South African Women's Theologies of Hope in the New Struggle against HIV/AIDS

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COMPULSORY DECLARATION

This work has not been previously submitted in whole or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

Signature: Date:

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Abstract.

South Africa has been hard hit by the HIV/AIDS pandemic. This pandemic has had many sectors in society mobilizing and creating awareness around prevention and the effects of HIV/AIDS. One such sector is the religious community, which, with all its diversity, has tried to address the issues that stem from this pandemic.

This minor dissertation looks at the South African situation of HIV/AIDS from a gendered religious perspective, the perspective of South African Christian women's theologies. It further catalogs the research to Anglican women in Cape Town. This study aims to find the participatory levels and status of Christian Anglican women in the church's mobilization activities and decision making. Through this study two main theologies are explored, African women's theology and the theology of Hope.

The study uses a qualitative approach to research as it is people centered. Although there is the use of a questionnaire and graphs these are all interpreted in a qualitative method as opposed to the quantitative methods usually associated with it. Through using this methodology the impact of the pandemic is explained on a national level as well as a provincial level focusing on the Western Cape, Cape Town. This further aids in contextualizing the Anglican Church in Cape Town.

Drawing on the experiences of the 10 women participants and the meetings with a lay Anglican minister and Anglican priest (both of which are female) the study engages in trying to comprehend how it is possible to construct or have hope amidst this devastating pandemic of HIV/AIDS. This research looks at a specific element of a tool used by the Cape Town Anglican AIDS task teams and area of the theology to link the two.

Finally there are some suggestions given for the Christian community in trying to cope with this pandemic, as the pandemic is not selective. These suggestions are given on the basis of the interactions of this study and the understanding of women's theologies.

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i) List of Abbreviations.

A, B, C	-	**A**= is for Abstinence
	-	**B**= be faithful to one partner
	-	**C**= to condomise
A, B, C, or D	-	**A**= is for Abstinence
	-	**B**= be faithful to one partner
	-	**C**= to condomise
	-	**D**= Die
AIDS	-	**A**cquired **I**mmune **D**eficiency **S**yndrome
ARV	-	**A**ntiretroviral Therapy
CBO	-	**C**hurch **B**ased **O**rganization
CI	-	**C**onfidence **I**nterval
FBO	-	**F**aith **B**ased **O**rganization
HIV	-	**H**uman **I**mmunodeficiency **V**irus
KZN	-	**K**wa-**Z**ulu **N**atal (province in South Africa)
PLWA	-	**P**eople **L**iving **W**ith **A**IDS
PLHA	-	**P**eople **L**iving with **H**IV/**A**IDS
MRC	-	**M**edical **R**esearch **C**ouncil of South Africa
STD/ STI	-	**S**exually **T**ransmitted **D**isease/ **I**nfection
UNAIDS	-	Joint **U**nited **N**ations Programme on HIV/**AIDS**
UN	-	**U**nited **N**ations
USPG	-	**U**nited **S**ociety **P**ropagation of the **G**ospel
WHO	-	**W**orld **H**ealth **O**rganisation
YWCA	-	**Y**oung **W**omen's **C**hristian **A**ssociation

ii) Setting the Scene.

Stations of the Cross – A Visual Tool used by the Fikelela HIV/AIDS Task Teams

"**THE WAY OF THE CROSS** – text by Sr. Kay Lawlor, Uganda, photographs copyright Panos Pictures

We adore you, O Christ, as you carry your cross along the dusty roads of Masakawe, make the way of the cross in the homes and at the bedside of those with AIDS. We bless you, because through his suffering you have redeemed the world

I. JESUS IS CONDEMNED TO DEATH

He sits shocked, unable to speak. His hands tremble. Mark has just been told he has AIDS, 'I'm going to die', he says.

II. JESUS TAKES UP HIS CROSS

He's weighed down with the knowledge that he has AIDS. How can he tell his children? He tells his brother, sells some land; arranges care for his children. It's hard; it's a heavy cross Vincent carries.

III. JESUS FALLS THE FIRST TIME

He stands alone; the abscesses are too painful. Peter is too weak. With help, he makes it home and to bed where he begins the difficult task of regaining strength so that he can pick up the cross of living with AIDS and continue his journey.

IV. JESUS MEETS HIS MOTHER

She lies there waiting for her mother to return. Regina has just learnt that she has AIDS and that she is dying. She wants to tell her mother. As they meet, a look of pain and love passes between them. Her mother takes her in her arms and they weep.

V. SIMON HELPS JESUS CARRY HIS CROSS

Richard has so many decisions to make. How can he go on? When his brothers come he tells them he's too scared to go on. They comfort him; arrange to take him home; plan to help him tell his wife; promise to provide transport so he can return for treatment.

VI. VERONICA WIPES THE FACE OF JESUS

She lies there, too weak to clean herself. Her clothes are dirty and soiled because the diarrhoea is almost constant now. She's alone, pushed into a corridor so the smell won't disturb others. A young nurse comes, washes her and changes her clothes. Rose smiles.

VII. JESUS FALLS THE SECOND TIME

He's begun to have diarrhoea, no longer wants to eat. Sleep doesn't come and he's afraid, the illness is getting worse. Peter has to stop work. It's hard to keep living with AIDS.

VIII. JESUS MEETS THE WOMEN OF JERUSALEM

Jane has no land, Mary has no milk for her baby. Scovia's husband sent her away when he learnt she had AIDS. Juliet was put out of her rented room. Betty works in a bar to support her children, providing 'favours' for men to get food for them. The plight of poor women and AIDS. Jesus weeps.

IX. JESUS FALLS THE THIRD TIME

His head feels as if it's bursting, nothing brings relief. Peter lies in bed unable even to open his eyes. As the end nears relatives arrive to move him from his rented room where he's suffered alone for many months. One more step along the way.

X. JESUS IS STRIPPED OF HIS GARMENTS

They put her out of the house; kept her clothes, saying they wouldn't fit her wasted body. They told her to go to her Grandmother to die. Once there she was rejected – stripped of all, even her right to belong. Juliet was returned to the hospital like an unwanted commodity.

XI. JESUS IS NAILED TO THE CROSS

He cannot move, finds it hard to breathe, must wait for someone to care for him totally. An AIDS related brain tumour has nailed James to his bed. His mother keeps watch.

XII. JESUS DIES ON THE CROSS

Rose, Peter, John, Elecha, Kakande, William, Joseph, George, Grace, Paulo, Goretti... Jesus' body dying of AIDS.

XIII. JESUS IS TAKEN DOWN FROM THE CROSS

The wailing begins, the car reaches the homestead. As men rush forward to carry Paulo's shrouded body, a woman comes from the house. She reaches out to touch the body of her son.

XIV. JESUS IS PLACED IN THE TOMB

A grave dug on hospital land, only staff for mourners. Her nine month old child cries, not understanding. The grave is filled. All go away. Rose is dead.

XV. THE RESURRECTION

We wait" (USPG. CD-ROM. 2002).

1. Chapter One: Introduction.

HIV/AIDS is an escalating pandemic in Africa. There have been numerous documented accounts of research, which are conducted throughout the continent. The vast majority of the research conducted has been scientific, medical statistics that have had little impact on the ordinary people in Africa[1]. The results have been interpreted in various forms, to stress the vast impact of this pandemic on our people, yet at grassroots level the problem persists, and is continuing to spread rapidly. This form of information has been geared to a certain audience that is a selected few in Africa, the academics and learned Africans. It is through stories and narrations such as Pumzile Zondi's (cited in Williams, G. et al. 2002) and the ten women in Khayelitsha (Soskolne. 2003) that the women of Africa have come to interpret and express their experiences of the trials and tribulations they face regarding this ravenous pandemic.

In South Africa the HIV pandemic had been assumed linked with the conditions surrounding poverty. This assumption has been disregarded as the sole link to HIV, but there still is the problem of issues surrounding poverty and its associated problems in South Africa. Poverty – malnutrition, poor sanitation, lack of running water and infected or unclean water; overcrowded housing- rapid urban growth and immigrants, create the problem of 'squatter camps' otherwise known as informal settlements throughout South Africa. Through such pollution, opportunistic diseases are prominent in poverty stricken areas. Women and children suffer the most under these conditions. Due to the poor living conditions of people who live in these sorts of environments, infectious illnesses or opportunistic diseases such as tuberculosis, pneumonia and cholera are a common cause of death. Such diseases are especially the cause of death among people who have HIV/AIDS. These are the experiences of African women that change the way they interpret the world we live in. Most African women use these experiences (both positive and negative) to relate to scripture.

[1] This does not insinuate that African people do not have an understanding of science or statistics.

I have chosen this subject to research, as it is a subject, which is close to my heart. Coming from a country where the effects of this pandemic are seen openly amongst the Motswana community I have grown to feel deep compassion for the families that are affected by the HI Virus. Learning from this I wanted to explore and discuss the South African position amidst the pandemic with particular reference to women and children, as statistically they suffer the most. The implementations of the collaboration between the Botswana churches and the government (along with other donors such as USAID) have proven to work effectively amongst the Motswana communities. The Batswana people tend to trust the church, whereas South Africans are more sceptical about the church and their motives due to the complex history and the role that Christianity played in the Apartheid regime. This is due to the manipulation of religion to legitimate ungodly instructions and rule over a country and its people.

Fortunately since the demise of the apartheid regime the church has tried to re-establish itself to the extent where religion has once again stepped in to try and help society, as it is their religious call. Religious groups have helped in areas of soup kitchens, providing food and blankets for their winter drives, and forms of education to these poverty stricken areas. It is quite clear that in countries like Uganda and Botswana where this epidemic has grown so rapidly the churches and governments have played vital roles in the education, and counselling areas that surround HIV/AIDS. As the call for assistance and help carries on in South Africa the position of the churches and their response has become more apparent, yet some churches are still not at the forefront of the events, which indicates their somewhat silent nature which is a common cultural aspect in South Africa.

1.1. The Background to the Problem.

The problem of this pandemic persists through the fact that there is no cure or vaccine for HIV/AIDS; therefore preventative methods are being employed. Unfortunately we live in a society where there is still a lot of silence surrounding the topics of sex, STI's and

HIV/AIDS. In most parts of South Africa these subjects go unspoken about, this is not a problem which is specific to South Africa or Africa as a whole, but one which is faced world wide by all, except it is experienced to different degrees. Due to the sensitive topics of sex before marriage, adultery and sicknesses that are often related to them such as, STD's and HIV/AIDS there has been no consensus of prevention, therefore the A, B, C method has struggled to be implemented. Due to the fact that there is, so far, no cure or vaccination for HIV/AIDS the only means of curbing the pandemic from flourishing further is by means of prevention. We are faced with making the choice of following the secular conventional way of prevention or the religious path. South Africans were bombarded with pamphlets and billboards of the A, B, C (or the A, B, C, D) of HIV/AIDS. A is for Abstinence, B for, be faithful to one partner and C to condomize or D, die. This preventative measure did not sit well with the religious communities due to abstinence being placed along side the promotion of the use of condoms. In their view this dual statement is sinful and controversial as the topic of promiscuity and the use of condoms are still a silent topic, which in some cases is a taboo.

Throughout our situation in South Africa these and many more taboo subjects have been debated behind closed doors by authoritative males who know nothing of women's issues. This symbolizes the exclusion of women from important areas and issues, which women deal with and experience. Women's experiences (stories) and roles that are brought forward and understood are being done "through a phallocentric lens" (Soskolne. 2003; 4). The results of these debates and discussions are outlined in the regulations that are put forward by the church and the community leaders for women to abide by. These regulations inform women of their position and function in society and the church, their sexuality and their obedience to their husbands and males in general, all which aids in the social structures of women's placements. This form of patriarchy has always plagued the churches and their extended communities. If the church authorities are male and the community leaders are male, where are the women? Women have been socialized into a culture of silence and obedience, for the few women that have managed to break away from that mould, we hear their stories and know that women play a vital role in the church and the community. Due to this form of socialization and culture of silence

women are often neither seen nor heard of as important agents of change, negotiations, knowledge and authority. As Muita (cited in Yinda. 2001: 4) expresses it, "if anything is to be done to reduce this pandemic in Africa, it is women who are going to do it" because in Africa women are known to carry the burdens of sickness, caring and family sustenance.

South African women are no different and have therefore mobilized to try and combat sickness, show they care and provide for families (as well as their own) sustenance through empowerment and informal educational groups, yet some men in authoritative positions receive all the recognition, credit and praise for the women's initiatives and hard work. How do our women continue to strengthen their abilities whilst conquering more ground when they are seldom acknowledged for their initiatives in the church and the communities? In such instances it is seen as the men carrying the women when in actual fact it is the other way round. Women carry the men, their families, their churches, their communities (the children, the old the sick and the dying), on their (women's) shoulders.

The African women have started to mobilize in all directions where they are able to get a "foot in the door". Due to historical women's groups (such as the Manyano's[2]) that have been formed through the Christian churches, we find most of the HIV/AIDS mobilizing occurring in these base groups. The messages, which are heard and taught in these women's church groups, fuel passionate positive voices, emotions and memories for the members. Hope, faith and positive forgiveness[3] is taught and put into practice, whereas

[2] Manyano is the women's group found in the Methodist church. Formally this group was reserved only for Black (African) female members during the apartheid era in South Africa.

[3] Although God's forgiveness may be view as "positive" and complete, as well as, unconditional, it cannot spare one from the *consequences* of one's actions. Therefore the consequences of one's actions are often manipulated and understood as God's punishment.
I have used the words of positive and negative partial forgiveness to distinguish between the types of theologies, which are used and practiced by many congregants of the Christian churches. The term, positive forgiveness implies the full forgiveness that God blesses us with once we have confessed our sin, therefore God does not punish us. My use of negative partial forgiveness relates to the misinterpretation of the theology of sin, in this light it is believed that God has partially forgiven you but you live out the rest of your life as a punishment, which God has bestowed on you.

their Sunday message from the pulpit or lectern is often one of sin and the burden of negative partial forgiveness. Therefore for those women who are affected or infected, those who have disclosed their status or not, they are receiving two vastly different messages from the Christian church and its body. In essence the women who are infected or affected by HIV/AIDS are at an advantage as women are offered the choice of which theology to accept. They either believe in the death sentence, which is handed down to them through the theology of sin which is most commonly preached or the unstated use of the theology of hope that perpetuates the women's group meetings.

1.1.1. The Problem.

Through reading the background to the problem many questions may arise. My main focus will be on the problem which I feel needs to be addressed, how South African – Cape Town- Anglican women use their experiences and the theology of hope in dealing with the pandemic of HIV/AIDS. It is through this central problem that my thesis will be in dialogue with many other questions dealing with women, their faith in God, and their hope of forgiveness.

1.2. Purpose of Study.

The purpose of this study is to find the 'place' of women in the church and their strategies of coping with the pandemic within a Christian perspective. Therefore whilst focusing on women's theology of hope as their survival theology I pose the question, what are the Christian women doing to aid in the fight against the HIV/AIDS pandemic? I ask this question because the conventional role of women has been dug up and put into practice.

This study will further research where women fit into the structures, which I have mentioned, this will be done to expand on the main purpose of my research. There needs to be a sustainable platform created for dialogue between the churches as well as a common ground where secular organizations and religious institutions can interact, and generate suitable, constructive structures, for the infected and affected. Although this is the ultimate need which for some people would fit near the top of the hierarchy of needs to be addressed in response to the pandemic, there is a greater need that I feel has gone unaddressed. It is that of dialogue between the male authorities and the women's groups of the churches to collaborate and combine their knowledge so that the church congregation members are not misinformed about HIV/AIDS in the church. Through this need, I intend on focusing on the position of women and their contributions, where their strengths lie, how they are sustained to continue their work and what they draw on for their coping mechanisms. This will give a better perception and add an explanation of such research.

I intend to mention some examples of the misinterpretations of religious messages that are passed on through the sermons on Sunday and the churchwomen's group meetings.

What I am interested in is what are the churches teaching their congregants about the pandemic? How do they accept a congregational member as being HIV positive or diagnosed with AIDS? Is it possible for the Anglican churches to reach within their communities to limit their authoritative value system and moral conduct on the basis of a non-judgmental and non-discriminatory dialogue to form sustainable infrastructure that would be beneficial to all?

These above-mentioned questions asked, rally round the main purpose of this study. Although they assist in the understanding and the formulation of the vast nature the pandemic has amongst women in the church, they outline an explanatory and expanding essence of this research.

Women once again are at the centre of caring, taking on the motherly role, being submissive to the authorities, yet the pillar and strength in the face of death. In my view women are the driving force behind the churches programs not only because of their care professions but because it is women who are mostly infected and affected by the pandemic. "We need to mobilize our efforts. 55% of HIV positive (people) are women in Africa. Therefore, if anything is to be done to reduce this pandemic in Africa, it is the women who are going to do it because we are the ones who are carrying it. If we are to put children onto that (statistic) because they are our burden, we would go to 75%, therefore we cannot wait for men to take the lead. HIV/AIDS is now calling for (a special kind of) leadership. We need to think what we are going to do..." (Muita. cited in Yinda. 2001: 4). Therefore there are more women involved in the struggle against HIV/AIDS than men, for some communities women being involved in these groups give them a platform to breach other sensitive topics such as, women's inheritance laws when their partner has passed on, land ownership and women's reproductive rights, as well as influencing the theology being taught by the male authorities.

Certain of the Cape Town church communities have reacted and provided for the broader poverty-stricken areas, of the so-called, disadvantaged communities. Through using Cape Town as my case study I will explore how the churches, FBO's and women's groups have collaborated in the fight against HIV/AIDS. Do the churches provide training and counselling for these women? What kind of training and provision do the churches undertake and provide for their women who are engaged in the churches programmes? What type of theology is being put out into the congregation as opposed to the theology taught and practiced by the women?

I will conduct this research in light of a predominant church in Cape Town, namely, the Anglican Church. I have chosen this sector of the Christian churches due to the fact that they are the most open and prominent role player and leader in terms of their HIV/AIDS activities. Through this the intent is to address, the formation of infrastructure within the church and their community. In the course of doing this I aim to include and focus specifically on women and their participation in dealing with the pandemic of HIV/AIDS.

I do not intend to formulate new theories of HIV/AIDS, but instead to add value and insight to the churches perspectives on dealing with the HIV/AIDS pandemic in South Africa especially in Cape Town. I wish to build on existing material such as the Masters dissertation by B. Schmid (2002) and J. Olivier (2005) by adding a new gender dimension to the research as well as taking two specific churches which these authors have used in their work to expand on their material. Whilst adding a gender perspective, I wish to extend on the section of work presented by B. Haddad (2000) in her PHD thesis on the material Survival Theologies of Women.

Throughout this I intend on focusing on women's theology of hope as their survival theology. By using the theology of hope my inclusion of Torr (1997) and Olivier (2005) act as basis for understanding this theology in the South African context and that of HIV/AIDS. Olivier's (2005) thesis focuses on the public discourse analysis of '(h)ope in View of HIV/AIDS in South Africa', my understanding of this is that it focuses on theoretical aspects and it does not address the practical aspects of this theology in light of being gender specific. I intend to use the theoretical aspects which Olivier (2005) provides us with to construct and aid in the understanding of the theoretical aspects on a grassroots level of practicality amongst women in Cape Town.

Another very important piece of work, which I will base my study on, is a research paper produced by Soskolne (2003) where her research was conducted in one of Cape Town's informal settlements of Khayelitsha. By using the results of this particular study I intend to apply some of its findings in order to understand and conceptualize the HIV/AIDS context of Cape Town. By using the findings of this paper I aim to construct questions to approach the relevant people of the Anglican churches. I do not intend on criticizing churches as individual or communal institutions for their implementation of structures, the level of their participation or lack thereof, I do wish to highlight these points and respect their wishes and opinions.

1.3. Literature Review.

The primary focus of this dissertation is on African Christian women. I have chosen to begin this dissertation with a brief historical view of the concept and theology of hope. The basis of this is to explore how this theology has been adapted or adopted and brought to the forefront in a South African context due to the HIV/AIDS pandemic. Although my primary focal point is the Anglican churches in Cape Town I have not restricted my literary sources to this specific denomination. I have chosen to use male authors to interpret this theology. I do not use this as a contradiction to my interest; instead I am using this because in African women's theology, the theology of hope is not as clearly mapped out, as it is by Moltmann (1967), Torr (1997) and Olivier (2005), although it is present. Therefore my inclusion of Torr (1997) and Olivier (2005) acts as a link between the western theology's (theology of hope) understanding in a South African context and an emerging theology of The African Women, as it has developed into a strength that is known and reckoned with. These two theologies will be discussed on the basis of liberation theology, this will act as the linking theology.

Moltmann (1967) writes from a European, white, male, theological perspective. His understanding of the theology of hope has very strong links to and the inclusion of eschatology. This is my reason for including his interpretation of the theology of hope. The rationale behind this is that for many people who are either infected or affected by HIV/AIDS, death, dying and the afterlife play a vital role in their view of the pandemic to the extent of acceptance or denial of the viral pandemic to themselves and family members.

Moltmann (1967; 16) defines eschatology as "the doctrine of Christian Hope, which embraces both the object hoped for and also the hope inspired by it". Therefore the use of hope does not only "seek to illuminate the reality which exists, but the reality which is coming", this therefore can be used to explain the Christian calming nature of death as meeting with God (Moltmann. 1967; 18). To illustrate this idea further, Moltmann (1967)

uses the symbolic nature of the imagery of the cross[4] and the resurrection to further explain Christian hope. The use of such symbolism works as a key in understanding what he terms the contradictory nature of "Christian eschatology" as he juxtaposes "present and future, experience and hope" (Moltmann. 1967; 18). The simplest way in which it can be understood is that through the present we gain experience of life that translates to giving us hope in the future once we die (this concept is explained deeper in chapter. 2 and 5.1).

I focus predominantly on Torr (1997) and Olivier's (2005) thesis' as they deal with the formation of hope and does so through using Moltmann's (1967) works. This is crucial to understanding my rationale for the inclusion of Torr (1997) and Olivier (2005) as they draw on the link between South Africa and Moltmann's (1967) theology of hope.

Torr's (1997) thesis study is conducted with Christian, political detainees of the apartheid era in South Africa. Through his study I draw on a comparison between those who were politically detained and those who are infected and affected by HIV/AIDS. There is a strong comparison of suffering, pain, the circumstances of death, religious and political questioning, isolation, oppression and the formation of hope. Torr (1997; 178) uses Moltmann (1967) to explain "that change rather than stability is the norm for life. To cope with the stress induced by change, it (is) essential for Christian detainees, to have a hope in the future". I agree with Torr (1997; 178) as he notes that "hope is derived from the Kingdom of God", this is essential to both the detainee's and HIV/AIDS sufferers, as we will further discuss this in chapter 2.

Olivier's (2005) thesis centres around the use and understanding of the theology of hope in the public discourse on HIV/AIDS in South Africa. Her application of Moltmann (1967; 1972; 1974; 1975; 1997) is relevant in understanding and bringing to light the theology of hope and its use in the present South Africa. Olivier's (2005) analysis of public discourse draws on aspects within the religious sphere predominantly on the

[4] One must be clear of the distinction between the cross and the crucifix. The crucifix has the body of Christ depicted on it, where as, the cross does not, therefore the cross stands bare.

literary materials which encompass the HIV/AIDS epidemic. Her application of "Moltmann's theology of hope to the context of HIV/AIDS is not a missionary endeavour. Rather, it is an examination of a powerful discourse of hope in the context of HIV/AIDS, and an attempt at highlighting a potential philosophical path to a better future" (Olivier. 2005; 22).

The significance of my inclusion of Soskolne's (2003) paper is due to the fact that it is most central to understanding the pandemic on a grassroots level. Soskolne (2003; 7) works from a predominantly "narrative psychology framework, informed by a feminist perspective". Her work is based on "the life stories of ten black women living with HIV/AIDS in Khayelitsha" and was accessed "through the Memory Box Project, a voluntary organisation, with a setup in Khayelitsha" (Soskolne. 2003; 8). Although this research paper is not based on nor has any overt relevance to religion, I have found that these women are exactly the people who have accessed hope through their experiences both negative and positive. Soskolne's (2003) findings of disclosure and 'knowing ones status' is central to understanding how liberation and hope are used on grassroots level from the perspective of women who are faced with adversity on a daily basis. Women such as these ten in the Cape Town Township are those who theoretically fit into the theologies which I intend to explore in understanding the use of the theology of hope.

Haddad's (2000) study indicates that in essence looking at Christian African women and hearing their poor and marginalized voices, their theology, which they abide by, is a lived theology of survival. "Survival runs a thread throughout the study as a point of intersection between the academic disciplines of gender and development, feminist studies, and women's theology" (Haddad. 2000; 5). Although she does not primarily deal with HIV/AIDS in her study, it is discussed due to the impact and implications it had on her study as it was conducted in Kwa-Zulu Natal (KZN), South Africa's most infected and affected province with HIV/AIDS. Haddad (2000; 8) uses her case study "of the women of Vulindlela" to express "the material context of the survival struggle" (Haddad. 2002; 13). It is here where she explores the impact of the HIV/AIDS pandemic on the

material side of survival through elements of politics, poverty, social-economic structures and sexuality.

What is alarming is that Haddad (2000; 66) mentions one assumed coping mechanism that the youth (both male and female) were using in KZN at the time of her study was that of "spreading the disease" because knowing your HIV positive status "was not only a death sentence, but also a passport for sexual licence". It seems this coping mechanism was put into place due to the fear of dying alone and the myth that having sex with a virgin (girl child, preferably very young) will cure you if you have tested positive for HIV/AIDS. I believe that such practices are linked to the theology of sin and partial forgiveness, as stigmatization of this pandemic is all but negative[5]. It is through these and similar stories that I wonder where the church and its theology has impacted or detracted from the communities and their moral fibres.

Pillay (2003) and Haddad (2000) both speak from predominantly theological, feminist, South African perspectives. Pillay (2003) makes mention of a common theological misinterpretation in light of sexuality and sin which often is brought out in the South African churches due to the stigma and taboo surrounding the topics of HIV, sexuality and sin. Nicolson (1995: 20 cited in Pillay. 2003; 153) speaks of how " the church carries with it the historical baggage of viewing and teaching about sexuality in a negative way, giving the impression that sexual sins, especially premarital sex matter more than other sins". Premarital sex provides our religious communities with an opportunity to use a form of scape-goating in order to focus the elements of sin through shame, out casting and labelling community members as sinners, as it is assumed that most people who partake in this sexual activity will conceive out of wedlock or have some form of STI, or, contract HIV/AIDS as this form of sin is dirty and once again attracts punishment from God for what they have done.

[5] Please note that this is not the only contributing factor, as there are a range of contributing factors that increase the spread of HIV/AIDS such as economic, political, cultural, social, gender aspects, etc.

Pillay (2003; 154) rightly reiterates what communities often exclaim, that, this pandemic is seen as an "'equal opportunity' disease". Rightly so, the pandemic reaches all and does not discriminate against race, wealth or gender, although as Pillay (2003; 154) goes on to describe the disease she broadly mentions "the socio-cultural, economic and sexual vulnerability of many women" as some of the critical reasons for the rapid "increase in infection" rate "amongst women" whilst including an underlying message of the disease's biological bias towards women[6]. In most debates and reports done on HIV/AIDS the elements of poverty, cultural, sexual and economic subordination of women comes into the spotlight. Many people still believe that poverty and HIV/AIDS go hand-in-hand, and rightfully so, but there are other contributing elements which dispel the myth that poverty causes HIV/AIDS. Pillay (2003) establishes how HIV/AIDS and poverty are linked and the importance of the individual's economic positions often perpetuates this cycle. Gender falls into this category as most of "the poor and destitute, who in most instances are also women, are more prone to contracting the disease and in that sense poverty exacerbates the pandemic" (Pillay. 2003; 155).

The crux of Pillay's (2003) article comes into light when she discusses the church as a community that needs to be in solidarity around the pandemic of HIV/AIDS. Pillay (2003; 157) credits the church with "strength and credibility to act effectively in response to the impact and challenges presented by the HIV/AIDS pandemic" the credibility only falls into place once the churches congregate as a community which upholds the values of solidarity. Great emphases is placed on the church as a body to harbour and cultivate a spirit of solidarity and revive the aspects of community and commitment, whilst using the opportunities created by this unfortunate pandemic to inspire people "to have life abundantly" (Pillay. 2003; 157).

Pillay (2003) reiterates the views of many people when she places emphasis on challenging the church (and the women) to acknowledge the moral degradation of our

[6] "Female anatomy also makes women 2-4 times more likely to be infected by an HIV-positive sexual partner, than the other way round" (van Houten. 2002:10 cited in Pillay. 2003; 155).

society and implement programs and activities that would aid all levels of society. Thus teaching people to make informed "responsible, life sustaining decisions that are congruent with their sense of Christian identity, and where collective responsibility is fostered, offering an embracing spirit of community" (Pillay. 2003; 157). Not only does she challenge the church to employ forms of behavioural analysis, but also she places an even greater challenge on the church body "to develop a theology that reflects the life enhancing principles evident in the essence of Christianity" (Pillay. 2003; 159).

I agree with Pillay (2003) as she unravels the importance of reviewing Christian theology of life and death, in light of the symbolic nature of spiritual life and death as well as the symbolic and theological constructs of life and death. If we agree with Yeoman (1997; 34 cited in Pillay. 2003; 159) "that, theology is a science and because theologies are human constructs, they reflect the origins and biases and interests of those who formulate them," then, "like all sciences, theology must change and develop with changing knowledge and experience". Not many men, let alone scientists, would agree with the above statement, although most scholars of religion would.

Phiri (2003) reiterates the sentiments of Yeoman (1997) and Pillay (2003), once again it is the African women who are being woken by the desperate cries of their grandmothers, aunts, sisters and nieces. "African women theologians are calling for concrete ways of confronting HIV/AIDS. Through a study of scriptures and African culture, women are demanding that women themselves define womanhood. They are rejecting putting value on scriptures and culture at the expense of" "the life of women" (Phiri. 2003; 15-16).

I would agree with the stance that Mercy Oduyoye (1986) takes in understanding what feminism is. The use of feminism throughout this dissertation takes on the meaning of women's experiences as "it highlights the woman's world and her worldview as she struggles side by side with the man to realize her full potential as a human being" (Oduyoye. 1986; 121).

Many people, including scholars steer away from feminism due to the negative connotations highlighted in the1950's, 1960's and 1970's of the bra-burning females. As Oduyoye (1986; 121) explains that "feminism is not the world of the female; it is the world of all who are conscious of the true nature of the human community" where we find "a mixture of things, values, roles and temperaments that we divide into feminine and masculine". Understanding feminism in Africa we need to understand African women's experiences within their cultures. African "women's experiences of being persons primarily in relation to others –as mother or as wife" is predominant (Oduyoye. 1986; 122). Women's experiences are therefore guided by the male authority, which transpires into traditions, culture, and religion and gender roles. African women's experiences of the church are predominantly felt in their women's church groups. "An African woman wrote: 'the women are very much concerned about the church, but the church is not so concerned about women'. This blunt statement underlies the existence of powerful Christian women's associations such as the YWCA" (Oduyoye. 1986; 124). Despite the time difference between Oduyoye (1986) and Pillay (2003) their plea for rebuilding the Christian community speaks volumes.

It is through the works of African women theologians such as Beverly Haddad (2000 & 2003), Miranda Pillay (2003), Isabelle Phiri (2003), Musa Dube (2003), Christina Landman (1994), Mercy Oduyoye (1986) and others that I will address the grounding of feminist theology in relation to HIV/AIDS in South Africa, Cape Town.

1.4. Justification for This Study.

I do acknowledge that many people have and will continue to write about the devastating pandemic, which is ridding Africa of good people, HIV/AIDS. The immense volume of literature which resides around this topic has shown that my secondary area of interest (gender and HIV/AIDS) has been explored on a broader level as opposed to how I propose to explore and discuss it. By using the theology of hope, which too contains

volumes of discussions and interest, I intend to explore a dimension of gender and HIV/AIDS that has been taken for granted and to a certain extent manipulated.

African and European authoritative women in the fields of theology and HIV/AIDS have expressed their concerns, knowledge and experiences (both theirs and other women's), in understanding and encountering subjects of abuse, poverty, development and interpretation of the Bible.

My starting point and understanding of African women's theologies and the theology of hope is born out of my interpretation of liberation theology. I have decided to use African Women's theologies, in conjunction with others such as Moltmann (1967), Torr (1997), Olivier (2005) and Soskolne (2003) to unpack and explore the concept of ***theology of hope*** amidst the South African Christian ***women*** in light of the HIV/AIDS pandemic.

I do not intend on formulating new theories. Instead I intend on using, building onto those that exist, in order to peel away the layers and bring to the forefront the sustaining nature of women and the realization of the theology of hope which is entrenched within their daily activities and their theology.

1.5. Methodology.

I intend on using a people centred approach in conducting my research. I have chosen to use this approach due to the communal life of African peoples and their cultural and tradition socialization processes, as opposed to the Western individualistic approach to life. Therefore this would have to be reflected in my methodology. As my study is people orientated I have chosen not to use a strong positive, statistically[7] based methodology, instead I propose to use a qualitative method orientating myself through an interpretive approach. "Rather than translating the stuff of everyday experience into a language of

[7] Although there is statistical data presented in this piece of work, it must be remembered that the data presented are "estimates (which) are based on the most recent available data on the spread of HIV in countries around the world. They are provisional" (UNAIDS. 2004).

variables and mathematical formulae, as we would do when following an explicitly positivist approach, the interpretive approach tries to harness and extend the power of ordinary language and expression, developed over thousands of years, to help us better understand the social world we live in" (Terre Blanch and Kelly. 1999; 123).

As this subject of study could build into a larger project, I have chosen to limit myself to a small area within a broader area of research, which this study could lend itself to in the future. Due to the time constraints of this study I have chosen to limit my research target population to 10 peri-urban, lower to middle class, non-white Anglican women, as they have been affected by the HIV/AIDS pandemic in some way. In doing so my "purpose is not to collect bits and pieces of 'real life' but to place real-life events and phenomena into some kind of perspective" (Terre Blanche and Kelly. 1999; 139). Thus I find it is imperative to note that these 10 women in the Anglican Church do not account for the behaviour or opinions of the complete Anglican denomination of Cape Town or South Africa, nor can their views be held as a reflection of the vast non-white community of the Anglican Cape Town community.

1.5.1. Target Population Group.

The women from the sample group of church in Cape Town; namely the Anglican, will consist of 10 women participants. This will afford me a more in-depth look at the situation of women's understanding of HIV/AIDS, the churches care or counselling groups and the women's position and their 'role' within the church. Most importantly these women from this group will reflect on their belief structure of the pandemic, which produces and underlines their interaction with the churches programmes.

The women will not be pre-selected they will need to be connected to the church either by purely being an Anglican woman, the Anglican women's groups or their AIDS program, FBO Fikelela. I intend to interview any ten women who are connected to or

participate in HIV/AIDS workshops, care groups or committees in the above-mentioned church.

This approach will be implemented as I feel that ethics plays a vital role in this and other studies, which surround the pandemic. I have chosen to safeguard this study and myself by ruling out the exclusive focus on infected participants due to ethical and other possible violations that could arise or occur. Due to the strong nature of ethics surrounding this topic, it would be vital to receive permission from the participants and give them a clear understanding of my work and the confidentiality of their answers to the questionnaires and the discussions.

Therefore, I have chosen the interpretive approach as it "relies on first-hand accounts, as it tries to describe what it sees in detail and presents its 'findings' in engaging and sometimes evocative language" I believe that this would best serve my study (Terre Blanch and Kelly. 1999; 124).

1.5.2. Method of Data Collection.

I propose the use of discussion, participation styled informal interviews using the interpretive approach. I anticipate to do follow up discussion interviews. This will clarify issues with the participants as they may rise as critical and important areas of concern and interest.

Due to the nature of a discussion styled interviews I intend on relying on field notes. Therefore I will rely on data collection of textual data and the discussion and observation styles of informal interviews.

It should be understandable that my discussion interviews will be mainly fuelled by my research interests and the underlying factors of concern have come about from my

extensive reading material (partly discussed in my literature review). This will be used as a basis for discussion of what is being done as opposed to what has been proposed. The use of the participation of discussion technique will further give me guidelines to the Anglican women's understanding of the pandemic and their attitudes to the infiltration of the pandemic into their church community.

1.5.3. Method of Data Analysis and Interpretation.

As I have previously mentioned I do not intend for my results to be interpreted in a quantitative statistical style with findings resulting in graphs and tables. Instead due to the social nature of this research there can be no manipulation of figures, thus, I will purely rely on the content of discussion and participation of the women. What the various women discuss and disclose will be added to the relevant discussions in the following chapters of this dissertation.

1.6. Summary of Chapters.

In chapter 1, I lay out the initial problem and guideline to what I intend to focus on, I introduce the topic by discussing the texts of academics, theologians as well as texts that have been produced on the topic of South African women, HIV/AIDS and the Christian stance by the South African churches. This chapter will further conceptualize where I am moving with my following chapters and opens a dialogue with the different authors that I have chosen to focus on. Therefore it assists in providing a framework and creates a clear indication of my starting point of intentions to dialogue with, the theology of hope, liberation theology and African women's theology.

Chapter 2 deals with the application of these theologies. Therefore the understanding of these theologies is vital to follow my use and application of them. My basis of

understanding African women's theologies and the theology of hope is based on the theology of liberation. Although my interpretation of liberation theology is broad I have kept it this way to incorporate the vital aspects of the other two theologies which I intend to highlight in understanding women's concerns and their use of hope. This will be brought to light in the latter half of chapter 3 and further explored in chapter 4.

Chapter 3 is divided into two sections: firstly; the introduction to the South African context of the HIV/AIDS pandemic and secondly; the contextualization of HIV/AIDS in the Western Cape. This break down of chapter 3 will enable us to deal with the broader context of HIV/AIDS in South Africa as a whole. I have chosen to start this chapter off by contextualizing the pandemic in the sense of South Africa, to give an understanding of the pandemic faced by the country. I have chosen to provide a general over-view, as this would be a good basis for understanding how the pandemic has flourished and gained momentum as it filters through to the different provinces of South Africa. Through the general over-view and introduction of the HIV/AIDS pandemic in South Africa I would like to introduce the demographics of the pandemic in light of age, race and gender, specifically to women. This will serve as a broad basis and platform for the expressions and voices of women in South Africa to be recognized which will be discussed in chapter 4.

Chapter 4 is predominantly focused on my application of the theology of hope to African women's theologies and my research, and its interpretations. This chapter will elaborate and explore my research and explain the findings of the sub-chapters of chapter three. As an introduction to the sub-chapter I will discuss how women are affected and what structures are in place for the Cape Town women in the Anglican Church. Within the sub-chapters the focus will be on how Anglican women of Cape Town use the theology of hope both unconsciously and consciously. Consequently these women's voices will be given a platform to enhance their work and understandings.

In exploring and highlighting women's coping mechanisms the pandemic's toll will be expressed through the emotional, spiritual and the physical aspects. I intend to give recognition to the gender based structures which are in place both formally and informally, it is within my recognition of these structures that I wish others will take note of them. In conclusion to this chapter I shall conclude my findings and analysis of my intended research with the women and their churches.

1.7. Conceptual Framework.

This sub-chapter creates a foundation for the following chapters to build upon and use as a guide. I intend to discuss the interlinking nature of the different theologies[8] that I discuss in this dissertation. The rationale behind this is to provide brief introductory paragraphs giving a basic historical background. As the history is not my primary focus I do not wish to challenge the accurateness of this, but it is very important and useful in the understanding where and how African women's theology has arrived at the scenes packaged amongst many other theologies, such as liberation theology and the theology of hope.

Buller (2002) speaks of developments and movements in the medical science. He explains how "new healthcare modalities have risen and old ones have been revived" (Buller. 2002; 76). One such modality which he believes has been "revived' is that of the "physical health by faith", due to the element of faith, the article further progresses into aspects of "eschatological hope" (Buller. 2002; 76). Buller (2002; 75) does this through "an outline of a biblical perspective on healing". Therefore this has encouraged me to use such material in light of understanding Christian African women's narratives and stories which they correlate to the healing and sicknesses found in the Biblical scriptures. His main argument in the article states that "physical healing, in as much as it is a proleptic experience of the goal of history, is a sign of the eschatological healing of the universe

[8] The theologies are: liberation theology, theology of hope and African women's theology.

and that, because healing signifies the real presence of the end of history, it contributes a foundation for hope to emerge in the midst even of the meaninglessness and the isolation of suffering and death, which appear to be definite of history" (Buller. 2002; 78). It is through such an understanding that we hear a strong voice calling out for the revival, clarity and practical implementation of Christian faith and hope in times of sickness and healing.

Buller (2002) speaks predominantly about the physical healing found in the Old and New Testaments of the Bible. The significance of the physical healing plays a vital role in interpreting the scriptures in the context of HIV/AIDS, through out the Bible "healing is redemption from sickness and death and, therefore, is one of the primary realities of the life-giving rule of God. Healing represents both the forgiving and the saving activity of God" (Buller. 2002; 83). This is not a new phenomenological way of thinking about God's words, works and actions. For centuries humans have understood God's healing through these levels. This perception has filtered through the centuries resulting in the belief that in order for God's healing to occur one would need to be forgiven of all sins, thus creating the misinterpreted concept and understanding that those who are not healed by God are sinners and are in the process of being punished by Him through suffering and not being forgiven fully for their sin. This message is what I understand and refer to as being the theology of sin and partial forgiveness, which has plagued the African continent through the manipulation of Christianity.

One's social surroundings influence and impact on one's physical and psychological health and spiritual wellbeing. If your social environment projects positive aspects (love, forgiveness, trust, happiness, counsellors, friends, good working environments) then your physical health will be enhanced as there are less stress factors, thus, impacting positively on your spiritual and psychological health being more positive (Chapman. 1996). Spiritual and health well being broadens the medical field and projects a more holistic approach in a patient's well being. Spirituality gives a person purpose and meaning in relation to the search for a higher being (for Christians, God) and their relationships with others, the social environments and themselves (Ross. 1995).

As most historical stories are born out of a form of struggle[9] (theology of hope) or have been born within a struggle period (liberation theology), this is where I pick up another form of 'struggle'[10], namely the African Women's Theology in the fight against HIV/AIDS. This deals with the elements that Ross (1995) expresses through their social environments and their spirituality.

[9] The word "struggle" can be used interchangeably with either a physical or spiritual conflict.
[10] The use of my wording 'struggle' implies the hardship that they have encountered to be heard and the ridicule that they have endured through the years to be understood and acknowledged. This is due to political, economic, religious, and cultural and gender limitations and biases caused by the lack of equality especially in education.

2. Chapter Two: Understanding the Theologies.

In trying to understand and comprehend the complexities of the theology of hope I have chosen to give brief, yet descriptive accounts of liberation theology which acts as the basis of this section to provide a clear understating of the link between African women's theologies in South Africa and placing the theology of hope in this light. I have done this as it is evident that liberation and African women's theologies have aided each other in their growth and acceptability due to "feminist theologies (having) their genesis in liberation theology" (Ackermann. 1997; 63). African women's theology found in South Africa has been the child of our unique socio-political struggles. The intention of this chapter is to show the links between the three theologies and bring to light my use of analyzing the theology of hope in the context of South Africa and how I intend applying this to my case study of the Anglican churches in Cape Town.

2.1. Liberation Theology.

> *"First it is rooted in ordinary people's everyday experiences of poverty. Secondly, it involves a use of scripture the interpretation of which is closely related to that experience. Third, it is a theology which in many parts of the world has deep roots within the life of the church"* (Rowland. 1999; 1-2).

When trying to understand liberation theology in the third world context, it is important to remember that this was and is not a newfound phenomenon. Liberation theology, as stated by Rowland (1999), is deeply rooted in Biblical[11] texts. Through the years liberation theology has evolved and developed because of its birth into a specific "historical context and it addresses that context" (Parratt. 2004; 2). What is important to note is that liberation theology is a 'doing', 'active' theology which was born out of

[11] A classic and one of the earliest examples of liberation in the Bible can be understood through the trials and tribulations, which the Israelites and Moses endured in the land of Egypt. They were liberated from the rule of the Pharaoh and were able to leave Egypt (know as the Exodus). This trend of liberation runs strongly through the Old Testament of the Bible (Phiri. 2004).

understanding theology and expressing it through experiences "from the perspective of the poor and marginalized" (Rowland. 1999; 2). If one is to accept Rowland's (1999) 'six steps' or 'features' of liberation theology, then one could assume that liberation theology could be explained and understood as contextual theology. The use of these corresponding terms (liberation and contextual theology) has been debated. Rowland (1999; xiv) notes that the use of such interchangeable terminology has been challenged as it is felt "not an ideal term, however, as it suggests that there exists a form of theology in which context plays no determining role".

I would agree with Rowland (1999), that is, in understanding contextual theology, one would automatically assume that a specific theology was born out of a specific context, either, geographical, political, cultural or religious. Phiri (2004) gives an example of black theology. This form of theology was born in North America amongst the African American slaves. "Even after slavery was abolished, the African Americans were marginalized in everything because of their skin colour" (Phiri. 2004; 146). Once again this kind of theology can pertain to contextual theology. One can argue that the non-white South Africans, Brazilians and the African Americans have had similar paths under white oppressors and discriminators. What distinguishes their different theologies are the different historical contexts due to the composition of culture, religion, politics, economics and land occupation that produced oppression, discrimination and impoverishment.

My starting point for understanding these theologies begins in the years of Apartheid[12] in South Africa, during the 'struggle' for black male theologians to be formally educated in the Christian faith by being ordained ministers. This expresses the legacy of what was called, Bantu education (or, lack there of). Due to this inequality many aspiring Black theologians found themselves studying at overseas seminaries and therefore being awarded non-South African degrees (Maluleke. 1991). Although black theologians were

[12] "The ideology of apartheid denigrated blacks to an inferior status. Therefore, the issue of colour of the skin of a person became the determining factor in a person's involvement in the society and the church" (Phiri, I. 2004; 143).

receiving education, they were being educated in the ways of western theology[13]. This education process further more created a two-fold problem:

1) This theology was contextualized to the historical, political, socio-economic environment of their country and continent of study (such as, Europe, or the America's),
2) There were still negative political cultural and subtle racial connotations that were being employed by parts of the seminaries. Therefore the theologians who were at these seminaries had to deal with elements of incultration[14] on their arrival back to Africa (South Africa). Thus these problems manifested into what we have today "in South African Black Theology, the debate between African and black theologians, (which) exemplifies the crisis of cultural identity" (Mosala. 1991; 57). I do not wish to expand on issues that surround the topics of incultration, instead I feel that it is necessary to acknowledge the one side of the argument.

Through the use of Rowland's (1999) 'steps'[15] in understanding liberation theology we are able to see that it can be (and will later) be read and applied contextually to the case of African Women's theology and through the use and understanding of the theology of hope. Many would acknowledge that liberation theology filtered through to other theologies such as, Feminist theology and African women's theology. This form of theology has been formed due to its liberating influence for the African women. Therefore I intend to contextualize Rowland's (1999) 'steps' of liberation theology through the use of African women's theology in understanding and relating the experiences of the Western Cape Women and their application of the theology of hope in their fight against HIV/AIDS.

[13] Being educated in this manner did not exemplify those theologians which were educated on the African continent. Therefore all aspiring theologians were indoctrinated by western theological understandings.
[14] The understanding and process of incultration has been interpreted and put forward by Maluleke (1997; 10) as "African culture and African Traditional Religion (ATR's) have long been acknowledged as the womb out of which African Christian theology must be born. For various fronts, African Christians insisted that the church of Africa and its theology must bear an African stamp".
[15] I have condensed Rowland's (1999) 'six steps' to 5, by combining his 2nd and 3rd steps.

2.2. African Women's Theology.

> *"African women's theology remains a story that is told, a song that is sung and a prayer that is uttered in response to experience and expectations. Women's theology is, therefore, evolving in context of the challenge to make theology reflect what Christians in Africa understand God to be about. Women's theology is crafted in the midst of the on going life in Africa, over-shadowed by economic exploitation, political instability and militarism. African women have to extract meaning from it all. They have to see and live life whole"* (Oduyoye. 2001; 22-23).

Feminist theology has been making progress and branching off into different spheres of life. One such branch of feminist theology is that of African Women's theology. The different extensions of this theology have grown due to contextualization of women and their cultural specific traditions. African women's theology has added a fresh perspective and understanding to both contextual and liberation theology, as African women's theology is composed of both these theologies. African women's theology is predominantly drawn out of experiences such as socialization, gender roles, community, politics, and religious aspects which African women face and have faced through "colonial and missionary history" (Oduyoye. 2001; 9).

In my choice and use of African women's experiences (African feminism), hope and faith are the underlying factors. In Africa many people have little faith or hope due to the socio-economic status as a result of the political instability of colonialization, war and civil war. Although African women's theology is inclusive[16] of all African women and their trials and tribulations, it too needs to be safeguarded from the dangers of isolation.

[16] Whilst acknowledging that all African women would have different experiences due to their geographical location and its historical context.

Such dangers are what feminist theorists such as, Ackermann (1997) and Harding (1987) speak of. They speak of the dangers and the advantages of doing such theology from the periphery in relation to doing theology from the core. "Feminist theologians view from the margins offers a perspective which is absent in the centre. It recognizes the places of exclusion and pain because it knows them" (Ackermann. 1997; 67). Feminist theology explores the poor, the vulnerable, and the marginalized women in society, but such marginalization "can become a trap for those who value a kind of victim status that they find there....margins become a place of isolation" (Ackermann. 1997; 67). Soskolne (2003: 3) reiterates this sentiment whereby discourses that construct ideals of African (black) women can be viewed as negative in nature and propagate the perpetuation of "black women as victims: victims of violence, victims of abuse, victims of poverty and victims of AIDS. These discourses, while acknowledging the precarious position of black women in society also work to destroy their agency and silence their voices". For those women who find themselves trapped in these margins, internalization of this 'victim-hood' occurs and they themselves help to fuel the structures which bind them to the margins and make the work of women who are trying to break these structures even harder.

In order to explore these theologies I will apply Rowland's (1999) six steps of liberation theology to understanding African Women's theology.

i)*"It is rooted in ordinary people's everyday experiences of poverty"* (Rowland. 1999; 1).

African women have often been acknowledged or described as the ordinary and this has repeatedly been done in light of poverty. This is not true of all African women, although the women who live in poverty out weigh those that are educated and hold senior positions within the African economic structures. The concepts of these two types of African women are that of marginalization which Ackermann (1997) speaks of, the dangers where women are faced by perpetuating the cycle. African women have been empowered by various programs and as a result empowered themselves and each other. They have brought themselves and their families out of despair and above the poverty

line. Therefore women know very well about being ordinary, as well as, the everyday experiences of poverty, illness, deprivation and exclusion. Mercy Oduyoye (2001) likens African women's theology to a song, a story and a prayer, which is used to illustrate the importance of African culture through oral traditions. It is through such a tradition that many African women are beginning to have their voices put forward by other African women who are learned. Thus, this partnership is providing their voices with extra strength for all to envisage their experiences. This is clearly illustrated in Beverly Haddad's (2000) thesis as she vocalizes and adds volume to the women of Vulindlela's stories and their survival theology that they have embarked on due to the context of HIV/AIDS and poverty in which they reside.

ii) *"Secondly, it involves a use of scripture the interpretation of which is closely related to that experience" and " it is a theology which in many parts of the world has deep roots with in the life of the church"* (Rowland. 1999; 1).

As Oduyoye (2001) explains through the expression of African women's theology, women are changing the face of the African perspective of God and Christianity on the continent. This is done through their interpretations and reading of the scripture. We are able to see that "women's theology is, therefore, evolving in context of the challenge to make theology reflect what Christians in Africa understand God to be about" (Oduyoye. 2001; 22-23). Through this African women are aiding in the deconstruction of the misconceptions that have been planted in the African understanding and interpretation of the Bible. This is done through the use of re-interpreting scripture into their present lives, their struggles, and triumphs thus, re-defining the image of God that has previously been misinterpreted and disregarded. Through using such texts women have provided hope and light into a once thought of situation of obscurity and neglect.

iii) *Thirdly "it has flourished in the meetings of groups within urban or rural settings, worshiping and reflecting on scripture and joining in common projects for human welfare in health and education"* (Rowland. 1999; 2).

This speaks directly of what African Christian women's church groups do. They gather together the female congregants in the community for a time of communion and fellowship. This form of women's groupings, worshiping, Bible study and community help, has filtered through to their understanding of Christianity. Their theologies which are formed through their personal and group experiences become real and practical. Therefore African women are living out the practicality of their faith and theology. It is through this step that I intend on focusing on the HIV/AIDS care, education and well being that I will explore further in the chapters to follow.

iv) *African women's theology is "a theology which is explored not just in the tutorial, or seminar but engages the whole person in the midst of a life struggle and deprivation"* (Rowland. 1999; 2).

"It is theology which, above all, often starts from the insights of those {men} and women who have found themselves caught up in the midst of that struggle rather than being evolved and handed down to them by ecclesiastical or theological experts" (Rowland. 1999; 2).

African women have found themselves in the midst of many struggles such as, gender, cultural religious, and racial. It is through such struggles and triumphs that African women have formed their own theology that has given them a basis for understanding their struggles as well as, a platform for women to discuss their experiences. As Oduyoye (2001; 23) explains African "women's theology is crafted in the mist of the on going life in Africa, over-shadowed by economic exploitation, political instability and militarism. African women have to extract meaning from it all. They have to see and live life whole". This is closely linked to the above stage iii. It places emphasis on their experiences, either

spiritual, health, wealth or emotional, thus embracing all aspects of life both positive and negative.

v) *"Finally, books of the Bible (like the book of Revelation) and parts of the theological tradition, often ignored or despised, become a vehicle of hope and insight in these situations of oppression and deprivation as a new hope in God's purposes are discovered"* (Rowland. 1999; 2).

In both liberation theology and African women's theology the use of Biblical scripture for compassion, redemption and eschatology find their way to the forefront. This is due to its liberating nature. These scriptures have often gone without being challenged through the decades that followed the missionaries and colonialism. Both these theologies have challenged these texts and their use of them by uncovering the manipulation used against the lower classes, different racial and gender categories by them. Therefore the scripture has gained a positive message instead of carrying a political negative message as well as bringing out scripture, which was often not used due to the contradictory nature of the past systems. Many African women theologians have used this method of interpreting the Biblical scriptures in order to combat the negative stereotypes and assumptions that have been bred through the pollution of discrimination and segregation.

Therefore through unpacking African women's theology we are able to understand Moltmann's (1975) stance whereby he illustrates how theology has changed. He says it is changing to be more practical in order to be accommodating to society. He speaks of a theology which is no longer limited to "priests and pastors, but also a theology for the laity in their callings in the world" and is moving away from being a "divine service to the church, but also toward a divine service in the everyday life of the world" (Moltmann. 1975; 11).

2.3. Theology of Hope.

"The desire for and expectation of a better future" (Torr. 1997; 140).

Most of us are able to relate to the above quote. As humans we hope, it is human nature and for the most part it is this hope that carries us through difficult circumstances. Hope is not a new phenomenon which we use to comfort and provide aspiration, it, can be interpreted as an age-old part of human beings. The hope that I will be discussing is the hope in God, otherwise known as the theology of hope. This discussion will focus predominantly on two authors (Moltmann (1967) and Torr (1997). I will include a third aspect of, 'healing hope', which is articulated by authors such as Benn and Senturias (2001) and Buller (2002).

Moltmann's (1967) theology of hope and his use of eschatology will be the basis for discussion and understanding of the intricate networking nature of hope. Moltmann's (1967; 16) definition of eschatology as "the doctrine of Christian Hope, which embraces both the object hoped for and also the hope inspired by it" provides us with a platform to understand the dualities that he speaks of. He juxtaposes the dualities of life vs. death, present vs. future, and experience vs. hope (Moltmann. 1967)[17]. Through using these dualities Moltmann (1967) explains how hope is constructed from the Biblical organization of the Kingdom of God, which becomes apparent in the explanation of what is still to come in the future (FIG 1.1). Torr (1997)[18] uses Moltmann (1967) to expand on the idea of progressive thought by using a historical timeline along with biblical interpretations. Through this historical timeline Torr (1997; 141) explains that there is a "crisis in faith" and in the "hope in God" which he attributes to the early Israelites and their "failure to observe the covenant" which resulted in the consequence of "Gods judgment and punishment". It is within this process that Torr (1997) encapsulates the essence of forgiveness, faith and hope that is still held onto today. Torr (1997) uses

[17] FIG. 1.1

[18] Torr (1997) uses Moltmann's (1967) juxtaposition of the dualities as his basis but expands on it so we understand it as present life – future life, present world – future world.

scripture to explain God's love, compassion, mercy and forgiveness that gives hope and light for the future.

My use of FIG. 1.1 provides us with an alternative to understanding these juxtaposed dualities. In understanding Moltmann (1967), Christian eschatology reaches into the human sphere of life and death. This therefore can be further illustrated or understood as the present and future. Using this understanding, life is present. Through all our social interactions of religion, culture, politics, history, and so forth, we gain experiences that are either negative or positive. I find it appropriate that Meeks (Foreword in Moltmann. 1975; x) speaks of the theology of hope as a "text which understands and experiences the negative, which knows itself to be out of joint with the times, especially the optimistic times", therefore placing emphasis on present and future. I find this interpretation of the theology of hope to be proper within the times we live in. As a woman of colour in South Africa, I have found that there are still negative ideals and practices that hinder women and girls from education, self-worth, significance and wealth. It is through such negative ideals that we find faith and hope in the future through the elements of change. In understanding Meeks (Foreword in Moltmann. 1975) the quote can further be understood that through our hopeless situation we can find comfort through faith and therefore it reinstates hope for the future.

According to Olivier (2005) hope can be viewed in South Africa as both negative and positive which has been displayed through our government, media and public discourse material. She uses images of two contrasting views of hope and the future, one as hope in the future of our new found achievements of sports, specifically the 2010 soccer bid (hope for our country's future). The other picture dictates the view of a family suffering, hopelessness and despair (the loss of hope for the future of our country). These images are powerful in understanding our country. Despite our country's powerful constitution and equity legislation -that is proclaimed to be part of a progressive and 'optimistic' age- women suffer from much of the negative experiences that are clearly being shown through the HIV/AIDS pandemic. The feeling which is aroused from these pictures centres round the essence of healing. Healing our nation after the apartheid years is

contrasted by "healing" in the middle of the devastation of HIV/AIDS. The reality and experience of a life infected by HIV/AIDS can be understood as a negative experience which can be linked to the rejection, humiliation, discrimination and oppression which Jesus faced leading up to his crucifixion. For a Christian and someone of faith, this negative experience can be turned into a positive one through 'hope'[19] or at least somewhat optimistic[20] view of the situation.

For a Christian faced with HIV/AIDS and death, the creation of hope centres on their faith and the acknowledgement of Christ in the mist of their crisis (the present) and in their future.

Buller (2002), Benn and Senturias (2001) hold strong beliefs in the Biblical interpretation of healing as they view healing to be "a central feature of Jesus' ministry" (Benn and Senturias. 2001; 7). Benn and Senturias (2001) speak of two healing ministry models that are divided because of religious practice, cultural beliefs and geography. Europe and third world countries constitute the two divisions. The European model is based on the 'Good Samaritan' ideal of healing, charity healing -caring for the sick- with a large percentage of healing coming from the medical sciences. The third world healing ministry deals predominantly with a holistic view of healing, medical, physical, spiritual and psychological which is often interpreted as Jesus' healing ways (Benn and Senturias. 2001). For Christians in South Africa we have a large community which uses a combination of the two models, there is the assimilation of "charity healing" whilst functioning under your denominational prescribed practices. The Christian healing ministry in South African is predominantly based on your denominational choice of healing methods. Some believe in and adhere to the practice of prayer and faith alone, while others utilize the medical sciences combined with their faith, prayer and spirituality.

[19] Hope is used and experienced through the context of a theological understanding of the transcendence which is grounded within the resurrection of the divine.
[20] Optimism is used and understood in the context of modernity. This gives rise to the strong humanistic elements of individualistic thought that we choose to utilize through mechanical elements of science and technology.

Buller (2002) expresses that despite our knowledge of death and faith in the afterlife, the revival of old healing methods has been implemented by many Christians, that of prayer and faith in God's ability to heal. "Healing is redemption from sickness and death and, therefore, is one of the primary realities of the life-giving rule of God. Healing represents both the forgiving and the saving activity of God" (Buller. 2002; 83). For the people infected with HIV/AIDS, this understanding can cause problems in trying to understand and coming to grips with forgiveness. This could be misinterpreted as you are healed when you are forgiven. But my use and understanding of Buller (2002) is that healing is not only physical but psychological and spiritual as well. Therefore the third world model that is presented by Benn and Senturias (2001) influences Buller's (2002) understanding of healing.

This interpretation and understanding of "healing" can be created in exploring the spiritual. Healing of the spiritual and psychological elements of a person with HIV/AIDS can be interpreted as comforting and reassuring that through your spiritually you will be whole and the virus will not have a hold on you in the afterlife. Therefore healing is interpreted as an element of freedom as "it contributes a foundation for hope to emerge in the midst even of the meaninglessness and the isolation of suffering and death, which appear to be {a} definite" (Buller. 2002; 78).

Through following this theoretical reasoning and understanding of hope, African women's theologies has developed their own understanding and practicing of hope. This understanding and practice follow similar lines of reasoning. The distinguishing factor of African women's theologies is that they derived at their understanding and practice of hope through their life stories which speak of their unique experiences and life encounters. As we look at the strong links between liberation theology and African women's theologies we can place hope being born from the awakening of re-

interpretation of Biblical scripture. These scriptures give accounts of Biblical women in situations of poverty and sickness[21].

The birth and growth of this interpretation gave light to African Christian women being able to identify and relate to the Biblical women as their lives were not that different. The relationship between circumstance, experience and the re-interpretation of scripture speaks directly to Moltmann's (1967) dualities. For African women being able to identify their experiences and current circumstances speaks to their life experience which can either be positive or negative. African women's theology can be understood by FIG. 1.1. Through their faith and practical application of their re-interpretation of Biblical scripture specific women and their relation to Jesus is what forms hope.

Therefore the links between these theologies are clear. They embrace change and reinterpretation of scripture to fit social and communal problems faced by those in church authority and those who are laity. The preaching of forgiveness and faith are seen here to be fundamental which eliminate the belief that HIV/AIDS is a punishment but instead a consequence of actions. It is through these new interpretations that hope is born. Hope is reached through understanding the social relevance of scripture which assists in the comprehension of physical death of a diseased body and the 'rebirth' of a cleansed, healed soul.

[21] The haemorrhaging woman who touched the hem of Jesus' robe in Mathew 9v20-22, Jierus' daughter healed Mathew 9v23-26 and the Samaritan women in John 4v5-42. An example of an African women theologian which writes in this manner would be Prof. Musa W. Dube.

3. Chapter Three: The Context of HIV/AIDS in South Africa.

> *"With no prospect of an AIDS vaccine in the foreseeable future, HIV prevention requires sustained promotion of healthier and safer sexual behaviour. Achieving this within a context of many situations and cultures is a complex task, requiring integrated inter-sectoral approaches implemented at all levels of society. Prevention programs must create a social consciousness and environment that leads to appropriate behavioural change. This requires active efforts to reduce stigma and discrimination around HIV/AIDS"* (Love Life. 2000: 4).

The intention of this chapter is to conceptualize the HIV/AIDS pandemic in South Africa. In doing so I feel that the need to provide and introduce the South African national and provincial demographics[22] (age, race and gender where appropriate[23]) is vital as this is where the intricate details of statistical data come into play. The experience of women and the statistical data are able to work together and support in the understanding of this pandemic. As the core of my case study is based on Cape Town, a provincial demographical view would provide a good basis in understanding the environment where the women of the Anglican Christian denomination in Cape Town are affected and active. Therefore it is vital to provide this grounding as it plays a part in understanding the urgency for the women participants to express and expand on their activities, as well as, adding volume to their voices which follow in chapter 4.

[22] It must be noted that one "should not regard statistical information as the absolute truth, particularly with predictions. Rather use it as a guide to help you understand the extent of the HI/AIDS epidemic in broad terms" (Gennrick. 2004; 5).

[23] These statistics are dependant on availability, as mentioned before they are reliant on "survey results obtained from pregnant women seeking antenatal care from public health clinics" (Lewis. 2004; 99). This therefore excludes a marginal amount of women who do not seek this facility (this could be due to lack of finances or fear of diagnosis) and those who can afford private hospitals (Soskolne. 2003)

3.1. Statistical Understandings of HIV/AIDS in South Africa.

The HIV/AIDS pandemic has a silent history in South Africa. Due to our complex historical racial injustices incurred by past government, the pandemic was a silent killer that too had racial, sexual, gendered and class implications. This pandemic took the America's by storm in the late 1970's and early 1980's as a homosexual disease. Whilst similar timing (in the 1980's) in South Africa, HIV/AIDS had started to awaken and raise its head quietly amongst the "gay white men" in society (Phillips. 2004; 31; Berry. 2004). America and South Africa had one commonality when discovering this pandemic, in that it was labelled as a 'gay' or 'homosexual' disease. This act and process of labelling links to the in-out group theory, which is a process of segregation, that is not new to the South African population. This form of finger pointing was done by the heterosexual society towards the white homosexual population in South Africa. Slowly the HI virus started moving out of the white homosexual circles and the white fingers moved and pointed towards the black heterosexual males. Amongst the black communities in South Africa there was much confusion and fingers were being pointed in all directions even amongst themselves towards the migrant and immigrant workers. This entrenched and perpetuated the stigmatization and segregation of the HI virus amongst race groups that lead to the labelling of it as a 'Black' or 'Gay' disease and problem.

According to Phillips (2004) South Africa has a history of labelling and stigmatization of epidemics according to race and class, which falls into position with our apartheid past. The history of this segregation has been documented from the mid 1800's such as "the spread of smallpox in Cape Town in 1840, 1858 and 1882 was blamed on 'dirty Malays' by the white establishment". This blame was extended to the extent of implying that the Malay's "were deliberately infecting" the white population of the Cape (Phillips. 2004; 33). Epidemics such as the bubonic plague, Spanish flu and influenza have had negative effects on the growth of the economy, population and entrenched aspects of negativity towards the stereotypical othering of people that were held against outsiders, especially those of colour. This process of "blaming the victim" is not synonymous to South African epidemic history, but it contextualizes the process of othering and stigmatization

which was faced in this country and is continuously being faced by people living with HIV or AIDS (PLWH/PLHA) (Phillips. 2004; 33).

Being a country that is race conscious especially when confronting disease, it is no wonder that in terms of the HIV/AIDS pandemic, the historical prejudice has once again raised its unsightly head and is being tackled by people in all walks of life. Despite all the efforts made by different people in influential positions such as government, NGO's, HIV/AIDS activists and people at grass roots level who deal with the pandemic on a wide scale as a daily task, the pandemic continues to consume the lives of many South Africans. According to the UN AIDS Epidemic Update (2004) there are an "estimated 5.3 million" people living with HIV in South Africa, of which "2.9 million, are women".

Based on the statistical data that has been provided by organizations such as the UN, the Medical Research Council of South Africa (MRC) and the South African Department of Heath, the statistical data might differ in terms of argument as to which is the most accurate data[24]. What they definitely have in common and unanimously agree on is that "women in their late 20s and early 30s {are} the worst affected, with almost 40 percent of those aged between 25 and 29 years being found to be HIV positive". There are many disputes about the actual statistical data of South Africa which has recently been "released by the South African Department of Health" that has caused much confusion amongst many South Africans. The confusion has come through the release of new figures by the "HIV and Syphilis Antenatal Sero-prevalence Survey' for 2005"[25]. The release of data shows that there has been a rapid rise in the projected statistics for 2004-5, that project, "between 6.29 million and 6.57 million people had been infected with HIV by 2004" (www.allAfrica.com. 12/07/2005).

Viewing the increase among the women that have visited the antenatal clinics, it emerges that the increase has not been "uniform(ed) across provinces" (www.health.gov.za. 2005;

[24] Despite the controversial statistical issues which do not fall into the path of this dissertation I feel that it is fitting to work with the Department of Heath's data as it specifically focuses on South African Women, which falls in favour of my subject.

[25] This is a research study conducted to find out the HIV and syphilis prevalence amongst women attending antenatal classes in South Africa.

7). According to the HIV and Syphilis Antenatal Sero-prevalence Survey (www.health.gov.za. 2005; 7) "Eastern Cape, Kwa-Zulu Natal and Limpopo had increases, which were statistically significant. Western Cape and Northern Cape had increases that were not statistically significant. Gauteng, Mpumalanga, Free State and North West did not have consistent prevalence patterns over the three-year period". What also needs to be highlighted is the data of 2004 in comparison to that of 2003 which indicate that there are only two provinces (North West and Free State) within the specific time frame that indicated a decrease[26]. Many people are questioning how and why HIV/AIDS has spread so fast, increasing the statistics in certain provinces.

In South Africa specifically there are many reasons for this despite the people's education about HIV/AIDS. PACSA (2004) tries to explain this phenomenon. They explain this by dividing the reasoning into two main groups of the technical medical reasoning and the social aspects of the pandemic. Not many people grasp the concepts presented to them via the medical explanations, therefore it is vital for South Africans to understand the social aspects, as we are a predominantly communal, social and traditional people. The social and cultural activities which have fuelled the pandemic derive predominantly from myths associated with the HI virus, such as a cure could be found if you have sexual intercourse with a young virgin girl and that a man's virility is displayed through the number of women he has sexual relations with as it is viewed as his right. Both of these myths have serious social and cultural implications that are often coupled with violence against women.

3.2. The Context HIV/AIDS in the Western Cape - Cape Town.

Cape Town is no exception to any other city in South Africa dealing with the pandemic. The only difference is that the statistics provided for the Western Cape Province show a relatively low infection rate with a steady increase. If we take into consideration the statistical evidence in FIG 1.4 we are able to interpret the increase as steady by viewing

[26] These increases and the decrease can been seen in the figures marked FIG. 1.2 - 1.4 in the appendix.

the estimated true value of the infection rate in conjunction with the CI[27]. According to research done by Smetherham (2004) "the epidemic in the Western Cape is around five years behind the national epidemic" regardless it is emphasized that we should not become complacent. Despite this slow growth progression in the province it does not mean that the people are coping well with this pandemic.

The geographical placements of the towns and the provinces peri-rural status contribute to statistical information. Due to the fact that the statistical information is fed through the antenatal clinics, the vast distances between the towns, cities and adequate care facilities could hamper the true value of these statistics which are being produced. The provincial statistics are predominantly based on pregnant women between the ages of 15 to 19 years old seeking antenatal care. The province's young women and teenagers seems to be the most affected and infected with a steady rise in the statistics faced by the age group of 15 – 25/30 year olds. For the younger age group of these women the health department planned to incorporate peer education programmes to combat the increase (Smetherham. 2004).

The Western Cape racial groupings have large numbers of both 'black' and 'coloured' peoples, which are predominantly the most infected and affected groups in the province and South Africa. One of the reasons for the slow growth indication of the virus is that most of the province is peri-rural. Therefore, the statistics are dependant on the people's access[28] to clinics or hospitals. On the other hand, however, Cape Town and the Western Cape Province was the first province to administer ARV's as early as 1999 to pregnant women (Thom. 2004). This could help in the explanation of the heightened awareness campaigns and activism that has taken place surrounding the publicity of the role out of ARV's in the province and South Africa as a whole.

[27] " A statistical range with a specified probability that a given parameter lies within the range" Dictionary.com (15-12-2005)
[28] Access could be limited due to the location of the clinics or hospitals, work commitments or as Soskolne (2003) explains the fear of diagnosis.

According to the 2004 statistics which are specific to Western Cape, "the districts with the highest prevalence were Gugulethu/ Nyanga, with 28 percent prevalence, Khayelitsha (27, 2 percent), Helderberg (19 percent), Oostenberg (16 percent), and the Knysna-Plettenberg Bay area (15,6 percent)"(Smetherham. 2004). The statistics further show that there are "fewer infections in rural (8, 3 percent) than urban (14, 7 percent) areas". Where as the "lowest infection rates were found in the Klein Karoo (5, 4 percent), the Central Karoo (6, 5), Mitchells Plein (6, 3 percent) and Blaauwberg (4, 4 percent)" (Smetherham. 2004).

Therefore we are able to understand the HIV/AIDS pandemic in the Western Cape as having a slow growth pattern. Despite this slow growth process, the fact still remains that there is growth and the majority of the infected are young women.

4. Chapter Four: A Christian Sense of South Africa and HIV/AIDS.

Through this chapter I will look at the HIV/AIDS pandemic in South Africa and Cape Town through Christian eyes and understandings. I will further be discussing my research findings in conjunction with the remainder of the central questions of this dissertation. The intension is to centralize the thread of discussion around what Christian women are doing to aid in the fight against the pandemic. Within this thread of discussion I wish to elaborate on the Anglican women's use of hope through one of their tools, "Stations of the Cross" (USPG. 2002). They have used this tool through their CBO, Fikelela which they have adapted to directly address the issues of stigma, death and dying in light of HIV/AIDS. I have chosen to use one element of the tool, the resurrection, this is therefore my central link between the Anglican women's hope and the hope which Moltmann (1967) identifies.

> "*The church has a particular responsibility to interpret the Bible in positive, life affirming ways, rather than to condemn people. Stifling people's spiritual hope can even cut short their lives"* (Zondi, P. cited in Williams, G. Byamugisha, G. Steinitz, L. Zondi, P. 2002: 35).

As I have mentioned previously South Africans have a strong sense of religion and the church, despite their personal practice methods and the historical ambiguities. It is through these eyes that I intend unravelling the context of HIV/AIDS in South Africa.

Often in the case of terminal illness (especially HIV/AIDS), the individual or family is shunned, thus leading to coping, support and counselling services from the community being very slim due to the negative myths and stigmas associated with the illness or the contraction of the illness. It is often the women of the community who care for the HIV/AIDS sufferers; I believe that it is through such compassion for human life that the women started care based organizations within the church structures. Thus through

examination of such compassion I would like to establish what these "functional coping and adaptation" skills are of the women which Rolland (1998; 16) speaks of. Despite this intervention by the Christian faith groups, there are still some groups who discriminate against either the infected or affected due to the manner of contracting the virus and 'ignorance'. This creates problems within the structures as there is not enough adequate counselling or support structures for them.

For many religious people, illness is the result of not treating human bodies correctly as has been prescribed in their book of faith, such as the Bible (Rolland. 1998). Many Christians believe that God gave instructions on how to live correctly through very simple yet powerful words, 'your body is the temple of Christ'. For Christians these few words hold great importance on the sacredness of the body as well as, emphasizing the importance of a healthy lifestyle, which would impact on your spiritual health. Therefore, a Christian should not eat, drink or take in any substance that would endanger one's body or harm their spirituality. Diseases such as cancer and HIV/AIDS are viewed by some Christians as the consequences of 'going against' what God has prescribed for His followers. According to many Christians, God has given His followers a form of structure and within that the element of agency, it is through peoples 'wrong' choices that the consequences often manifested in illness.

This is a very narrow view, for instance, some people live a healthy life style yet still are diagnosed with cancer, while some people who are strong Christians live a moral lifestyle and contract HIV/AIDS through blood transfusions or unfaithful spouses. In the Christian setting these people are shown pity and are excluded from this negative view and segregation. These negative views make it difficult for the individual or the family to "establish functional coping and adaptation to an illness" (Rolland. 1998; 16). This has particularly been the case in the South African Christian context. Both the individual and the family in this situation are often faced with rejection from their community and their faith community. This has a negative effect on the spiritual well being of both parties, as this is a crucial time when they both need spiritual up-liftment as, HIV/AIDS is

associated with having a death sentence and there is no hope. Due to the negative attitudes and myths associated with the virus many do not seek help, or support structures, instead they seclude themselves from society and deteriorate until they are on their deathbeds before seeking help from their faith community. I believe that it is the religious community's responsibility to intervene at all stages to create hope, worth and purpose and not rejection or not to focus on the contraction of the virus. It is important for the infected and the affected to be comfortable and come to terms with the process of death. This is an example of the influence between the physical body's health, psychosocial health and spiritual health of an individual infected by HIV/AIDS. It is often within this process that women are the most active and influential.

In South Africa, people have been dehumanised by the effects mentioned above, as well as, the strains of the apartheid regime. For many South Africans, especially women, Lynch's (1974) definition of hope is appropriate and fitting to the women's experiences. Lynch (1974; 32) explains and defines hope "as the fundamental knowledge and feeling that there is a way out of difficulty, that things can work out. That we as human persons can somehow handle and manage internal and external reality, that there are 'solutions' in the most ordinary biological and physiological sense, that, above all there are ways out of illness". In my belief South African women have predominantly been the underlying, silent strength that have assisted activists in the struggle to overcome sanctions and laws governing the people of South Africa and once again women are repeating this struggle in the time of HIV/AIDS. This is apparent as this pandemic mainly affects women (through being infected or affected by family and friends who are infected). So it is women who have tried to create a copping mechanism of hope and faith as their way out of illness, thus, using the internal reality of emotional and spiritual healing to develop the external reality. South African women understand they are unable to reverse the diagnosis of being HIV positive. So their focus shifts from that of biological to an isolated element of

physiology[29], they turn to spiritual health (forgiveness and acceptance) which in turn positively affects their bodily functionality.

Despite the growing strength of women, the institution (the church) that they sought refuge and protection in has somehow neglected to maintain their stronghold and relationship with the majority of women. Thus, many women have experienced a sense of abandonment and hopelessness, as many of their contributions and lessons have fallen by the wayside. In light of the HIV/AIDS pandemic many Christian women who have carried this history, are left with a 'sense of hopelessness,' 'sense of the impossible' and that things are "too much" which is "too big to be handled" (Lynch.1974; 48).

In the Christian community spiritual welfare or spiritual health has been likened to one's physical health or on the whole, wellbeing of the person. Just as we need food, water and nourishing elements to grow and sustain life, so do Christians need spiritual food and nourishment to grow spiritually. This illustrates my understanding of spiritual health and the link to physical and psychosocial health. If your body is undernourished and you are going through social stresses or problems you may not be in the correct frame of mind to enhance your spiritual life. Many people have turned to and in some cases turned away from religion when they are ill or are diagnosed with a life threatening disease. Those who turn towards religion and better their spiritual life in times of illness or disease have coped better in fighting the illness or disease and often live longer than the diagnosed time frame.

The main challenge for South African religious communities concerning health provisions lay in the social sphere. This would be the most challenging due to the large scale of problems, which are encountered by individuals that make up the community. Religious groups have opened discussions on the topics surrounding the social aspects of health care, yet the question still remains what impact will they have on the secular world

[29] Physiology is the make up of the body. There are many elements which it is comprised of such as the tangible, bodily functions which are carried out by the limbs. That which I refer to is the intangible, emotions and spirituality which too help to comprise the mind and body.

as well as, what are they able to provide apart from their ethical compassion? "Religion does not have all the answers, but it can offer the rationale and the organization for the human search for better answers than single-function institutions are likely to cultivate" (Shriver. 1980; 37). It can do this through its thought and teaching (theology) and its practice (service).

4.1. The Anglican Women's application of the Theology of Hope (in the Western Cape).

As is illustrated by Shriver (1980) the religious organizations are able to assist in the nurturing and betterment of the less fortunate and provide practical better living conditions but the real concern is that of a higher level within government structures to provide the resources. Religious groups provide a voice for the neglected and forgotten, they provide people with hope, compassion and empowerment. Churches were and are faced with formulating and implementing structures with the wider community due to the impact of the pandemic on their congregation members and their extended families. The Anglican churches in the greater Cape Town region have proven to the Christian communities that people and congregants who have contracted HIV or AIDS are still human and need all the care, love and support as any person does. The church has attempted to de-stigmatize the virus and educate the religious and non-religious communities which they interact with and impact.

Christian women in general have for centuries embarked on the journey of being recognized and acknowledged for their contribution and insights which have ministered to the growth of the Christian church. As I have mentioned, women have a universal hope, they have hoped for betterment in the Christian patriarchal church. Through my interactions with Mrs. Beverly Hendricks (a lay Anglican minister, Fikelela HIV/AIDS task team fieldworker) and Reverend Rachel Mash (a priest in the Anglican Church, Coordinator of Fikelela) I was able to observe that women have been able to join the once male dominated hierarchy of the Church structures. This is evident as their titles indicate their ranking in the Anglican Church structure.

Amongst the Anglican Church, women do have voices[30] especially around the topic of HIV/AIDS. There appears to be a receptive dialogue between men and women across the authority lines. This is evident as women being the "caregivers"have been able to implement programmes within the Anglican community, programmes which are based specifically on the doctrine of the Church, such as Fikelela. Women's strengths have shone through because the Anglican Church has and does acknowledge the women's knowledge and contribution to the CBO's, FBO's, church and the community. This could be attributed to the "caregiver" status of women because they are predominantly the ones who have first hand experience with the pandemic.

Therefore it is apparent that women are in the forefront of the HIV/AIDS fight in the Anglican Church but they are not the only ones. According to Beverly Hendricks, men in the Anglican Church are willing to stand up alongside the women to help and play their respective parts in the task teams and in the dissemination of HIV/AIDS information. Men in authoritative positions are willing to acknowledge what the women have had to say and learn from them. For these men they are able to leave their old patriarchal ways and embrace a receptive relationship with these women and they are willing to be lead by these women, and offer support when needed. In some congregations, men are part of the HIV/AIDS task teams and minister to other men. The Anglican women have and continue to contribute to the broader Christian community about how to deal with this pandemic, thus leading by practical Christian example.

Lay women in the various Anglican communities indicated that they have basic knowledge and understanding of HIV/AIDS passed down by the church. Although this might not necessarily be their first point of contact with information about the pandemic, it is vital for the church to project truth and sound knowledge through their teachings and programmes. This has clearly been the objective of the Anglican Church, as they embark on countering the myth of HIV/AIDS being a death sentence sent by God as a punishment. The women who participated indicated that they are aware that HIV/AIDS

[30] My choice of the word "voices" (plural) over "voice" (singular) indicates that women are heard not from one individual selected to speak on their behalf, but instead, women are able to stand individually, therefore many voices are heard.

does not only infect or affect people according to our societal constructs of racial barriers, sexual preferences or class structure. The anti-discriminatory teachings of the Cape Town Anglican church is evident as the participants were aware of the normality of treatment that one should embark on when broaching the topic of HIV/AIDS and more especially when coming into contact with someone who is infected or has been affected by this pandemic. They too indicated their acceptance and openness to infected people being an intricate part of the Anglican denominational community, as the participants showed no indication of behaviour which would be likened to that of segregation.

It is through the recurrent voices of women in the Anglican churches that the acknowledgement of the social ills of HIV/AIDS in Cape Town that there has been change. It is a culmination of the realization and the reiterating women's voices that the change in preaching and parish work was taken place. Due to the different types of socio-economic environments we are faced with in South Africa there are variety of tools that can and are used in the church's outreach work. One such tool is that of "Stations of the Cross[31]". I have chosen to include this tool as I feel that due to our vast illiterate society in Cape Town and South Africa this tool embraces both sectors of society namely the literate and illiterate. Therefore this tool encompasses both spheres of society through the incorporation of literate impact (relative scriptures) and visual impact (images which are explicit to the HIV/AIDS pandemic).

4.2. Fikelela.

This outreach Christian programme was set up to provide the Anglican community with tools and knowledge about the HIV pandemic. The task teams have provided the different parishes with information of practical ways in which they should deal with the pandemic in their specific communities and as a whole.

They educate and train their members of the different parishes and communities through holding workshops and providing them with literature and work book materials. The

[31] USPG (2002) CD-ROM. Text by Sr. Kay Lawlor, Uganda

work book material is not specifically aimed at adults but it is meant for all ages of the Christian community so it is all inclusive. They are educated in different ways ranging from their Sunday school colouring books for the primary school ages to the adult Bible study material. But greater emphasis is placed on their confirmation classes which use and foster application of practical peer educational methods with the backing of scripture. This in turn teaches the youth about HIV/AIDS, sexuality, self esteem, good healthy living and the importance of marriage. As most children have already experienced or experimented with some form of sexual behaviour by the age of 12 (and as young as 8 yrs) it is important for the educators not to project discrimination and stigmatization. For those children who fall into this category, their spirituality, self esteem and morale needs to be encouraged through this education process[32].

Fikelela has grounded the Anglican community with the opportunity to become active participants and put into practice their faith and belief systems in a practical way. Fikelela has three main areas of ministry: church mobilization, care for orphans, and youth sexuality.

a) "Church mobilization:

The strategy here is to mobilize the church through the formation of HIV/AIDS task teams. These task teams have the dual role of combating stigma and of reaching out to those affected and infected Out of the 135 churches in the Western Cape, 114 currently have task teams. These teams are responsible for getting HIV/AIDS onto the agenda of the Church, through services, prayer and liturgy. They also educate the whole congregation and they challenge stigma and discrimination. They then reach into the community. In high HIV prevalence areas, they have started support groups for HIV positive people, who provide counseling, nutritional support and income generating projects as well as, providing basic home based care. In lower prevalence areas, task teams are encouraged to link with projects such as hospices or orphanages, to provide practical support. Others double up with churches in high prevalence areas.

[32] Correspondence with Rev. Mash (2005)

b) Orphans and Vulnerable children:

The second key focus area is that of orphans and vulnerable children. Fikelela has two centers, Fikelela Children's center in Khayelitsha, and Heavens Nest in Ottery. The model used in these two centers is to care for orphaned and abandoned children, nurse them back to health and place them with trained and monitored foster parents. Churches are also supported to get involved in community based orphan support, caring for the granny, aunt or child headed households. The local church provides emotional care, nutritional support (monthly food parcels), help with accessing foster care grants and helps the children to remain in school through the provision of stationery and school uniforms.

c) Youth Sexuality Programmes:

These programmes are committed to age appropriate sexuality for children. The Sunday schools use an HIV/AIDS colouring book which has proven effective. The confirmation class candidates undergo a seven week training course called "Survivor Africa". There is a piloting of a new programme in three churches which combines a peer education programme, recognizing that peer pressure is one of the strongest factors which lead to early sexual debut, as well as parenting programmes, that give parents the skills to talk to their children about sexuality"[33].

It is through these outreach programmes that the importance of forgiveness, faith and hope; forgiveness by God, the renewal of faith in God and human kind and hope for the future are entrenched and enhanced through the practical educational methods used by the educators. These methods are used to foster education in the understanding of HIV/AIDS and combating the stigma and discrimination of those infected or affected by the pandemic.

[33] Correspondence with Rev. R. Mach and B. Hendricks (2005-11-23)

4.2.1. "Stations of the Cross" – the Resurrection and Hope.

This tool has had an immeasurable visual impact on people who come into contact with its usage in work sessions by the Fikelela HIV/AIDS task teams. The imagery and story lines used in the slides depicts the overt reality of HIV/AIDS whilst relating it to Biblical scripture of the events from the time of Jesus' persecution to His resurrection. These events which Jesus faced are predominantly found in the gospels of Matthew, Mark and Luke which is likened the trials that are endured by HIV positive people and those people living with AIDS. This form of juxtaposing the specific Biblical scriptures accounts of events and present day reality of HIV/AIDS has created hope through understanding the resurrection and death of Jesus. This has assisted in breaking down the myth of a "death sentence" for many who are faced with HIV/AIDS.

For the purpose of this sub-chapter I will only be dealing with the textual matter[34] which follows the story line of the pictures and a Christian understanding of forgiveness[35]. I will explore how the Anglican women in Cape Town produce hope with in the context a terminal pandemic. The link between this tool and the theology of hope is that of the resurrection and death as they interact with aspects of the Kingdom of God.

For many Christians the understanding of the Kingdom of God has two main images and events, the resurrection and the cross or crucifix[36]. In Fig. 1.1 we are able to see how Christian eschatology encompasses life and death, the present and future. It is through our present life experiences (either negative or positive) that our future is determined, a future where physical death is a given. For people who are HIV positive the reality of death is ever present, almost as ruling every aspect of their lives. It is here where hope for the future is so vigorously sought after, as the present seems to be dictated by an orientation of death. "Christian hope depends on (HIV/AIDS infected people) having

[34] The full text can be found under the heading 'Setting the Scene' pg. III-V
[35] My usage of Christian forgiveness stems from my understanding of being a born again Christian, acceptance of God as Lord and saviour and saying the sinners prayer.
[36] The distinction is made on pg 10

hope in the victory over evil. They also need to understand the power of hope as an agent of solidarity. Besides this they need a hope that is both realistic and has a passion for living" (Torr. 1997; 178).

As Christians face HIV/AIDS either through infection or being affected by those around us, the acknowledgement of death in the future can be viewed and interpreted by means of the crucifix or cross and the resurrection. The image of Jesus on the crucifix serves as a reminder of Jesus' cause for dying. It conjures up the emotions of persecution, humiliation and discrimination, which can be identified by HIV/AIDS persons. "Life changes dramatically once one finds out about one's HIV-positive status. The reality of a weakening immune system is similar" as it is a reminder of death, "physically, emotionally and socially" (Zondi, P. cited in Williams, G. Byamugisha, G. Steinitz, L. Zondi, P. 2002: 35).The image of a cross indicates His death. This imagery of the cross designates Jesus' commitment to Christians. Both these images serve as a reminder and place emphasis on Jesus dying for humankind's sins and His ability to forgive us. Believing and having faith in this generates the acceptance of the resurrection. The act of Jesus' resurrection can be understood as Him leaving to prepare a better life for all, where there would be no suffering, no illness or death[37]. For Christians believing and having faith in this coming to pass creates hope and the "passion for living" (Torr. 1997; 178). The knowledge and faith of a better place, future and life with God inspires those who are HIV positive and infected with AIDS. Thus a positive spirit of life is created as apposed to one of negativity and death.

For Christians who work in the field of administering care to HIV/AIDS infected people this positive spirit of hope shines through as they build up self-esteem, encourage and minister to infected or affected people creating a sense of humanity. It is amidst the darkness of illness, destruction and death that the light of hope shines through.

[37] Conversation with Beverly Hendricks (2005)

Reading the text of 'Stations of the Cross' an essence of hope is created rather than one of condemnation, this is especially evident under the heading of the resurrection. For a non Christian the response given of 'We wait' would seem daunting (USPG.2002). For a Christian the response indicates one's faith and trust in God. According Beverly Hendricks (2005), 'We wait' is inspirational, as Christians have come to accept the future through their acceptance of God's forgiveness of sins (USPG.2002). 'We wait' for Jesus' fulfillment of God's promise to us of a better place, to see and be a part of the Kingdom of God (USPG.2002). Torr (1997; 141) illustrates that the understanding of hope in this situation can be interpreted as a development process of the longevity of hope from "the believers lifetime" to an "idea of an afterlife". Thus Hope does not die on the cross but the resurrection is envisaged as faith in the promise of the Kingdom of God. Thus "hope is derived from the kingdom of God" (Torr. 1997: 178). It is through these women's life's experiences (who are believers) and their faith, that they are able to minister the practicality of hope through their unique ability of reinterpreting scriptures which is identifiable to women and their social conditions of illness and poverty. It is through their faith that they can generate positive life experiences which produce a future that is not a death sentence. For these Anglican women and the Fikelela HIV/AIDS task team, their practical way of ministering to that in need in the communities is part of their Christian calling. They are oblivious to the fact that they are implementing the theory behind African women's theology. They have not set out to prove a particular theology such as that of Moltmann's (1967) theology of hope, they are out to help and provide communities to see Gods light amidst the devastation of HIV/AIDS, poverty and other social conditions in Cape Town.

As a result it is clear that the use and understanding of faith to the Cape Town Anglican women has outlined their hope in the face of HIV/AIDS pandemic.

5. Chapter Five: Conclusion.

The thesis was introduced by producing the relevant literature which has been written on the topics of the theology of hope, African women's theology, liberation theology and HIV/AIDS in South Africa. Through unpacking these theologies an opening of a platform for dialogue between these theologies and the Anglican women in Cape Town occurred.

The impact of the HIV/AIDS pandemic was portrayed within the presence of the demographics on a national and provincial level which aided the investigation and explained the position that women are faced with. Thus the combined discourse platforms gave rise to the exploration of Cape Town's Anglican women's theology of hope in the context of this HIV/AIDS pandemic

In the course of this dissertation it has become apparent that women, particularly Anglican women in Cape Town are mobilizing their community through programmes like Fikelela, in the fight against the pandemic through the specific areas of education, prevention, and care. This is done through the incorporation of relevant scriptures which have been reinterpreted by women to accommodate the social context which we live in today, as well as the adequate and relevant information from the heath care sector. Through this broad model of women and hope in the face of the HIV/AIDS pandemic, structure flows from understanding the route which Anglican women are travelling on to comprehend what is happening in their communities, their Church and their country.

The theology of hope does exist in African women's theology. It is not treated as a separate entity, instead it is interwoven, and therefore the incorporation of hope falls into every aspect of life for these women. For the women involved in programmes like Fikelela, their hope resounds in their faith and belief structures which are entrenched in the churches doctrine. It is through their reinterpretation of scripture and identifying the situations of the Biblical women whom God showed compassion to that their faith is strengthened. Through the strengthening of their faith they are able to articulate their love and compassion for fellow women and humanity. For women such as Beverly Hendricks

and the women in the HIV/AIDS task team their faith and love generates through the practical application of Christianity. It is not subjected to the orthodoxy of conservative scripture interpretations, illustrations or teaching methods. Their actions of their faith produce hope for and in the lives which they come into contact with. Thus, for the Anglican women in Cape Town they have produced hope in the midst of this devastating pandemic.

Therefore, this paper can academically confirm that women have voices which are being heard and they are articulating themselves well. They are achieving this through their educational techniques used in their CBO's and FBO's such as Fikelela which resonate through their entire church sphere, such as their youth sexuality programmes and church mobilization programmes. It is due to these initiatives and programmes, that vital education and awareness is being addressed and brought to the forefront by the sincerity and readiness of the authorities in the church. Thus the platforms provided by the CBO's and FBO's give women in the Anglican Church a choice of the space and place they choose to join or create. Therefore there is no specific designated space for women, instead they are able to articulate and legitimate the space and place where they feel comfortable and fulfilled.

Throughout the duration of my research into this dissertation, my interactions with many Christians have lead me to understand that there are several different church organisations in South Africa which are mobilizing in the face of the pandemic. It is my observation that the Christian denominations can not be individualistic. Instead the Christian community should break down the barriers built on dogma that act as a theoretical constraints and interlink the services and programmes which can act as templates to accommodate and assist others who are struggling to face up to this pandemic. I find that South African women's theology would be most appropriate as opposed to other ways of conducting theology, theologising first and then the prospect of praxis. Therefore we can learn from the libratory stance in South African women's theologies which act on praxis first and then moves to understanding their actions in light of their belief system.

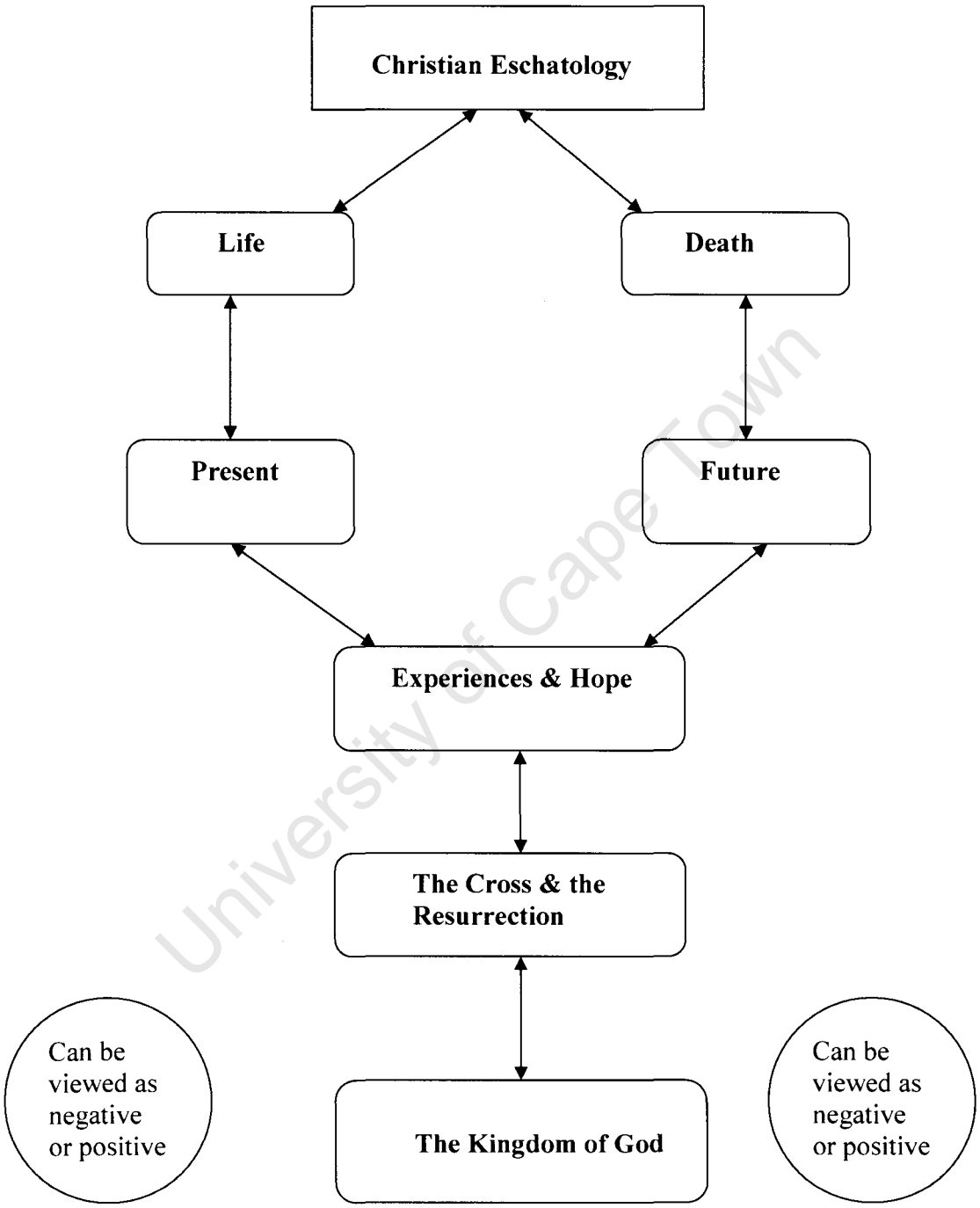
It is palpable that the Christian community in South Africa needs to stand together and learn form each other, from the various CBO's, FBO's and programmes available to assist in dealing with the diversity of areas of this pandemic.

Hope is a vast unit in the Christian faith which has outlets into the South African diverse social, political, economical and religious spheres. All these specialities of understanding the concept of hope are avenues for further research.

It is vital to comprehend that the effects of hope becomes a long-standing, multifaceted battle. It is through this battle that they need to ground themselves in moving forward and heeding to the call of encouragement. Therefore the Anglican Christian women's hope is grounded in their faith.

6. Appendix.

FIG 1.1: My diagrammatical interpretation Christian Eschatology[38]



[38] Based on my reading of Moltmann (1967; 1975) and Torr (1997) as well as African women's theologies.

FIG 1.2: Prevelance of HIV among antenatal care attendees in South Africa 1990-2004[39]

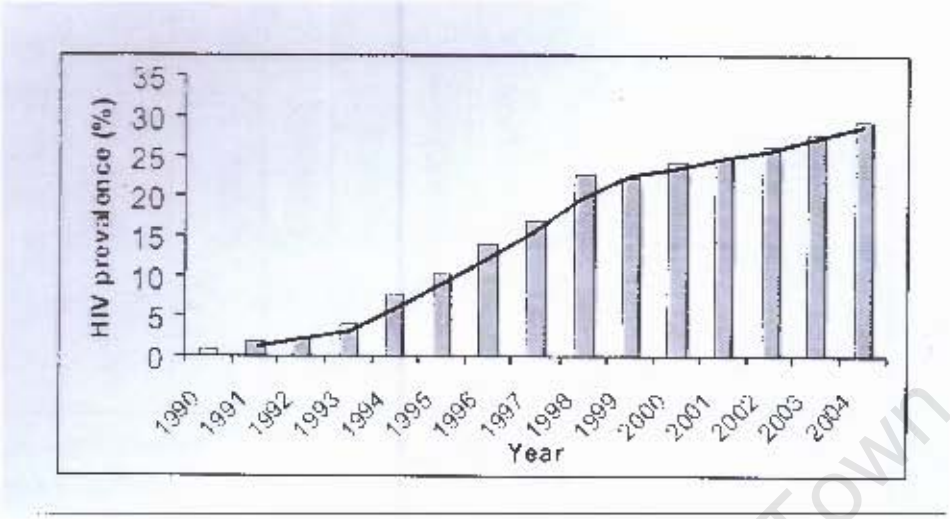
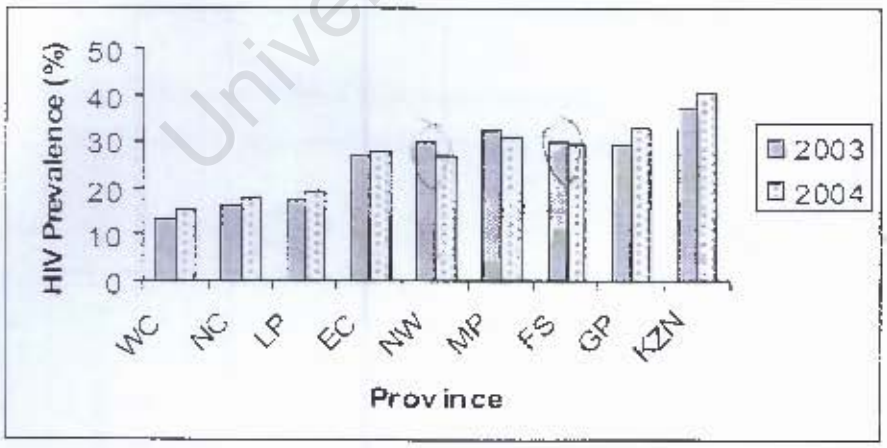


FIG 1.3: HIV prevalence by province among antenatal clinics attendees, South Africa: 2003-2004[40]



[39](Department of Health South Africa. 2005: 7) www.health.gov.za
[40](Department of Health South Africa. 2005; 8) www.health.gov.za

FIG 1.4: HIV prevalence by province among antenatal clinics attendees, South Africa: 2002-2004[4]:

Province	HIV prev (CI 95%) 2002	HIV prev (CI 95%) 2003	HIV prev (CI 95%) 2004
KwaZulu-Natal	36.5 (33.8 – 39.2)	37.5 (35.2 – 39.8)	40.7 (38.8 – 42.7)
Gauteng	31.6 (29.7 – 33.6)	29.6 (27.8 – 31.5)	33.1 (31.0 – 35.3)
Mpumalanga	28.6 (25.3 – 31.8)	32.6 (28.5 – 36.6)	30.8 (27.4 – 34.2)
Free State	28.8 (26.3 – 31.2)	30.1 (26.9 – 33.3)	29.5 (26.1 – 32.9)
Eastern Cape	21.7 (19.0 – 24.4)	23.6 (21.1 – 26.1)	28.0 (25.0 – 31.0)
North West	26.2 (23.1 – 29.4)	29.9 (26.8 – 33.1)	26.7 (23.9 – 29.6)
Limpopo	15.6 (13.2 – 17.9)	17.5 (14.9 – 20.0)	19.3 (16.8 – 21.9)
Northern Cape	15.1 (11.7 – 18.6)	16.7 (11.9 – 21.5)	17.6 (13.0 – 22.2)
Western Cape	12.4 (8.8 – 15.9)	13.1 (8.5 – 17.7)	15.4 (12.5 – 18.2)
South Africa	**26.5 (25.5 – 27.6)**	**27.9 (26.8 – 28.9)**	**29.5 (28.5 – 30.5)**

N.B. The true value is estimated to fall within the two confidence limits, thus the Confidence interval (CI) is important to refer to when interpreting data

[4] (Department of Health South Africa, 2005: 8) www.health.gov.za

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Endnotes:

1. Rowland's (1999; 1-2) "Six Steps" used in the sub-chapters of Liberation theology and the Theology of Hope:

"First it is rooted in ordinary people's everyday experiences of poverty. Secondly, it involves a use of scripture the interpretation of which is closely related to that experience. Third, it is a theology which in many parts of the world has deep roots within the life of the church. Fourth, it has flourished in the meetings of groups within urban or rural settings, worshiping and reflecting on scripture and joining in common projects for human welfare in health and education. Fifth, a theology which is explored

not just in the tutorial, or seminar but engages the whole person in the midst of a life struggle and deprivation. It is theology which, above all, often starts from the insights of those men and women who have found themselves caught up in the midst of that struggle rather than being evolved and handed down to them by ecclesiastical or theological experts. Finally, books of the Bible (like the book of Revelation) and parts of the theological tradition, often ignored or despised, become a vehicle of hope and insight in these situations of oppression and deprivation as a new hope in God's purposes are discovered".

2. Conversations and correspondence with Mrs. Beverly Hendricks and Rev. Rachael Mash