




The Potential of the Negative: A gender critique of men and HIV and AIDS in Johanne Masowe weChishanu among the Shona of Zimbabwe

Macloud Sipeyiye (PhD)

Research Institute for Theology and Religion (RITR), (UNISA) &
Religious Studies & Ethics-Midlands State University (MSU), Zimbabwe
sipeyiem@staff.msu.ac.zw/macloudsipeyiye5@gmail.com

Sophia Chirongoma (PhD)

Research Institute for Theology and Religion (RITR), (UNISA)
sochirongoma@gmail.com

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Abstract

This article makes a gender critical analysis of the Johanne Masowe weChishanu (JMwC) beliefs and practices in the context of HIV and AIDS in Zimbabwe. In current times in sub-Saharan Africa, poverty is both a direct and an indirect effect of HIV that feeds on skewed gender relations. Efforts at forestalling the HIV and AIDS pandemic have often concentrated on empowering women through giving them a voice in negotiating for safer sex with their male counterparts. The approach has not lived up to expectation because it focuses on the powerless partner in sexual interactions to lead prevention initiatives against the transmission of HIV and AIDS. Men have resisted such women led initiatives feeling that their authority is threatened. There is a paradigm shift where focus is now on men in African indigenous religions or men in general. However, focus on the potential of men in African Independent Churches (AICs) in dealing with HIV and AIDS has been limited. Focus has been on men in traditional religions or men in general. Can men in AICs transform or revalue their cultural, moral, and spiritual obligation of dealing with threats to health and well-being in the current crisis of HIV & AIDS? This is a critical question since managing HIV and AIDS through transforming gender relations goes a long way in fighting poverty. This article argues that beliefs held about real manhood among JMwC are vital sites for the much-needed revaluing of religious traditions in combating HIV and AIDS that has critical effect on managing poverty levels in households.

Keywords: Gender critical analysis, AICs, Johanne Masowe weChishanu, HIV and AIDS

Introduction

In sub-Saharan Africa, poverty is both a direct and an indirect effect of HIV and AIDS that finds fertile ground especially where there are socio-economic and gender inequalities. For example, the challenges of HIV have been felt seriously in the Southern African region mainly because the region is home to patriarchal ideology that finds expression in gender imbalance (Chitando, 2005). This is not good news for African Independent Churches' because they emerged from within the patriarchal structures of society in Africa. Their informal business ventures are affected by HIV and AIDS through either enduring long illnesses or spending time caring for the sick. Poor health and well-being leads to poor

livelihoods of households (see SDG number 3). As such, managing HIV and AIDS is a giant step towards poverty reduction, which requires dealing with social and cultural norms which promote HIV and AIDS as well as patriarchy and gender inequality. Patriarchy, a system that privileges men in all sectors of life, leaves African women vulnerable. Gender norms and expectations of how people should behave also affect men negatively. They are often pressured to pursue behaviours that are associated with masculinity that can make men more likely to become infected with HIV, for example, having many wives and children. So, men need empowerment to critique some privileges heaped on them by religio-cultural beliefs and practices that put their lives and that of their loved ones at risk.

The prevention and stopping of HIV and AIDS does not depend solely on the individual but on the quality of (our) institutions, changes in negative cultural norms, economy, and politics as well. The quality of institutions largely depends on the quality of leadership. In this regard, this article looks at the Johane Masowe weChishanu apostles where power is concentrated in the hands of men; *Madzibaba* (male members of the apostolic sect). Johanne Masowe weChishanu is an African Independent Church (AIC) that traces its origins to Shonhiwa Masedza. He called himself “John the Baptist,” hence the name Johane Masowe, meaning “John of the wilderness” (Dillon-Malone, 1978: 12-14, 17). Johane Masowe was committed to presenting Christianity; the new Judaeo-Christian message in African guise.

The rationale for choosing the group lies in the view that JMwC’s spirituality is driven by their ideology of human self-reliance (vocationalism). At the same time, this ideology stands challenged by the effects of HIV and AIDS that thrives on gender imbalances prevalent in the group. The JMwC emerged from within the patriarchal structures of Shona society in Zimbabwe and therefore male dominance is their major characteristic. Patriarchal structures and systems spew gender inequalities giving men unfair advantages. Haddad (2002:425 cited by Hategekimana in Chitando & Chirongoma, 2012) argues that marginalization of women leads to gender-based poverty, sometimes referred to as the “feminization of poverty.” Gender-based poverty and inequalities are the main route of the HIV and AIDS pandemic (Hategekimana in Chitando & Chirongoma, 2012: 58).

Efforts at prevention of the HIV and AIDS pandemic have often focused on empowering women to give them a voice to challenge gender inequalities, for example through negotiating for safer sex with their male counterparts. The approach has not lived up to expectation because it focuses on the powerless partner to lead prevention initiatives against the transmission of HIV and AIDS. However, men have resisted such women led initiatives feeling that their authority is threatened. Thus, fighting the HIV and AIDS pandemic requires the efforts of men who wield decision-making powers at every level from the bedroom to the statehouse and other power bases of policy, politics, and resources (Redman, 1996 cited by Hategekimana in Chitando & Chirongoma, 2012).

Currently, there is a paradigm shift where focus is now on men, particularly, men in African indigenous religions. However, focus on the potential of men in African Independent Churches (AICs) in dealing with HIV and AIDS has been limited. Can men in AICs transform or revalue their cultural, moral and spiritual obligation of dealing with threats to health and well-being in the current crisis of HIV & AIDS? This is a critical question since transforming gender relations goes a long way in fighting HIV and AIDS leading to poverty reduction. This article argues that beliefs held about real manhood among JMwC are vital sites for the much-needed revaluing of religious traditions in combating HIV and AIDS that has a critical effect on managing poverty levels in households. The article is divided into the following segments: Methodological Issues, gender as a theoretical lens, Men in JMwC and HIV and AIDS, potential sites for transformation and conclusions.

Methodology

The article employed a qualitative research methodology because it deals with issues related to culture, patterns or processes of social and cultural change and of their elements that include customs, norms or values, and of social structure and organisation or patterns of human behaviour (Thakur, 2009:172). The data that answer the question or problem in this article lie with the participants, the JMwC apostles. Qualitative research is therefore the appropriate research methodology because it allows the subjects being studied to give much richer answers to research questions and valuable insights that might be missed in a quantitative methodology. The research was carried out among the JMwC members of Musikavanhu constituency in Chipinge. Data for this research were gathered mainly through in-depth interviews.

The participants were purposively sampled on the basis of the researchers' knowledge of the population that would provide the best information to address the purpose of the research. A tentative 20 mature participants, 10 *madzimai* and 10 *madzibaba* were sampled. The sample comprised mature members of JMwC who had experience of the periods prior to and after the advent of HIV and AIDS, and young adults both male and female, who have experienced their faith in the context of HIV and AIDS, and constructed meaning around these experiences. The sample was later adjusted to 15 (7 *madzibaba* and 8 *madzimai*) on the basis of the theoretical saturation, that is, the point when new data no longer brought additional insights to the research question. Merriam and Tisdell (2016) aver that qualitative researchers need to give a tentative number of participants at the beginning and do research until they reach saturation point. Eleven participants (7 *madzibaba* and 4 *madzimai*) gave verbal consent to participate in the research and to have their *momnaga* names (angelic names conferred on them by the Holy Spirit) included in the article while four participants (*madzimai*) chose to participate anonymously.

Gender

It is imperative to define gender at this point for the purposes of clarity on how it is understood in this article. Gender is a social construct of men and women. Gupta cited by Dube (2003:86) describes it as a "culture-specific construct." It involves perceptions that a society holds regarding the roles of men and women. Since gender is culturally constructed, it means "that gender (1) is not natural, (2) is not divine, (3) has to do with social relationships of women and men, and (4) can be reconstructed and transformed by the society, for since it is culturally constructed, it can be socially deconstructed" (Dube, M, 2003:86).

However, gender does not distribute power equally between men and women. In most cultures, the balance of power leans towards the men rather than the women. Gendered ideology presupposes that the masculine takes priority over the female and expects subordination and submissiveness of the female (Manyonganise, in Chitando & Chirongoma, 2013:146). This entrenches hegemonic masculinities that rob women of a voice resulting in gender inequality. But what needs to be understood is that the way people relate in all relationships and in all times and places is always gendered; but it is "not gendered difference but gendered inequality that puts both men and women at risk" (Baylies and Bujra, 2000:176 cited by Akeroyd in Kalipeni, 2004). This is best expressed by the view that the "world of humanity has two wings, one is woman, and the other is man. Until both wings are equally developed, the bird can fly but if one wing remains weak, then flight is impossible" (ILO, 2000). HIV thrives on skewed gender relations since its main mode of transmission in sub-Saharan Africa is through heterosexual relationships where sexuality is controlled by

men. Gender relations are therefore recognized as a key factor in making not only women vulnerable to HIV, but men as well. There is the need to empower men to redefine their roles and become initiators of change so as to protect not only women but also themselves. In this regard, the attention on men in AICs has been limited; and this article seeks to fill that gap. The following section focuses on men to assess whether they are transforming or revaluing their cultural, moral, and spiritual obligation to deal with HIV and AIDS. This is crucial since managing HIV and AIDS through transforming gender relations goes a long way in fighting poverty.

Men in Johane Masowe weChishanu (JMwC)

Men as Official Leaders

The JMwC is a gendered community of faith and leadership is primarily for males. The official leadership of the church is male dominated even though women constitute the majority of the congregations. The group suggests that gender roles are divinely ordained and the 'superior' position of men is divinely ordained as natural gifts not intended for women. These gifts are perceived as that which accords men the status to act as leaders in the home, at church and in the wider society and women are expected to obey. As formal leaders, men often exercise power over much of their church activities that include interpretation of the doctrine of the church and directing ritual proceedings. It is a commonplace to see a handful of men taking up all the key leadership and decision-making positions in a congregation where they are clearly outnumbered by women and children. Despite being the minority in terms of numbers, their positions of leadership accord them the privilege to dominate the proceedings by laying down rules. *Madzibaba* Chingwinire (Interview, Rimbi, Chipinge, 16 July 2015) posits that:

A group of women, no matter how big would not embark on a prayer meeting unless and until there is a male figure, no matter how small, who would act as an official leader to officially open the meeting, preach, and eventually declare the meeting closed.

In their preaching, men articulate ideas that justify their dominance in a fashion that demonstrates excessive masculine authority. Men generally constitute the *dare* (council of elders) where they act as advisors, directors, and custodians of pronouncements (Dodo et al, 2014). In fact, the group entrenches the gender dynamics within the Shona culture. The Shona are one of the Bantu-speaking people of Southern Africa. They are found in Zimbabwe where they constitute the larger of the two major ethnic groups, that is Shona and Ndebele (Taringa, 2006). The Shona has five broad dialect-based sub-groups located in different parts of the country that include Karanga, Korekore, Manyika, Zezuru and Ndaou. However, Ndaou is a now language on its own owing to the 2013 constitutional amendment number 20. In the traditional Shona society, like in many African societies across Africa as a whole, men and women had well-defined roles and obligations that were specific and exclusive to their respective gender (Owomoyela, 2002).

Gendered Titles in JMwC

There are gendered titles given to both men and women. Men, adolescent and baby boys are called *Madzibaba* and women, adolescent girls and baby girls are *Madzimai*. The titles are unique to *Masowe* and they indicate double respect for men and women. They are derived from the Shona culture and refined within the context of the indigenous Christian

ideology. The term '*Madzibaba*,' as Chitando and Mateveke (2014:131) observe, "evokes the sense of indigenous and Christian masculinities coalescing and producing a man who demands respect and is not progressing in his approaches towards gender." The titles are gendered and therefore indicate clear demarcations in terms of roles and responsibilities of men and women. *Madzimai* revere their men to the extent of elevating them to a god. *Madzimai* Grace (Interview, Rimbi, Chipinge, 29 July 2015) posits that,

Vakadzi vari pasi pevarume vavo nokuti ndivo vanovachengeta. Vakadzi vanofanirwa kukudza varume vavo nokuti murume ndiye Mwari wako wekutanga. Aungakoni kukudza Mwari usingakudzi murume wako (Women are under their men because men are responsible for their women's welfare. Women ought to respect their husbands because men represent God. A woman cannot claim to respect God when they are incapable of demonstrating that respect to their husband).

This is echoed by *Madzimai* Precious (Interview, Rimbi, Chipinge 4 July 2015) who said that:

Vakadzi vasikaremeredzi varume vavo avaponeswi ngekuti varume vakasikwa vari padera pevakadzi" (women who do not respect their husbands do not get salvation because men's superiority is divinely designed!).

The views show that the terms *Madzibaba* and *Madzimai* categorize men and women in line with the Shona cultural template in which the church operates. What is culturally unacceptable for women in the larger Shona society is also regarded as unacceptable for *Masowe* women as well and the same applies to men.

Sitting Arrangements at Worship Sites

The sitting positions at the worship sites also tell a story about gender relations in the JMwC. Men and adolescent boys (*Madzibaba*) sit at one side while mothers and girl children (*Madzimai*) also sit at another side, leaving a *gwanza* (a sacred space) in-between. Worshippers are divided by gender and the two groups sit facing each other a few metres apart. Men sit facing west and women facing east. Members of the JMwC believe that during prayers, the ancestral spirits both male and female are exorcised, and they escape heading towards the west, which is believed to be the place of darkness. Men consider themselves as leaders of spiritual battles waged at prayers when they enter the sacred space. Facing west is a gesture that shows vigilance and to keep a constant check on these ancestral spirits lest they should come back to haunt individuals during prayers of exorcism (*Madzibaba* Painos, Interview, Manyezu, Chipinge, 12 April 2017; Mukonyora, 2007:111). The JMwC reproduces gendered relations that obtain in the larger society. Many African societies are home to heroic tales where mythical men risked their life and limb to prove their manhood (Oduyoye, 1997:45). Attributes that are associated with manhood include perseverance and being a courageous person, risk taker, strong, brave, warrior, provider, hunter, and protector and being responsible for one's family and society (Ewusha, 2012:77).

The gendered sitting arrangement is interpreted to mean that men are stronger in all dimensions, courageous and brave as they play the role of protecting women who are portrayed as weaker than men against the threat of powerful evil spirits. *Madzimai* Precious echoed this when she said that:

“Varume ndivo vanorwisana nemweya yemadzinza ngekuti aityi madzima” (Men are the ones who wrestle with evil spirits and not women, this is so because evil spirits are not afraid of women).

The views of the participant advances the stereotyping of women as a weak and vulnerable category that deserve the protection of men. The view implies that the belief transcends the social structures of the living to reflect also the hierarchies in the spiritual realm. The combative behaviours of men in the sacred wilderness reflect the perceptions on manhood in the traditional Shona society. The patriarchal contest for power in the larger society shapes the mindset that men bring into the sacred wilderness. *Madzibaba* Evidence (Interview, Rimbi, Chipinge 27 July 2015) summarized everything when he said that Masowe endorses male dominance of the Shona traditional society where family and societal headship is an exclusive privilege for men. Masculine gender stress develops if a man feels he has acted in an unmanly fashion and acting “manly” among peers will often result in increased social validation or generally competitive advantage.

Men as Presiding over Ritual Processes

Gendered responsibilities permeate the healing sessions as men are the ones who lead ritual proceedings. As stated by *Madzibaba* Zakeo (Interview, Manyezu, Chipinge, 1 July 2017), “*Miteuro* are prepared by men even though women are also given the prescription in prophecy.” *Madzimai* Tracy concurs with him when she remarked that:

Both men and women are involved in healing sessions, but the laying of hands on the head is exclusively for men. Women can lay hands on shoulders or use other items such as a cloth and small sacred stuff to confer healing, but they cannot lay hands on the head.

The views show the gendered spaces and roles in the healing ritual processes in JMwC. This is further elucidated by the exclusive participation of men in lighting *zambara* (sacred bonfire). *Zambara* ritual is often prescribed to scare away dangers and evil spirits and is a healing ritual on its own. *Zambara* is lit ritually by three men who have to confess any possible guilt to prevent any dangers (*Madzibaba* Terrence, Interview, Manyezu, Chipinge, 27 July 2016). The sacredness of *Zambara* is linked to the merciful deed of God when he spared Isaac from being offered as a sacrifice. The same bonfire that could not consume Isaac became the mode of transport for Elijah heading for the heavens.

There are prophets who specialize in reproductive health who prescribe contraceptive rituals that stop menstruation during lactation to avoid unwanted pregnancies. They also prescribe rituals for the husband to guard against promiscuity. *Madzimai* Precious (Interview, Rimbi, Chipinge 4 July 2015) explained this as follows, *Kune maporofita ane ngirozi yeuchiko, vanokupa minamoto yekuti umbomira kuenda kunguwa uchirerea mwana paunonga uchiyamwisa. Vanopawo minamoto yekuti vana baba vagare mudzimba* (There are prophets who play host to angels with the gift of fertility. These prophets prescribe rituals for lactating mothers that stop menstruation during the period to prevent conception when the mother is still tending a new baby).

The three-day (Mondays-Wednesdays) prayer sessions for blessings such as asking for rains, and protection from all diseases and forms of threat to health that include frequent deaths, held at sacred places in mountains and accompanied with fasting are a preserve for men. Men perform rituals for consecrating the chosen site. Women will only join men on ordinary days of prayers (Thursdays and Fridays) when men will be breaking the fast (*Madzibaba* Chingwinire, Interview, Rimbi, Chipinge, 16 July 2015).

Potential Sites for Transformation of Gender Relations in the JMwC

To forestall HIV and AIDS, there is need to deal with gender inequality through dismantling patriarchal structures and mindset. This begins with tackling notions of manhood; ideas, opinions and views held about manhood (masculinity) by men themselves and often infused successfully in women through socialization. This section discusses the potential sites for transformation under two levels that is prevention, treatment and caregiving.

Prevention of HIV

Some views are progressive, and therefore redemptive while others are retrogressive and resultantly, harmful. Some views held about manhood need not be discarded but redefined in the context of HIV and AIDS. For example, men are the official leaders of the church, and their voices and viewpoints give the public picture of the JMwC. Men generally constitute the *dare* (Council of Elders) where they act as advisors, directors, and custodians of pronouncements (Dodo et al, 2014). Because of their privileged and influential positions in the group, men can make use of their position to transform gender relations in the JMwC for the good of women, children, and men themselves. They can change the tag of being agents of transmission to becoming agents of transformation.

There is great potential in the belief held about the sitting arrangements at the worship place (sacred wilderness). The arrangements are informed by the belief that men enter the worship place as leaders of spiritual battles waged during prayers, where they will be wrestling with the spirits of darkness, protecting their women in the process. This belief is a resource that can be employed in the fight against HIV. The spirit of caring for other people's life can retrieve the best of habits from men who are the powerful and influential members of not only their church, but society. This implies that JMwC men can be encouraged to demonstrate their caring attitude by abstaining, being faithful or using the condom.

The JMwC women respect their husbands because they believe that men represent God. To this end, they are expected to exemplify some of the moral attributes of God of loving, caring, being compassionate, protecting and sanctifying in fighting HIV and AIDS. Uzodike & Isike (2013) argue that real manhood, apart from implying strength, bravery, perseverance, courage, provider and protector of the family and society, also meant affection, respect and responsibility towards women. Men in the JMwC are doing that; thus, the verse, "*Dhiya ndinokuda*" (My dear I love you) sung in the eye-consecration ritual (*muteuro wekuyeresamaziso*) is a demonstration of this quality of caring initiated by men. They have realized that representing God is not an opportunity for hubristic tendencies that brag of power and authority for their own sake, but a chance to demonstrate positive life-saving behaviours after God the author of life. This belief is a resource in transforming men's negative behaviour traits in the context of HIV and AIDS. This is in line with Mhloyi's (1995:18-19 cited by Akeroyd in Kalipeni, 2004) call for the need to empower men to transform their patriarchal mindset and to redefine their roles to promote responsible sex as an enhancement of manhood.

In the Shona culture, being an ideal man, though not claiming to be perfect, does not entail threatening gender relationships in the family (Rukuni, 2007). Ideal manhood is designed to assert the capability of being useful to the family and to society at large. Each family has sufficient appreciation of the role played by the head of the family. Men in the JMwC are still conscious that their manhood and fatherhood are attached to the positive social values of being the protector and provider for their families.

There are practical indicators to this initiative expressed through the ritual of ‘consecrating eyes’ (*kuyeresa maziso*) where men cooperate in finding ways of preventing HIV and AIDS. Verses (songs) are composed to assist on the level of prevention as they talk of awareness. The verses are accompanied by some rituals meant to ‘consecrate eyes’ (*kuyeresa maziso*) against promiscuity; a realisation that promiscuous behaviour is dangerous in these times of HIV and AIDS. An example of a love verse is: *Dhiya ini ndinokuda* (*My dear I love you*) sung three times by each of the spouses as they exchange *nhombo* (sacred pebble) through the mouth three times again (*Madzibaba* Terrence, Manyezu, Chipinge, 27 July 2016). The exchange of *nhombo* is a gesture of the couple’s commitment to each other and a positive stride towards gender equality (SDG 5).

HIV activists call for the ABCC (Abstinence, Be faithful to one sexual partner, Condomise and Circumcise) approach compounded by the dismantling of structural injustices that fuel the spread of HIV and AIDS. The JMwC officially agrees with two of the four strategies (AB approaches), that is, Abstinence and Being faithful to one sexual partner. They are uncomfortable with the surgical operation involved in circumcision since it runs contrary to their belief of the intactness of the body that should never be tampered with. Some members have welcomed circumcision as a practical interventionist initiative worth undertaking because the pandemic is closing in on them despite the trust in their beliefs.

There are JMwC men who are taking advantage of the privileges of their masculine authority to gather enough courage to use protection and to undergo HIV testing. They are accessing circumcision and embracing condom use as personal choices, thereby saving themselves and their wives. There are men (*Madzibaba*); family heads who are demonstrating care to their wives through sharing information on HIV and AIDS and using consensus in dealing with sex and reproductive issues with their women as a way of surviving the scourge. *Madzimai* Grace has this to say:

We discuss with our husbands with regards to the number of children to bear. We follow the way of consensus; once we agree we could then employ birth control methods such as family planning tablets. Condoms are preferred more where diseases are suspected or known. But this is not the church policy, but it is a matter of life and death that calls for *kudarika murawu* (putting aside church policy to pursue personal discretion).

Generally, as *Madzimai* Susan and Grace (Interview, Rimbi, Chipinge, 29 July 2015) posit, issues to do with HIV and AIDS have more to do with the discretion of the couple involved. Church policy may not allow any prevention mechanisms advocated by the medical health service providers, but the couple could agree to use them. This is called *kudarika mirawu* meaning to put aside church policy to pursue personal discretion where there is need to be practical. Consensus between the husband and wife carries the day and not church policy. *Madzibaba* Farai (Interview, Manyezu, Chipinge 27 July 2015) concurs with them:

Generally speaking, the JMwC church discourages the use of condoms, but couples have to agree to make personal decisions because HIV and AIDS by its very nature is unique and dangerous. There is need to work hand in hand with medical advice.

It is interesting to note that personal decisions are gradually transforming the long-standing traditions of JMwC.

Treatment and Caregiving

Adherents of the JMwC believe in the power and efficacy of the Holy Spirit in securing health and well-being. It can render instant cure on some diseases. However, they agree that HIV and AIDS is a unique disease and by its very nature is life threatening and therefore should be approached with caution. Furthermore, members of the JMwC are now accepting that AIDS has a natural cause in the form of the Human Immunodeficiency Virus (HIV) but is still linked to supernatural or human agents that directly makes infection possible. They also believe that *mweya yerima* (evil spirits) expose the victim to infection, and these evil spirits have to be exorcised (*kukamurwa*) to pave the way for effective healing through material healing formulas (*muteuro*) and biomedicines.

It is against this background that members of the JMwC are practising material healing through prescriptions of *muteuro* and they also advise patients to consider seeking assistance from the hospital. HIV and AIDS are retrieving positive health seeking behaviours among JMwC. For example, *Muteuro webwepwepwe* (golden syrup-like concoction) is made to boost the immune system and is shared between men and women. It is made from a variety of ingredients that include honey, mazoe orange crush, cooking oil, lemon, ash, and sacred pebble. The concoction is prepared and consecrated by a prophet who is believed to have received the instructions from the Holy Spirit. The prophet prays to God, pleading with him for mercy to prolong their lives. The syrup is taken in three gulps at intervals of three hours, three times a day (*Madzibaba* Terrence, Manyezu, Chipinge, 27 July 2016) as an immune system booster. Efficacy, however, is credited to the consecration process (*kuyereswa*) than to the power of the ingredients (*Madzibaba* Augustne, Interview, Rimbi, Chipinge, 3 July 2016). The development underscores hope in the JMwC's shift of attitude towards acceptance of preventive medicines and vaccines.

The male prophet is responsible for preparing the *muteuro* and lighting the *zambara*. The sacred duty gives men some status and it is criticised for entrenching gender inequality as women do not participate in the same duty. On a positive note, preparing healing rituals could be a potential site for reinterpreting male gender as shouldering the responsibility of ensuring access to health and healing. In patriarchal societies, men are less likely to seek medical care when ill because of hegemonic masculinities. This is a site for transforming men's health-seeking behaviours in the context of HIV and AIDS. *Madzimai* who participated in this research admit that it is difficult for men to drop beliefs and practices that had always heaped privileges on them, but hastened to say that the bane of HIV and AIDS is compelling them to transform as some are utilizing their leadership privileges to initiate dialogue on issues that deal with the pandemic. Couples can agree to lay aside church policy and pursue personal decisions to be practical and deliver life in the context of HIV and AIDS.

Verses of protection (*nziyo dzeruchengetedzo*) and sacred bonfire (*Zambara*) also work at the level of caregiving that focuses on ministering to people living with HIV and AIDS PLWHA. *Madzibaba* Augustine, (Interview, Rimbi, Chipinge, 3 July 2016), enthuses that, "The notion of *Zambara* expresses the value of togetherness if read from the indigenous African worldview. One cannot squat by the fire alone; fire has a social significance of bringing people together." The *dare* (a council of elders) is a political and social platform in the traditional Shona that always had a fire. The prescription for *Zambara* to PLWHA is a sign of solidarity and accompaniment that dispels discrimination and stigma associated with the condition. This explains why the sick are usually housed at the local prophet's residence or healing shrines for healing programmes under the watchful eyes of the prophet (Dodo, Banda and Dodo, 2014).

Conclusion

In the final analysis, HIV and AIDS is not merely biologically determined but culturally conditioned, and therefore needs a social and religio-cultural paradigm shift. HIV and AIDS activists opine that gender relations are critical in managing HIV and AIDS. They shape the path of infection and make women more vulnerable to the disease. However, there is a possibility for the transformation of gender relations for the good of the men, women and children in the JMwC. In the Shona culture, ideal manhood is designed to assert the capability of being useful to the family and to society at large. Men in the JMwC are still conscious that their manhood and fatherhood are attached to the positive social values of being the protector and provider for their families. Adherents of the JMwC share this cultural expectation and are reworking it to face the challenge of the HIV and AIDS pandemic. HIV and AIDS are forcing men to reciprocate by respecting their wives through engaging positive behaviours that combat HIV and AIDS.

Men who participated in this research shared the same view that it is high time that they showed commitment to participate in transforming some of their beliefs and practices that fuel gender inequality. This goes a long way to improve livelihoods as it creates an improved environment for the AIC's ideology of human self-reliance to thrive. Men can be good advocates for behaviour change and social responsibility because of their privileged and usually influential positions in society. Again, as agents of transmission it is important to consider that an adjustment of men's behaviour could result in further reduction of HIV and AIDS infections (Shoko, in Chitando and Chirongoma, 2012) thereby promoting healthy lives and well-being in sync with United Nations SDG number 3.

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