zambia	\$1,400	15.4%	15.2%
Swaziland	\$4,900	26.3%	26.1%
Lesotho	\$1,500	23.9%	23.2%

Globally an estimated 33 million people are living with HIV/AIDS. Worldwide in 2007 approximately 2.7 million people became infected with HIV, and 2 million people died of AIDS-related illnesses.³⁸ Sub-Saharan Africa bears a disproportionate burden of infections and deaths. According to UNAIDS, the region is home to 67 percent of people (22 million) living with HIV/AIDS, 35 percent of HIV infections, and 38 percent of AIDS deaths.³⁹

An estimated 5.7 million adults and children in South Africa were living with HIV in 2007, making it the largest HIV epidemic in the world (though it does not have the highest infection rate).⁴⁰ There are an estimated 1.4 million orphans (an increase from 400,000 in 2001) in South Africa.⁴¹ More people are dying: 350,000 adults and children died of AIDS-related illness in South Africa in 2007, an increase from 180,000 in 2001.⁴² Although data from antenatal clinics

³⁶ CIA World Factbook.

³⁷ UNAIDS, 215.

³⁸ Ibid., 32.

³⁹ Ibid.

⁴⁰ Ibid., 40. Internal neighbor Swaziland had the highest adult prevalence rate ever documented in 2006, at 26 percent.

⁴¹ Ibid., 218. This figure includes children 0–17 years old who have lost one or both parents to AIDS.

suggest that the epidemic in South Africa could be stabilizing, without behavior change these gains are unlikely to be maintained. Even if infection rates were drastically lowered, millions of people would remain affected and infected.⁴³

As a nation, South Africa faces several distinct challenges in its response to HIV/AIDS. First, South Africa is a young democracy with a recent history of instability and unrest. Although it held its first free elections in 1994, the realities of racial divisions and competing agendas remain—even within unified leadership structures. In some cases, black majority rule has led to a feeling of marginalization among white citizens, while in other instances, class and power divides that favor whites have remained strongly entrenched. Despite the end of apartheid and the efforts of the Truth and Reconciliation Commission, racial tensions are prevalent.

A second challenge is the government's ambiguous and irresponsible messages regarding the disease. For example, in 2000 President Thabo Mbeki publicly questioned the link between HIV and AIDS.⁴⁴ As recently as August 2006, Mbeki's health minister promoted beets and lemons as options to protect the immune system—ignoring anti-retrovirals (ARVs). After an international outcry, Mbeki recanted these views and appointed a new head for the government's AIDS response.⁴⁵

Third, South Africa's government has been slow to respond to the crisis, and the country's unique political history has created vulnerabilities. After the fall of apartheid, freedom fighters, who had been exiled to countries that had high infection rates, returned home and spread HIV. The first freely elected government, led by Nelson Mandela (1994), did not prioritize HIV/AIDS, as it had other pressing concerns during a crucial time in history. Furthermore, gender inequality, a system of migratory labor that supported all-male hostels, and reduced access to poor health care and education have made South Africa a prime location for the spread of HIV.⁴⁶

The scale and history of South Africa's anti-retroviral program give some indication of the country's response to the disease. In 1998 a coalition of HIV-positive people formed the

⁴² Ibid.

⁴³ Ibid., 40.

⁴⁴ Sabin Russell, "Mbeki's HIV Stand Angers Delegates, Hundreds Walk out on His Speech," *San Francisco Chronicle*, July 10, 2000.

⁴⁵ Craig Timberg, "In South Africa a Dramatic Shift on AIDS," *Washington Post* October 26 2006.

⁴⁶ Ibid.

Treatment Action Campaign (TAC) in South Africa and began to play a key role in pressing the government's response to HIV. TAC aimed to improve access to AIDS treatment for people living with AIDS. Its leader Zackie Achmat publicly refused to take ARVs until the South African public health department made them publicly accessible. Through a civil disobedience campaign and lawsuits, the government eventually developed a comprehensive health plan, which provided the drug Nevirapine to pregnant women (reducing the risk of mother to child transmission by 50 percent) and ARVs to HIV positive people.⁴⁷ In order to prevent mother-to-child transmission, South Africa has expanded coverage for HIV-positive pregnant women from 15 percent in 2004 to 81 percent in 2006.⁴⁸ Although Achmat began ARV treatment in summer 2003,⁴⁹ access to ARVs is still not universal. Table 2.2 shows that only 28 percent of people with advanced HIV are receiving treatment.⁵⁰

⁴⁷ Graham Pembrey, "AIDS in South Africa: Treatment, Transmission and the Government," <http://www.avert.org/aids-south-africa.htm> (accessed May 3, 2009). Wealthy countries such as the United States had ARV treatment available in 1996; Uganda, Nigeria, Zambia, and Botswana began their public treatment in 2003.

⁴⁸ UNAIDS, 124.

⁴⁹ Pembrey.

⁵⁰ UNAIDS, 271.

Table 2.2: South African Persons with Advanced HIV infection Receiving Treatment (ARVs)

Category	Number of People Receiving Treatment 2007
Men	73,882
Female	130,401
Both sexes under 15 years	32,060
Both sexes over 15 years	339,671
Country reported total number of persons receiving ARV Treatment	428,951
Percentage of persons with advanced HIV receiving ARV (according to WHO/UNAIDS) ⁵¹	28%
Total need estimated (according to WHO/UNAIDS) ⁵²	1.7 million
South Africa's self-reported need	889,000

AIDS is a Women's Issue

The burdens of HIV disproportionately fall on women. In sub-Saharan Africa women make up nearly 60 percent of HIV infections. South African women comprise 3.2 million of South Africa's 4.6 million infected adults.⁵³ The virus is more easily transmitted from male to female biologically, given that the mucosal lining of the vagina has greater permeability than the penile shaft. Economically, women have limited educational and employment opportunities, which increases their financial dependency on men, resulting in a diminished capacity to negotiate sexual relationships. Socially, the practice of obtaining a bride price becomes an income generating opportunity, resulting de facto in the commodification of women's bodies. Interpersonally, it is seen as inappropriate if not taboo for women to refuse sex, suggest condom use, or ask men about any other sexual partners. These factors raise concern that current prevention strategies often mistakenly presuppose a situation in which women are fully able to negotiate sexual encounters.

⁵¹ Based on World Health Organization and UNAIDS estimates.

⁵² Based on World Health Organization and UNAIDS estimates.

⁵³ UNAIDS, 32.

According to the 2008 UNAIDS report, gender inequality and women's disempowerment play significant roles in increasing a society's vulnerability to HIV.⁵⁴ Addressing these issues requires focused attention by governments and non-governmental organizations (NGOs). UNAIDS recommends the following strategies to empower women: 1) promoting universal education;⁵⁵ 2) initiating multi-pronged efforts to change harmful gender norms; 3) reducing gender-based violence; 4) expanding income-generating strategies;⁵⁶ 5) working through advocacy to address the disease's disproportionate affect on women; and 6) providing support to build solidarity among women living with HIV.⁵⁷ The report goes on to highlight the importance of coupling prevention programs with efforts to address social factors that increase vulnerability.⁵⁸ In Chapter Three, I will explain which strategies women in Bethel and Dhumaylong see as most relevant as well as the role congregations can play in implementing these approaches.

South African Pentecostal Church Communities

The South African government has encouraged people to talk about HIV/AIDS wherever they gather, and church constitutes an important part of many South Africans' lives. Given that the topics related to HIV often go unmentioned in churches (e.g., sexual intercourse, gender inequality, stigma, condoms), talking about HIV there is not an easy task. Most church people believe that they can prevent HIV infection through abstinence and faithfulness. They think that since these beliefs already coincide with their Christian values, AIDS should not be a problem in their church. Reality says otherwise. Women in particular can be infected despite their

⁵⁴ Ibid., 64. A second set of societal factors, namely stigma and social marginalization, also increase a society's vulnerability to HIV/AIDS.

⁵⁵ Ibid., 69. According to the report, in rural South Africa, a 2007 study found that the risk of HIV infection was reduced by 7 percent for each additional year of education.

⁵⁶ Ibid., 73–74. A 2007 study in Botswana and Swaziland showed that women “who lack sufficient food are 70% less likely to perceive personal control in sexual relationships, 50% more likely to engage in intergenerational sex, 80% more likely to engage in survival sex, and 70% more likely to have unprotected sex.” Economic independence increases women's bargaining power within the home, enables them to leave situations of domestic violence, and for young women, is associated with delayed sexual debut and fewer sexual partners.

⁵⁷ Ibid., 69–76.

⁵⁸ Ibid., 96.

faithfulness to unfaithful husbands, and statistically it is extremely likely that HIV positive people do attend South African churches regularly. Assumptions about what constitutes effective prevention, whether HIV is in the church, and what topics make for appropriate discussion have a profound impact on Pentecostal women's experiences of HIV/AIDS. To foreground these women's experiences, it is important to understand community norms, the general history of Pentecostalism, and its characteristics in South Africa, and how some of these churches have started to deal with HIV/AIDS.

General History of Pentecostalism

According to *Spirit and Power: A 10-Country Survey of Pentecostals* (the Pew Foundation's 2006 cross-national survey of Pentecostal individuals' public views of political, social, and economic issues), Pentecostal and renewalist/spirit-filled movements are the fastest growing branches of world Christianity. Just one century after the birth of the modern Pentecostal movement, its major strands account for a quarter of the world's 2 billion Christians, second only to Roman Catholicism. As such, Pentecostal practices and beliefs are directly and indirectly reconfiguring world Christianity.⁵⁹ Table 2.3 shows the estimated size of renewalist populations (out of the general population) in several countries around the world.

Table 2.3: Estimated Size of Renewalist Populations by Country⁶⁰

	Pentecostals	Charismatics	Total Renewalists
United States	5%	18%	23%
Brazil	15%	34%	49%
Guatemala	20%	40%	60%
Kenya	33%	23%	56%
Nigeria	18%	8%	26%
South Africa	10%	24%	34%
Philippines	4%	40%	44%

⁵⁹ Pew Forum on Public Life, iii.

⁶⁰ Ibid., 2.

The nomenclature “Pentecostal” corresponds with the name of the Jewish Feast of Pentecost, which took place fifty (Greek: *pentekonta*) days after Passover. As described in the book of Acts, Jesus’ followers gathered together following his death, resurrection, and ascension, and on the Day of Pentecost they were “filled with the Holy Spirit” and began to “speak in other tongues as the Spirit gave utterance.”⁶¹ In a reversal of the tower of Babel,⁶² a time when language divided people, the apostle Peter miraculously communicated with people of different geographic regions and languages, preaching the salvific message of Jesus’ life, death, and resurrection. Pentecostals consider this moment the birth of the early Christian church. Pentecostals see themselves as the successors to the apostolic church and in their churches today claim the manifestation of signs including speaking in tongues, divine healing, prophesying, and other miracles.

The umbrella term “renewalist” includes Pentecostals and charismatics, both of which share the belief in the Holy Spirit’s gifts for spiritual renewal.⁶³ Pentecostals in general are part of denominations that trace back to the Azusa Street Revival (considered the birthplace of modern Pentecostalism) or are part of newer independent churches that are sometimes labeled “neo-pentecostal.”⁶⁴ Charismatics share many of the Pentecostal distinctives (e.g., speaking in tongues) and may even describe themselves as Pentecostal Christians, but charismatic believers remain part of other denominations, whether Protestant, Catholic, Independent, or Orthodox.⁶⁵ Charismatics are often identified as part of the “second wave” of Pentecostalism that emerged in the 1960s and provided these churches with spiritual renewal.

Pentecostalism in South Africa

Both of my base churches have ties to the Apostolic Faith Mission (AFM) denomination. U.S.-based missionaries John G. Lake and Tom Hezmalhalch founded the AFM in 1908 shortly

⁶¹ Acts 2:4.

⁶² Genesis 11:1–9.

⁶³ Pew Forum on Public Life, iv.

⁶⁴ Pentecostals who trace their roots back to Azusa Street are considered “classical” Pentecostals.

⁶⁵ Pew Forum on Public Life, 31. In Table 2.3, many people identifying as Charismatics belong to African Independent Churches, some of which differ significantly from classical Pentecostalism on theological issues.

after they arrived in South Africa.⁶⁶ Lake and Hezmalhalch encountered what Ogbu Kalu has called a “charismatized environment.”⁶⁷ By 1905 there were already 5,000 believers and numerous Pentecostal-type churches in South Africa.⁶⁸ The missionaries’ message was well received; it emphasized divine healing and the full gospel experience of baptism in the Holy Spirit.

From the beginning, whites controlled the AFM, writing the denomination’s constitution and forming an all-white executive council. Although the first meetings were interracial, this did not last. Just six months after its founding, the AFM began discussing segregated worship locations, and they decided to require black people to be baptized *after* whites.⁶⁹ Two years later the AFM started convening separate black and white national conferences. In 1917 the Executive Council adopted a resolution asserting both a desire to preach the Gospel to all peoples and yet clarifying that the AFM did not teach social equality but did endorse separate places of worship.⁷⁰ By the 1960s the denomination was predominantly Afrikaner. A missionary director oversaw Black, Coloured, and Indian sections.

Racially divided sections united under a single AFM constitution in 1995, but only after a decade-long struggle over the definitions of unity and equality. The AFM had long supported apartheid policies and beliefs. In other work, I have shown qualitatively that a divide exists

⁶⁶ Ogbu Kalu, *African Pentecostalism: An Introduction* (New York: Oxford University Press, 2008), 55. Both Lake and Hezmalhalch had visited the U.S. Azusa Street Mission.

⁶⁷ *Ibid.*, 56. Kalu notes that the work of DRC minister Andrew Murray (1828–1917) was influential in creating this climate. Murray taught about spirit baptism, holiness living, and divine healing. Murray was part of the Keswick conferences, an annual convention held in England since 1875. During this time period, U.S. holiness preachers were also part of the meetings. Keswick teachings about the “fullness of the Spirit” and “baptism in the Spirit” laid the groundwork for aspects of modern Pentecostal theology. Cf. David D. Bundy, “Keswick Higher Life Movement,” in *Dictionary of Pentecostal and Charismatic Movements*, ed. Stanley M. Burgess, Gary B. McGee, and Patrick H. Alexander (Grand Rapids: Zondervan Publishing House, 1996), 518.

⁶⁸ Allan A. Anderson and Gerald J. Pillay, “The Segregated Spirit: The Pentecostals,” in *Christianity in South Africa: A Political, Social, and Cultural History*, ed. Richard Elphick and Rodney Davenport (Berkeley: University of California Press, 1997), 228. This is due to a 1904–1905 revival in Wakkerstroom, which has been referred to as South Africa’s Azusa Street. The revival was led by one of Murray’s students and aided by a representative sent by John Alexander Dowie’s healing ministry in Zion City, Illinois. John Alexander Dowie (1847–1907) is considered a forerunner to Pentecostalism in part for his teachings about healing. Cf. Edith L. Blumhofer, “John Alexander Dowie,” in *Dictionary of Pentecostal and Charismatic Movements*, ed. Stanley M. Burgess, Gary B. McGee, and Patrick H. Alexander (Grand Rapids: Zondervan Publishing House, 1996), 249.; Kalu, 56.; and Chapter Four for more on healing messages.

⁶⁹ Anderson and Pillay, 238.

⁷⁰ *Ibid.*

between white and black understandings of church mission in South Africa: the former tend to characterize church mission in spiritualized terms (e.g., evangelism and discipleship), whereas the latter are more likely to describe it as Christ-like compassion for the suffering.⁷¹

Additionally, in many cases white Pentecostal leadership sees HIV/AIDS as a problem of black South Africans. The ‘white vision’ of church mission, according to one black denominational leader, tends to dominate the AFM’s agenda.⁷² These different visions profoundly affect whether people see HIV/AIDS as falling under the purview of the church and to what extent churches address the experiences of those confronted by HIV.

Pentecostalism is growing in South Africa. According to the Pew Forum, 34 percent of South Africans (43 percent of Protestants) associate themselves with Pentecostal denominations or Charismatic movements including African Independent Churches.⁷³ Nearly 80 percent of South Africans are Christian. Fifteen percent of the population is unaffiliated, 1.5 percent is Muslim, and 1.2 percent is Hindu.⁷⁴ Among Christians, traditional Protestantism and Roman Catholicism have seen a decline in membership while Pentecostal and African Initiated Churches (AICS, considered charismatic) have both increased since 1991.⁷⁵

Characteristics of Pentecostalism

Pentecostals have a highly personalized faith. Congregations emphasize spiritual renewal through the gifts of the Holy Spirit such as speaking in tongues, prophesying, and divine healing. Pentecostals believe that to secure eternity in heaven, individuals must be “born again.”⁷⁶ According to the Pew study, “Even more than other Christians, Pentecostals and other renewalists believe that God, acting through the Holy Spirit, continues to play a direct active role

⁷¹ Katy Attanasi, “Getting in Step with the Spirit: Applying Pentecostal Commitments to HIV/AIDS in South Africa,” *Political Theology* 9, no. 2 (2008), 202.

⁷² Ibid.

⁷³ Pew Forum on Public Life, 2–3.

⁷⁴ Ibid., 86. Although the study was published in 2006 and most of the findings are from 2006, this religious demography is from a 2001 census.

⁷⁵ Ibid., 87.

⁷⁶ The term “born again” is typically how South African Pentecostals identify themselves in contrast with other faiths or kinds of Christianity.

in everyday life.”⁷⁷ This is particularly relevant to Pentecostal beliefs about healing, which I explore in Chapter Four. Other distinguishing beliefs are in the literal interpretation of the Bible and in the importance of living a moral life, which is characterized in part by abstaining from certain cultural religious practices (often characterized as witchcraft), alcohol, and sex outside of marriage.

Pentecostalism is usually associated with conservative beliefs about the Bible, gender, and sin. Table 2.4 shows how South African Pentecostals compare with their Charismatic and other Christian counterparts on some related statements.⁷⁸

Table 2.4: Traditional and non-traditional tendencies among South African Christians

	Pentecostals	Charismatics	Other Christians⁷⁹
Traditionally Conservative Tendencies			
The Bible is the word of God and should be taken literally	72%	72%	63%
There are clear guidelines of good and evil that apply to all	70%	53%	48%
Prostitution is never justified	83%	81%	81%
Extramarital sex is never justified	68%	54%	47%
A wife must always obey her husband	76%	74%	69%
Less Traditional than the broader population			
Men have greater right to jobs than women	36%	36%	39%
Men make better political leaders than women	43%	51%	48%
Working mothers can establish just as warm relationships as non-working mothers with their children	79%	81%	77%
Christians have a responsibility to work for the poor	84%	79%	75%
AIDS is God’s punishment for immoral sexual behavior ⁸⁰	37%	44%	46%

⁷⁷ Pew Forum on Public Life, 1.

⁷⁸ Ibid., 92. Face-to-face interviews were conducted with the general public; in South Africa, surveys were conducted in mostly urban areas in seven of South Africa’s eleven official languages. The sample size included 259 Pentecostals, 344 Charismatics, and 800 in general public. Pentecostals and Charismatics were over-sampled so as to learn more about these groups in particular. The number in the “general public” does not include those Pentecostals and Charismatics who were part of the “oversampling.”

According to this research, Pentecostals are more likely than Charismatics or other Christians to believe the following: 1) clear guidelines of good and evil apply to all; 2) extramarital sex is never justified; 3) wives should obey their husbands; and 4) Christians have a responsibility to work for the poor. They are less likely to say that men make better political leaders or that AIDS is a punishment from God for immoral sexual behavior. Pentecostals and Charismatics are equally likely—and more likely than other Christians—to say that the Bible is the word of God and should be taken literally.

The categories of “traditional,” “conservative,” and “liberal” do not always translate across cultures. From this chart alone, it is clear that Pentecostal beliefs and practices, often lumped together in the United States with Evangelicals and fundamentalists, are not as easily classified as “conservative” and “liberal.” For example, the belief that “Christians have a responsibility to work for the poor” is sometimes associated in the U.S. with liberal congregations, whereas South African Pentecostals are more likely than others to hold this belief. Similarly belief that AIDS is God’s punishment is usually associated with conservative traditions, whereas in South Africa fewer Pentecostals than other Christians hold this belief. Although Pentecostalism in South Africa has direct ties to Pentecostalism in the U.S. (in addition to indirect ties via Trinity Broadcasting Networking [TBN] to a plethora of U.S. televangelists), U.S. influences are not easily traceable. As such, my research guards against false assumptions of similarities.

Pentecostal beliefs about gender and sexuality are well defined. According to these findings, most Pentecostals strongly believe that there are clear guidelines for good and evil, that prostitution and extramarital sex are never justified, and that wives should submit to their husbands. It is important to note that while Pentecostals are more likely than other Christians to hold these beliefs, many other Christians concur. In other words, Pentecostal conversion or affiliation may strengthen beliefs that are both common to other Christians and deeply embedded in cultural life. For example, if women questioned wifely subordination, they would contest their church’s teachings as well as beliefs that are widely accepted in South Africa as a whole. I will discuss this further in Chapter Three.

⁷⁹ This category is made up of those participants who claimed to believe in God or were part of another religion.

⁸⁰ Pew Forum on Public Life, 23–42.

Gender and Pentecostalism

Women have been very influential in shaping the renewalist movement. Pentecostalism has some inherent egalitarian tendencies insofar as congregants believe that the Holy Spirit is no respecter of persons and empowers women and men alike. Regarding female clergy, in all surveyed countries except Brazil, Pentecostals were more willing than other Christians to say that women should serve as pastors or priests. Table 2.5 shows how other Christians responded to this question.⁸¹

Table 2.5: Percentage agreeing that women should be allowed to serve as pastors

	All	Pentecostals	Charismatics	Other Christians
United States	69%	74%	70%	66%
Brazil	63%	64%	62%	68%
Guatemala	66%	79%	64%	64%
Kenya	63%	77%	60%	62%
Nigeria	35%	70%	--	47%
South Africa	69%	79%	77%	71%
Philippines	38%	70%	36%	39%

In most cases, Pentecostals held slightly more egalitarian perspectives compared to non-Pentecostals regarding beliefs about women's right to jobs, working women's relationships to their children, and the gender of political leaders. Table 2.6 shows how South African Pentecostals compared with others on various gendered questions.⁸²

⁸¹ Ibid., 40.

⁸² Ibid., 42.

Table 2.6: Percentage of South Africans agreeing with the following statements about gender

	All	Pentecostals	Charismatics	Other Christians ⁸³
Men have a greater right to jobs than women	40%	36%	36%	39%
Working mothers can establish just as warm relationships with her children as non-working mothers	77%	79%	81%	77%
Men make better political leaders	49%	43%	51%	48%
A wife must always obey her husband	71%	76%	74%	69%

However, South African Pentecostals were more likely than other South Africans—religious or otherwise—to say that wives must always obey their husbands. In fact, 76 percent of Pentecostals agreed with this statement.

Pentecostalism meets women’s social needs by involving them in church activities.⁸⁴ In the congregations I studied, in addition to Sunday services, there were daily or weekly prayer meetings and other opportunities for women to meet with individuals from other churches. Women also formed close relationships with each other as prayer partners, confiding in one another and holding each other accountable to certain moral guidelines. Although men were the senior pastors, women took on a variety of roles such as leading worship and preaching. They also performed more domestic roles such as cleaning and church main maintenance.

Pentecostal Christianity also provided spiritual resources to my participants. Women considered their conversion experience to be transformative and a guarantee of eternal salvation that also liberated them from earthly difficulties. It became a point around which they orientated their lives, i.e. before conversion and after conversion. They had faith that all believers could access spiritual gifts such as speaking in tongues and praying for divine healing.

Most of my participants identified their husbands either as not born-again or as “back-sliders.”⁸⁵ They used this spiritual status to explain why their husbands went to bars, did not

⁸³ This category is made up of those participants who claimed to believe in God or were part of another religion.

⁸⁴ Carol Drogus, “Private Power or Public Power: Pentecostalism, Base Communities, and Gender,” in *Power, Politics and Pentecostals in Latin America*, ed. Edward Cleary (Boulder: Westview Press, 1997), 59.

attend church, and practiced traditional religion. The women were praying for their husbands' salvation. They assumed, though, that men were not interested in church because they disdained the church's moral code. Women believed that if their husbands were born-again, the marriages would improve and any abuse or negligence would end.

In Chapters Three and Four, I describe how congregational life and church teaching influence the complex formation of women's experiences of HIV/AIDS. Churches can be important sources of support, particularly in difficult times, but the nature of the community (e.g., whether women perceive it as loving or full of gossip) informs the ways women choose to access help. Teachings on women's subordination may disempower women in their homes and beliefs about God's desire and ability to heal may lead some to forego medical treatment. In short, church teachings and support can both enable and impede women's flourishing.

Pentecostalism and HIV/AIDS

Several studies explore the connections between HIV/AIDS and Pentecostal churches. Some focus on risk behaviors associated with HIV infection,⁸⁶ whereas others discussed the challenges of NGOs working with more conservative churches.⁸⁷ Some research on Pentecostalism and HIV/AIDS focuses on religion and its association (or lack thereof) with risky behaviors. For example, a study in a KwaZulu township in South Africa addresses the role of religion in HIV/AIDS prevention by comparing reports of pre- and extra-marital sexual activity in Mainline, Pentecostal, AIC Apostolic, and Zionist churches. The study identified Pentecostal churches as having high levels of the following: indoctrination, exclusion of non-members, facilitation of "religious/subjective experience," and socialization processes (by which members are

⁸⁵ This meant that the men did not currently attend church or adhere to church teachings, though at one point they had.

⁸⁶ Robert C. Garner, "Safe Sects? Dynamic Religion and AIDS in South Africa," *The Journal of Modern African Studies* 38, no. 01 (2000); Jenny Trinitapoli and Mark D. Regnerus, "Religion and HIV Risk Behaviors among Married Men: Initial Results from a Study in Rural Sub-Saharan Africa," *Journal for the Scientific Study of Religion* 45, no. 4 (2006).

⁸⁷ Afe Adogame, "HIV/AIDS Support and African Pentecostalism: The Case of the Redeemed Christian Church of God (RCCG)," *Journal of Health Psychology* 12, no. 3 (2007); James Pfeiffer, "Condom Social Marketing, Pentecostalism, and Structural Adjustment in Mozambique: A Clash of AIDS Prevention Messages," *Medical Anthropology Quarterly* 18, no. 1 (2004).

incorporated and retained).⁸⁸ These congregations also had the lowest levels of pre- and extra-marital sex. Pentecostals were least likely to have illegitimate children and were more optimistic about the absence of extra- and pre-marital sex in their congregation.⁸⁹ Similarly, research in rural Malawi showed that married men belonging to Pentecostal churches consistently reported lower levels of both risky behavior (such as having an extra-marital sexual activity or sexually-transmitted disease) and individual perceived risk (self-reported risk of current or future infection).⁹⁰

Another study found that non-governmental organizations may exclude churches from their prevention and education efforts due to workers' misunderstandings about the churches' history and healing practices as well as skepticism about community objectives.⁹¹ According to James Pfeiffer, this avoidance may be unwise and unnecessary. He argues that public health efforts must recognize, appreciate, and work with these churches, which have immense potential to transform poor communities.⁹² Pfeiffer's study in Mozambique shows that it is better to partner with churches for AIDS education than to leave churches out of public health programming. Pfeiffer noted that often pastors doubted the public health message in a condom company's social marketing campaign, feeling the efforts were designed solely for business purposes. In discussions about condoms, pastors associated them with sinfulness, seeing them as signs of infidelity and promiscuity. However, through dialogue and the establishment of long-term relationships with non-governmental organizations, some pastors began to support condom promotion and to partner with NGOs to disseminate related educational messages in their congregations.

With few exceptions, churches have been hesitant to participate in HIV/AIDS-related public health interventions. According to Afe Adogome, HIV/AIDS evokes uncomfortable feelings such that Pentecostals would rather avoid discussions of morality/immorality, sexual promiscuity, and infidelity.⁹³ Also, churches may refrain from AIDS-related discourse or

⁸⁸ Garner, 51.

⁸⁹ *Ibid.*, 61.

⁹⁰ Trinitapoli and Regnerus, 515–516.

⁹¹ Pfeiffer, 96.

⁹² *Ibid.*

outreach so as not to be perceived as endorsing stigmatized groups (such as female sex workers) or sinful behavior. Adogome argues that despite these hesitations, the “demographic spread, global structure and international scope of new African churches... makes them particularly powerful players and partners in international health promotion and potential allies to address the particular challenges that the global HIV/AIDS pandemic poses.”⁹⁴ In sum, churches occupy a crucial position in the fight against HIV/AIDS, but the stigma associated with the disease can prevent the churches from doing so.

Many Pentecostals believe that HIV/AIDS owes exclusively to individual immorality rather than social injustice or, in other words, structural sin. Seeing sin as structural means understanding as sinful the institutions and arrangements that oppress dignity and are complicit with injustice.⁹⁵ Musa Dube says, “Clearly, the challenge confronting the church and its mission in the HIV/AIDS and globalization era is the need to address structural sins with an equal commitment with which individual sin is addressed.”⁹⁶ Recognizing the connections between HIV/AIDS and structural injustice could expand prevention efforts beyond teachings about abstinence and faithfulness.

Victory Church and Bethel Apostolic Faith Mission

Thus far I have explained the history of South Africa, the context of HIV/AIDS, women’s unique challenges with regard to HIV/AIDS, the history and characteristics of Pentecostalism, and research on Pentecostalism and HIV/AIDS in Africa. In doing so, I have explained many of the conditions out of which my participants’ experiences of HIV/AIDS emerge. I will now briefly describe the general context and pastoral leadership of the two communities that are the focus of this study.

⁹³ Adogame, 476.

⁹⁴ Ibid., 477.

⁹⁵ P. J. Henriot, “Social Sin and Conversion: A Theology of the Church’s Social Involvement,” *Conversion: Perspectives on personal and social transformation* (1978).

⁹⁶ Dube, 542.

Victory Church, Dhumaylong

Dhumaylong is a township north of Pretoria. There are a few small shops, daycares, and schools, but most stores and restaurants are located on the outskirts of residential areas. A few of the streets are paved, but most are not. The houses range in size from one to multiple rooms, but most are fenced off. The larger the house, the more formidable the gate—a testament to the crime that plagues the area. Roughly half of my participants had impressive flat-screen televisions and/or Digital Satellite Television. A number of different language groups live in the township, primarily speakers of Northern Sotho, Zulu, and Tsonga.

Victory Church (VC), which had a weekly attendance of approximately one hundred (75 percent women), was formerly affiliated with the Apostolic Faith Mission. It considers itself independent, and in some circles might be considered an African Initiated/Independent Church. Using Allan Anderson's typology, it is best understood as an independent Pentecostal church insofar as it has black leadership and emphasizes the Holy Spirit's power and supernatural gifts.⁹⁷ However, it differs from indigenous Pentecostal churches like the Zion Christian Church, which accepts ancestor worship as part of religious life. Both Independent and Indigenous Pentecostal churches share both an exuberant worship style and emphases on divine healing and the Holy Spirit.⁹⁸

The church is not without Western influences. VC's associate pastor and many of its congregants regularly watch televangelists such as Joel Osteen, John Hagee, and others. In addition to the ever-pervasive TBN, Pastor James maintains links to churches in Great Britain and the U.S., due in part to an international organization called AFnet (African Network Evangelism Task). This ministry has a threefold strategy: church planting/strategic mobilization, leadership formation/pastoral training, and compassionate outreach/community development.⁹⁹

Pastor James understands his church to be proclaiming a holistic gospel. This means addressing social needs such as crime and unemployment in addition to the spiritual needs of faith and salvation. The church was planning a "Week of Bounty," a massive crusade targeting 100,000 people. Pastor James was coordinating with other local churches to distribute food, blankets, and clothing, to provide skills-training opportunities, and to evangelize. Holistic

⁹⁷ Allan Anderson, *Bazalwane: African Pentecostals in South Africa* (Pretoria: University of South Africa, 1992).

⁹⁸ Ibid.

⁹⁹ "Africa Network Evangelism Task: Hope for Africa," AFnet <http://www.afnet.org/> (accessed July 12, 2009).

messages are also part of the church services. During the time I was in Dhumaylong, there was an outbreak of xenophobic violence in South Africa. Pastor James openly condemned it on a Sunday morning, challenging his church members to do the same.

Elements of the “prosperity gospel” were evident throughout the worship service. Sermons emphasized how to prosper, claim God’s healing, and live a triumphant life. During the first Sunday service I attended, the worship leader pronounced that God’s plans and ways are higher than ours: “I may want a BMW, but God may want me to have an airplane.” The church was also full of the signs of material success, such as expensive cars and clothing. According to Megan, a 20-year-old church member, the young men and women dress to impress. Good clothing grants social status, whereas cheap or outdated clothes bring gossip. These inclinations gain support from beliefs that prayer guarantees God’s response and that God wants believers to prosper spiritually and materially.

Crime, domestic violence, and HIV/AIDS were the main challenges women in Dhumaylong faced. Most of my participants were employed and commuted long hours to their place of work. Many women were married to non-Christians and recognized their own vulnerability to violence or HIV. They believed they would overcome these challenges through prayer and God’s intervention. They saw the church as a potential source of support but at this time feared its gossip.

At times people spoke of aspects of the apartheid era. In Dhumaylong, where people were extremely concerned about crime, some said that punishments were formerly more swift and harsh. They said that now, criminals were not held accountable to their deeds and corruption was rampant. Participants did not appear optimistic that the local or national government would adequately address these concerns.

Bethel Apostolic Faith Mission

Bethel is a rural village in the Northwest Province. The people are mostly Tswana-speaking. The homes were often fenced, but they lacked the imposing gates and fierce dogs present in Dhumaylong. Houses varied in size and furnishing, but almost none had running water in the house (although each would have a water pump in the yard). People owned their homes, but the village chief held the deed to the land. Building projects require the chief’s approval. As Masego and I walked on dirt roads from house to house, the occasional group of goats would wander

across our path. Bethel had a few small shops and an Internet café, but we did most of our shopping in a larger town about forty-five minutes away by mini-taxi.

Bethel Apostolic Faith Mission, attended by approximately seven-fifty people each week, is a part of the Apostolic Faith Mission. Eighty percent of adult attendees were women. The head pastor of nine years, Dan, is a lawyer who lives and works two hours away in Pretoria. Each week he drives his Mercedes to Bethel for the Sunday morning service. His travel schedule requires him to miss church at least once a month. On those Sundays his wife, called “Ma Meruti,” preaches. A deacon determines who will serve as the week’s master of ceremonies. The emcee leads worship (acappella), prays, collects the offering, and gives announcements before Pastor Dan or Ma Meruti preaches. Bethel AFM’s leaders emphasized God’s desire to hear prayers and heal, but the idea that God’s response was guaranteed was not as dominant as in Dhumaylong.

Televangelists are still part of the milieu in Bethel. Although no one had satellite television, almost all had television sets. The Sunday morning line-up on broadcast TV featured Joyce Meyer, Nigerian Healing Evangelist Chris Oyakhilome, and Rhema Bible Church (Johannesburg) Pastor Ray McCauley.

Most participants said that women’s biggest challenges were unemployment, HIV/AIDS, and domestic violence. People saw their church as a place where they could access support, although most did not feel closely connected to other members. Some women expressed a desire to confide in others, to share their problems without fear of gossip or condemnation. Others thought that such an approach showed a lack of faith, believing that prayer was the better response.

Conclusion

People became part of the church communities in Dhumaylong and Bethel for a variety of reasons. Some had grown up in the congregations, while others joined when they moved to the area. A group of women from Bethel independently related that God had impressed on their hearts that they were to leave their former congregations for Bethel AFM.

Understanding context makes critical and deliberative inquiry more fruitful. In Pfeiffer’s article, the identification of pastors’ association of condoms with infidelity and promiscuity emerged only through extended conversations. As NGO workers talked with pastors about the

intentions and desired outcomes of a condom social marketing campaign, some pastors stopped condemning the public health messages and began supporting NGO educational efforts.¹⁰⁰ This was only possible through a process of careful listening and explaining.

On this note, I turn to some of the particularities of the South African context that are important to addressing the HIV/AIDS pandemic. My methodological commitment to listening to my participants and engaging in deliberative inquiry is the foundation of my work and will be evident throughout these chapters. This next chapter considers how beliefs about gender inequality affect women's experiences of HIV/AIDS.

¹⁰⁰ Pfeiffer, 96.

CHAPTER III

A NECESSARY DIVORCE: HIV/AIDS AND GENDER INEQUALITY

“The men own the law.” —Mrs. Mmoeng (Bethel)

I met Violet on my second day of interviews in Dhumaylong. As part of the daily prayer meeting, she had volunteered to assist me with my research. It did not take long for her to share her story. Violet married young, and though her husband promised that she could finish her secondary education, he did not provide the money to pay for her school fees. Her husband was a police officer and would beat her regularly with his nightstick. Her entire family and neighborhood knew, but no one came to her defense. He prohibited her from attending church, but on one Sunday she went anyway and returned home to find her belongings in the front yard in flames. She felt she had no legal recourse because he worked in law enforcement.

Violet knew that her husband was unfaithful but could not refuse his sexual demands. He eventually died of a heart attack, after which Violet began to experience health problems of her own. That is when she discovered that she was HIV positive. Violet has disclosed her status to her son and her prayer partners but not to her church, other family members, or the general public for fear of gossip and that she will be stigmatized.

Since her husband's death, Violet has been regularly attending Christian Worship Center, led by Pastor Vince. There she worships God, serves the poor, and is a regular part of prayer meetings. She believes in traditional gender roles and said that she found toward the end of her marriage that by submitting and staying silent, her husband would eventually stop beating her. She would recommend this course of action to other women in similar situations of physical violence, and she would tell the wives of unfaithful husbands to pray that they would not contract HIV. She advocates for abstinence and faithfulness as primary means for prevention.

Violet believes that she is healed of HIV and is simply waiting for the evidence in the form of a negative HIV test. Her Pentecostal doctor encourages her to continue believing this “report

of the Lord.” After her diagnosis, she recovered her health and is not visibly sick. Because her CD-4 count is high enough, she is not on ARV treatment.

I begin with this story to illustrate some of the contextual elements my participants face: an environment affected by a history of violence and inequality; a country that has yet to respond effectively and efficiently to a pandemic; and gender norms that require women’s submission. These women are situated within faith communities that often affirm gender inequality, focus more on individual morality than structural sin, and set up the paradoxical situation in which dealing with reality signifies a lack of faith.

In this chapter I focus on the connections between gender inequality and HIV/AIDS. I argue that efforts to address HIV/AIDS will be greatly enhanced by attending to the complex realities of gender inequality. Beliefs in women’s inferiority perpetuate practices that often place women at higher risk for infection. Without nuanced teachings about women’s submission and divorce, churches can at times exacerbate the HIV/AIDS crisis.

I start this chapter by discussing women’s agency. Drawing on my interviews and focus groups, I describe how gender inequality manifests itself in Bethel and Dhumaylong; what people describe as its causes; and how they say to respond. After sharing findings from my critical and deliberative inquiry, I relate them to institutional changes in keeping with the approach to social criticism outlined in Chapter One. I highlight the ways that the community already embodies its ideals of faithfulness and abundant life. I suggest additional ways churches can further these community norms by promoting gender equality and expanding their interpretations of the Bible with respect to divorce.

HIV, Women’s Agency, and Masculinities

Gender Inequality and HIV/AIDS

The link between gender inequality and HIV/AIDS transmission has been established empirically. According to a study of working men in South Africa, beliefs that support both gender inequality and the use of violence to resolve conflict contribute to men’s violence against

women.¹ Women who have controlling or violent male partners face an increased risk for HIV infection. Not only are abusive men more likely to be HIV positive, but also they are more likely to impose risky sexual practices on their partners.² These men often have sexually transmitted diseases, which render women more vulnerable to HIV infection.³

For a host of reasons (including fear of assault), many women do not assert themselves regarding practices of safe sex and HIV prevention—even within their marriages.⁴ As Violet’s story attests, in the communities I studied, many of the men *and* women accept that women’s bodies belong to their husbands and that wives must do as their husbands wish. Churches reinforce these cultural norms by teaching that wives must submit to their husbands and that “God hates divorce.”⁵ A variegated political and social history has shaped perceptions and self-understandings of African women’s roles in family and society.

Feminisms in African Context

Images of disempowered African women are widely associated with HIV/AIDS. In general, though, literature on women and gender in Africa presents two contrasting images of African women: victim and heroine. On the one hand, they are depicted as “the voiceless victims of ever-deepening multiple oppressions,” powerlessly pleading for someone to intervene on their behalf.⁶ On the other hand, they are portrayed as assertive, autonomous, and spirited heroines who pose a distinct threat to “normal” family relations.⁷ These opposite images can serve both regulatory

¹ Naeemah Abrahams et al., “Intimate Partner Violence: Prevalence and Risk Factors for Men in Cape Town, South Africa,” *Violence and Victims* 21, no. 2 (2006). I rely heavily on Abrahams, Dunkle, and Jewkes, as their work is based in South Africa.

² Kristin L. Dunkle and others, “Gender-Based Violence, Relationship Power, and Risk of HIV Infection in Women Attending Antenatal Clinics in South Africa,” *The Lancet* 363, no. 9419 (2004): 1415.

³ *Ibid.*, 1419.

⁴ Debbie Epstein and others, “Gender and HIV/AIDS in Africa South of the Sahara: Interventions, Activism, Identities,” *Transformation* 54 (2004): 7.

⁵ Participants quote only the first phrase of Malachi 2:16 which reads, “‘I hate divorce,’ says the LORD God of Israel, ‘and I hate a man’s covering himself with violence as well as with his garment,’ says the LORD Almighty. So guard yourself in your spirit, and do not break faith.” All verses are quoted in the New International Version unless otherwise noted.

⁶ Andrea Cornwall, *Readings in Gender in Africa* (Bloomington: Indiana University Press, 2005), 2.

⁷ *Ibid.*, 1.

and descriptive functions, sustaining and describing the society in which they thrive.⁸ According to Cornwall, the images reveal “not only passing academic fashions, but also the personal and political perspectives through which African lives are read and written.”⁹

Some of the first researchers of women in Africa wrote during the colonial period. Consequently, these writings assume evolutionist and racist views that Africans are inferior and underdeveloped.¹⁰ These writings’ images of women are essentialized and racialized, serving to legitimize the colonial and missionary enterprise. In literature written by travelers, colonial officials, and missionaries, women are presented either as backward and inferior or as “beasts of burden.”¹¹ Western feminists have criticized the assumptions underlying these images, but not without projecting their own particular concerns onto African women.¹² Western feminist writing often implicitly contrasts subjugated African women with educated and liberated western women.¹³

In the 1930s, new strands of scholarship began to emerge, questioning the narrative of African “women as victims.” According to Andrea Cornwall, this trend entails at least three focuses: 1) exceptional women in authority and power; 2) women’s work and how gender affects production and consumption; 3) the importance of complexifying generalizations about African women.¹⁴ These studies also showed colonialism’s negative impact on women. Ester Boserup argued that contrary to the liberation Europeans expected, colonialism actually led to women’s exclusion from educational and agricultural opportunities, politics, and entitlements.¹⁵ Boserup says that by ignoring their labor force and introducing modern commercial agriculture that

⁸ Ibid., 2. Patricia Hill Collins discusses tropes or “controlling images,” such as black women as mammies, matriarchs, and jezebels, arguing they have been used to justify U.S. Black women’s oppression. These African counterparts can play a similar role. Patricia Hill Collins, *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*, 2nd Rev. tenth anniversary ed. (New York: Routledge, 2000), 69.

⁹ Cornwall, 2.

¹⁰ Ibid.

¹¹ Ibid.

¹² Ibid. Cornwall points out that Western feminists rarely study educated middle-class women like themselves.

¹³ Chandra Talpade Mohanty, “Under Western Eyes,” *Feminist review* 30 (1988).

¹⁴ Cornwall, 3.

¹⁵ Ibid.

promoted male productivity, “European settlers, colonial administrators and technical advisors are largely responsible for the deterioration in the status of women in the agricultural sectors of developing countries.”¹⁶

Scholars continued to contest Western stereotypes of African women. In the introduction to her collection of essays by anthropologists who conducted field work in Africa (first published in French in 1960), Denise Paulme notes that writers often conclude that African women are exploited, oppressed, and held in low esteem because of their participation in African marriage customs (including polygyny, child-betrothal, widow inheritance, and lack of intimacy), their burdens of labor, and their required attitudes of submission toward their husbands.¹⁷ Paulme criticizes these perspectives, pointing out that they are based on unspoken assumptions that any divergence from a Western ideal or from the model of the male breadwinner must mean that women have a lower status. She argues instead that polygyny does not necessarily signal a loss of status for other wives and that women exercise their authority in arenas that include household affairs and women’s groups.¹⁸

The publication of a collection of papers called *Women in Africa* (1976) further undermined Western stereotypes by discussing women as subjects rather than objects, recognizing that African women *do* create change within their own communities.¹⁹ This text particularly considered women’s participation outside of childcare and the home. Instead of focusing on African women as wives, mothers, and lovers (which often emphasizes the sexual aspects of their lives), the essays consider women’s associations, political endeavors, and economic accomplishment in traditional societies. Rather than seeing colonialism as a liberating force for African women that freed them from oppression and raised their economic and educational standards, the authors concur with Boserup that colonialism negatively impacted women’s rights and privileges.²⁰

¹⁶ Ester Boserup, *Woman's Role in Economic Development*, New ed. (Sterling, VA: Earthscan, 2007), 42. This book was originally published in 1970.

¹⁷ Denise Paulme, *Women of Tropical Africa* (New York: Routledge, 2004), 4.

¹⁸ *Ibid.*, 8.

¹⁹ Nancy J. Hafkin and Edna G. Bay, *Women in Africa: Studies in Social and Economic Change* (Stanford, Calif.: Stanford University Press, 1976), 5.

²⁰ *Ibid.*, 2–4.

The relevance of Western feminisms to African life is also contested. Amina Mama argues that foreign scholars' frames of reference "have often been at best irrelevant and at worst inimical to African concerns and interests."²¹ Some scholars want to replace 'feminism' with names such as STIWAism (Social Transformation Including Women in Africa), motherism, or womanism. Such terms are thought better to speak to African women's concerns by avoiding Western feminism's preoccupations with individualism, sexuality, and conflict with men.²² Other scholars call for a more pragmatic approach, arguing for a plurality of feminisms or womanisms that can speak to variation within themes.

This debate is indicative of a deeper problem: by utilizing the frames that are most useful in their own contexts, Western feminists have misconstrued the realities of gender in Africa.²³ The focus on African women as wives can undervalue both their roles as mothers and the importance of maternal politics to the family and society.²⁴ According to Molaria Ogundipe-Leslie, Western feminists have not understood that African women's relationships with men may not be crucial to women's self-perceptions or understandings of their stories, desires, and lives. Simply put, African women are more than just wives: "Privileging conjugality over consanguinity, contrary to African realities, is responsible for misreadings of the status of African women and their conditions of life."²⁵ Furthermore, focusing on gender obscures other relationships in which women negotiate power (e.g., women's roles as mothers, husbands, and sisters).²⁶

²¹ Amina Mama, "Shedding the Masks and Tearing the Veils: Cultural Studies for a Post Colonial Africa," in *Engendering African Social Sciences* (Dakar: CODESRIA, 1997).

²² Cornwall, 3. Cornwall cites C. O. Acholonu, *Motherism: The Afrocentric Alternative to Feminism* (Owerri, Nigeria: Afa Publications, 1995); Molaria Ogundipe-Leslie, *Re-Creating Ourselves: African Women & Critical Transformations* (Trenton, N.J.: Africa World Press, 1994); Alice Walker, *In Search of Our Mothers' Gardens: Womanist Prose* (San Diego: Harcourt Brace Jovanovich, 1983).

²³ Cornwall, 3.

²⁴ Whereas Hafkin and Bay see maternal relationships as related to sexuality, Molaria Ogundipe-Leslie classifies them as social identities to be promoted.

²⁵ Ogundipe-Leslie, 13.

²⁶ Cornwall, 5. On women as husbands, cf. Ifi Amadiume, *Male Daughters, Female Husbands: Gender and Sex in an African Society* (London: Zed Books, 1987). On women as sisters, cf. Oyèrónkâe Oyewùmí, *The Invention of Women: Making an African Sense of Western Gender Discourses* (Minneapolis: University of Minnesota Press, 1997).

African women have a complex relationship to their culture. They bear what many have called a triple burden: racism, poverty, and marginalization.²⁷ In her book *Daughters of Anowa: African Women & Patriarchy*, Mercy Oduyoye argues that women are inclined to protect their culture—it is life giving. As a result, they participate in and may become passive victims of their culture’s suppression.²⁸ Ogundipe-Leslie agrees, “African complex kinship structures and the day-to-day negotiations of our lives through gender, sex, and male and female relational experiences make us realize that patriarchy not only includes women but gains some of its force and effectiveness from the active participation of women, too.”²⁹

Navigating between a “women as victims” model and the romanticized perspective that women are wholly free to chart their own destinies, I recognized through my research not only the agency women exercise even in extremely difficult circumstances but also the ways in which structural inequality, cultural values, institutional sin, and the realities of life counteract women’s best efforts. Attempting to avoid these extremes, I intend to honor the complexity of women’s experiences. I am mindful of African feminist critiques of prioritizing women’s marital relationships over other concerns, and yet I must recognize how frequently the topic of intimate partner abuse came up in interviews when I asked women the open-ended question of what problems South African women face. In both communities, domestic violence or abuse of women surfaced as one of women’s top three challenges. The relevance of domestic abuse to my participants’ lives and its relationship to HIV/AIDS thus make it a crucial aspect of this project.

Occurrences of Violence Against Women

In the following section I utilize work by Abrahams and others who define domestic abuse and describe the prevalence and risk factors related to intimate partner violence in South Africa. Drawing on my interviews and focus groups, I highlight the perspectives and stories of women from Dhumaylong and Bethel. As I mentioned above, in both locales domestic violence surfaced

²⁷ Mercy Amba Oduyoye, *Introducing African Women’s Theology*, *Introductions in Feminist Theology* 6 (Cleveland, Ohio: Pilgrim Press, 2001), 55.

²⁸ Mercy Amba Oduyoye, *Daughters of Anowa: African Women and Patriarchy* (Maryknoll, NY: Orbis Books, 1995), 15.

²⁹ Ogundipe-Leslie, 16.

as one of women's top three challenges.³⁰ In speaking of violence against women, I include physical, sexual, psychological, and economic abuse.

Physical abuse includes grabbing or pushing, throwing objects, smacking, or hitting a partner.³¹ By way of example, Violet's husband beat her with a nightstick, sending her to the hospital many times and causing permanent damage to her body. Nichole, a nurse living in Bethel, said that her husband would put his thumb to the roof of her mouth and press, causing extreme pain.

Sexual abuse includes forcing sex or attempting to force sex.³² Among the women with whom I spoke, it is widely accepted that women must have sex whenever their husbands desire it. Because of these beliefs, women are "forced" to have sex quite frequently. In a focus group, the women in Bethel named this problem "sexual abuse" and said, "We [women] believe that we [husbands and wives] should communicate about sex, but because we are women, we have to submit [to sex] even if we don't feel like it." Sexual abuse can lead to unwanted pregnancies: Mrs. Makepa (Bethel) told of how her husband, from whom she is now separated, would call her each year from his job in Johannesburg and tell her to wean the youngest child so that he could come home and impregnate her again. He would not return again until the following year.

Sexual abuse is also linked to HIV/AIDS infection. Mrs. Dlomo (Dhumaylong) knew that her husband was seeing prostitutes and wanted to protect herself from HIV/AIDS by insisting that he use a condom. He refused, claiming his conjugal rights in spite of her protest. Sexual abuse also occurs outside of marital relationships: Mrs. Mmoeng (Bethel) said her uncle raped her when she was a child, and Mrs. Makwarela (Dhumaylong) told that she was molested by a family member and violently gang-raped as a teenager.

Psychological or emotional abuse includes threatening to leave the relationship, damaging a partner's valuables, smashing or kicking objects, embarrassing one's partner in front of her friends or family, evicting her from the house, threatening to hit her or to throw an object at her, and threatening her with a weapon.³³ It may also include bringing other girlfriends to the

³⁰ In Dhumaylong, crime (much of it violent) was also a primary area of concern.

³¹ Abrahams et al., 251. I draw on this article because it discusses data from a research project in Cape Town, South Africa. I try to be mindful of the ways in which a Western perspective can affect how women's experiences are presented in this work.

³² Ibid.

couple's shared home. This abuse may also take a more subtle form through attempts to control a woman's social interactions and friendships by way of criticism or surveillance.³⁴ Returning to Violet's story, the destruction of her property while she was at church one Sunday certainly constituted emotional abuse. In addition to the material damage, the incident left her even more isolated, as she was afraid to return to church. When Barbara (Dhumaylong) became part of Victory Church, her husband threatened to marry a second wife. He even began paying *ilobolo* (bride price) but then changed his mind when he found out that his would-be second wife had two children. Caroline's husband (Dhumaylong), a prominent community leader, frequently broke dishes and shouted at her. As the abuse escalated, he evicted her from the house and threatened her with a gun. She was terrorized by his anger.

Financial abuse means refusing to provide money for the home and family. Rachael, a schoolteacher in Bethel, said that her husband (also a teacher) does not contribute financially to the household. She alone pays for her children's clothing, school fees, and the household necessities. Melinda's husband (Dhumaylong) does not contribute to the family either, and he jokes with his friends that Melinda will pay for his big-ticket items. In the past, Melinda and her husband volunteered with their church's counseling program for young couples experiencing marital difficulties. Her husband would instruct couples that the husband should contribute, even though he did not follow this advice himself. In addition to financial abuse, he was highly critical of Melinda, demeaned her in front of other people, and lied to her about her friends.

The story of Mrs. Mmoeng's daughter similarly shows how various forms of abuse can coalesce. Mrs. Mmoeng recounted that her son-in-law would regularly beat her daughter (physical abuse) and that he refused to contribute money to the household (financial abuse). He also threatened her daughter's life, saying that she must leave their shared home—otherwise he would kill her (emotional abuse). Soon thereafter he sent his nephews with axes to threaten his wife further (emotional abuse). Mrs. Mmoeng said, ““No my child, come back home,”” and the two now live together; the daughter has no desire to reconcile or remarry.

³³ Ibid.

³⁴ Rachel Jewkes, Jonathan Levin, and Loveday Penn-Kekana, “Risk Factors for Domestic Violence: Findings from a South African Cross-Sectional Study,” *Social Science & Medicine* 55, no. 9 (2002): 1605.

Perceived Causes of Domestic Violence

According to Jewkes and others, there are higher levels of intimate partner violence where people generally use violence to resolve conflict and where they consider women unequal in relationships and in society.³⁵ Another high risk factor is poverty and its associated stresses.³⁶ My participants, though, often described the causes of abuse differently than their male pastors or academics. While acknowledging the prominent role of cultural beliefs, women also saw spiritual rebellion as a primary cause of abuse.

Cultural Tradition: The Man is the Head of the Family

One way that women talked about the causes of domestic abuse was in terms of cultural tradition. In the Bethel focus group, women said: “As Africans, more especially in rural areas, our culture states that men are the head of the family; even if [men] are wrong we have to submit.” This parallels what Mrs. Nkabinde (Bethel) said: black culture teaches men to be the head of the family, and they do not want to hear what women have to say. A young woman from Bethel echoed these concerns, saying that men have been taught to dominate, not to care for others or to be vulnerable: “They think they own women, and it’s so not right.” A female pastor (Dhumaylong) noted that domestic violence is a serious problem in churches because of cultural beliefs that women should be treated like children. Pastor James (Dhumaylong) said that men use culture as an excuse: men often hide behind culture in order to oppress and abuse their wives and may make big decisions, such as buying a house or marrying a second wife, without consulting them.

Cultural expectations are evident not only in how people say women should be treated but also in descriptions of certain groups. For example, Masego, my research assistant in Bethel, said that men who went to initiation school (Zulu, Xhosa, Venda, Ndebele, and Tsonga) are more likely to think that since they are men, women cannot tell them anything. Similarly, she said that after initiation school, Zulus are told that they are men and that they never need to apologize: what a man says is final. Tswana men, on the other hand, do not go to initiation school and are known to be caring and romantic. It is widely accepted that Shangan men do not like to help with

³⁵ Abrahams et al., 247.

³⁶ Rachel Jewkes, “Intimate Partner Violence: Causes and Prevention,” *The Lancet* 359, no. 9315 (2002): 1424.

the chores: “When he comes home from town with his wife, she is carrying the baby and the groceries while he walks with a newspaper.” Mrs. Nkabinde confirmed the power of these stereotypes. She said that although other women can work toward better communication with their husbands, she is not able to because her husband is Zulu, “which means that the woman does not have a say and must shut up.”

Cultural norms dictate both partners’ expectations of marriage. Mrs. Mmoeng (Bethel) is a widow whose husband had several girlfriends throughout their marriage. She said, “Black men think they can fall in love with anyone. The wives are not supposed to ask where their husbands are or for their money.” Although her husband would disappear for long periods of time, she said that to his credit he never beat her and did help around the house. Mrs. Kgopa (Bethel) said, “We black people become slaves to the husband when we get married: the woman wakes up early, and the husband expects her to get him water, do the dishes, fix breakfast, and make the bed...as if he doesn’t have hands.”³⁷

Cultural understandings also affect sexual relationships. Violet articulated a commonly held view that mixes cultural and religious norms. She said that even if they know their husbands are cheating, women cannot ask their husbands to use a condom: “You have to have sex...your body is not yours, it is your husband’s. You have to be submissive.” While women acknowledged these expectations and their normative power, they clearly questioned the fairness.

Spiritual rebellion

In addition to these cultural norms and beliefs, women cited men’s spiritual status as an additional cause of domestic violence. Most of the women I interviewed were married to non-Christians or to “backsliders” who are not presently living up to Christian ideals. Their husbands’ status as non-believers gave women a spiritual lens through which they could understand their husbands’ bad behavior. According to this view, the spiritual forces at work in men’s lives cause their transgressions.³⁸ Women believe these issues will no longer be a problem once their husbands are born again. According to the Bethel focus group, marital conflict may arise if one or both partners are not born again: “The Word of God says light and darkness

³⁷ According to Mrs. Kgopa’s daughter, Mr. Kgopa was very abusive to his wife until recently. Mrs. Kgopa did not herself disclose the abuse.

³⁸ Cf. Drogus.

cannot associate.” Serena (Dhumaylong) agreed: there is more domestic violence in South Africa, she said, because men are not born again.

Women also associated domestic abuse with activities that are forbidden among those who are born again, namely drug use, marital affairs, alcohol abuse, and divorce. Mrs. Makwarela (Dhumaylong) thought that domestic violence was related to alcoholism and extra-marital affairs, and she said that people with Christian backgrounds might be better off—presumably since they do not participate in these activities. Other women said that inviting a third person into the marriage (i.e. an affair) or growing up in single-parent homes (whether from divorce or death) made men more prone to abuse their wives. Barbara, whose husband threatened to marry a second wife, said that African men abuse women because the men do not have faith (i.e. are not born again Christians) and because they come from single-parent homes. A Dhumaylong focus group said that men abuse women because men “grew up without a father in their home to show the role of fatherhood.” Their fathers spent most of their time away from home, living closer to their places of employment.

By contrast Melinda questioned the link between a man’s salvation and his tendency toward domestic abuse. She said, “Every South African woman believes her husband is abusive because he’s not born again. But [abuse] is a form of disease, and it doesn’t go away even if he is born again. [Abusing women] has worked for them in the past, so why should they leave it?” Melinda’s experience informed her statement. Her husband, a leader in the church, was still emotionally and financially abusive, and messages from the pulpit confirmed his right to be the king of his home.

Other causes of domestic abuse

Although cultural and spiritual reasons were the most common reasons women gave to explain domestic abuse, a number of participants identified education and economics as also relevant. Several women said that men abuse male headship or that they do not *know* how to be good fathers. This implied that with a proper education these violations would cease. Rachael (Bethel) said that too many women just want to get married and do not learn to be independent, economically or personally. Caleb, a deacon in Bethel, concurred and said that abuse will continue as long as South African women are economically dependent on South African men.

These statements coincide with Jewkes' finding that women's economic, social, and educational empowerment yields some protection from intimate partner violence.³⁹

Arrogant women and a violent society

Some participants, particularly the male pastors, either saw women as the real abusers in marital relationships or believed that women provoked men to commit abuse. One pastor's wife, Celia (Bethel), was the only woman who held this viewpoint. She said that women cause abuse by lording their jobs and income over their unemployed husbands. According to Pastor James (Dhumaylong), within Christianity women and men are equal vis-à-vis salvation, but in democracy women actually believe that they have the upper hand. As a result, women frequently emotionally abuse and assault men, particularly those women who are economically independent.

These pastors can openly reaffirm codes of silence from the pulpit. Pastor Vince has told his female congregants that they must not talk to others about their marriages. Instead, they must protect their families just as Abigail shielded her husband Nabal from King David's wrath. In this story, found in 1 Samuel 25, Nabal foolishly angers soon-to-be King David with insults and by denying him needed provisions. Abigail spares Nabal's life by secretly bringing food and wine to David and his men. When God strikes Nabal dead a week and a half later, David takes Abigail as a wife. Her actions were considered virtuous, and her reward was to be married to a king. In the Bible story, Nabal is a fool (that's what his name means), and Abigail defies his wishes by providing for David. The narrative vilifies those who go against David and venerates those who are for him. Pastor Vince understands the moral of the story to be that women are to protect their husbands' reputations, even if their husbands are wicked and foolish.

Pastor James shared that not only are some women the real abusers, but others may also provoke domestic violence. By his account, domestic abuse has always been present, but only with the new government is it coming to light. For the first time in many years, societal changes have allowed women to "play on equal footing with men" and to gain power, position, and money. Men are intimidated and react: "We have violence because men do not feel they can meet the demands of their family at home. Pressure is put on them by their wives and children because they can no longer fend for them." The problems are exacerbated when men begin to

³⁹ Jewkes, "Intimate Partner Violence: Causes and Prevention," 1424.

drink or use drugs excessively. Generalizing from an incident that occurred at his church's crèche, Pastor James said that when women work, fathers must stay at home with the children to be sure they are washed and prepared for school or crèche. Pastor James reflected, "If the person is a victim of drugs and liquor with this frustration of failing to provide, and he always washes the girl, then for him he does not only see the girl, he sees the woman. Then the abuse starts from there." Essentially, he is saying that by going to work and leaving their children with frustrated and weak-willed men, women are the ones at fault for the heinous sexual abuse some men may perpetrate.⁴⁰

Both Pastors Dan (Bethel) and James (Dhumaylong) thought that protection orders (i.e. restraining orders) caused more harm than good. Pastor Dan explained: "Another cause [of violence against women] is that women will go for protection orders. Now that to me is... a big source for this domestic violence, because men will not succumb to the protection order. They ignore it, and then they end up even killing their spouses and so on." Like Pastor James, Pastor Dan never overtly condemns domestic violence. Instead he seems to find ways to blame women. From his vantage point as a lawyer, the process of protection orders is imposed from other legal systems and is not culturally appropriate for South Africa. Pastor James agreed, saying that in general the possibility of legal action makes husbands feel helpless because they are afraid that their wives will go to the police and file charges. He says that not surprisingly men leave the home and go to another wife.⁴¹ In Pastor James's telling of Caroline's story (a Dhumaylong woman whose husband would break plates, shout at her, and eventually threatened her with a gun), Caroline's husband acted out because he felt threatened by his daughter's ability to buy things for herself. Caroline's husband thought that *he* should be the provider. Only when he felt threatened did he started to abuse Caroline. In Pastor James's words, "At the end of the day, the mother [Caroline] went to get the court order against [her husband]... The abuse increased and eventually one of the sons killed the father. At times the interdiction helps, but other times it fans the flames."

⁴⁰ This statement is problematic because it presents a particular anecdote as evidence of a broader trend that was unconfirmed by my other participants and research. Furthermore, Pastor James never overtly condemns the perpetrator or act of sexual abuse. Instead he depicts the man as a victim who falls prey to his urges, having been forced into providing childcare by the woman who obtains employment.

⁴¹ Throughout our conversations Pastors James and Dan seemed to assume that the government and police would unfairly favor women in domestic disputes.

Caroline's version of the story is substantially different. By her account, her husband had been abusive for many years. Caroline's daughter eventually moved out of the house for her own protection. The husband threatened Caroline with a gun in the middle of the night, saying that she must leave the house. The next day while Caroline was at work, her son shot and killed her husband. According to Pastor James, Caroline's husband's violence (which the pastor never mentioned explicitly) is tied to Caroline's legal action as well as the daughter's economic independence and departure from the home. Pastor James's point was that the husband simply wanted to provide for his family. The pastor's perspective does not align with Caroline's account that the abuse had been going on for at least a decade and had escalated to the point that Caroline's son believed his father's threats and acted to prevent his father from murdering his mother.

Pastor Dan saw domestic violence more broadly construed as a human problem (as opposed to a gendered problem). He said, "There is no further motivation that could be the reason...it's all about the human heart." Pastor Vince (Christian Worship Center, Dhumaylong) understood domestic violence in the context of South Africa's violent history. He said, "People in their subconscious minds say..., 'whatever I get, I have to fight to get it.' Because the white man was not going to give anything on a silver platter, you have to fight for it." He continued, describing a resultant generation of violent people: "When that violence is embedded in the subconscious mind, it's not easy to differentiate...[that] 'I'm not supposed to beat up this woman that I have.'"

What was missing from nearly all of my participants' (male and female) comments was the idea that domestic abuse should *not* be tolerated in any form. Among many of the women, there was a sense of resignation: this was their culture and although they did not like it, they knew what was expected of them. The three male pastors were highly sympathetic to male anxiety about finances and legal proceedings, to the extent that they rationalized (or omitted) men's bad behavior by pointing to their laudable desire to provide for their families. Although Pastor Vince saw violence against women as part of a larger trend of violence in South Africa, his statement "I'm not supposed to beat up this woman that I have"⁴² simultaneously affirms his views that domestic abuse is wrong and that women are viewed as possessions. Pastor Dan's statement about violence being a "human problem" caused by culturally problematic legal proceedings resembles Pastor Vince's view of violence as endemic to culture. These findings corroborate

⁴² Italics mine.

research that links domestic abuse to violent societal norms and to men's disempowerment in other spheres, namely economics, which is a crucial part of manhood in South Africa.

Studies about Masculinities and Gendered Violence

These male pastors' perspectives correspond with theoretical and empirical research on African masculinities. In this section I refer to conceptualizations of South African masculinity, but in no way do I mean to essentialize South African men. As Robert Morrell points out, "There is no one, typical, South African man.... There are many different masculinities, some of which support violence and exploitative gender relations, others which accept such gender relations, and still others which oppose them."⁴³

Desmond Lesejane, of the Evangelical Lutheran Church in South Africa, attempts to recover a concept of manhood undone by colonialism. He argues that in pre-colonial times, fatherhood in South Africa involved much more than producing children biologically. Fathers had moral authority as providers and protectors in their families and communities.⁴⁴ These ideals were communicated in part through initiation schools for boys on the cusp of manhood. A man who was irresponsible or abusive would eventually be stripped of his authority.⁴⁵

Lesejane points out that in the early 20th century, several factors combined to bring dramatic changes to black South African families. Colonial seizures of land, elevated demand for labor in the diamond and gold mines, and high government taxes drew African men to the colonial migrant labor market, taking them away from home for extended periods.⁴⁶ Consequently the division of household labor changed, and missionary pressures often disrupted preparatory and support systems for boys such as initiation schools. Lesejane says that in earlier times, respect for women was an important part of the African patriarchal cultural system: the system, though imperfect, provided a sense of stability and prevented men from having absolute power over

⁴³ Robert Morrell, "The Times of Change," in *Changing Men in Southern Africa*, ed. Robert Morrell (New York: Palgrave, 2001), 33.

⁴⁴ Desmond Lesejane, "Fatherhood from an African Cultural Perspective," in *Baba: Men and Fatherhood in South Africa*, ed. Linda M. Richter and Robert Morrell (Cape Town: HSRC Press, 2006), 174.

⁴⁵ *Ibid.*, 176.

⁴⁶ Mark Hunter, "Fathers without *Amandla*: Zulu-Speaking Men and Fatherhood," in *Baba: Men and Fatherhood in South Africa*, ed. Linda M. Richter and Robert Morrell (Cape Town: HSRC Press, 2006), 101.

women and children.⁴⁷ By contrast, today's African patriarchy gives men power without imposing duties, obligations, or constraints. Lesejane, like many women with whom I talked, wants to reclaim patriarchy but in harmony with South African values of equality, human dignity, and respect.⁴⁸

Where dignity and respect of women are lacking, domestic violence thrives. Health professionals Rachel Jewkes, Naeemah Abrahams, and others have studied the prevalence of domestic violence in South Africa. One 1998 study surveyed 1,306 South African women from three provinces. Of these women, 24.6 percent had been assaulted by a current or ex-boyfriend or husband at least once, and 9.5 percent had experienced physical violence in the past year.⁴⁹ In another study, conducted between June 1998 and February 1999, researchers interviewed 1,378 men in Cape Town municipalities. Approximately 42.3 percent of men reported using physical violence against a partner in the past 10 years and 8.8 percent reported using it in the past year.⁵⁰

Jewkes et al. have also shown that violence in sexual relationships can begin among teenagers.⁵¹ They found that forced sex in intimate relationships is not uncommon, and men known to be violent in their sexual relationships tend not to bear any residual stigma that would make it difficult to get another partner.⁵² Violence particularly arises around young men's attempts to control their partners' sexual behavior.⁵³ Men often interpreted girlfriends' questions about fidelity as an affront to men's basic privilege to have sex when and where and with whom

⁴⁷ Lesejane, 179.

⁴⁸ Ibid., 179–80. Offering a different perspective, Jeff Guy has argued that pre-capitalist southern African society was based on “the appropriation of women's labour by men,” and Guy connects bride-wealth traditions to men's control of women and cattle. Jeff Guy, “Gender Oppression in Southern Africa's Precapitalist Societies,” in *Women and Gender in Southern Africa to 1945*, ed. Cheryl Walker (Cape Town: David Philip, 1990), 33.

⁴⁹ Jewkes, Levin, and Penn-Kekana, “Risk Factors for Domestic Violence: Findings from a South African Cross-Sectional Study,” 1607.

⁵⁰ Abrahams et al., 250. Physical abusers self-identified having “hit,” “grabbed,” “smacked,” or “thrown an object at” a partner.

⁵¹ They characterize ‘violence’ as follows: “Forms of violence have been described as lying on a continuum between slapping, ‘persuading’ a woman to have sex, threatening to beat, hitting with sticks or other objects, pushing, assaulting with fists, violent rape, stabbing with a knife or shooting.” Cf. Katharine Wood and Rachel Jewkes, “‘Dangerous’ Love: Reflections on Violence among Xhosa Township Youth,” in *Changing Men in Southern Africa*, ed. Robert Morrell (Pietermaritzberg: University of Natal Press, 2001), 318.

⁵² Jewkes, Levin, and Penn-Kekana, “Risk Factors for Domestic Violence: Findings from a South African Cross-Sectional Study,” 1604.

⁵³ Wood and Jewkes, 323.

they want.⁵⁴ Some young men saw violence as a defensive strategy to correct situations in which they had been wronged (such as when women rejected their overtures, attempted to end the relationship, or were suspected of infidelity).⁵⁵ Even when lacking concrete ties such as children or financial dependence, teenage girls were reluctant to leave violent partners.⁵⁶

Jewkes et al. found that higher levels of domestic violence are associated with a society's beliefs about gender inequality.⁵⁷ Among women who had been abused physically, 38.9 percent thought that a husband has the right to punish his wife if she does something wrong; 24.8 percent of women agreed that "If a man beats you it shows he loves you."⁵⁸ Among South African men, Abrahams et al. found that beliefs "justifying hitting women" were significantly associated with men's use physical violence against women in the past year or decade.⁵⁹

Suggested Responses to Domestic Abuse

To review, my female participants believed that both cultural beliefs about women's inferiority and spiritual problems (e.g., that men were not born again) cause domestic abuse. Male pastors saw the causes as more general than gendered, citing South Africa's violent history and human proclivity to sin in addition to women's tendency to provoke men. These perceived causes were linked to suggested and actual strategies. To combat abuse of male headship, women

⁵⁴ Abrahams et al., 260. Mark Hunter offers a dissenting view and considers racist the notion that men's multiple sexual partners are an innate part of African sexuality. He sees "multiple partners" as linked historically to a masculinity that valued cattle, polygamy, and childbirth. Economic difficulties have rendered difficult these previous constructions of manhood (marrying, working, building a household), although in its present form, masculinity is still associated with multiple partners. Mark Hunter, "Masculinities and Multiple-Sexual-Partners in Kwazulu-Natal: The Making and Unmaking of *Isoka*," *Transformation* 54 (2004): 124. Wood and Jewkes recently found that young men's number of partners was important in the "positioning processes among peers." Wood and Jewkes, 321.

⁵⁵ Jewkes, Levin, and Penn-Kekana, "Risk Factors for Domestic Violence: Findings from a South African Cross-Sectional Study," 1604; Wood and Jewkes, 330. In general, participants did not condone severe violence.

⁵⁶ Jewkes, Levin, and Penn-Kekana, "Risk Factors for Domestic Violence: Findings from a South African Cross-Sectional Study," 1604–1605; Wood and Jewkes.

⁵⁷ Abrahams et al., 547; Jewkes, Levin, and Penn-Kekana, "Risk Factors for Domestic Violence: Findings from a South African Cross-Sectional Study," 1604.

⁵⁸ Jewkes, Levin, and Penn-Kekana, "Risk Factors for Domestic Violence: Findings from a South African Cross-Sectional Study," 1609.

⁵⁹ Abrahams et al., 260. Researchers asked participants to indicate whether violence was permissible in particular circumstances.

asked for the church to provide teaching and counseling. In cases where men were uncooperative, women employed tactics that enhanced their own influence. These strategies were always coupled with prayer and obedience to God. Some women consider divorce or separation as an option available only when all others had been exhausted. I will describe and analyze each approach in turn.

Expert Responses: Teaching and Counseling

On my second day of interviews in Bethel, I had an extended conversation with Celia, an associate pastor's wife. When I invited her to the Sunday women's meeting/focus group, she urged me to include men in the gathering, saying that they needed to learn that domestic violence was not just about hitting but also included emotional and spiritual abuse. She wanted me to conduct a workshop on marital relationships that would also address how men could better represent Christ. While I did not grant this request,⁶⁰ other participants suggested that church-facilitated teaching and workshops would constitute an appropriate response to domestic abuse. Some suggested that churches bring in a social worker to discuss these topics.

The women were concerned not only for their husbands but also for their sons. Melinda asserted that congregations should educate men from an early age: "They are currently expected to be the heads of families, but do not get any training on how to do that." Melinda recommended that churches form structures and fellowships for young boys just as they do for young girls. She commented that in the past, boys went to initiation school where they learned how to be men: "They weren't left like loose cannons and expected to handle families." This proposal reflects women's self-understanding as mothers who are responsible for cultivating godly sons, although their context undermines their authority simply because they are women.

Most women said that their churches rarely talk about marital relationships. When they do, they advance a complementarian view of marriage in which each partner fulfills predetermined gender-based roles. According to Pastor James, this means that God created men and women as equal, but the man is to be head of the family with the woman serving as assistant. Pastor James

⁶⁰ I was uncomfortable with the idea of presenting myself as an expert on marital relationships when my desire as a researcher was to uncover the resources existing within the community. This meant a moment of critical ethical reflection. On the one hand, teaching husbands to respect and honor their wives could have had a positive effect. On the other hand, it could have disrupted my attempts to facilitate deliberative inquiry and see each participant as a social critic. An additional concern was that as an invited guest of the pastor, I did not want to cause offense by planning an event that did not fall directly under the purview of my research.

tells men that they should not perceive their wives as threats: “It’s not a competition, she’s there to complete you. You don’t have to stifle her.” In a Christian complementarian marriage, the wife submits to the husband who is submitted to God; both partners must be obedient. Women understand these teachings to mean that they are to submit even to their non-believing husbands except when asked to transgress their faith commitments. Pastor James draws on the story of the centurion in Matthew and Luke to explain that husbands are in authority over their families but also under the authority of Christ.⁶¹ One parishioner described Pastor Vince as teaching that “men are the head and that they represent God’s image in the house.” Pastor Dan teaches a similar view of gender roles in his regular services, although the specifics are left to sex-segregated kitchen and garden parties (which are somewhat similar to bridal showers).

In addition to church teaching, women also recommended counseling as a way to alleviate domestic violence. Mrs. Kgopa suggested that couples be required to seek counseling before they are married so that they know what to expect. Pastors are frequently called upon to fulfill this role, although Pastor James tends to refer couples to Christian social workers. Congregations like Christian Worship Center have programs through which lay-people like Melinda and her husband volunteer to counsel couples. As a result, not all “counselors” have professional training. Counseling is less effective if one partner is unwilling to participate: Rachael (Bethel) sought counseling for herself, but her husband refused to attend. He was furious when she tricked him into going with her one week by telling him that the doctor needed to speak with him directly.

Nichole (Bethel) described the content of some of her counseling work. As a nurse she frequently works with abused women. She tells them to put God first, and she intentionally shows empathy. She shares that husbands do not have the right to abuse women and that the women should not blame themselves. Although the husbands do not usually come, she tries to sit the family down as a group in order to talk about the problem. Nichole reports that in most cases the couple is able to reconcile or at least shows some improvement.

It is important to note that the women are asking for teaching that in no way contradicts the view of marriage their pastors teach. They want their husbands to be the head of the home, but these women do not want to be mistreated. According to African feminists, women value

⁶¹ This passage is found in Matthew 8:5–13 and Luke 7:1–10. Himself a man in authority, the centurion recognized Jesus’ authority and asked for him to “say the word” so that his servant would be healed.

consanguinity alongside conjugality, such that fulfilling a gender-specific marital role may be more desirable than offensive.⁶² Their desire for church teaching and counseling shows that they want to maintain traditional gender roles. By asking an outsider to give the presentation, they are relying on others to make their voices heard. They do not want to dispense with male headship; they just want male headship to be better enacted.⁶³

Subversive Strategies

Often finding themselves with more wits than power, women in Bethel and Dhumaylong employ subversive strategies to obtain their objectives of happier marriages and faithful husbands. This shrewdness is readily apparent in how Pastor Felicia (Dhumaylong) handles counseling situations. Usually a woman approaches Pastor Felicia for assistance. If the husband does not want a pastoral visit, Pastor Felicia tells the woman to seek police protection, citing Romans 13 as support for the idea that God uses government to accomplish certain tasks.⁶⁴ She says that although African culture teaches that women are nothing, she is grateful that the government is supporting women, and she believes citizens should access its protective resources.

If the couple agrees to be counseled, Pastor Felicia double-checks that the woman does want her intervention, as her plan requires her to take (or pretend to take) the husband's side. After praying for wisdom, Pastor Felicia says, "I will humble myself before the husband so that we can sit down and talk to hear what causes [these problems]." She describes her strategy as follows: "If I go to an African man's house, first of all, I mustn't wear trousers. I must wear skirts or dresses. When I get inside I must respect him." To start with, she takes his side so that she can win him over and help him: "If I start and take [the wife's] side, he will chase me out."⁶⁵ By humbling herself and giving the husband a platform from which to speak, the husband begins to

⁶² Ogundipe-Leslie, 13.

⁶³ An alternate reading of these wishes would be that women are not yet able to imagine an alternative to complementarian marriage. For more on the social construction of choices see Nancy J. Hirschmann, *The Subject of Liberty: Toward a Feminist Theory of Freedom* (Princeton, N.J.: Princeton University Press, 2003).

⁶⁴ "Everyone must submit himself to the governing authorities, for there is no authority except that which God has established. The authorities that exist have been established by God." Romans 13:1.

⁶⁵ She warns the woman in advance that she will not take her side in the session in order to win her husband's confidence.

see her as his ally: “The next time if the woman does something he doesn’t like, he will call me and tell me what is happening. Then I can work with them together.”

Pastor Felicia frequently encounters husbands who believe that their wives are possessions. When this is the case, she shows the man that he does not own his wife: “This woman belongs to God first and to her parents. She is your wife and the Bible says you must love her as you love yourself.” She tells husbands that they must show their wives how important they are. Regarding wifely submission, she says that if the husband wants his wife to obey him, he must first submit to Christ. Similarly, if the husband is obeying Christ, then his wife will automatically obey him; Christ is the head of man, and the man is the head of the woman.⁶⁶ She says, “Now if you start to show them these things and you prayed before you go there, God will grant you his mercy and they will listen to you. Many times they listen to me.”

In these counseling situations, Pastor Felicia strategically flatters and agrees with the husband in order to obtain the wife’s immediate objectives, the husband’s participation in the counseling project. She affirms male headship and uses the Bible to reorient the couple to the lordship of Christ, simultaneously challenging a man’s belief that his wife is a possession. She reminds the husband that if he is obedient to Christ, his wife will automatically be obedient to him. This can actually legitimize a wife’s complaints and place the blame on the husband, as if to say that the wife is not obeying him because he does not submit to Christ. It is clear that Pastor Felicia believes that she has found an effective strategy to improve women’s situations. Deep down she probably *does* take the woman’s side, and she certainly works to make women’s lives easier. At the same time, she does not contest the reality of gender inequality that leads men to believe that they can treat their wives as possessions. This may be because she believes her identity as a woman would render her view irrelevant.

Women subversively work in other ways to have happy marriages and faithful husbands. According to one woman, wives know that although the man is the head of the family, the wife is the neck—able to turn the head in different directions. Women share pieces of advice with one another at kitchen parties. Mrs. Nkabinde told me, “The first thing is to love your husband, then to love God, and third to love your in-laws and do things for them. If you are going to purchase something for your mother, you should buy something for your mother-in-law as well.” This

⁶⁶ Cf. “Now I want you to realize that the head of every man is Christ, and the head of the woman is man, and the head of Christ is God” (1 Corinthians 11:3); “For the husband is the head of the wife as Christ is the head of the church, his body, of which he is the Savior” (Ephesians 5:23).

strategic affiliation with in-laws provides the wife leverage in the event of a domestic dispute. As a member of this new family, her position is significantly strengthened if she has her in-laws' support. Furthermore, she avoids direct problems with her mother-in-law if the two are allies rather than enemies.

There are other ways women learn to satisfy their husbands. On a practical note, Mrs. Nkabinde says if the husband likes to eat pork and the wife does not know how to cook it, she should learn. When she gets up early, she should wash herself, make tea, and clean up the house. If the husband works far away, then she should pray for his protection. When he comes home she should be fresh, perhaps even wearing a sexy nightgown, and "give him very good sex" because her flesh is not her own. When he is ready to go to sleep, she should go with him and "do everything he likes in the bedroom" so that he will remember her when he is away.⁶⁷ These strategies are meant to avoid potential conflict by anticipating a husband's complaints. For example, the husband expects physical and sexual affection, and so addressing his sexual desires can prevent him from seeking comfort elsewhere. Again, this strategy may be useful in the short run, especially if it makes women's marriages easier or husbands more likely to be faithful. At the same time, it may problematically affirm the underlying belief that men are entitled to sex whenever, wherever, and with whomever they wish.

These strategies show how women meet the challenges of their marriages with a sense of agency. Despite pervasive cultural beliefs that consider women inferior, these women show otherwise by employing a variety of means to get what they want most: happier marriages and faithful husbands. These strategies are not without drawbacks, as they do not address or attempt to change fundamental beliefs about women's inequality. Furthermore, they could lead women to hold themselves responsible for the quality of their marriages instead of facing the realities that some things are beyond their control and that healthier marriages require effort from both partners.

Relying on God: Trust, Pray, and Obey

Since women understand domestic abuse to be rooted in spiritual causes, it follows that prayer would be a primary response. Women in these congregations believe that prayer has the

⁶⁷ Presumably this strategy is also meant to prevent the husband from satisfying sexual temptations by having sex with another woman. This is a situation in which women participate in cultural practices by providing "sex on demand;" at the same time they may view this expectation as a form of sexual abuse.

power to change hearts, minds, health, and marriages. Prayer accompanies church activities, counseling, and the subversive strategies listed above, but also constitutes a strategy in itself. An International Women's Wednesday Prayer Group meets locally in both Bethel and Dhumaylong, and a number of members gave testimonies about God preventing divorce through their concerted prayers. Violet said that her group has prayed for marriages in which partners have already filed divorce papers: "Then we deal with it, and we pray hard. We tell God, 'You say in your word people must never divorce...you hate divorce.'" Through their prayers and faith, she says, women are testifying that their marriages have been saved.

When I asked women how they would advise a friend to deal with the risk of HIV infection by an unfaithful partner, with few exceptions they said that they would counsel her to "hang in there" and pray.⁶⁸ Violet, herself HIV positive, said she was not sure what women with unfaithful husbands should do, because according to cultural and religious beliefs they must have sex whenever the husband asks for it:

The woman can't say that he should use a condom. You have to have sex even knowing that he's cheating; your body is not yours, it is your husband's. You have to be submissive. You also have to ask God to protect you because you can't ask [your husband] to use a condom.

Violet's answer points to an important aspect of prayer: women not only pray, but since they believe that their disobedience or sinfulness could prevent God from answering, it is important that they obey God by being submissive to their husbands. In describing her own experience of abuse, Violet conveyed that submission to her husband and silence during his beatings ultimately made him grow tired of beating her. While admitting that her situation was difficult, she points out that as she practiced submission, the beating eventually stopped.

Women testified that individual and corporate prayer gives them powerful support from God and their fellow Christians. This strategy can be problematic, though. Women in Dhumaylong expressed reservations about confiding in their fellow churchgoers out of fear of gossip, which would exacerbate problems. Furthermore, when individual actions (such as submission to abusive husbands) are seen as a means of controlling or manipulating God's actions, faith itself is no longer liberative. Similarly women may believe that God is trying to teach them something

⁶⁸ This reflects a cause-and-effect view of God that I develop further in Chapter Four. According to these beliefs, sometimes God does not answer prayer because of the individual's sin or disobedience. Obedience to God, which many women believe includes obedience to their husbands, is a way to increase the efficacy of their prayers.

through their difficulties, which leads them to stay in impossible situations. They may believe these situations to be temporary and even blame themselves for their marital difficulties.⁶⁹

Divorce and Separation: Do as I say, Not as I do

Women believed that divorce should be avoided at all costs. They explained their decisions to stay in difficult marriages by appealing to the Scripture that says, “God hates divorce.” Barbara, whose husband had planned earlier to marry a second wife, said that she would not seek advice from someone who advocated for divorce, as such a person would clearly be ungodly. Despite the challenges Violet faced in her marriage, she said that she would not recommend divorce either, because prohibitions on divorce “are God’s laws, not ours” and “[God] hates divorce.” Pastors and women generally thought that prayer could save marriages, and many had testimonies that affirmed their beliefs.

A recent Pew Forum study showed that there is no significant difference among South African Christians, Charismatics, and Pentecostals on the issue of divorce.

Table 3.1: South African perspectives on divorce

	Percent saying divorce is never justified⁷⁰
South Africans	45%
South African Pentecostals	48%
South African Charismatics	46%
Other South African Christians	45%

⁶⁹ The presumed “temporary nature” of problems is explored further in Chapter Four with regard to prayers with “guaranteed answers.”

⁷⁰ Pew Forum on Public Life, 8. The survey question was: “Please tell me...whether you think [divorce] can always be justified, sometimes be justified, or never be justified.” I am surprised that such a large percentage of South Africans said that divorce is never justified and that so many South African Pentecostals would say that divorce may be justified. The large majority of South African Pentecostals with whom I spoke condemned divorce. Part of the difference in these findings may be the result of Pew’s quantitative research versus my qualitative study. Nevertheless, it is an area for future research.

This may reflect both a widespread rejection of divorce in general, alongside a recognition that domestic violence is prevalent and divorce may be the best option. When pressed, the pastors I interviewed agreed that in cases of extreme physical abuse, they would recommend that a woman leave her partner because it would be better for her to live than die. Some women (such as Mrs. Mmoeng, whose daughter eventually sought a divorce from her abusive husband) strongly oppose divorce but see it as a necessary evil. Despite the disapproval of her prayer group, who thought that her daughter should have stayed in the marriage while they prayed for her safety, Mrs. Mmoeng acted on a maternal instinct and told her daughter to come home. While she agreed with her prayer group that God could restore her daughter's marriage, she did not want to take the chance. She wanted her daughter to be alive.

Other participants linked divorce to backsliding. Pastor Linda was married in 1975 but left her husband after he had an affair. Although the couple reconciled again in 1986, they separated a second time because he was not a Christian. During this time, she says that he was consulting "witch doctors" and "false prophets." Although Pastor Linda was saved in 1975 (the year of her wedding), she sees her marriage as a mistake because she was young and backsliding and did not check in with God. She considers her marriage and divorce the fruits of her rebellion. She believes that God did not allow her marriage to succeed because God knew that her husband would be a "witch doctor" and that she would be a pastor, two incompatible occupations. She says, "I don't condemn myself for my divorce," but adds that she would never advise anyone else to get a divorce. Instead she says, "Come, let's pray." Pastor Linda said that people come to her for counseling, expecting her to encourage them to divorce, but through prayer they decide not to do so.

Nichole (Bethel) links her separation from her husband to his "serialized domestic violence." In June 2006 she left her husband, whom she described as violent and aggressive, and stayed with her mother before moving to a neighboring town. Through a series of events, she reconciled with him in February 2008. Nichole now justifies her husband's bad behavior by saying that his family members provoked him to jealousy.⁷¹ He believed that she was having an affair with a minister with whom she was evangelizing. She assured me that her marriage is very good now. Her husband apologized and says they must forgive and forget. Nichole attended Bethel AFM

⁷¹ Nichole's experience connects to Mrs. Nkabinde's advice to make friends with one's in-laws; Nichole's in-laws appear to have made her situation worse.

throughout this experience. Although she told Ma Meruti about the situation, the pastor's wife did not follow up. Nichole said that God used the separation to aid in her reconciliation, but she would not say that God had "led her" to leave her husband. Unless a woman was being severely abused on a daily basis, Nichole would advise her to have faith and stay, not to quit her marriage.

A handful of my participants were divorced or separated but were not comfortable discussing the matter extensively. I interviewed two women in Bethel who were still married but had been separated from their husbands for a long time. Neither wanted to talk about it, but both said that it was for the best. Both of these women are leaders in the church. One woman's daughter expressed frustration that her mother had not legally divorced, fearing that her father could return and claim property or possessions. I wondered whether the stigma of divorce affected her decision not to end her marriage officially.

People saw divorce as a last resort that was particularly relevant in cases of physical abuse. It is difficult when the 'ideal' world created by prayers of faith collides with the 'real' world. For example, the belief that Christians should not get divorced conflicts with situations of abuse in which divorce or separation seem to be the best option. That is what happened to Mrs. Mmoeng: as a member of the Wednesday Prayer Group she has witnessed examples of divine intervention to fix marriages. Nevertheless, her belief conflicted with her concern for her daughter's life-threatening situation. In this case, Mrs. Mmoeng supported her daughter's decision to leave her marriage. Her response is not the norm. These moments when women go against community norms—norms they continue to support—offer important groundwork for ethical analysis and critique.

Normative Implications for Institutional Change

Given the widespread prevalence of domestic abuse and its links to HIV infection, HIV/AIDS programs must address gender inequality. According to my interviews and research, Pentecostal churches rarely, if ever, speak about domestic abuse from the pulpit. South African feminist theologian Beverley Haddad calls this silence a death sentence: "For centuries the patriarchy of the church has provided its almost exclusively male leadership with a measure of

power that enables abuse, or at least collusion in abuse of women, to continue unabated.”⁷² When the church does speak, I found—as Haddad describes—that church statements theologically justified and encouraged women to “‘be faithful’ to their marriage vows and thus remain in relationships that were potentially life threatening.”⁷³ Haddad says that the church can no longer claim status as a “moral watchdog” without “challenging men to take responsibility for their sexual behavior” and challenging men’s abuse of power both inside and outside the church.⁷⁴

In this final section I revisit my methodological processes and commitments in order to make normative claims about institutional change. Beginning with a posture of skeptical scrutiny, I reflect on the emergence of these gendered norms, and I begin to identify the ways these norms benefit some and marginalize others. I then discuss how the results of my critical inquiry and deliberative discussions inform my suggestions for institutional change.

Skeptical Scrutiny: Gender Norms, Power, and HIV/AIDS

As part of the social critic’s process of “questioning everything,” whether research questions or communal and personal norms, I reflect here on whether gender inequality and domestic violence should be part of my inquiry. Then I question gender norms, asking in what ways they perpetuate inequality.

As I started my fieldwork, I did not plan to focus particularly on gender inequality or domestic abuse. I was more generally concerned with women’s experiences of HIV/AIDS. My research questions shifted, though, as I came to see how gender inequality is clearly connected to HIV/AIDS. I also found that domestic abuse is on the minds and hearts of those with whom I spoke.

Throughout this research process I have tried to maintain a healthy skepticism toward existing and proposed norms, values, and practices—both the ones I hold personally and those I encountered among the participants. In general, I found that beliefs about divinely-sanction women’s subordination and women’s inferiority benefit men and silence women. There are

⁷² Beverley Haddad, “Gender Violence and HIV/AIDS: A Deadly Silence in the Church,” *Journal of Theology for Southern Africa* 114 (2002): 97–98.

⁷³ *Ibid.*, 98.

⁷⁴ *Ibid.*

exceptions: some women, including Ma Meruti and Pastor Linda, appear to thrive in their pastoral, community, and family roles.

I recognize that while the complementarian view of marriage that most of my participants affirmed is not my personal viewpoint, in itself it does not necessarily perpetuate inequality. If the ontological equality of partners is assumed and the importance of both roles is emphasized, then complementarian marriage can create contexts in which women flourish and domestic violence is nonexistent. However, in the context of my participants' communities, a complementarian view of marriage is generally *not* based on ontological equality. Coupled with cultural beliefs, complementarianism can reify gender inequality by contributing to cultural tendencies that view women as inferior and as a man's property.

Critical Inquiry: Varied Perspectives

The first task of the social critic is to ask questions as part of critical inquiry. In my interviews, women identified physical, sexual, and financial aspects of domestic abuse. Suggested and actual responses included teaching, counseling, subverting male power, trusting God through prayer, and divorce or separation when absolutely necessary. Conversations with different participants highlighted the range of beliefs that undergird abusive practices.

I found that male pastors and female participants gave divergent explanations regarding the causes of domestic abuse, underscoring the need for deliberation in moral discernment processes. My female participants considered the causes of domestic violence to be cultural beliefs about male headship and women's inferiority; spiritual realities such as the unsaved status of their husbands; and the lack of economic and educational empowerment. Their male pastors, on the other hand, saw the cause of abuse more in terms of South Africa's violent history and women's alleged tendency to provoke men to anger.

Deliberative Inquiry: Speaking into the Silence, Listening for Response

Focus group discussions and follow up interviews made deliberative conversation possible and treated each individual as a potential source of knowledge. Yet as Haddad has noted, domestic abuse is often shrouded in silence. Most participants were not sure how their church could provide support during marital difficulty. Some women suggested that churches provide seminars or counseling, but they qualified that their husbands would probably not attend.

By way of contrast, when I asked my participants how their churches could help them deal with poverty, they usually listed several strategies that have become common non-governmental organization interventions (e.g., gardens, micro-enterprise projects, skills-building classes). I note the ease with which my participants talked about economic interventions as a promising finding because Pentecostal churches have historically emphasized evangelism and discipleship rather than these types of social justice ministries. For example, I found in my 2005 research that there have been questions within AFM leadership over the extent to which poverty alleviation fell under the purview of church mission.⁷⁵ My participants did not have such reticence, and they saw the church as a potential resource for economic empowerment.

My point here is that Pentecostals have developed the ability to speak about church mission more holistically, and hopefully a similar language can develop around issues of marriage and gender. That is, if women see the church as a potential partner in poverty alleviation, then it is not outside the realm of possibility for them to identify a concrete role for the church in addressing marital injustice.

Women in both congregations expressed a desire to confide in their fellow believers without fear of gossip or censure. Some women already had trustworthy prayer partners, but others did not. Rachael, a young schoolteacher who had considered divorcing her husband, led the second focus group in Bethel. In this and other conversations, she articulated her concern that women needed not only to talk to one another but also to gain and provide support for one another. In this meeting, the women decided to form a committee of women whom they could trust regarding their marital and family problems. In Dhumaylong, women expressed regret that they could not confide in other women at church for fear of gossip. They did believe strongly that churches should be loving communities and that Christians should not gossip. Although in this case apprehension prevented conversation, it was clear that women had a deep desire to share their burdens with others.

Churches and Institutional Changes: Women's Empowerment, More Faithful Biblical Teaching

My third task as a social critic is to represent those who are silenced and to suggest institutional changes in order that communities better embody ideals such as abundant living and

⁷⁵ Attanasi, "Getting in Step with the Spirit: Applying Pentecostal Commitments to HIV/AIDS in South Africa," 201.

faithfulness to God and Scripture. In my participants' churches, cultural norms and particular interpretations of Scripture combine to create a dominant ideology that perpetuates gender inequality, silencing women and rendering them vulnerable to HIV. Here, cultural and ecclesial norms are interwoven and mutually reinforcing. In response to this situation, I suggest ways to enhance women's flourishing by addressing gender inequality, lifting up minority perspectives that emerged during deliberative discussion.

I start with my participants' suggestion, namely programming for boys. Women see their faith communities as potential allies in their quest to teach appropriate gender roles. During one prayer meeting in Bethel, I heard a woman pray for her infant grandson whom she held in her arms. She asked God to help him to be a good man and to lead his family well. As I mentioned above, Melinda noted the former role initiation schools played in teaching boys to be men so that "they weren't left like loose cannons and expected to handle families." She suggested that churches teach boys how to be godly men. This idea may be especially promising because there are more young boys in church than men. Melinda said, "The church must be able to say something about domestic violence in order to curb it so that it won't be there."

A second way churches can contribute to women's flourishing is through economic empowerment. Several of my participants noted a link between economic disempowerment and a woman's decision to stay in an abusive relationship and put herself at risk for HIV infection. Churches can work with women on an individual level. Women from Bethel appreciated when Pastor Dan read job postings from the newspaper on Sunday mornings. Mrs. Nkabinde, who supported her family by selling wares, was teaching Celia to buy and sell products. Women also mentioned their interest in group projects like vegetable gardens, skills-building classes, and micro-enterprise. I am not certain whether women desired economic assistance so that they could better support their families, gain bargaining power within them, or even gain independence from their husbands. In any event, economic opportunities are extremely beneficial to women, and such efforts would provide a safety net should women decide to leave dangerous relationships.

Churches must also address the underlying beliefs about gender inequality that impede women's flourishing. My participants (male and female) connected gender inequality to "culture." These resigned appeals to culture consider beliefs about women's inferiority uncontested because it is "just the way things are" in South Africa. However, using "culture" to

justify gender inequality is problematic because culture is multivocal. Benhabib offers the reminder that culture is dynamic and full of disparate and often incompatible voices.⁷⁶ For example, although “culture” mandates gender inequality, South African politicians strive for equal gender representation in government.⁷⁷ Although beliefs about women’s inferiority may be widely accepted, South Africa’s parliament has passed progressive legislation to prevent family violence (1993) and to address domestic violence (1998).⁷⁸ For women to live more abundantly, pastors and churches should provide biblical and theological support for these more egalitarian aspects of South African culture.

In particular, Pentecostals’ commitment to be faithful to Scripture requires more faithful interpretations of passages about divorce. The main Scripture my participants associated with divorce was “God hates divorce...” (Malachi 2:16). Throughout my time in South Africa, I never heard the second half of that verse quoted: “...and I hate a man’s covering himself with violence as well as with his garment,” says the LORD Almighty.” It would seem that the first half of the verse, God’s “intolerance” of divorce, was far more widely known and cited than God’s “intolerance” of violence,⁷⁹ which would include domestic abuse and infecting another person with HIV. Were pastors to quote the verse in its entirety, then God’s intolerance of violence would be appropriately highlighted, especially violence against women.⁸⁰ In sum, quoting both halves of the verse is a more faithful presentation of Scripture. As an additional note, faithfulness to Scripture could motivate pastors to be more supportive of government legal processes like restraining orders that protect women. Doing so would show a respect for the “governing authorities” that “have been established by God.”⁸¹

⁷⁶ Seyla Benhabib, *The Claims of Culture: Equality and Diversity in the Global Era* (Princeton, N.J.: Princeton University Press, 2002), 26–27.

⁷⁷ Tshabalala-Msimang.

⁷⁸ Shereen Usdin and others, “The Value of Advocacy in Promoting Social Change: Implementing the New Domestic Violence Act in South Africa,” *Reproductive Health Matters* 8, no. 16 (2000): 56.

⁷⁹ This is particularly apparent in how the male pastors discussed domestic abuse as being provoked by women.

⁸⁰ The NIV footnote to this verse actually proposes the interpretation/translation, “...I hate a man’s covering *his wife* with violence...” (italics mine).

⁸¹ Romans 13:1–3 says, “Everyone must submit himself to the governing authorities, for there is no authority except that which God has established. The authorities that exist have been established by God. Consequently, he who rebels against the authority is rebelling against what God has instituted, and those who do so will bring judgment on

In Chapter Five, I will expand on a second aspect of divorce teachings. In brief, many scholars read the Bible as supporting divorce in cases of adultery and abandonment. These situations are highly relevant in a context of HIV/AIDS. It is unfaithful to Scripture and inexcusable for pastors to share only one piece of the biblical message as though it were representative of the whole. Teaching congregations that divorce may be the most life-giving option in a difficult situation (and emphasizing that men who have been unfaithful and abusive have already broken the marital covenant) is both faithful to Scripture and could enhance women's flourishing.

Conclusion

Whether in conversation with Violet or Caroline, as I listened to women's stories I often felt overwhelmed by these immense difficulties. At the same time, I appreciated the ways in which my participants combined pragmatism with optimism. Gretchen, 31, laughed as she expressed that she wants her husband to be her partner and equal but is irritated when he acts like her firstborn. She continued, saying, "You have to try to make a marriage what you need it to be."

The problems associated with gender inequality, particularly in connection to HIV/AIDS, are extremely complex. Beliefs about women's inferiority constrain women's freedom and increase their vulnerability to infection. For both of these reasons, efforts to change these beliefs should constitute an essential component of the life of the church and of programs that aim to prevent HIV/AIDS. As I discuss in the following chapter, understandings of healing and church mission should be addressed as well.

themselves. For rulers hold no terror for those who do right, but for those who do wrong. Do you want to be free from fear of the one in authority? Then do what is right and he will commend you."

CHAPTER IV

HEALING IN CONTEXT OF PANDEMIC

“If you have a prosperity gospel, it would be difficult to talk about having HIV/AIDS because it means you’re not living a triumphant life. What is expected is clear, and it’s really not okay to have such a difficult life.” — Field notes, June 2, 2009 (first day of interviews)

“But [the Lord] said to me, ‘My grace is sufficient for you, for my power is made perfect in weakness.’ Therefore I will boast all the more gladly about my weaknesses, so that Christ’s power may rest on me.” — 2 Corinthians 12:9

Introduction

During my 2005 trip to South Africa, I frequently heard stories about participants’ distant acquaintances who had been healed of HIV. I never met anyone who had experienced this miracle personally (nor had most of the storytellers), but the reports circulated. While there was no empirical data, there was faith. One Bible college student in Dhumaylong said that since AIDS was just like other diseases, believers could “claim” their healing and be healed. By contrast, most of my 2005 participants focused on AIDS as an incurable infection, making it different and worse than other diseases. This belief further stigmatized people living with AIDS. Whereas medication provided some measure of hope, medicine was not a cure and only delayed the inevitable, death. Furthermore, medication was not widely available: at this point South Africa’s anti-retroviral (ARV) program was just underway. After a long delay, by March 2005 the South African government began to provide ARVs in at least one location in each of South Africa’s 53 districts. The country was lagging behind its neighbors, some of which had started supplying ARVs to their citizens in early 2002.¹

¹ Graham Pembrey, “AIDS in South Africa: Treatment, Transmission and the Government,” <http://www.avert.org/aids-south-africa.htm> (accessed May 3 2009). The South African government rolled out its plan (the Operational Plan for Comprehensive Care and Treatment for People Living with HIV and AIDS) to

When I returned to South Africa in 2008, I encountered a different discourse among women in Bethel and Dhumaylong.² There was an emphasis and excitement regarding the church's message of healing. My participants saw prayer in general and healing in particular as especially relevant for addressing the problem of HIV/AIDS. I even interviewed Lara, a woman who personally testified to God's healing power by showing documentation that she had repeatedly tested positive for HIV from 1994 until 2005 and repeatedly tested negative ever since.

In the previous chapter I discussed how gender inequality renders women more vulnerable to HIV/AIDS. I described not only the ways gender inequality manifests itself in Bethel and Dhumaylong but also the ways my participants explained domestic abuse's causes and, among other responses, their desire to find support in each other. In keeping with these communities' values of abundant living and faithfulness to God and Scripture, I suggested that churches acknowledge the contested nature of those understandings of gender, marriage, and divorce that constrain women's freedom. I also suggested that churches facilitate women's empowerment economically and educationally so as to enhance their flourishing. In doing so, churches will destabilize ideologies of gender inequality and make visible the multiple ways women can be simultaneously faithful and free. Churches will also undermine beliefs about the acceptability of violence and women's inferiority, beliefs that leave women at higher risk for HIV infection.

In this chapter I discuss healing, a crucial aspect of Pentecostal life. I detail the biblical groundwork for this doctrine and describe the prosperity teachings that have disseminated widely. Based on my critical and deliberative inquiries, I show how beliefs in healing positively affect people living with HIV/AIDS, but I also describe these beliefs' problematic implications. In keeping with my methodological approach, I question who benefits from these beliefs and structures. I also consider what kinds of institutional changes would enhance the lives of marginalized people (especially HIV positive believers) and better enable these communities to embody their shared ideals. I argue that efforts to address HIV and AIDS will be enhanced by accounting for theologies of healing and prosperity and by evaluating their implications in the context of a pandemic. Because Pentecostal understandings of healing are included under the

provide ARV access to its citizens in late 2003. Although the government wanted to have 381,177 people on ARVs by 2005–2006, only 85,000 people were receiving treatment in September 2005.

² It would be inaccurate to imply that there were longitudinal implications to my study since I interviewed different populations in 2008 than in 2005.

rubric of a broader prosperity gospel, I consider physical healing and material prosperity alongside one another.³

I cannot speak to the medical or metaphysical realities of healing, although I did see the documentation of Lara’s multiple tests prior to 2005 and thereafter. I can, however, examine the discourse surrounding HIV and AIDS in the communities I have studied in an effort to understand the function of these convictions in the midst of the AIDS pandemic. In developing a nuanced Christian social criticism, I honor the complexity and historicity of the beliefs as well as the agency of those who participate in these communities.

Classical Pentecostal and Prosperity Teachings about Healing⁴

Classical Pentecostal Teachings About Healing

Divine healing has long been an important part of Pentecostal belief and practice. Pentecostals preach a “full” gospel message that Jesus delivers from sin, oppression, and sickness.⁵ They believe that healing (along with salvation) was “paid for” in the atonement when Jesus died on the cross.⁶ Pentecostals also link healing to the presence of the Holy Spirit as a way of authenticating the gospel message.⁷ According to Allan Anderson, belief in healing is “the

³ As an insider to Pentecostalism, I fully affirm a belief in God’s ability and desire to heal people who are emotionally, physically, and spiritual unwell. However I find highly problematic “name it and claim it” theologies that consider healing and prosperity “guaranteed.”

⁴ The term “classical Pentecostalism” refers to denominations that trace their roots to the 1906 Azusa Street Revival.

⁵ Allan H. Anderson, “Pentecostal Approaches to Faith and Healing,” *International Review of Mission* 91, no. 363 (2002): 527. The use of the term “full” gospel signals belief in the baptism in the Holy Spirit.

⁶ Biblical passages that are used to support the belief that healing was “paid for” in the atonement include Isaiah 53:4–5, “Surely he took our infirmities and carried our sorrows, yet we considered him stricken by God, smitten by him, and afflicted. But he was pierced for our transgressions, he was crushed for our iniquities; the punishment that brought us peace was upon him, and by his wounds we are healed,” which appears in Matthew 8:16–17 vis-à-vis Jesus, “When evening came, many who were demon-possessed were brought to him, and he drove out the spirits with a word and healed all the sick. This was to fulfill what was spoken through the prophet Isaiah: ‘He took our infirmities and carried our diseases.’” (All Scripture references NIV unless otherwise noted)

⁷ Cf. Mark 16:17–18, “And these signs will accompany those who believe: In my name they will drive out demons; they will speak in new tongues; they will pick up snakes with their hands; and when they drink deadly poison, it will not hurt them at all; they will place their hands on sick people, and they will get well.” The NIV places Mark 16:9–20 in brackets, noting that the verses are lacking in “the earliest and best manuscripts.”

most universal characteristic of the many varieties of Pentecostalism and perhaps the main reason for its growth in the developing world.”⁸

As seen in the table below, South African Pentecostals are far more likely than other Christians or South Africans to report having experienced or witnessed divine healings, having received direct revelations from God, and having experienced or seen exorcisms.

Table 4.1: South Africans, Divine Healing, Direct Revelation, and Exorcisms⁹

	Experienced or witnessed divine healings	Received direct revelations from God	Experienced or witnessed exorcisms
South Africans	38%	33%	33%
South African Pentecostals	73%	64%	60%
South African Charismatics	47%	41%	40%
Other South African Christians	32%	27%	25%

What is the prosperity gospel?

Evangelists of the so-called Word of Faith movement teach that Jesus’ death on the cross guarantees believers physical healing and material wellbeing.¹⁰ In other words, each believer should be “physically healthy and materially prosperous and successful” as a result of the atonement.¹¹ Believers can overcome the curse of poverty through faith by claiming their divine authority over their circumstances and confessing or declaring the Bible’s promises.¹² Faith is

⁸ Allan Anderson, *An Introduction to Pentecostalism: Global Charismatic Christianity* (New York: Cambridge University Press, 2004), 30.

⁹ Pew Forum on Public Life, 5.

¹⁰ Sometimes called the “positive confession” or “faith message” movement, these teachings are also known as the “prosperity gospel” and “health and wealth gospel.” I use these terms interchangeably.

¹¹ Anderson, “Pentecostal Approaches to Faith and Healing,” 528.

¹² *Ibid.*

than just belief: it means “acting on the word, speaking into reality what does not exist, and dreaming and envisioning the desired goals.”¹³ Table 4.2 shows the high number of South African Pentecostal believers who agree that God grants prosperity and health.¹⁴

Table 4.2: South Africans, God, Prosperity, and Health¹⁵

	Agree God grants believers prosperity	Agree God grants believers health
South Africans	80%	87%
South African Pentecostals	90%	97%
South African Charismatics	85%	91%
Other South African Christians	78%	85%

The most widely recognized leaders of the Word of Faith movement are Kenneth Hagin (1917–2003) and Kenneth Copeland (1936–).¹⁶ The key tenets of their message are traced to radio evangelist, pastor, and writer E. W. Kenyon (1867-1948). While some scholars argue that Kenyon drew on Ralph Waldo Emerson’s metaphysical New Thought teachings, Bowman links Kenyon to 19th century Higher Life and early Pentecostal movements with their emphases on Scripture, healing, and prayer.¹⁷ Evangelists William Branham (1909–1965) and Oral Roberts

¹³ Kalu, 255.

¹⁴ In this section, I primarily draw on Robert M. Bowman, *The Word-Faith Controversy: Understanding the Health and Wealth Gospel* (Grand Rapids, Mich.: Baker Books, 2001); Kalu; Andrew Perriman, *Faith, Health and Prosperity: A Report on Word of Faith and Positive Confession Theologies by Acute (the Evangelical Alliance Commission on Unity and Truth among Evangelicals)* (Carlisle: Paternoster Press, 2003). Kalu’s text considers prosperity teachings in their African context. Bowman and Perriman give a balanced point of view on this controversial movement. William M. R. Simpson, “The Significance of Andrew Perriman’s Faith, Health and Prosperity in the Word of Faith Debate,” *Journal of Pentecostal Theology* 16, no. 1 (2007): 65–66.

¹⁵ Pew Forum on Public Life, 29.

¹⁶ Bowman, 8.

(1918–) further spread the teaching in post-World War II healing revivals. These messages spread and were popularized in Africa through African Bible colleges and crusades by evangelists such as Germany’s Reinhard Bonnke (1940–) and Benny Hinn (1952–).¹⁸

Ogbu Kalu identifies two approaches to prosperity theology, both of which are present in Dhumaylong and Bethel. The first focuses on matching the right sort of prayer with the desired kind of prosperity in order to increase the likelihood of success. For example, prayers of intercession, dedication, anointing, and agreement all have different purposes and should be used as the appropriate tools for corresponding situations. The second approach emphasizes sowing and reaping: since dividends are proportionate to investment, believers are encouraged to “sow” tithes and offerings so they can “reap” abundant lives.¹⁹ This teaching draws on instructions of the apostle Paul, who used the example of sowing and reaping to encourage believers to give money generously for spiritual and material returns.²⁰ Although these two kinds of views are not mutually exclusive, the second emphasis tended to be more prevalent in the communities I studied.

According to these teachings, prosperity entails more than material wellbeing, and includes emotional, physical, and spiritual health (although the material aspects are often disproportionately emphasized). Prosperity is equated with God’s *shalom*, which entails justice, equity, responsible governance, and righteous acts; prosperity teachings about *shalom* also connote psychological, social, spiritual, and physical wholeness; peace with the natural world, ancestors, God, and fellow human beings; and inner satisfaction, contentment, and peace.²¹ As

¹⁷ Ibid.; D. R. McConnell, *A Different Gospel: A Historical and Biblical Analysis of the Modern Faith Movement* (Peabody, Mass.: Hendrickson Publishers, 1988). Kenyon attended Emerson College (Boston) in the late 1890s, a time when New Thought, Transcendentalism, and Christian Science were popular in this region of the country.

¹⁸ Hinn was born in Israel, but now resides in California. Preachers also arrived from the United Kingdom, Southeast Asia, and the West Indies. Kalu, 257.

¹⁹ Ibid., 256.

²⁰ Ibid., 258–259. In asking the church at Corinth to give money for the church at Jerusalem, Paul writes, “Remember this: Whoever sows sparingly will also reap sparingly, and whoever sows generously will also reap generously” (2 Corinthians 9:6); elsewhere Paul uses sowing and reaping in a more spiritual sense: “Do not be deceived: God cannot be mocked. A man reaps what he sows. The one who sows to please his sinful nature, from that nature will reap destruction; the one who sows to please the Spirit, from the Spirit will reap eternal life. Let us not become weary in doing good, for at the proper time we will reap a harvest if we do not give up” (Galatians 6:7–9).

²¹ Ibid., 258.

part of God's covenant, Christians enjoy unassailable rights to certain blessings as well as the right relationships among God, humans, and nature.²²

Word of Faith teachings are grounded in a particular understanding of the atonement, namely that Christ's death (both physical and spiritual) entitles the believer to salvation, the indwelling of the Holy Spirit, and to prosperity and material benefits.²³ Jesus' death on the cross made propitiation for humans' sin and broke Satan's power over God's people. As a result, believers have been redeemed from poverty, sickness, and eternal death. The resurrected Christ ascended to the right hand of God and is now "on the outside of creation."²⁴ It is up to believers to access these promises.

...[Jesus] is now powerless to act on earth unless the church exercises the authority that has been given to it. The argument is that as head of the church Christ cannot exercise any authority except through his body [i.e. the church]. The church, therefore, has recovered the authority over material things that was lost to Satan at the fall. ... The believer has been given the legal right, the 'power of attorney', to make use of the name of Jesus to meet [the believer's] every need, whether spiritual, physical, or financial. If we exercise that authority, Satan has no choice but to leave us alone, and we will not fail to be blessed.²⁵

This teaching says that sickness and poverty are the vestiges of Satan's dominion over the earth. Because of the atonement, Satan no longer has dominion over believers. Healing and prosperity are available, but it is up to the believer to claim them.²⁶

Proponents of Word of Faith read the New Testament as supporting prosperity beliefs. Kalu notes that these adherents interpret Jesus' charismatic ministry as showing that poverty may have demonic causes.²⁷ According to this reading, Jesus overcame hindrances to prosperity and alleviated poverty by casting out evil spirits and delivering people from bondage, and Jesus taught prerequisites for prosperity such as repentance, meditation on God's word, and discipleship.²⁸ Jesus' teachings on faith, prayer, and repentance are read as ways to access and

²² Bowman, 208; Kalu, 258.

²³ Bowman, 206. Bowman identifies this as "the lifting of the curse." Christians are freed from the "curse of the law," which includes poverty and sickness.

²⁴ Perriman, 25.

²⁵ Ibid.

²⁶ Bowman, 207.

²⁷ Kalu, 258.

retain prosperity. Despite Jesus' simple lifestyle and warnings about material possessions,²⁹ proponents of the prosperity gospel believe his teachings give a moral explanation of poverty that confirms supernatural causality according to which blessings follow faith and good works.

Despite guaranteed access to these blessings, acquisition may not be immediate. Bible verses about prayer suggest that while there may be delay, perseverance produces results.³⁰ Believers must *claim* the rights available to them in accordance with God's will. They do this through positive confession. Andrew Perriman outlines four steps to putting faith into practice and claiming the promises of God for health and prosperity: 1) finding the promise in God's word by meditating on Scripture so as to apply it to one's life; 2) believing in one's heart through the renewing of the believer's mind and visualization;³¹ 3) confessing with one's mouth by speaking faith-filled words; 4) acting as if the prayer has been answered, "even if the physical evidence is not yet apparent."³²

According to this system, there are several reasons why peoples' prayers are not answered. One explanation is that the answer to the prayer might not yet be visible: a person may be healed but not have received confirmation. A second explanation for unanswered prayer is sin: God will not answer the prayers of someone who is living in sin.³³ The most common reason my participants gave for unanswered prayers is that the believer lacks faith. They distinguish between "real faith" and half-hearted or hesitant faith. As Perriman says, "Real faith is measured by its refusal to accept the symptoms and by its willingness to act *as though* it had already been

²⁸ Ibid.

²⁹ Included in these passages are Luke 18:18–29, where Jesus tells the rich ruler to sell what he has and give the money to the poor as a requirement of discipleship, and Luke 9:58, where Jesus says, "Foxes have holes and birds of the air have nests, but the Son of Man has no place to lay his head."

³⁰ For example, Matthew 7:7–8, "Ask and it will be given to you; seek and you will find; knock and the door will be opened to you. For everyone who asks receives; he who seeks finds; and to him who knocks the door will be opened."

³¹ Particularly powerful verses include Mark 11:23, "I tell you the truth, if anyone says to this mountain, 'Go, throw yourself into the sea,' and does not doubt in his heart but believes that what he says will happen, it will be done for him."

³² Bowman, 206; Perriman, 35–42. Bowman explains this doctrine of faith and confession as the belief that "faith-filled words' produce what they say."

³³ In the previous chapter, women described their commitment to submitting to God and their husbands as a way of ensuring the efficacy of their prayers.

received,” whereas hesitant faith believes only after seeing.³⁴ The believer’s persistence and patience is thought to overcome these barriers.

Prosperity messages have spread throughout Africa and found wide acceptance. Kalu argues that the messages resonate with indigenous African concepts of “salvation”: “Pentecostal prosperity theology, when properly exegeted [*sic*], is rich in its capacity to re-imagine the gospel from an indigenous idiom.”³⁵ In both traditional and prosperity systems, salvation signals liberation from a hostile situation and freedom to live a faithful life. Salvation is not only spiritual but also reflects a transformation of physical, psychic, and material wellbeing.³⁶ In the prosperity movement, an external sinful drive opposes an individual’s good efforts, just as in a traditional system there are other spirits opposing life. Also according to prosperity teachings, the believer’s encounter with Christ’s transformative power liberates her from evil and empowers her to live a godly (and happy) life.³⁷ According to Kalu, the goal of African religious rituals is “to preserve, enhance, and protect life.”³⁸ Similarly, Christ’s power provides an antidote that enables individuals to maintain or access spiritual, emotional, and physical wellbeing. Regardless of possible connections between indigenous religion and Pentecostalism, prosperity doctrines of healing permeate churches in Dhumaylong and Bethel.

The influence of the U.S.-based Rhema Ministries, started by Kenneth Hagin, was particularly prevalent in Dhumaylong since Pastor Linda attended Rhema Bible College in Johannesburg. Ray McCauley, pastor of Rhema Bible Church (Johannesburg), studied at the Rhema Bible Institute in Broken Arrow, Oklahoma before founding his church. This mega-church has a weekly attendance of 13,450 people with 6,750 involved in small group Bible studies.³⁹ Messages of prosperity are also readily accessible throughout South Africa via public and satellite television. While none of my Bethel participants had Digital Satellite television

³⁴ Perriman, 43.

³⁵ Kalu, 262.

³⁶ *Ibid.*

³⁷ *Ibid.*, 261.

³⁸ *Ibid.*

³⁹ Vusi Mona, “Rhema Bible Church, Johannesburg, 2008 Report,” Rhema Bible Church North http://rhemadev.co.za/index2.php?option=com_docman&task=doc_view&gid=59&Itemid=69 (accessed April 23, 2009). In 2008, a total of 14,600 people committed or re-committed their lives to the Lord through Sunday services, outreaches, and the counseling program that runs simultaneously to the television broadcasts.

(DStv), approximately one third of my participants in the townships had the service, giving believers access to 24-hour a day Christian programming. TBN, which featured numerous prosperity-oriented North American programs, was especially popular, and most participants could name programs they especially liked to watch. On Sunday mornings, one public television station broadcast programs by Joyce Meyer, Pastor Chris Oyakhilome (Nigeria), and Ray McCauley.

Theology in Action: Messages of Healing and Prosperity in Dhumaylong and Bethel

Belief in healing is an integral part of my participants' lives. All of my participants said they believed God could heal illnesses, and many people cited ailments or diseases of which they had been healed either at crusades or in their churches. For example, one woman in Bethel said that she had been healed of arthritis when Pastor Chris (a Nigerian pastor and televangelist) prayed for her at a crusade in Johannesburg a few months prior. Pastor Linda told that God healed her of diabetes, although she took her pills up until the time that her healing was confirmed. A woman in Bethel thanked God for healing her of headaches.

The belief that God is all-powerful, benevolent, and involved in peoples' daily lives brings people hope and comfort. In her discussion of healing rituals in an African Independent Church in South Africa, Linda Thomas details some of the positive effects members accrue through their participation.⁴⁰ Although the practices surrounding prayers for healing differ somewhat in the churches I studied, my participants' beliefs about healing similarly "reinforce a sense of security, protection, care, and transformation."⁴¹

The topic of healing (and the broader topic of the prosperity gospel) is relevant to a project on HIV/AIDS because of Pentecostals' strong beliefs in God's healing power. I must note that my participants expressed some ambiguity regarding the meaning of "healing." Although nearly all of my participants defined being "healed of AIDS" as testing HIV-negative after having tested HIV-positive, they also readily shared healing stories of HIV positive individuals at

⁴⁰ Linda E. Thomas, *Under the Canopy: Ritual Process and Spiritual Resilience in South Africa* (Columbia, S.C.: University of South Carolina Press, 1999), 55.

⁴¹ Ibid.

death's door who "recovered" when prayed for, recovery being described as "healthy and fat."⁴² In these cases the individual's HIV status seemed less important than the physical evidence of health.

The following story is paradigmatic of healing testimonies. In 1994 Lara, a South African Zulu woman from Pretoria, tested positive for HIV. For the next eleven years she tested every six months, always with the same result. When she became born-again in May 2001 she started to pray for healing. Soon her entire congregation was joining her in prayer, in particular a pastor from Uganda who claimed that he had been healed of HIV. In 2005 Lara went for another test at this pastor's request. Since then, she has tested negative for HIV multiple times. She runs her church's support group for people with HIV and says that an additional eight people are now testing negative for the virus, for which she credits God's healing power.

Lara says that her healing took time. In the first year after she was born-again, she prayed for her healing non-stop. She says, "Then I got this revelation that, 'Look, you are healed. All you have to do is thank God for your healing.' Then I started thanking God for my healing, and I started praying for people—I just started living my life as normal and stopped concentrating on myself. That's when things turned around." In this belief system, when the individual's heart is ready, she will receive the outward sign of her healing. Lara's healing came because she was ready in her heart. Regarding those who attend her support group, Lara believes them all to be healed because God says, "Whatever you ask for as soon as you believe it, you've received it."⁴³ According to Lara, their healing is already a reality, and yet they are awaiting the manifestation of their healing in the form of a negative HIV test, which will come in due time, a time of God's choosing.

Pentecostals do not have to be at a crusade to pray for the sick. On my first night in Dhumaylong, Pastor Linda and I visited the head of the ladies' ministry, who had been sick with the flu for two weeks and was still extremely congested. After we asked her permission to recruit participants from her group, Pastor Linda anointed her with olive oil and prayed for her. As we

⁴² According to the World Health Organization, false-positive and false-negative test results are possible. The latter can happen if the person is in the window period between infection and the production of HIV antibodies, although this person could test positive as early as the next day. In the case of a false positive, test results are confirmed using a different kind of test that provides greater accuracy. About 0.2 percent of the commonly-used ELISA tests give false positive results.

⁴³ Cf. Mark 11:24, "Therefore I tell you, whatever you ask for in prayer, believe that you have received it, and it will be yours."

sat on the bed, Pastor Linda wove Scriptures together to “claim” God’s promises, engaging in the practice of “positive confession.” In her prayer, she said, “God’s divine power has given us everything we need for life and godliness,”⁴⁴ which means we should not “merely listen to the word, and so deceive [our]selves, [we can] do what it says...”⁴⁵ So those who are sick should “call for the elders of the church to pray over him and anoint him with oil in the name of the Lord...” as the “prayer offered in faith will make the sick person well; the Lord will raise him up.”⁴⁶ She continued, claiming that “God exalted [Jesus] to the highest place and gave him the name that is above every name, that at the name of Jesus every knee should bow, in heaven and on earth and under the earth, and every tongue confess that Jesus Christ is Lord.”⁴⁷ She concluded by reminding us (and God!) that “by Jesus’ stripes we are healed.”⁴⁸ The woman was healthy and in church a week later.

Most participants believed that God has healed people of HIV/AIDS. A Dhumaylong woman said that she has seen people healed of AIDS on television. Another woman in Bethel said that her son-in-law, a pastor, successfully prayed for someone to be healed of HIV in August 2007. One woman took healing for granted, saying that if she were HIV positive, she would disclose to people so that she could give God the glory when she was healed. A Dhumaylong focus group said that the church’s message to the world regarding HIV/AIDS should be healing, not condoms.

A very common qualifying statement is that lack of faith prevents healing. One woman in Dhumaylong recounted the story of an HIV-positive cousin who prayed but was not healed. Her explanation was that her cousin did not really believe and demonstrated doubt by going to traditional healers. Violet, who is praying for and claiming her healing, emphasized the need for people to believe God’s word, “because with faith you can conquer anything and live.” Another

⁴⁴ 2 Peter 1:3.

⁴⁵ James 1:22.

⁴⁶ James 5:15. This verse is interpreted as a guarantee that if people pray according to this practice, they will be healed.

⁴⁷ Philippians 2:9–11.

⁴⁸ The King James Version reads “stripes” as opposed to “wounds” as in the NIV: 1 Peter 2:24, “He himself bore our sins in his body on the tree, so that we might die to sins and live for righteousness; by his wounds you have been healed;” this verse quotes Isaiah 53:4–5, “Surely he took up our infirmities and carried our sorrows, yet we considered him stricken by God, smitten by him, and afflicted. But he was pierced for our transgressions, he was crushed for our iniquities; the punishment that brought us peace was upon him, and by his wounds we are healed.”

woman from Dhumaylong agreed: “If you believe [that] God will heal, then God will loose those chains. God can heal at any time. God knows our bodies, how many hairs are on our heads.”⁴⁹

There were a few variations to the belief that a person’s lack of faith explained her lack of healing. Mrs. Mmoeng, whose daughter had been abused, held to a theology that permitted the unexplainable. She said that she did not know why God healed some people but not others. One female pastor in Dhumaylong said, “The healing depends on God and depends on our faith. We don’t know why some people are healed and some people aren’t. But some *are* getting healed.” Since God is the one who heals, she continued, “We can’t say why God is healing this one and not that one unless God tells us. The secret things belong to God.” Other people explained why God did not heal by placing the onus on humans. For example, Pastor Linda said that some people may not be healed because they have not forgiven others or because of a generational curse.⁵⁰

A strong sense of “cause and effect” dominated the way people talked about healing. People believed that “If I do this, God will do that” or “since God said this, I can expect that.” These themes were particularly prevalent in the daily prayer meeting at Pastor Linda’s home. One morning she said that if we prayed for Jerusalem, then we would be blessed. Another day she said that if we seek God first, all else would follow,⁵¹ including “treasures of darkness, riches stored in secret places,”⁵² which she interpreted to be money, bread, and water. These things are given so that we may know that “he is God who calls you by name.”⁵³ Similarly God has “engraved [us] on the palms of [his] hands,”⁵⁴ such that, in her words, “when he looks at his hands, he sees our names...and we look at our hands frequently.” Regarding healing, she said:

⁴⁹ Cf. Matthew 10:30; Luke 12:7.

⁵⁰ On generational curses, cf. Exodus 34:7, “...[The Lord] punishes the children and their children for the sin of the fathers to the third and fourth generation.”

⁵¹ “But seek first his kingdom and his righteousness, and all these things will be given to you as well” (Matthew 6:33).

⁵² “I will give you the treasures of darkness, riches stored in secret places, so that you may know that I am the LORD, the God of Israel, who summons you by name” (Isaiah 45:3).

⁵³ Isaiah 45:3.

⁵⁴ Isaiah 49:16.

The Bible says we shall lay hands on the sick and they shall be healed, and these signs would follow believers.⁵⁵ This is a sign that must follow us as Christians. When we lay hands on the sick, their sins will be forgiven.⁵⁶ Those who are HIV positive, they will be healed and their sins will be forgiven. I believe in healing... God's will is that we must be healed. That is God's will.

Furthermore, she said that God wants to bless people so that others can see how God provides for God's people.

Pastors James and Dan preached a similar "cause and effect" model. In Dhumaylong, Pastor James led a special prayer for those affected by the recent xenophobic riots.⁵⁷ He explained that the Bible says, "Cursed is he who is unjust to the foreigner" and "We will be blessed if we favor orphans and widows."⁵⁸ Combining these assertions, he concluded that congregants "should contribute money to the xenophobic relief because God says we should be kind to foreigners and you'll also be blessed."

Pastor Dan preached a sermon based on *The Message's* version on Proverbs 16:20, "It pays to take life seriously; things work out when you trust in God."⁵⁹ He interprets that there are rewards for those who trust God and take life seriously. Notably Pastor Dan compared the rewards to a salary, which is *legally owed* (and therefore guaranteed) to the laborer. He encouraged congregants to trust God at all times and cited the common paraphrase of Proverbs 19:17, "He who lends to the poor lends to God,"⁶⁰ which he interpreted as saying, "When you

⁵⁵ Mark 16:17–18.

⁵⁶ The link between healing and forgiveness of sins is found in the Synoptic Gospels. Jesus heals a man with paralysis so that his audience "may know that the Son of Man has authority on earth to forgive sins" Matthew 9:6; Mark 2:10; Luke 5:24.

⁵⁷ In the May 2008 xenophobic riots, several of which took place in Dhumaylong, sixty-two foreigners were killed and some 45,000 people fled their homes. A large percentage of those who were attacked were Zimbabwean. Since 2000, between one and three million Zimbabweans have fled to South Africa. Some analysts attribute the violence in South Africa to "high unemployment, porous borders, one of the world's highest crime rates, poverty, police and government corruption, ineffective service delivery and an inept foreign policy in regard to resolving Zimbabwe's political impasse." United Nations Integrated Regional Information Networks, "South Africa: Xenophobic Attacks Spreading," AllAfrica <http://allafrica.com/stories/200805231033.html> (accessed May 20, 2008).

⁵⁸ Although lacking explicit cursing and blessing language, cf. Exodus 22:21–22, "Do not mistreat an alien or oppress him, for you were aliens in Egypt. Do not take advantage of a widow or an orphan;" for 'alien,' cf. 'stranger' (RSV) and 'resident alien' (NRSV).

⁵⁹ The NIV reads, "Whoever gives heed to instruction prospers, and blessed is he who trusts in the LORD" (Proverbs 16:20).

give to the poor you are lending to God. You're opening an account for God. . . . God becomes your debtor. . . and [that debt] is earning interest. If you don't loan God anything, you'll always be as poor as a church mouse. Trust God and receive a reward." He concluded by reminding believers of this cause and effect principle: by taking life seriously and trusting God, congregants could expect both to be paid and for things to work out in their favor.

Congregants also espoused the idea of "cause and effect." For example, Violet's son believed that his father died of a heart attack because he had pushed God too far by refusing to allow Violet to go to church. One young woman told her friend that if she did not start to attend the daily prayer meeting regularly, God would give her blessing to someone else; the friend's attendance improved markedly. A woman whose husband was rumored to be unfaithful told me that she claims as true that there should be only one woman for each man, adding that her husband should become a Christian and be protected from death. She trusts that God will eventually do as she asks.

Believers encouraged one another to pray continually and not to give up, even if the answer was a long time in coming. They are told not to be fooled by Satan's counterfeit. One morning Melinda excitedly told Pastor Linda that she had been praying for an Audi A4 and that she and her husband were going to look at one later that day. Pastor Linda warned Melinda that she had prayed for a new A4, and so if her husband wanted to buy her an old one, she must not accept it. Melinda had prayed for a new car, Pastor Linda said, and God does not give us things for which we do not ask. Sadly, not only was it an older model, but her husband wanted to purchase it for himself.

This system of cause and effect reinforces itself in part because it has a ready "escape hatch" when it seems to fail.⁶¹ If a prayer has not been answered, it is always the believer's fault for not having enough faith (or for having unconfessed sin, being part of a generational curse, etc.). People seemed reluctant to believe that the access to healing could be outside of their control.

The cause and effect model sometimes creates the illusion of individual agency in that the believer—perhaps more so than God—controls when the prayer will be answered by having the requisite faith on hand. Individuals essentially said, "My healing remains in my own hands and it

⁶⁰ The NIV reads, "He who is kind to the poor lends to the LORD, and he will reward him for what he has done" (Proverbs 19:17).

⁶¹ K. L. Sarles, "A Theological Evaluation of the Prosperity Gospel," *Bibliotheca Sacra* 143, no. 572 (1986): 343.

is within my control to determine when I am healed.” The system is also paradoxical: a woman who is praying for healing, for example, can never come to terms with her sickness because doing so would signify a lack of faith. Instead, she is supposed to “believe and not doubt,” acting as if she has received the answer to her prayer.

Positive practices associated with belief that God can heal HIV/AIDS

Three positive implications arise from women’s beliefs that God heals all diseases, including HIV/AIDS. While I cannot say whether these beliefs actually affect physical or emotional wellbeing, I can explore how these convictions affect other practices (such as seeking medical attention or disclosing status) and perspectives (particularly regarding how AIDS should be regarded in relation to other diseases).

Pray and seek medical attention

First, when the evidence of healing is understood to be a negative HIV test, belief in healing can affirm the authority and utility of modern medicine. People who believe in healing also endorse medicine when they encourage individuals who are HIV positive to access medical care. Given that not all people are immediately healed, appreciation for the medical profession works against harmful messages that would require people to stop medical treatment without “proof” of healing.

Many of my participants did not see a conflict between praying for healing and seeking medical attention. Pastor Linda believes that God gave wisdom to the people who discovered medication, and thus medicine comes from God, not from the devil. She continued taking her diabetes medication until the doctor confirmed that she had been healed. For Pastor Linda, there was also the matter of safety. She said that people should remain on their ARVs while they are praying for healing until their HIV tests comes back negative because “the church must not be blamed.” This kind of practicality showed Pastor Linda’s awareness that people are not always healed and that problems can arise when pastors or evangelists wrongly claim that someone has been healed.

Participants in a Bethel focus group confirmed their support of medicine by saying that churches could help people living with AIDS by encouraging them to take their medicines

regularly and by building hospices. A Dhumaylong focus group suggested that churches could help people with HIV by starting support groups and—combining physical care with evangelistic concerns—by opening hospices so as to lead people to Christ. These women also said that they could show people love by bathing the sick, providing food and medication, sharing positive words, and regularly visiting hospices and hospitals. This range of suggestions shows the ways in which women see prayers for healing and medical practices as working in tandem.

Lara's support group intentionally provides its participants access to medical professionals. Lara says that by the time members join the support group, they are often on anti-retroviral medication and are very sick. A dietician and doctor attend the meetings and offer free medical advice. The group members all pray to be healed, but they also provide encouragement to one another and share practical tips on dealing with the physical difficulties of HIV infection and ARV treatment.⁶² The church clearly demonstrates that prayers for healing and medical treatment are not mutually exclusive.

Pentecostals further demonstrate respect for the medical profession in that the “proof” of healing is a negative HIV test confirmed by medical professionals. From the time she learned of her status, Lara went for testing regularly. Until 2005 the tests confirmed that she had *not* been healed. Negative HIV tests established her healing and the healings of eight other individuals in her support group. Similarly, Violet said that many people in her church had been healed of AIDS, with certification from their doctors as proof. As we talked, Lara noted that she needed to be tested again, indicating that one HIV negative test is not enough. She plans to be tested regularly, which means not only that she will have continued affirmation of her faith for as long as she remains in good health but also that she will know and receive care should she take a turn for the worse.

Many individuals in these communities do not see faith in healing and faith in medicine as contradictory. By way of example, my visit to South Africa coincided with winter, a time when people are more vulnerable to colds and flu. This provided the background to family devotions one night, when Pastor Linda's sixteen-year-old son shared from the book of James, reminding us that God promises to heal people who are sick. A few days later I told Pastor Linda that I was

⁶² Thomas, 117. Although not all support group members started attending the church, the community's role in providing for individual livelihood helps transform “vulnerable individuals” into community members. Linda Thomas observed this process in her anthropological research of an African Independent Church outside of Cape Town.

not feeling well. Instead of offering to pray with me, as I expected, she offered me cough drops and other medicine.

Disclosure: Accessing Assistance, Promoting Emotional Wellbeing

A second helpful practice associated with prayers for healing is disclosure. HIV positive people are often encouraged to disclose their status to trusted friends so that all can pray more effectively. In a best-case scenario, disclosure reduces individual stress, enhances relational intimacy, and allows an individual to continue coming to terms with positive status. Seth Kalichman et al. say that disclosure may be motivated by an individual's desire "to maintain honesty in a relationship, relieve the stress of concealing one's HIV-status, or to access social support."⁶³ Disclosure can be particularly risky with HIV/AIDS, though, given the associated stigma. Even so, Kalichman et al. show that the social support disclosure can bring "is an important aspect of psychological adjustment for many people living with HIV infection," as it can make stress more manageable and promote emotional wellbeing.⁶⁴

The secret burden of one's positive status can have a severe effect on an individual's health. Lara, who did not disclose to anyone other than her pastor between 1994 and 2003, says that the secret "ate her alive." She said, "Even when the birds are singing, I thought they were laughing at me. When people were laughing in the streets I thought they were talking about me. It's so traumatic."

Lara did not want to go forward to receive prayer for healing, because it meant disclosing her HIV status. That night in 2003, she was suspicious of the Ugandan preacher who gave his testimony of being healed of HIV. In her words, "The church was packed, but we were looking at him like, 'This one, he's just here to make money.' When he was preaching, though, the Holy Spirit kept on saying to me... 'when he asks people to come forward for prayer, you should go.' And I thought, 'not in your wildest dream, Holy Spirit. I'll do this alone with my God in bed at night, but I'm not going to stand up.'" Despite those feelings, on the next night Lara went forward to receive prayer. When she did, she said that a weight lifted and that her life became

⁶³ Seth C. Kalichman and others, "Stress, Social Support, and HIV-Status Disclosure to Family and Friends among HIV-Positive Men and Women," *Journal of Behavioral Medicine* 26, no. 4 (2003): 316.

⁶⁴ *Ibid.*, 315.

easier and lighter. Pastor Linda also encourages disclosure, without which, “It’s like living with a problem and never shedding a tear.”

Some women said that refusing to disclose one’s positive HIV status can create a barrier to healing. Pastor Linda says, “I believe that if someone comes to me for prayer and they are not honest, God will not heal them if they lie about why they are seeking prayer.” She compared HIV to leprosy, saying just as people with leprosy had to announce their illness, so too should people with HIV.⁶⁵ Mrs. Kgopa agreed that people who do not disclose their sickness may not be healed: “They are lying to God.... This is partly why disclosure is so important.” Mrs. Mmoeng said that her Wednesday Prayer Group emphasizes confession alongside confidentiality. The group prayed for one woman who disclosed her status and was healed, although they did not know whether she tested negative for HIV. Another woman requested healing but did not disclose her status. Presumably she died of HIV/AIDS-related illnesses. These stories emphasize honest and open disclosure as prerequisite to healing. With their emphasis on confession and confidentiality, the Wednesday Prayer Groups create a safe place to disclose. When disclosure is well received, the individual not only accesses more efficacious prayers (so say these women) but may also accrue the above-mentioned benefits of social support, relational intimacy, and relieved stress.

Disclosure that leads to social support promotes psychological adjustment. Violet disclosed her status to her son and to her Wednesday Prayer Group. She guards her secret from those she deems untrustworthy, but she has gained immense support from those to whom she has disclosed. She told me that sometimes her prayer partner will call her just to encourage her and that together they thank God for her healing. Violet’s disclosure has resulted in enhanced social support and relational intimacy. Furthermore, by telling several of her family members and friends, she demonstrates a tacit acceptance of her HIV-positive status, even if she only believes it to be temporary.⁶⁶

In general, many Pentecostal communities strive to provide social support. This makes them promising places for disclosure. In both Bethel and Dhumaylong, participants knew that their pastors would provide spiritual and material assistance to them in times of crisis. In Bethel,

⁶⁵ Leviticus 13:45 required people with leprosy to warn others by saying “unclean.” There are no references to this practice in biblical narratives, and so it is unclear whether it was normative.

⁶⁶ As I mentioned above, praying for healing does not necessarily imply acceptance of status because of prosperity-oriented beliefs that individuals should “act as if they have received the answer to their prayer.”

gaining access to the church's social support was a major reason that people said they would disclose if infected. My participants expressed a deep desire to connect with other women, to share their burdens in a confidential setting, and to gain assistance (emotional, spiritual, or physical). Nevertheless, honesty does not always result in community support, and the women of Dhumaylong repeatedly expressed their wariness of gossip.

One Sunday morning Ma Meruti called a family to the front for prayer, reminding the congregation of the importance of community support. The family consisted of a 30-year-old woman and her orphaned nieces and nephews for whom she served as primary caregiver. The woman has bi-polar disorder, and the family was struggling financially. Ma Meruti prayed, "Lord, I ask for your forgiveness for not looking after our sister; for not being close enough and taking proper care of them... We are our brothers' keepers, and we will be responsible for this family." Ma Meruti reminded the congregation of their obligation to look out for one another and to be close enough to one other that they could identify and meet needs. As these ideals are embodied, Pentecostal communities can create safe places for HIV positive people to disclose.

Combating Stigma: "AIDS is like any other disease"

A third valuable implication of belief in healing is that it opens the door to treating AIDS like any other disease that God heals, thereby lowering the level of associated stigma. According to Goffman, stigma can mean that an individual's HIV status outweighs the claims that individual may have on her church as an insider or a member.⁶⁷ Fife and Wright add that the stigma of AIDS is associated with "physical imperfection, character flaws, and membership in a negatively regarded social group;"⁶⁸ stigmatization brings social rejection, internalized shame, social isolation, and economic discrimination.⁶⁹ According to UNAIDS, HIV-related stigma has two primary causes: the fear of catching the disease and the prejudices people hold against people living with HIV.⁷⁰ Stigma undercuts prevention and treatment efforts (i.e., people less likely to

⁶⁷ Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity*, 1st Touchstone ed. (New York: Simon & Schuster, 1986). See also Chapter Two.

⁶⁸ Betsy L. Fife and Eric R. Wright, "The Dimensionality of Stigma: A Comparison of Its Impact on the Self of Persons with HIV/AIDS and Cancer," *Journal of Health and Social Behavior* 41, no. 1 (2000): 52.

⁶⁹ Ibid.

⁷⁰ UNAIDS, 76.

learn about HIV, be tested, or use condoms) because they associate the disease “with marginalized populations that are most heavily affected.”⁷¹ Fearing discrimination, HIV positive people also may be reluctant “to seek care and treatment, adhere to treatment, and disclose their HIV status to their sexual partners.”⁷²

UNAIDS has shown that discrimination, stigma, and social marginalization are key societal factors that increase HIV risk.⁷³ Treating AIDS like diseases that are not associated with sexuality or individual morality can help to normalize HIV to some extent. If the disease is no different than other illnesses, at least in some respects, then perhaps the individual is no different and therefore not deserving of a stigmatized status.

To counter people’s particularly overwhelming fears about HIV, Pastor Felicia tells her congregation that AIDS is just like any other sickness. She compares it to high blood pressure and sugar diabetes, as they are incurable diseases that can be managed with medication for twenty to thirty years.⁷⁴ Pastor Felicia tells her congregants that it is fear, not HIV, that kills some people. She takes HIV/AIDS seriously as a disease that provokes anxiety, but she focuses on God’s faithfulness and the possibility of living positively.

Pastor Felicia’s turn to this position started when she realized how quickly people were dying after receiving their HIV diagnoses. She saw otherwise healthy people lose weight, become sick, and die within three to four months of diagnosis.⁷⁵ She came to believe that “these people [were] not being killed by AIDS—these people [were] being killed by the things they have heard.”⁷⁶ To illustrate how fear can paralyze even the most faithful people, she shares the story of the prophet Elijah in ancient Israel. Just after he called fire from heaven, defeating the prophets of Baal on Mount Carmel, Elijah received a life-threatening message from Queen Jezebel. Pastor Felicia interprets, “The Bible says he was so frightened he went away and sat under a tree and prayed

⁷¹ Ibid., 76–77.

⁷² Ibid., 77.

⁷³ Ibid., 65.

⁷⁴ I met Pastor Felicia through a focus group participant who echoed her pastor’s belief that AIDS is like any other disease. A handful of other women expressed similar beliefs about HIV.

⁷⁵ One Bethel woman told us that she had just buried her sister who died within hours of receiving her HIV diagnosis.

⁷⁶ Lara said that “people are not dying of AIDS, they die because of fear, stress, and worry [that] call the sickness out in full force.”

that he would die.” Despite God’s demonstration of power earlier that day, Elijah feared for his life.⁷⁷ Pastor Felicia continues, “So the Lord showed me that the thing that kills people is what they’ve heard about AIDS,” i.e. not the disease itself. In other words, just as Elijah’s fear caused him to pray that he might die, so also can the fear of HIV lead an otherwise healthy person to die prematurely.

In Pastor Felicia’s retelling of this story of Elijah, she reminds believers that their fear or faith does not change the reality of God’s power and presence in their lives. God was present and powerful not only when Elijah triumphed over false prophets but also when Elijah received the message threatening his life. Fear changes individuals’ outlooks, but with belief in and the help of an all-powerful God, people *can* overcome fear and live positively.

Pastor Felicia does not neglect the reality of HIV/AIDS as a sexually transmitted disease. In each service she preaches prevention messages: abstain, be faithful, and condomize.⁷⁸ At the same time, by treating HIV/AIDS as comparable to other diseases (ones which may also be prevented, treated, or healed), she undermines its stigmatized status. HIV becomes manageable by virtue of its association with other well-known manageable diseases. By saying that God can heal an incurable disease, Pastor Felicia reminds believers that although humans have not found a cure for AIDS, God is still all-powerful and able to heal. Furthermore, reminding people that they can live with HIV, that AIDS is not equivalent to death, can ease anxiety and make it easier both to be tested and to disclose.

Negative Aspects of Healing Discourses

The prominence of healing discourses can confirm the legitimacy of the medical community and lead HIV positive people to access medical care, disclose their HIV status to trusted friends, and feel less stigmatized when AIDS is treated like other diseases. However, discourses about healing are not unproblematic. Below I consider the sometimes tenuous relationship between healing and medicine, the continued focus on individual morality rather than structural sin, and the implications of viewing prayer as having guaranteed results.

⁷⁷ 1 Kings 18–19.

⁷⁸ As I mentioned in Chapter Two, when citing the A-B-C message made popular in Uganda, many pastors replace “condomize” with “Christianize.” Pastor Felicia says that she teaches about condoms both because not everyone in the service will be able to choose to abstain and be faithful and because using condoms may save their lives.

Faith and Medicine: A Sometimes Tenuous Relationship

Although many Pentecostals believe that medicine and healing are complementary, sometimes pastors and other believers send mixed messages. According to prosperity theology, believers should *act* as though they have already received the answer to their prayer. In some cases, people may forego medical care as a sign of faith. Pastor Felicia says that while she does pray for people's healing, she does not make any recommendation whether they should be retested or stay on medication. One Bethel woman said that she wondered whether some people may already be healed of HIV but remain afraid, and so they continue taking their medicine; which may imply that people who believe they are healed do *not* need to take medication.

The tension between faith and healing was noticeable in a discussion I had with Violet, who was diagnosed positive in 2005. I asked her whether she is taking ARVs, to which she responded, "No, I'm eating vegetables, I keep myself busy, I'm not worrying. I'm going to church and worshipping God. I don't stress myself because most of the times when you think about this you stress yourself and become ill." Instead of dwelling on her illness, she said, "I tell myself that I am healed because [Jesus] died on the cross for each and every disease." When she told her son she was HIV positive he responded, "Don't believe what those doctors are saying. Believe God. You are not sick." Of her regular appointments with her doctor, also a born-again Christian, she said: "Every time I go he's telling me that I'm healed: 'Don't worry about anything, just focus on your digestion, what you eat, then live a normal life.'"

When Violet was diagnosed with HIV, her doctor told her that he was going to treat her for high blood pressure and sugar diabetes but not for HIV. He advised her to eat a healthy diet, not to have sex (but if she did so to use a condom), not to drink alcohol, and not to be stressed. Her latest test showed a healthy CD4 count of 480, which is almost normal and means she does not need ARV treatment.⁷⁹ She related her doctor's words, "Your faith, it's your faith that is doing this." Violet does not deny that her blood still tests positive for HIV and that as such, she is not "fully healed" like Lara. She remains confident, though, that she will eventually be completely healed and test negative for HIV.

⁷⁹ Cf. PlusNews, "South Africa: ARV and TB Drugs Taken Together Halve Deaths," PlusNews (accessed May 1, 2008).

Violet's doctor has provided her health care and advice, neither of which is overly problematic. He has advised her to be healthy and control the aspects of her life (diet and stress level) that could cause problems. He has not withheld treatment, as only patients with a CD4 count below 200 are eligible for ARV treatment in South Africa. Similarly, though Violet's son told her that she must believe that she is not sick, he has not discouraged her from accessing medical care. Nevertheless, the balance between modern medicine and belief in healing can be tenuous.

Blaming the individual

Second, just as retribution theology blames the individual for contracting HIV (e.g., “*you reap what you sow*”), so also can healing discourses blame individuals for not being healed. The focus on the individual obscures the complexity of HIV/AIDS infection, prevention, and treatment. In particular, people emphasized the role of the individual when they explained why people are not healed. When I asked my participants why God might heal some but not others, the majority explained that the individual probably just did not have enough faith. Similarly, according to Lara, God has healed everyone in her support group, but an individual's *heart* must be ready before the evidence of healing is revealed.

The belief that access to healing is ultimately under human control (e.g., “If I have enough faith, then I'll be healed”) may mean that responsibility for healing lies more with the individual than with God. This can create immense shame, which is often already present because HIV/AIDS is stigmatized. Penelope, who has been living with HIV since 1990, exemplified some of the internalized guilt and blame that can be exacerbated by these messages about healing. She said that prayer does wonders and that she always advises people to keep praying. Nevertheless, she explained that healing depends on one's level of faith: by implication, Penelope does not have enough faith, since she has not been healed. Melinda observed that Penelope seemed to blame herself, believing that her prayers did not reach God.⁸⁰

⁸⁰Charles Farah, “A Critical Analysis: The ‘Roots and Fruits’ of Faith-Formula Theology,” *Pneuma* 3, no. 1 (1981): 20. Farah discusses the tendency of prosperity teachers to “blame everyone but oneself” when prayers go unanswered.

Prayers for prevention?

A third negative implication of healing messages was their application to HIV prevention, which I found to be much more common than conflicts between faith and medicine. The resolution of Lara's circumstances (i.e., her negative HIV test and the testimony that God healed Lara at Christian Worship Center) can lead to the perception that she and her community have controlled the outcome of her diagnosis. These individuals can then understand as causal the relationship between their prayers and Lara's negative HIV test, creating an expectation that future impossible situations can also be solved through prayer alone.⁸¹

Testimonies like Lara's play an important role in Pentecostal communities. Nearly all of the women with whom I talked would readily relate their conversion story. Sharing these accounts is an important way for women to encourage and remind one another of God's faithfulness.⁸² However, when prayer becomes understood as a successful means for resolving a virtually impossible situation, it could then be translated into a seemingly viable strategy for another equally impossible—and widespread—situation, namely prevention of HIV infection. I particularly have in mind HIV transmission in the context of gender inequality.

According to my participants, if a woman suspects her husband of unfaithfulness, she cannot ask him to use a condom because he will refuse. Furthermore, she cannot deny her husband sex because of cultural and religious beliefs that her body belongs to her husband. Finally, she may not leave her husband, either because of her own economic insecurity or because of the church's teachings that she must submit to her husband and that God hates divorce.

These two obstacles to human flourishing, a positive test for HIV and a suspected unfaithful husband, seem equally impossible to overcome. It is not hard to understand, then, why some women who believe that God heals of HIV also believe that God can protect them from infection, a sentiment I heard frequently. Pastor Felicia said she would recommend prayer in response to a suspected unfaithful husband:

My answer would be, "You know what—because we cannot judge him, we didn't see him playing around—what we can do? We can pray and trust God because you cannot say to

⁸¹ For a helpful discussion about "learned hopefulness" see M. A. Zimmerman, "Toward a Theory of Learned Hopefulness: A Structural Model Analysis of Participation and Empowerment," *Journal of research in personality* 24, no. 1 (1990). I point out that praying for prevention is different than prayer for healing. That is, *even if* an individual never tests negative for HIV there are positive benefits including these helpful practices mentioned earlier; these benefits *do not* accompany prayers for prevention

⁸² Thomas, 119.

[your husband], ‘Wear a condom,’ because he will ask you, ‘Why?’”...I teach these women, “You must pray and at least once in three to five years, you must go and check your status.”

Other women agreed that they would recommend prayer as a prevention strategy. Masego, age 21 and single, said that women should pray for their husbands to be faithful and for their own safety. She says, “If we trust the Lord and we are faithful to the Lord, he will protect [women with unfaithful husbands] from HIV.” Violet, infected by an unfaithful husband, also suggested prayer and wifely submission as the best course of action for those in abusive situations.

These prayers for prevention, as a subcategory of prayers for healing, are inextricably linked to the wider context of gender inequality, the topic of the previous chapter. To be fair, Pastor Felicia’s “solution” to the problem of unfaithful husbands (i.e. HIV testing and prayer) does serve a purpose, since through their prayers women are claiming some sense of agency within a disempowered context. While their culture and religion may give them few tools to negotiate sexual relationships, these women can still turn to their all-powerful God, taking initiative and feeling accepted. In practice, though, women understand that not all prayers are answered, and recommending prayers for prevention does not amount to a sustainable prevention strategy. Thus if those within the church want to stop HIV transmission, their long-term strategies must address the underlying injustices that perpetuate the spread of the virus.

Normative Implications

Skeptical Scrutiny: Who benefits from these beliefs?

As part of the social critic’s process of “questioning everything,” whether research questions or communal and personal norms, here I reflect on those who benefit from theologies of healing and prosperity. Most obviously, women’s beliefs about healing and prosperity benefit purveyors of these messages, namely pastors, evangelists, and televangelists. Women contribute their time, money, and effort to further these leaders’ work. The churches I studied in Dhumaylong and Bethel are predominantly female and could not survive without the organizing and fundraising of women, those who through their work and their funds “sow” into the kingdom while hoping for future reward. Prosperity-oriented beliefs make the lives and ministries of these leaders easier in another sense. Because of the inherent “escape hatch” found in prosperity theology, unanswered prayers can always be blamed on an individual’s lack of faith. This answer is both easy to

explain and non-threatening to a given ministry's integrity; the ministry can simply refer to other "more faithful" individuals to defend the legitimacy of its message.

My participants also benefit directly from their beliefs in healing and prosperity. Their faith in God's healing power is sincere, and many have witnessed confirmation of their faith through their own or another's healing. Belief in healing and blessing (guaranteed or not) provides hope, something to look forward to and hang onto despite overwhelming pressure. Although beliefs about prosperity and healing benefit people who have faith and receive answers to prayers, those who struggle—whether because of outside circumstances or a medical condition—have a more difficult time. Despite the fact that these churches can serve as wonderful places of support, there are moments when they can be difficult places for the believer. Melinda told me that when her young son died in a car accident, fellow believers asked her what sins she had in her life that would have caused this to happen. Like other women, Penelope believes in healing but said that it depends on an individual's level of faith. When I met her, she was not part of a church community, although she had at one point attended Violet's church, Christian Worship Center. I could not help but wonder whether Penelope chose not to attend church because of the incommensurability of accepting of her HIV status and believing that people who have faith should be healed (thus indicating her "lack of faith").

Critical Inquiry: Beliefs about healing and HIV/AIDS

The first task of the social critic is to increase knowledge through critical inquiry, gaining insight into a range of perspectives. I found that although there seems to be a disconnect between "acting as though you have received healing" and going to see a doctor, in most cases people resolved this tension by continuing to seek medical attention—even after they received medical confirmation of healing. Although Violet believes she is healed, she regularly sees her doctor. Even though Lara tested negative for HIV, she gets tested periodically. Non-governmental organizations and outsiders to Pentecostalism, many of whom are concerned that Pentecostal healing messages might lead to more infections, can have a more nuanced perspective that many Pentecostals pray for healing *and* take their cough medicine. There were exceptions, though.

I found two unexpected and dangerous implications of prosperity-oriented beliefs in healing that teach "guaranteed healing." First, such teaching can exacerbate internalized stigma for believers who are not healed. When these individuals are told that they are not healed because

they lack faith, barriers arise that can prevent people from accessing community and spiritual resources. A second problematic implication of “guaranteed healing” occurs when faith in God’s power to heal parallels faith that God will prevent HIV infection. In this case, “acting as though you have received an answer to your prayers” means that women do not take other actions to prevent HIV infection. I discuss these challenges below.

Deliberative Inquiry: What is said and unsaid about HIV/AIDS and healing

Deliberative conversations, i.e. focus group discussions and follow up interviews, created the conditions in which marginalized voices could be heard. The deliberative process is particularly important in addressing HIV/AIDS because a great deal of silence surrounds the disease. I found that questions about healing, a core Pentecostal belief, provided an entrée into conversation about HIV/AIDS. In other words, ‘healing’ may be a better starting point than ‘prevention’ for engaging Pentecostal believers on the topic of HIV/AIDS.

In focus groups in Dhumaylong and Bethel, my participants consistently located HIV in the wider community, not inside the church. For example, women spoke about HIV/AIDS in abstract terms and linked their proposed solutions to evangelism. Women in Bethel said that they could support people with HIV/AIDS by “telling them about Jesus, who cares for them and [by telling them] that there is hope.” In Dhumaylong, women suggested showing people love in order to “draw more people to Christ.”⁸³ Although some people in these churches are statistically likely to be HIV positive, tying AIDS work to evangelism indicates that women do not see AIDS as a problem within their congregations or perhaps that the topic of AIDS within the church hits too close to home, so to speak. Distancing AIDS from the congregation is likely connected to church leadership, insofar as the pastors of these congregations held a similar view that AIDS was not a problem in their churches. By contrast, Pastor Felicia and Pastor Vince both talked about HIV/AIDS frequently in their churches in contexts of healing and, in Pastor Felicia’s case, in terms of prevention.

Among my fifty or so interviewees, only three women volunteered their HIV positive status. Lara had publicly disclosed in 2003 but is now testing negative. Both Violet (who disclosed selectively) and Penelope (whose mother had disclosed publicly on her behalf years earlier) had

⁸³ In Bethel, suggestions included building hospices and hiring people to work, organizing counseling seminars, supplying food, clothes, and money, and showing love and praying for them.

not sought testing intentionally but were diagnosed after going to the doctor for other ailments.⁸⁴ In my conversations with these three women, I saw the ways that healing discourses could give hope for a better future at the same time they could induce guilt over perceived lack of faith. Lara, Violet, and Penelope also spoke of the immense stigma that surrounds disclosure—even within church communities—and shared the overarching belief that God can heal people of HIV.

Institutional Changes: Rethinking theology in an age of AIDS

I have explained throughout that Pentecostal commitments include following Scriptural principles and believing that God desires them to live abundant lives. Here I address ways to help HIV positive people live more abundant lives while maintaining faithfulness to Scripture.

After our interview with Pastor Felicia, Melinda related an experience she had at Pastor Felicia's church. During a New Year's Eve service, a man told an usher he was thirsty; the man was painfully thin with visible sores characteristic of advanced stages of AIDS. The usher brought him a cup of water with a drinking straw and helped him take a sip. Melinda vividly remembered the details of this incident; she was moved by the usher's simple kindness, acceptance, and compassion.

To bear each other's burdens truly,⁸⁵ a church must be honest and accepting in naming these burdens. Pastor Felicia does this by directly speaking to peoples' fears about infection and diagnosis. The usher did so by bringing a glass of water with a straw and helping a sick man take a drink. As one of her congregants attested, under Pastor Felicia's leadership, the church honestly names and accepts the realities of HIV/AIDS and has become a community known for welcoming people who are HIV positive.

To enhance the lives of HIV positive people, churches can also counter negative prosperity messages by combining teachings about healing and living positively. Pentecostals want to be faithful to Scripture, and Scripture itself provides a counterbalance to abusive prosperity messages. The apostle Paul writes of a "thorn in [his] flesh," a messenger from Satan to torment him. Although Paul pleaded that the Lord take it away, it was not to be. Paul makes clear that the thorn is not a punishment for sin; nor is it a test that he must pass. It is simply a reality with

⁸⁴ Most of my participants did not have young children and so were not tested under recent government parameters designed to provide drugs to prevent mother to child transmission.

⁸⁵ Cf. Galatians 6:2, "Bear one another's burdens, and so fulfill the law of Christ" (RSV).

which he must live. Paul says that the Lord appeared to him and said, “My grace is sufficient for you, for my power is made perfect in weakness.”⁸⁶ It seems that Paul stopped asking for the removal of the thorn, resting instead in the knowledge of God’s grace. Paul offers similar thoughts in Philippians. His contentment is not based on being well-fed or hungry, having needs or having plenty. Rather, he says, “I have learned the secret of being content in any and every situation...I can do everything through him who gives me strength.”⁸⁷ At the same time, the church has an obligation to give food, drink, shelter, and clothing and to visit the sick among us—to do so for “the least of these.”⁸⁸

Teachings about healing can be a helpful way to start conversations about HIV/AIDS. By all means, Pentecostals should keep praying for healing because—as I have shown above—there are definite benefits to this practice. Furthermore, praying for healing is a faithful enactment of scriptural teachings. Nevertheless, reality attests to the fact that there has been no *deus ex machina* moment in the AIDS pandemic. As churches like Pastor Felicia’s encourage HIV positive people to pray for healing and live positively, stigma will be reduced, community members can better bear each other’s burdens, and people who are HIV positive will live more abundantly.

Conclusion

Funerals are a part of life, whether we live in the U.S. or South Africa. One Saturday on the way to the shopping mall, Pastor Linda pointed out the many large tour buses on the road. She told me that the buses are rented to take people to funerals, which happen every weekend. The whole community shows up for the service and the reception that follows. Companies have started to sell funeral insurance so that through small monthly payments a family can cover costs when a member dies. Some people even attend church so that when they die, they will have someone to bury them. Several women spoke gratefully of the support their churches offered in covering some of these costs when their husbands died.

Whether in spite of or in light of the weekly reminders of life’s frailty, belief in healing is an important part of Pentecostal belief. It affirms God’s omnipotence, nearness, and present

⁸⁶ 2 Corinthians 12:7–10.

⁸⁷ Philippians 4:11–13.

⁸⁸ Matthew 25:35–40.

concern. Congregants believe they have access to the throne-room of God, where Christ is intercedes on their behalf. Such faith provides a sense of agency, for they will have appealed to the highest imaginable power.

On the first day of the week, believers gather to celebrate God's presence and remind themselves of God's providence. On the last day of the week, they gather in memory of family members and friends who have passed on. Read one way, these moments of celebration and grief are a full week apart. Read another way, they are separated by mere moments. It is in light of the proximity of life to death that theologies of healing and prosperity must be reinterpreted. How U.S. Pentecostals could respond to South African women's realities constitutes Chapter Five.

CHAPTER V

AN A-B-C-D STRATEGY: ABSTAIN, BE FAITHFUL, AND USE CONDOMS OR DIVORCE

“Dear friends, do not believe every spirit, but test the spirits to see whether they are from God, because many false prophets have gone out into the world.” 1 John 4:1

The Importance of Method

When I first became interested in the topic of Pentecostalism and HIV/AIDS in Africa, I was motivated by the immense challenges African believers face in addressing the disease as well as by the possibilities that denominations in the U.S. and abroad have as delivery systems of messages and programming. At the time, though, there was little interest among U.S. evangelicals and Pentecostals in the AIDS crisis. A 2001 Barna survey commissioned by World Vision found that among all Americans only 8 percent said they were definitely willing to donate for international AIDS prevention and education. Among evangelicals, the number was even lower: 3 percent. Sixty-one percent said they were unlikely to assist overseas AIDS prevention and education programs, and 54 percent were unlikely to donate to AIDS orphans.

In the past decade, evangelical and Pentecostal denominations, organizations, and individuals have increased efforts to prevent the spread of HIV/AIDS and enhance the lives of infected and affected people. Even so, the process of *how* programs are developed or modified is not always transparent. This is most evident in the story of Bruce Wilkinson, detailed in Chapter Two. When his plan to build a 32,500-acre Disneyesque destination was denied, Wilkinson left Swaziland in December 2005 to retire. Now he has resumed his public ministry, scheduling speaking engagements throughout the U.S. in 2009. Wilkinson’s first book in six years is set for release on

September 15, 2009 and reveals keys “that result in predictable miracles as you serve others following the promises and patterns of the Bible.”¹

In the aftermath of Wilkinson’s exit from Africa in December 2005, beyond one *Wall Street Journal* article there has been little conversation about what went wrong.² Yet the scope of his endeavor and the magnitude of his failure make his experience an important learning opportunity. A productive discussion of Wilkinson’s experiences could help evangelicals and Pentecostals to avoid repeating his mistakes. The lack of discussion highlights the importance of methodologies that take seriously global partnership and that commit to deeper understandings of problems before suggesting solutions.

In a best-case scenario, liaisons between U.S. and South African churches flourish as each partner recognizes institutional strengths and needs. In less effective cases, U.S. workers have good intentions and enter communities with a preconceived plan based on mistaken assumptions about South African life. Such projects do not always adapt well to local values and norms. For example, Wilkinson’s program would have established orphanages, but orphanages are not seen as an African solution since they remove vulnerable children from extended family support and eliminate connections to property and other resources that children might inherit.³ Yet U.S. communities often make such “good faith efforts,” believing that doing something is better than nothing. Whether these efforts actually enhance life varies on a case-by-case basis.

In this chapter I show how my method of Christian social criticism applies to U.S.-based programs. I also outline a strategy for HIV prevention: Abstain, Be Faithful, Condomize, or Divorce. This approach expands on the Uganda strategy and accounts for women’s experiences while cohering with Pentecostal community values. Before explaining this program, I summarize my findings thus far.

In Chapter One, I outlined my method of Christian social criticism, a deliberative process through which I suggest institutional changes, ones that are grounded in a nuanced understanding of context and that embody Pentecostal norms and values. Assuming a posture of skeptical scrutiny, the critic’s first task is to investigate and interpret a community’s norms and values.

¹ Bruce Wilkinson, “Bruce Wilkinson: Teaching for Lasting Lifechange,” www.brucewilkinson.com (accessed June 20, 2009). The book is entitled *You Were Born for This: Seven Breakthroughs to the Supernatural Life*. Wilkinson’s theology parallels aspects of prosperity gospel teachings about “naming and claiming it” and guaranteed results.

² Phillips. A *Christianity Today* article draws heavily on the *Journal* article as well. Morgan.

³ Cf. Phillips.

The second task is to facilitate deliberative inquiry and create a safe space in which to further the critic's and community's knowledge. The critic's third task is to suggest institutional changes by which the community can better embody its shared values.

I conducted participant observation, interviews, and focus groups in two South African church communities. Through extended conversation and deliberative inquiry, I found two issues especially relevant to women's experiences of HIV/AIDS prevention and care: gender inequality and healing/prosperity messages. My participants revealed that as Pentecostals they hold themselves accountable to at least two shared norms: faithfulness to God and Scripture and commitment to abundant life or human flourishing, terms I consider synonymous. These norms provide the ethical grounds for suggesting institutional changes.

In Chapter Two, I implemented my method by describing the historical, political, and social context of the two communities I studied. Understanding South Africa's history and current context leads to a better understanding of the interrelated challenges South Africans face, such as economic inequality, unemployment, violence, and racial injustice in addition to HIV/AIDS. Each of these other barriers to human flourishing could have constituted individual chapters in their own right, but I chose to focus my ensuing chapters on gender and the prosperity gospel because these topics came up most frequently in both suburban and rural contexts and because they were closely linked to specific church teachings.

Drawing on interviews and focus groups, Chapter Three showed how gender inequality renders women vulnerable to HIV infection and to domestic violence. Church teachings about gender roles, marriage, and divorce can perpetuate beliefs that women are inferior. My findings show that beliefs about marriage and divorce are contested within the congregations at Bethel and Dhumaylong. I argued that in response to this context of varied perspectives and because of a Pentecostal commitment to faithfulness to Scripture, churches should develop more robust teachings about Christian marriage. In particular, they should teach that violence is unacceptable and that women should be understood as ontologically equal to men. Similarly, churches should teach biblical perspectives on divorce, namely that divorce is permissible when the marriage covenant is broken (even if remarriage is still not advised). Implementing these institutional changes would not only be more faithful to Scripture but also could enhance the lives of women in these congregations by providing them with a wider range of choices. Christian teaching about gender equality would protect women from HIV by empowering them to negotiate within their

marriages or leave unfaithful men without the church's condemnation. The conclusions reached in Chapter Three are especially relevant to the work that I do in this chapter.

In Chapter Four, I showed how doctrines of healing and prosperity relate to HIV/AIDS. In particular, "naming and claiming it" can negatively affect congregations insofar as these teachings encourage people to "act as though their prayers have been answered" rather than realistically appraising the situation at hand. For example, some women respond to risk of HIV infection by praying for prevention of infection instead of negotiating with their husbands. Prosperity teachings causally link the individual's faith to HIV/AIDS prevention or healing instead of recognizing structural aspects of infection that exploit vulnerabilities and cause infection. Conversely, teachings that "AIDS is just like any other illness" (accompanied by prevention messages) can alleviate stigma and encourage disclosure to prayer partners. I argued that churches should take a long-range view of HIV that addresses stigma by recognizing that HIV is in the church and by emphasizing AIDS as a treatable (though not curable) medical disease. These changes would enhance the lives of HIV positive people in that they could access emotional, physical, and spiritual support. Additionally, congregations would participate in God's action in the world by addressing stigma in their communities and more faithfully embodying biblical principles such as love of neighbor.

Thus far, my recommended institutional changes have applied to the congregations to which my participants belong. These suggestions emerge from my own inquiry and deliberative conversations, especially those with women, some of whom are HIV positive. My suggestions are meant to further Pentecostal community values of abundant living and faithfulness to God and Scripture.

There are other conversation partners to whom I now turn, namely U.S. evangelical and Pentecostal ministries that address HIV/AIDS. In general, programs like those of the Warrens, the Assemblies of God, and Samaritan's Purse aim to prevent HIV and care for those who are infected and affected while maintaining a Christian witness and evangelizing. Their work has significant impact in the U.S. and other countries, and it influences how U.S. and African evangelicals and Pentecostals perceive both the problem of HIV/AIDS and what constitutes appropriate intervention. My fieldwork in South Africa (as explained in Chapters One through Four) illuminates the context in which these U.S. ministries work. My conversations with South African Pentecostal women give voice to people who are often marginalized. Based on my

participants' concerns, I analyze prevailing prevention strategies and place my participants in conversation with leading evangelical voices on the issue. I also suggest a strategy for U.S. ministries that could improve efforts to prevent HIV and account for the concerns of silenced voices including women and HIV positive people. As my ethical "test-case," I assess how well a given prevention strategy can speak to the experiences of a Christian woman who has an unfaithful husband, as this scenario pervaded my fieldwork.

Background: U.S. Organizations and their Work on HIV/AIDS

Before I evaluate specific programs, I will provide a brief overview of evangelical involvement in HIV/AIDS work. In the nine years since my first trip to Africa, there has been growing interest among U.S. evangelicals in addressing and preventing HIV/AIDS in a global context. In a 2004 survey, Barna found that 14 percent of evangelicals were willing to donate for AIDS work—almost five times as many as three years earlier, but still a very low number. During the same time U.S. evangelicals became involved in AIDS activism politically and financially both in the U.S. and through partnerships abroad, especially ones with local African churches.

A confluence of factors increased evangelical interest in HIV/AIDS. One early example came in 2002 when Samaritan's Purse (led by Franklin Graham) hosted a global Christian conference called "Prescription for Hope" in Washington D.C. Samaritan's Purse believed that the global church should be leading the response to HIV/AIDS with "action and compassion."⁴ The conference brought together more than 800 Christians from around the world, including first lady of Uganda Janet Museveni and leading experts who were addressing HIV/AIDS in local contexts. HIV/AIDS Prescription for Hope remains an active branch of Samaritan's Purse ministry. They mobilize, equip, and train church and community leaders to prevent infections among youth and mother to child transmission as well as to reduce stigma and increase testing. This program emphasizes abstinence and faithfulness messages but not condoms.⁵ In 2004

⁴ Samaritan's Purse: International Relief, "HIV/AIDS Prescription for Hope: A Christian Response to HIV/AIDS," <http://www.samaritanspurse.org/index.php/pfh/> (accessed June 22, 2009).

⁵ Graham said on a *Frontline* report that while he recognizes that condoms give a level of protection, they're not failsafe and "...so much of the world uses them improperly. They use them sometimes, part of the time, but not all of the time. All you have to do is have a failure one time, and then that's it." He says that behavior change is the key

Samaritan's Purse was one of eleven missionary organizations that received a combined \$100 million from the U.S. government to teach abstinence.⁶ The organization sees its most important contribution, though, as bringing "the message of hope found in Jesus Christ to those affected by this disease."⁷

Evangelical mobilization on HIV/AIDS also extended to U.S. foreign policy. According to Asteris Huliaras, evangelicals became "a major driving force in placing African issues on the U.S. government agenda."⁸ President George W. Bush's 2003 State of the Union call for Congress to devote \$15 billion over five years to battle HIV/AIDS was "heavily influenced by the president's evangelical backers,"⁹ including one of Mr. Bush's "spiritual advisors" Franklin Graham. The program is called PEPFAR: President's Emergency Plan For AIDS Relief.

Not only have evangelicals influenced the increase in AIDS funding, but they have also affected how that money is spent. In 2003 evangelical lobby groups such as Focus on the Family influenced the U.S. administration to focus AIDS programming and PEPFAR funding on abstinence and faithfulness, recommending condom use only under certain conditions (e.g., for truck drivers and sex workers).¹⁰ Between 2006 and 2008, PEPFAR funding was restricted such that 20 percent went to prevention efforts, a third of which were designated for abstinence until marriage programs.¹¹ Organizations receiving funds had to pledge opposition to prostitution, and

to winning the fight against AIDS: "We cannot continue living in sin and think that we're going to be safe and we're going to be OK. We have got to be able to fight this and attack this by using God's standards, which, unfortunately, the United Nations and many governments do not want to do. They do not want to accept God's standards." Greg Barker, "The Age of AIDS, Part 2," in *Frontline* (2006).

⁶ USAID Press Release, "\$100 Million in Abstinence-Focused Grants for HIV/AIDS Prevention Awarded under President Bush's Emergency Plan for AIDS Relief: Faith-Based Community Plays Key Role in Expansion," USAID <http://www.usaid.gov/press/releases/2004/pr041005.html> (accessed July 2, 2004).

⁷ Samaritan's Purse: International Relief website.

⁸ Asteris Huliaras, "The Evangelical Roots of U.S. Africa Policy," *Survival* 50, no. 6 (2008): 161.

⁹ *Ibid.*, 166.

¹⁰ *Ibid.*

¹¹ Other monies funded ARV treatment and prevention efforts such as counseling, injection safety, blood safety, education, and condoms.

none of the money could go to fund abortion. In 2008, however, Congress dropped funding restrictions on allocations for prevention and abstinence programming.¹²

In the last decade, Rick and Kay Warren of Saddleback Church have become the evangelical leaders in raising awareness and creating programs to address HIV/AIDS. In 1979 the Warrens started a home Bible study that became Saddleback Valley Community Church.¹³ Now the church has more than 200 ministries and a weekly attendance of 22,000.¹⁴ The October 2005 *Christianity Today* cover showed Rick and Kay Warren standing among a crowd of smiling black African children. The article described “Purpose Driven Rwanda” as the Warrens’ “sweeping plan to defeat poverty,” building on the successes of Rick’s books about having a purpose driven church and life.¹⁵ The article also detailed Kay’s personal involvement in Saddleback’s HIV/AIDS Initiative, which includes the online HIV/AIDS Caring CommUNITY. Addressing the global AIDS crisis is also part of the P.E.A.C.E. plan (Plant new churches or Partner with existing ones, Equip leaders,¹⁶ Assist the poor, Care for the sick, and Educate the next generation),¹⁷ which sends volunteers overseas to train local church partners to address “global giants” (e.g., spiritual emptiness, poverty, and disease) without creating local dependences on outside resources.¹⁸

¹² Kellie Moss, *International HIV/AIDS, Tuberculosis, and Malaria: Key Changes to U.S. Programs and Funding* (Washington D.C.: Foreign Affairs, Defense, and Trade Division, 2008), 14. Critics say that emphasizing abstinence and faithfulness has led to condom shortages such as one that was in Uganda in 2005, although others denied that a shortage existed. Lawrence K. Altman, “U.S. Blamed for Condom Shortage in Fighting AIDS in Uganda,” *New York Times* 2005.

¹³ Saddleback Church, “Saddleback Church: One Family...Many Locations!,” Saddleback Church <http://www.saddleback.com/aboutsaddleback/history/index.html> (accessed July 2, 2009).

¹⁴ Jennifer Riley, “Saddleback Trains 2,400 New Members; Baptizes 800,” *Christian Post* <http://www.christianpost.com/article/20090330/saddleback-church-trains-2-400-new-members-baptizes-800/index.html> (accessed July 5, 2009).

¹⁵ Timothy C. Morgan, “Purpose Driven in Rwanda,” *Christianity Today* 2005.; Cf. Richard Warren, *The Purpose Driven Church: Growth without Compromising Your Message & Mission* (Grand Rapids, Mich.: Zondervan Pub., 1995); Richard Warren, *The Purpose Driven Life: What on Earth Am I Here For?* (Grand Rapids, Mich.: Zondervan, 2002).

¹⁶ In a more recent version of the P.E.A.C.E. plan, P stands for “Preach reconciliation and plant or partner with existing churches; Equip servant leaders.”

¹⁷ Morgan, “Purpose Driven in Rwanda.” The plan has since moved away from the kit idea.

¹⁸ Rick Warren, “P.E.A.C.E. Plan,” Saddleback Community Church <http://www.thepeaceplan.com/> (accessed June 1, 2009).

Between 2005 and 2007 Saddleback Church hosted an annual Global Summit on AIDS and the Church, which brought together more than 2,000 participants from around the world. Speakers have included President (then Senator) Barack Obama, Senator Sam Brownback (R-Kan.), Secretary of State Hillary Rodham Clinton (then Democratic presidential primary candidate), and Her Excellency Mrs. Jeannette Kagame and Madame Maureen Mwanawasa, first ladies of Rwanda and Zambia respectively.¹⁹ In 2008 Saddleback held a Civil Forum on Global Health on World AIDS Day, presenting President George W. Bush the International Medal of P.E.A.C.E. for his work to fight HIV/AIDS.²⁰

Against this background, in what follows I highlight the contextual factors that inform my approach and then lay out an A-B-C-D prevention strategy, placing it in conversation with the following evangelical programs. I have chosen to engage the Warrens' efforts because they are the clear leaders of evangelical efforts to address HIV/AIDS in sub-Saharan Africa. At present, their P.E.A.C.E. Plan does not have any projects in South Africa,²¹ but among evangelicals the Warrens' programming is widely accessible and considered highly reputable. I also consider the Assemblies of God denomination's Global AIDS Partnership (GAP), a ministry that provides resources to Pentecostal missionaries and pastors around the world, including South Africa.

Abstain-Be Faithful-Condomize-Divorce: Education for Prevention

Contextual Factors: Living in a Real Gendered World

U.S. organizations that work to prevent HIV/AIDS and care for the affected should base their work in a nuanced understanding of context. Only by understanding the situation at hand can organizations discern and join in God's activity in the world. Only through listening deeply can organizations know how to apply biblical principles faithfully and assess what it means to live abundantly. After all, Luke records two of Jesus' parables that implore sagacious planning: the

¹⁹ Michael Doss, "Politicians at Saddleback," *Orange County Register* 2008; PR Newswire, "Third Annual Saddleback Global Summit on AIDS & the Church Focuses on Cooperative Leadership," *PR Newswire* 2007.

²⁰ HIV/AIDS Caring CommUNITY, "Saddleback Civil Forum on Global Health to Honor President George W. Bush on World AIDS Day: President to Receive First 'International Medal of Peace' for Humanitarian Initiatives," Saddleback Church <http://www.hivandthechurch.com/en-US/RecommendedReading/Saddleback+Civil+Forum+on+Global+Health.htm> (accessed July 5, 2008).

²¹ The Warrens' work in Africa is focused in Rwanda where they have forty projects.

man who builds a tower must first estimate its cost, and the king who goes to war must first assess the opposition.²² The point is to make a realistic appraisal of the situation before implementing a strategy.

My A-B-C-D approach is informed by my work in Dhumaylong and Bethel. There are cultural expectations that women's bodies belong to their husbands and that men (married or unmarried) are entitled to have sex with multiple women, whereas women must be faithful to their partners. Some churches perpetuate gender inequality by teaching women's subordination and prohibition of divorce, which prevents women from asserting themselves in their marriages. In each church, at least two-thirds of the congregants are women, making it all the more important to address their concerns.

Men, who according to my research are more likely to be abusive or unfaithful, are not present to hear corrective messages about Christian marriage and HIV prevention—were such messages to be preached. Of my fifty female participants, only five said that their husbands were Christians who attended church, and two of these five were pastors' wives. In short, teaching abstinence and marital fidelity in this context amounts to “preaching to the choir.” It is important to construct messages carefully so as to empower women and enhance their lives.

What is A-B-C-D?

As I mentioned in Chapter One, the A-B-C (abstain, be faithful, condomize) approach gained popularity and credibility with its use in Uganda. The clear and consistent presentation of the three-pronged A-B-C strategy at all levels of government and community life was critical to Uganda's unmatched decline in HIV prevalence rate from 18 to 6 percent between 1992 and 2002.²³ Also important to this reduction was the country's emphasis on faithfulness and avoiding sexual risk-taking. Whether motivated by fear or by a desire to be healthy, Ugandans changed their behavior. More people chose to be faithful to their long-term or marital partners. Of those

²² Luke 12:28–33.

²³ Douglas Kirby, *Success in Uganda: Summary Report* (Scotts Valley, CA: ETR Associates, 2008), 3; Douglas Kirby and Daniel Halperin, *Success in Uganda: An Analysis of Behavior Changes That Led to Declines in HIV Prevalence in the Early 1990s* (Scotts Valley, CA: ETR Associates, 2008). The involvement of religious communities, some of which were resistant to condom distribution, is an area for future study.

who were not married, singles were more likely to abstain. Those having sex outside of long-term monogamous relationships became more likely to use condoms consistently.²⁴

Currently many congregations and U.S. organizations teach that abstinence and faithfulness can *eliminate* risk of HIV infection, whereas condoms may *reduce* the risk of infection. Other congregations (like the one in Dhumaylong) teach an A-B-C strategy in which “condomize,” a worldly solution, is replaced by “Christianize.” In many cases, condoms are associated with sex outside of marriage. Churches tend not to address the scenario in which women are married to unfaithful husbands despite the pervasiveness of the situation. Teaching that abstinence and faithfulness are the only acceptable prevention strategies may very well contribute to women’s conclusion that “praying for prevention” is an adequate response to an unfaithful husband.²⁵

To respond ethically and responsibly to the situation at hand, I suggest focusing prevention efforts on education, namely an A-B-C-D strategy. I argue that organizations, including the Warrens’ Saddleback Church and the Assemblies of God denomination, have an ethical obligation to present unambiguous and coherent messages about the benefits and limits of abstinence, faithfulness, and condom use, as well as the permissibility of Christian divorce. Organizations should not disparage condoms but advocate for their use by discordant couples, people having extramarital sex, and couples in which one partner may be unfaithful. By educating families on the possibilities of Christian divorce and describing what Christian marriage entails, organizations can better address deep-seated beliefs about women’s inferiority.

The Limits of Abstinence and Faithfulness, The Benefits of Condoms

At the beginning of this project, I highlighted some of the challenges to Christian social criticism, particularly the role of religious authority. Since appeals to divine revelation and guidance are extremely common in evangelical and Pentecostal circles, I argued that the process of “testing the spirits” becomes all the more important.²⁶ Through deliberative inquiry, a range of perspectives becomes clear, and marginalized voices can participate. Community norms help to

²⁴ Kirby, *Success in Uganda: Summary Report*, 3.

²⁵ While prayer is important to the Christian life, in itself it is not a responsible safeguard against infection under these circumstances.

²⁶ 1 John 4:1.

identify which “spirits” a community should affirm and reject. I would welcome the chance to engage in this process alongside Rick and Kay Warren as well as the Global AIDS Partnership of the Assemblies of God, whose initiatives establish them as the leading “authorities” in evangelicals’ fight against AIDS.

Rick and Kay Warren of Saddleback Church

New Testament scholar and AIDS activist Musa Dube criticizes the exclusive presentation of abstinence and faithfulness, which characterizes many churches’ prevention strategies. Dube, who is from Botswana, has worked as an HIV/AIDS and theological consultant with the World Council of Churches to train church leaders about HIV/AIDS and gender issues. In a 2002 article, Dube challenges the church to humble itself and acknowledge the limitations of abstinence and faithfulness: “To present [abstinence and faithfulness] as 100 percent effective, when they are not, borders on an irresponsibility that leads many lives to death.”²⁷ Dube recognizes that abstinence and faithfulness are “the values of Christian faith” and that in an ideal world these values would completely protect people from HIV/AIDS infection.²⁸ She goes on:

Unfortunately, we do not live in an ideal world where the human dignity of all is respected. We live in a world of inequalities and social injustice. This drastically reduces the effectiveness of these values and the church needs to open its eyes to the social factors that render these values less effective.²⁹

Dube is particularly concerned about violence against women, including both rape and cultural traditions that allow husbands to have multiple partners. In short, “An abstaining woman can get infected. A faithful spouse can get infected.”³⁰ In light of these realities, churches need to recognize the limits of abstinence and faithfulness and then create additional options to address vulnerable women’s needs.

In a 2007 conversation in *Christianity Today*, Kay Warren acknowledges the complexity of women’s situations (much in line with Dube) and yet advocates for abstinence and faithfulness and not condoms (in stark contrast to Dube):

²⁷ Dube, 542.

²⁸ *Ibid.*, 541.

²⁹ *Ibid.*, 542.

³⁰ *Ibid.*, 541.

Probably what you are most familiar with is A.B.C. Let me address that and then tell you the way that I look at it. I have yet to find anybody who will look me in the eye and say, *Being a virgin is not the best protection.*

Virginity is *the* best protection against HIV, if you look at it sexually. What happens is that people say, ‘That’s absurd. Nobody can control that. Women are raped. Girls are vulnerable to men who beat them, force them to have sex. Women can’t tell their husbands, if they suspect them of being unfaithful, to wear a condom.’ Yet when you really look at them and say, ‘Okay, can you tell me that virginity is not *the* best protection?’ They have to grudgingly say, ‘Yes.’³¹ And I say, ‘Great, we agree on that one.’ How about each partner being faithful to each other in their relationship? Isn’t that an incredible protection for people? And they have to say, ‘Yes.’ They’ll quickly say, ‘That’s not possible.’

I say, ‘Let’s just start with the ideal.’ Being a virgin is a protection. A monogamous relationship is a protection. We can all agree on that.³²

Warren realizes the situation of women around the world who face daily threats to bodily integrity due to rape or violence. She also grants that patriarchal norms regulate many marriages, preventing women from negotiating sexual relationships. Yet her attempt to “start with the ideal” misses opportunities to meet such women where they are in the “real” world. Recommending fidelity to the committed wife of an unfaithful husband is tantamount to giving a stone to the child who asks for bread,³³ for the question is not whether sexual fidelity between partners protects from HIV, but is instead how to protect the faithful partner from the unfaithful one.

To her credit, Kay Warren says in the same *Christianity Today* conversation, “Condoms used consistently, correctly every single time, add a measure of protection against the transmission of HIV.”³⁴ In that forum she does not explicitly recommend condom use to discordant couples, but a remarkably clear position to that effect does appear on her church’s web site. The Caring CommUNITY’s “Starting a Ministry” page includes “What about condoms?” in its “Ask a Question” section. Elizabeth Styffe (R.N., M.N., and director of Saddleback Church’s HIV/AIDS Initiative) responds:

³¹ Grammatically, Warren has just undermined her own position: based on her earlier statement, she intended to say that virginity *is* the best protection; instead she and her imaginary interlocutors agree that virginity is not the best option!

³² Kay Warren, “HIV/AIDS: S.L.O.W. It Down, or S.T.O.P. It?,” *Christianity Today*, November 2, 2007.

³³ Cf. Matthew 7:9–12, “Which of you, if his son asks for bread, will give him a stone? Or if he asks for a fish, will give him a snake? If you, then, though you are evil, know how to give good gifts to your children, how much more will your Father in heaven give good gifts to those who ask him! So in everything, do to others what you would have them do to you, for this sums up the Law and the Prophets.”

³⁴ Warren, “HIV/AIDS: S.L.O.W. It Down, or S.T.O.P. It?”

We believe in life and in actions that promote life and prevent HIV. God cares deeply for every person he has ever made, and he wants to establish a relationship with them. Condoms, used in appropriate settings, play a role in slowing the spread of HIV/AIDS, thus preserving life. We believe that the Bible teaches that sex before marriage and/or outside of marriage is not in his plan for human beings. We are also cognizant that not everyone in the world follows his best plans. We also believe that in a marriage relationship, condoms may be necessary as one partner may be positive and the other is not. Even when both partners are HIV positive, condom protection or abstinence is necessary so that a different strain of HIV is not transmitted. Properly used condoms would be the strong recommendation for sexual activity in this situation, and still may fail and thus not be risk free.³⁵

Thus far Styffe's response shows a deep concern that people inside and outside of the church be protected from HIV, and she clearly explains the value of condoms for people having sex outside of marriage and for discordant and HIV positive couples. In the past, many evangelical have insisted quite adamantly that abstinence and fidelity alone constitute responsible teaching on HIV prevention. Consequently they have paid little if any attention to the lived realities of those—especially women—who do remain faithful even though their spouses do not. Styffe is to be lauded not only for naming these realities but especially for acknowledging condoms as a “strong recommendation” under certain circumstances. Such declarations represent a refinement of inestimable magnitude over previous evangelical HIV/AIDS programming.

Would that the quotation above sufficed for Saddleback's position regarding condoms in the fight against AIDS. Styffe's quote continues, though:

Correct, consistent condom usage, particularly in high risk groups, can reduce the spread of HIV. Research has shown that if they are used correctly (not as easy as it sounds) and consistently (every time a person has sex with a person whose HIV status is unknown), they are approximately 85 to 95 percent effective in preventing transmission of the HIV virus. The key is “correctly and consistently.” Studies have shown that condoms used in anal intercourse fail more often than in vaginal intercourse, either through incorrect application, or through breaking and spillage. While condoms are easily accessible in the United States, it is reported that the average African man will see no more than 5 or 6 condoms in his life. The solution to the AIDS pandemic is not to “condomize” the world. Besides giving a false sense of security to the user, they have a limited shelf-life due to heat, poor manufacturing, etc., and they require a man's cooperation. But the main reason not to depend on condoms as the ultimate solution is because of the possibility of behavior change. Supplying condoms indiscriminately does not promote the positive behavior changes that only the church has the moral authority to suggest. AIDS is nearly a 100 percent behaviorally-driven illness; we know how it is spread and we know how to prevent it, and while condoms have a place in

³⁵ Elizabeth Styffe, “Ask a Question (Starting a Ministry),” HIV/AIDS Caring CommUNITY, Purpose Driven <http://www.hivandthechurch.com/en-US/StartingAMinistry/AskAQuestion.htm#20> (accessed July 2, 2009).

prevention, we believe a more biblical approach is to encourage sexual purity before marriage and mutual faithfulness in marriage afterwards.³⁶

Styffe makes a number of claims in this section; I briefly point out the two problems most germane to this dissertation.

As one reason “not to ‘condomize’ the world,” she asserts that “the average African man will see no more than 5 or 6 condoms in his life.”³⁷ I would consider problematic any reference to or construction of “the average African man,” and Styffe offers no evidence this virtual nonexistence of condoms in Africa.³⁸ Moreover, it is unclear why their lack of availability would not simply signify the need to increase condom distribution. As another reason that condoms are unreliable in HIV prevention, Styffe points out that “they require a man’s cooperation.”³⁹ Oddly enough, she does not consider the requirement of “a man’s cooperation” to be a drawback in her preferred strategy “to encourage sexual purity before marriage and mutual faithfulness in marriage afterwards.”⁴⁰

Of the two halves of this extended quotation, the first half would better inform and empower the faithful wife of an unfaithful husband. As indicated above, Styffe’s two extended block quotes appear combined as the answer to “What about condoms?” under “Ask a Question” in the “Starting a Ministry” section of the Caring CommUNITY web page. Taken in isolation, the second extended quote (beginning with “Correct, consistent condom usage...” and ending with “...mutual faithfulness in marriage afterwards”) appears verbatim as the answer to “What about condoms?” under “Frequently Asked Questions” in the “Fast Facts” section of the Caring CommUNITY site. Unfortunately this abbreviated statement only attempts to explain why “not to depend on condoms,” omitting the concessions that condoms can be “necessary” and in fact “the strong recommendation” in some situations. These concessions represent a significant advance in evangelical AIDS interventions, which the shorter statement undermines.

³⁶ Ibid.

³⁷ Elizabeth Styffe, “Ask a Question (Fast Facts),” HIV/AIDS Caring CommUNITY, Purpose Driven http://www.hivandthechurch.com/en-US/FastFacts/Frequently_asked_questions.htm#20 (accessed July 2, 2009).

³⁸ Condom availability varies by country. In Namibia, for example, the public sector distributes more than 25 million male condoms each year, an average of seven condoms per male ages 15–49. UNAIDS, 99. Condom use is increasing among young men in 12 countries and among women in 8 countries. UNAIDS, 36.

³⁹ Styffe, “Ask a Question (Fast Facts).”

⁴⁰ Ibid.

As a final example of Saddleback's apparent ambivalence toward condoms, I refer to their most common terminology, namely "stopping AIDS." According to the Caring CommUNITY web site, "Since the appearance of AIDS in the 1980s, people have been working to slow its spread. But slowing the HIV/AIDS pandemic is not enough...If AIDS is to be stopped, the Church must get involved."⁴¹ Saddleback's S.T.O.P.[©] approach ("Save sex for marriage;" "Teach men and boys to respect and honor women and children;" "Open the door for the Church" to volunteer for HIV prevention, care, treatment, support, and substance abuse recovery; and "Pledge fidelity to one partner for life") is constructed in opposition to S.L.O.W.[©] strategies ("Supply condoms and eventually microbicides for everyone;" "Limit the number of partners;" "Offer needle exchange;" and "Wait for sexual debut").⁴² The Warrens consider condom distribution an attempt to slow the spread of AIDS, whereas they task the church writ large with stopping AIDS. This may lead to the inference that the church should not endorse condom use. Elsewhere, of course, the Warrens' admirably nuanced admission of condoms' efficacy makes clear that the church need not oppose condom use altogether. Their "We believe in life..." position simply needs greater publicity.

The Assemblies of God Global AIDS Partnership

The Assemblies of God denomination's Global AIDS Partnership publishes a flip chart and pamphlet for AIDS education in churches. Regarding HIV prevention, the current chart discusses each of the A-B-C strategies, albeit scattered among nine bullet points. The presentation of the A and B strategies is straightforward (i.e. "avoid sexual contact before marriage" and "be faithful in marriage"), but the position on condoms stands out in sharp relief: "Condoms provide some protection but are not 100% effective. Do not rely on them to prevent AIDS."⁴³ The first sentence has to do with condoms' potential ineffectiveness, and the chart mistakenly states

⁴¹ HIV/AIDS Caring CommUNITY, "C.H.U.R.C.H.," Saddleback Church http://www.hivandthechurch.com/en-US/CHURCH/What_can_the_church_do.htm (accessed June 1, 2009). Albeit acronym overload, the Warrens give six ways a CHURCH can minister to people with HIV/AIDS: "Care for and support the sick," "Handle testing and counseling," "Unleash a volunteer labor force," "Remove the stigma," "Champion healthy behavior," "Help with nutrition and medication."

⁴² HIV/AIDS Caring CommUNITY, "How to S.T.O.P. AIDS," Saddleback Church http://www.hivandthechurch.com/en-US/SLOW_and_STOP/How_to_STOP_AIDS.htm (accessed June 1, 2009).

⁴³ Global AIDS Partnership, "What You Need to Know! AIDS a Training Chart," (Springfield, MO: HealthCare Ministries, 2003), 26.

elsewhere that “HIV can pass through the porous rubber of some condoms.”⁴⁴ More problematic is the second sentence, the imperative not to rely on condoms, which (if obeyed) could have dire consequences to unfaithful husbands’ wives.

The forthcoming revision to the GAP curriculum shows significant progress in the AG’s thinking about condoms and HIV prevention. As does the current version, this chart will contrast *reduction* of risk through condom use with *elimination* of risk through abstinence and faithfulness. Unlike its predecessor, it simplifies the presentation of prevention strategies, grouping together all three of the A-B-C components while deleting the erroneous reference to the virus’s penetration of the rubber.⁴⁵ The chart also states:

Condom use reduces the risk of HIV transmission. Medical experts agree that the use of latex condoms is an effective way of preventing HIV transmission. Condoms must be used correctly, and a condom must be used for every sexual encounter. They provide a measure of protection but are not 100% effective in preventing HIV transmission.⁴⁶

Given evangelicals’ tendency to oppose condoms in AIDS education, this concession about condoms’ effectiveness represents marked improvement.

The chart goes a step beyond and explicitly addresses the situation in which one partner remains faithful and the other does not:

Don’t have sex with anyone other than your spouse. This can keep the married couple free from HIV infection. The husband and wife must each be mutually exclusive to their spouse. If one spouse has had sex with someone else, or runs any risk of infection, have an HIV test.⁴⁷

Evangelicals’ penchant for A-B-*not* C programming has revealed an unwillingness to address the reality of those who do not abstain or remain faithful. Thus the AG’s recognition of this situation constitutes an achievement in itself. I would prefer that the chart explicitly recommend condom use for discordant couples. Nonetheless, the positive statement about condoms (cf. above) appears one page after the reference to extramarital sex, and so it is not unreasonable that the

⁴⁴ Ibid., 18.

⁴⁵ A-B-C appear in order as 10.1, 10.2, and 10.3; two other prevention notices follow: 10.4 concerns blood transmissions (e.g., by hypodermic needles), and 10.5 focuses on mother-to-child infections. Global AIDS Partnership, “What You Need to Know! AIDS a Training Chart,” (Springfield, MO: Assemblies of God World Missions, 2009). Special thanks to Nancy Valnes for providing me with copies of the forthcoming revised materials.

⁴⁶ Ibid., 32.

⁴⁷ Ibid., 30.

ones utilizing this resource could themselves deduce the benefits of condoms in addition to HIV testing in cases of marital infidelity. Although there is still some room for improvement, the AG is to be commended for their sensitive and sensible engagement with AIDS education and refinement of the GAP curriculum.

Each week in South Africa, Pastor Francina teaches her congregation about abstinence, faithfulness, and condoms. Because not everyone follows biblical principles, she encourages condom use for people who are at risk:

I encourage them [to] use condoms so they mustn't get AIDS....Now we cannot leave [these] ones who cannot afford to abstain. No. We must help them the other way...the condom. I tell them if you know you are fooling around you must use a condom....God doesn't like that fooling around], but people are doing that and those people, they also are important in God's eyes and we cannot leave them.

Pastor Francina's practice and message recognize the reality that some people cannot or will not choose to abstain and be faithful, and such people can and should gain some measure of protection through condom use.

In this section I have highlighted positive trends in evangelicals' promotion of condoms as a prevention strategy. Saddleback taps into the theological reasoning behind condom promotion: God is the giver of life; to the extent that condoms prevent HIV, which leads to death, condoms promote life. By all means, churches should continue to promote abstinence and faithfulness. But faithfulness messages are unhelpful to the faithful wives of unfaithful husbands, making condom messages a beneficial concession. Because condoms do not solve the problem of infidelity and since not all men will agree to use them, in the next section I provide an additional measure to protect and empower these faithful wives.

*Christian Marriage, Gender Inequality, and Christian Divorce*⁴⁸

The Warrens rightly acknowledge that gender inequality exacerbates the HIV/AIDS situation. In their S.T.O.P.[©] strategy, "T" stands for teaching "men and boys to respect and honor women and girls."⁴⁹ Kay Warren says, "If men continue to treat women with such disrespect, HIV will be on our planet for a long time to come."⁵⁰ The Caring CommUNITY website

⁴⁸ Special thanks to Jimmy Barker for providing feedback on my appeals to Scripture throughout this section.

⁴⁹ HIV/AIDS Caring CommUNITY, "How to S.T.O.P. AIDS."

highlights women's vulnerabilities to HIV and urges Christians to alleviate women's suffering.⁵¹ The Warrens are to be commended for their attention to women's vulnerability to HIV/AIDS and the links between infection and gender-based violence.⁵² This aspect of their AIDS programming is significant and should be adopted by other organizations. The content of the Warrens' teaching goes unstated, and it remains unclear how they would reach un-churched men. Nevertheless, it is definitely a step in the right direction for evangelicals to recognize the problem of gender inequality. I caution that overall such a strategy would remain androcentric, and although it may benefit women, it would not empower women. At the same time, my participants espoused support for this kind of teaching in hopes of reforming men's behavior.

To address gender inequality, U.S. organizations can more specifically identify what constitutes Christian marriage. Teaching *how* men are to "honor women" and *in what sense* women are to "submit to their husbands" should be more explicit, even if most men are not in attendance. For example, "Wives, submit to your husbands" and "Husbands, love your wives, just as Christ loved the church"⁵³ take on different meanings depending on the context and identity of the listener. A husband who is not a Christian may understand "submission" to mean that his wife must obey him or else he can beat her. A wife could hear these verses and assume that a husband has the right to do whatever he wants, physically, emotionally, or sexually, especially if he believes it is for her good. Some listeners would hear the Warrens' teaching and assume that Rick condemns domestic violence and would never beat Kay. Others might think that Rick would agree that a man has the right to punish his non-submissive wife. Because of the different ways these verses can be heard, more explicit teaching could prevent people from using the Bible to condone violence against women.

⁵⁰ Ibid.

⁵¹ Arthur J. Ammann, "Why So Many Women Have HIV/AIDS and How Christians Can Respond," Saddleback Church http://www.hivandthechurch.com/en-US/RecommendedReading/Why_so_many_women_have_HIVAIDS.htm (accessed July 2). This article states that women's chances of infection can be reduced by abstinence, faithfulness, and condom use and that U.S. Christians can help by addressing discrimination against women. While these suggestions are helpful, they do not account for the lack of agency many women face. Furthermore, in other places the website disparages condom use.

⁵² The GAP curriculum remains silent on the topic of gender inequality. Global AIDS Partnership, "What You Need to Know! AIDS a Training Chart." (2009)

⁵³ Ephesians 5:22–26.

The Warrens' HIV/AIDS program does not specifically address divorce. In other settings, though, Rick Warren teaches that the New Testament lays down two and only two biblical reasons for divorce, namely adultery and abandonment. Warren says that he wishes there were "a Bible verse that said physical abuse was a cause for divorce," but since there is not, he advises couples in which there is abuse to separate and seek counseling. Either the abuser will change and they will "have a happy marriage again," or the abuser will leave and make divorce permissible on grounds of abandonment.⁵⁴ I would recommend that Saddleback use the same principle to allow divorce in cases of domestic violence as they use to allow condoms in certain situations. Affirming 'We believe in life and in actions that promote life...' ⁵⁵ could empower women to leave abusive husbands and to do so in good faith. Warren and I may disagree on divorce in cases of abuse, but we agree that the Bible permits divorce in cases of adultery.

As I discussed in Chapter Three, the dominant teaching on divorce that I encountered in South Africa is the first part of Malachi 2:16, "God hates divorce." The prevailing understanding is that of absolute prohibition of divorce. This is problematic because it is based on only one aspect of the Bible's teaching. It is also a contributing factor in situations where women remain in dangerous marriages.

Despite Scriptures that explicitly allow women and men to divorce, "biblically permissible divorce" is virtually unheard of in the communities I studied in Bethel and Dhumaylong. The Ten Commandments prohibit adultery,⁵⁶ and elsewhere Torah condemns adulterers and adulteresses to death by stoning.⁵⁷ Deuteronomy 24:1 permits a man to divorce his wife if he finds "something indecent about her." In Mark 10:2-9 Jesus teaches the crowds publicly that there should be no divorce; however, in Mark 10:10-12 Jesus teaches the disciples privately that there should be no remarriage after divorce, presupposing that both women and men may divorce their spouses. Matthew adds a much debated "exception clause": "I tell you that anyone who

⁵⁴ Rick Warren, "What If the Person You Are Married to Doesn't Share Your Faith?," Saddleback Church <http://saddlebackfamily.com/home/bibleqanda/index.html> (accessed June 15, 2009).

⁵⁵ Styffe, "Ask a Question (Starting a Ministry)."

⁵⁶ Exodus 20:14; Deuteronomy 5:18.

⁵⁷ Leviticus 20:10; Deuteronomy 22:22ff.

divorces his wife, except for marital unfaithfulness, and marries another woman commits adultery.”⁵⁸

The earliest interpretation of Jesus’ saying (even earlier than the writing of the Gospels themselves) is Paul’s teaching in 1 Corinthians 7:10–11: “To the married I give this command (not I, but the Lord): A wife must not separate from her husband. But if she does, she must remain unmarried or else be reconciled to her husband. And a husband must not divorce his wife.” Paul makes the point that divorce is to be avoided, but grants that the ideal will not always be met. The thrust of Jesus’ teaching, then, is to advise against divorce and to prohibit remarriage when divorce does occur.⁵⁹ Paul next discusses divorce between a Christian and a non-Christian.⁶⁰ Paul says, “But if the unbelieving partner separates, let it be so; in such a case the brother or sister is not bound.”⁶¹ The implication of this teaching is that in cases of abandonment, the believer may seek a divorce.

The Old Testament phrase “something indecent” and the New Testament clause “except for marital unfaithfulness” are commonly understood to mean that divorce is biblically permissible in cases of adultery.⁶² Also, Jesus’ prohibition of remarriage can only apply to divorced persons. My main point is that the Bible does in fact permit Christians to divorce. Although “God hates divorce,” as Malachi prophecies,⁶³ both Moses and Paul permit divorce, and Jesus presupposes

⁵⁸ Matthew 19:9.

⁵⁹ The extent to which remarriage after divorce should be prohibited in the church is hotly contested. Cf. David Instone-Brewer, “What God Has Joined,” *Christianity Today*, October 2007. My purpose here is to point out the inaccuracy of the ‘absolute prohibition’ understanding of divorce.

⁶⁰ 1 Corinthians 7:12–16 says, “To the rest I say this (I, not the Lord): If any brother has a wife who is not a believer and she is willing to live with him, he must not divorce her. And if a woman has a husband who is not a believer and he is willing to live with her, she must not divorce him. For the unbelieving husband has been sanctified through his wife, and the unbelieving wife has been sanctified through her believing husband. Otherwise your children would be unclean, but as it is, they are holy. But if the unbeliever leaves, let him do so. A believing man or woman is not bound in such circumstances; God has called us to live in peace. How do you know, wife, whether you will save your husband? Or, how do you know, husband, whether you will save your wife?”

⁶¹ 1 Corinthians 7:15 (NRSV).

⁶² Even if the “exception clause” in Matthew does not permit divorce in cases of adultery, it is still clear that Jesus assumes that divorce takes place. Although there are no examples of capital punishment being carried out in ancient Israel, on principle, stoning the adulterous spouse to death would dissolve the marriage bond (i.e. “till death do us part”).

⁶³ Malachi 2:16.

it. The two notions are not mutually exclusive: God can hate divorce and permit it at the same time.

The permissibility of divorce in cases of adultery is particularly relevant to women whose husbands are unfaithful. In a context of HIV/AIDS, it would enable women to protect themselves and leave their marriages without fearing condemnation from God or the church. That is, the practice of divorce can be in line with the norm of maintaining faithfulness to scripture. As a faithful way to address the problem of an unfaithful husband, divorce also provides Christian women a much-needed alternative to “praying for prevention.” Finally, teaching that divorce is permissible can alleviate the guilt that some divorced women experience.

Removing barriers, enhancing possibilities

Because of church teaching, most of the Pentecostal women with whom I talked did not see condom use, marital separation, and divorce as falling within their range of options. For example, Roberta insisted that condoms were not a Christian approach to HIV/AIDS. Barbara, whose husband had almost married a second wife, said that she would not ask advice of someone who advocated for divorce, as such a person would not be giving godly counsel. Even if a woman’s unfaithful husband put her at risk for HIV infection, most women said that she should “hang in there” and pray that God would prevent HIV infection.⁶⁴

My A-B-C-D strategy works to remove barriers to accessing condoms or divorce and to create (or legitimize) possibilities for women.⁶⁵ Ideally women such as my participants could practice abstinence and faithfulness and have these choices respected along with their bodily integrity. However, in situations where women are vulnerable—especially when a woman’s sexual fidelity is not reciprocated—condom use and divorce provide her additional options. Whether she decides to negotiate for condoms or file for divorce is for each individual woman to choose. Organizations should at least teach that these strategies are godly ways for Christian women to protect themselves from HIV infection and remove themselves from harmful situations.

⁶⁴ They did see divorce or separation as an option of last resort but believed that prayer should prevent them from getting to that point.

⁶⁵ According to Hirschmann, freedom is essentially about choice. Choice is made up of a complex connection between internal factors (will, preferences, and desires) and external factors (the number and kind of choices available, the power people have to make choices and the ability to make the preferred choice), thus the need to remove barriers and create possibilities. Hirschmann, ix.

I said in Chapter One that to address the economic, political, and social dysfunctions of this world, Christians need a method through which communities can collectively—including silenced individuals—identify oppression, discuss responses, and generate change. Thus, prevention strategies should be continually revised through conversations and reflection among congregations and organizations. Strategies should always honor the complexity that HIV/AIDS creates, respect the realities of people’s lives, and address underlying beliefs that fund the disease’s spread.”

My A-B-C-D strategy is based on an understanding of two South African congregations where HIV/AIDS is in the church; not everyone who prays is healed; not all congregants follow abstinence and faithfulness guidelines; and not everyone who abstains and is faithful is protected from HIV infection. Since women comprise the majority of these churches, my A-B-C-D strategy aims to remove barriers and create possibilities for women’s flourishing, particularly women who have unfaithful husbands.

Future Applications

This project has suggested changes pertaining to gender inequality and prosperity teaching that can enhance HIV prevention efforts in ways that cohere with Pentecostal community values of abundant living and faithfulness to God and Scripture. In future work, I will examine more closely how a congregation’s understanding of community can enhance or impede efforts to reduce stigma. There is also the possibility of conducting a follow-up study with these same participants and a comparative study with other participants.

Methodologically, I have argued that U.S. projects to address HIV/AIDS (and other Christian development issues) can be enhanced by a better understanding of context. Theologically, this method signals the importance of context to the formulation of faithful action. Responding to the situation at hand requires understanding, which necessitates listening. Actions should be based on the lived situation of congregants—as opposed to an ideal or “best case” scenario. This recognition requires honesty, and in the long run these efforts will be more effective and more faithful to God’s activity in the world.

APPENDIX A
2005 Interview Guide

*Group 1 – General Questions for Pastors/Denominational Leaders/NGO personnel/
Community Workers*

1. Factual Information
 - a. Does your church/denomination/NGO/community address HIV/AIDS-related issues? How?
 - b. For whom do you provide services? (church, community and/or family members)
 - c. With whom do you work with and why? (private, public, business, government, educational, or religious sectors)
 - d. Did you personally have any background in AIDS work or activism before your current position?
2. Social implications
 - a. What sort of things do people talk about in conversations about HIV/AIDS? How does it make you feel?
 - b. How did you first start your HIV/AIDS-related work? What motivates you to do your work related to HIV/AIDS? What kind of other similar work have you been involved in?
 - c. How do you feel about persons with AIDS? (feel sorry for them, angry, that they've gotten what they deserve...)
 - d. What are the advantages/disadvantages to your organization's approach?
3. Theological implications
 - a. Do you think Christians should respond to AIDS? Why or why not?
 - b. In what ways do you think they should respond?
 - c. What do you think prevents some Christians from being involved?
 - d. What do you think the mission of the church is? (evangelism, teaching others, social justice)
 - e. In what ways do you see God working in the world? In relation to HIV/AIDS?

Group 2 – General Questions for African Bible School Students

1. Factual Information
 - a. Do you know if your church/denomination/NGO/community does anything to address HIV/AIDS-related issues? What?
 - b. With whom do they partner and why? (private, public, business, government, educational, or religious sectors)
 - c. For whom do they provide services? (church, community and/or family members) What kinds of services do they provide?
 - d. Do you have any background in HIV/AIDS or activist work?

2. Social implications

- a. What do people talk about in conversations about HIV/AIDS? How does it make you feel?
- b. How do you feel about persons with AIDS?
- c. What do you think are good strategies for addressing HIV/AIDS related issues?
- d. Who should be implementing them – government, business, etc. If they already work in this area, how are they doing so far?

3. Theological implications

- a. What do you think the mission of the church is?
- b. In what ways do you see God working in the world?
- c. Where does your understanding come from? (Scripture, parents, pastor, Holy Spirit)
- d. Why/how do you think Christians should respond to AIDS?
- e. What do you think prevents people from being involved?

Addendum – Optional Questions concerning moral reasoning for ALL GROUPS

1. What guidelines do you use in determining your daily activities? How do you know if you are or aren't fulfilling God's will?
2. Who or what do you look to when faced with a big decision?
3. What is your process for making an important decision?
4. How do you know that you are doing the right thing?
5. What virtues do you strive to develop?

APPENDIX B
2008 Interview Guide

Focus group questions, Round 1

1. Please tell me about how you came to be a part of this women's group?
2. What is the most important aspect of church life? What is most important to you?
3. What problems do you face both in church and your life outside of church?
4. What problems do you think other women face?
5. How does God help you to deal with these difficulties?
6. Why do you think these problems exist?
7. What can be done about these problems?
8. What issues do you think would be most interesting for me to ask questions about?

Focus Group, Round 2

1. In my interviews, the topic of HIV/AIDS came up frequently/infrequently. Why do you suppose this is the case?

Prevention strategies

1. What are some things that men can do to prevent AIDS?
2. What are some things that women can do to prevent AIDS?
3. What do you think about condom use?
4. What should a woman do if she suspects that her husband has been unfaithful?
5. What could your church do to help women with these prevention efforts?

Stigma

1. If a family member had AIDS, are there people that you wouldn't want to know?
2. If you had HIV would you tell people? Would you be worried that people would find out? Worried with some people more than others?
3. Would you want allow one of your children to marry someone with HIV?

Interview Questions, Round 1

Personal; Resources of Pentecostalism for life (why it is growing)

1. Could you talk about how you came to be a part of this Pentecostal church?
2. What do you like best about your church – why do you go there?
3. How often do you go to church and for what activities?
4. What does your church emphasize as the most important parts of the Christian life?
5. What do you contribute to church life? What do you gain from being part of this community?
6. In our focus group, X came up as a problem that women in your community face. What do you think about this problem? Why is it such a problem?
7. What problems do you face most regularly? How do you deal with them?

God's action/healing

1. Does God heal people today?
2. How does God heal?
3. Why does God heal?
4. Does God heal in all cases?
5. Why doesn't God heal?
6. Does God heal people of AIDS?
7. Have you heard any stories of people being healed of HIV?
8. Is there anything else that you want to tell me that I haven't asked?

Interview Questions, Round 2

General

1. This is what you said about *why you attend this church*:
Is there anything you'd like to add?
2. This is what you said *about God's healing power*:
Is there anything you'd like to add?

Other possible lines of questioning: Gendered expectations

1. Does society have different expectations for women versus men?
2. What is expected of men? Women?
3. What does your church expect out of men and women?

Descriptive claims churches make about AIDS (location, cause, condoms, reaping/sowing) and Prevention discourses (condoms, institution vs structural sin)

1. What are people talking about when they mention AIDS in your church?
2. What do your church leaders/fellow church members say about HIV/AIDS? About who gets HIV?
3. What does the church say are the most effective ways to prevent AIDS?
4. What do people in your church say about using condoms?

5. What does your church do to help people with HIV?
President Mbeki has talked about poverty as related to AIDS – do you talk about that at all in your church?
6. *Critical Question:* Do you think your church could do more to help people affected by AIDS?
7. *Critical Question:* What messages do you think would be more effective?

Families

1. Are there people in your community that care for family members with AIDS? What kind of care do they provide?
2. Are there burdens or responsibilities that you can think of that women especially have to take on?
3. What are some ways that churches can help support families? Does this happen?

AIDS and gender

1. Do you care for someone for HIV/AIDS or expect to in the future?
2. Do you think the burden of care falls differently on men and women?
3. If you had HIV/AIDS who would care for you? (binding and healthy relationships)

Effects of HIV (stigma, disclosure)

1. If a family member had AIDS, are there people that you wouldn't want to know about it?
2. Would you tell your pastor or other church leaders?
3. If you had HIV would you tell people? Would you be worried that people would find out?
Worried with some people more than others?
4. Does the church say anything about stigma? What?

Normative—Do you think that the church adds to or alleviates stigma? In what ways?

Effects of poverty, race

1. Do you see South Africa's history of Apartheid playing any role in how communities like yours experience AIDS?
2. Is there anything else that you want to tell me that I haven't asked?

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