

# **Mainstreaming HIV and AIDS Programmes in the Ministry of the Apostolic Faith Mission in Zimbabwe**

**Francis Machingura**  
**Norman Chivasa**

## **Abstract**

The Apostolic Faith Mission (AFM) in Zimbabwe church is one of the oldest Pentecostal denominations in Zimbabwe tracing its origins as far back as 1915. She claims a membership of two million across the country. Like other Pentecostal denominations that broke away from her, the AFM in Zimbabwe remains exposed to the risks and vulnerabilities of HIV and AIDS. This study made a case for HIV and AIDS mainstreaming in the AFM in Zimbabwe. The study was predominantly qualitative and relied on document analysis. Relevant sources of data were identified and critically examined. The study found that HIV and AIDS mainstreaming among Pentecostal denominations is an uphill task because some Pentecostal preachers claim they can cure HIV and AIDS, yet government and other stakeholders firmly established that there is no cure for HIV and AIDS. Another impeding factor was that HIV and AIDS in some Pentecostal quarters is regarded as a demon. The demon perception encourages stigma and discrimination against HIV infected persons. Although negative perceptions of HIV and AIDS are evident, some Pentecostals still encourage biomedical cure for HIV and AIDS while at the same time they embrace faith as an important aspect for coping with HIV and AIDS. That the AFM in Zimbabwe, like other Pentecostal denominations has comparative advantages that put it at a better position to mainstream HIV and AIDS was firmly established. Although, Pentecostal denominations like other organizations struggle due to loss of members through sickness, death, funerals and reduced performances owing to HIV and AIDS evidence showed that they are slowing up to HIV and AIDS mainstreaming. Owing to stigma

and discrimination which is rampant among Pentecostals, the study concludes that not mainstreaming is not an option for the AFM in Zimbabwe as the process is not resource-intensive which puts the denomination at a better position to effectively operate in the face of HIV and AIDS while at the same time fulfilling its mandate.

**Keywords:** Apostolic Faith Mission, HIV and AIDS, mainstreaming, Pentecostal

## **Introduction and Background**

Of the major Pentecostal denominations in Zimbabwe, the Apostolic Faith mission in Zimbabwe (AFM) church boasts the singular honor of having been in existent for more than a century. In 2015, the AFM in Zimbabwe celebrated 100 years of active ministry across Zimbabwe. She claims to have an estimated membership of about 2,3 million (<http://www.zimbabweyp.com/>). In 2006, the denomination claimed that its membership was estimated at 2, 5 million (IRIN 2006). Machingura (2011:17) notes that due to lack of updates on denominational records, membership figures are liable to amplification. However, commanding a large membership following was not the impetus behind the choice of AFM in the present study, but numerical age of the denomination was the major drive. Togarasei (2016:2) acknowledges that the AFM in Zimbabwe is the oldest Pentecostal of them all in Zimbabwe. As a matter of fact, the numerical age of the AFM in Zimbabwe cannot be overlooked considering that the rise of other popular Pentecostal denominations in Zimbabwe (for example, Johane Masowe) which trace their origins from the AFM in Zimbabwe (Togarasei 2016). Other popular denominations that broke away from AFM in Zimbabwe which have been in existent for more than 50 years or so include Apostolic Faith Mission of Mugodhi which broke away in the 1940s and Zimbabwe Assemblies of God Africa which broke away between the 1950s and 60s. As if that was not enough, in 2010 the AFM in Zimbabwe gave birth to other popular denominations such as: United Family International Church, Heartfelt International Ministries, Apostolic Flame Ministries (Machingura 2011; Togarasei, 2016) and the list is still on-going. Thus, numerical age was an important factor in the selection of the denomination under review.

In 2015, when the church under review had a centenary celebration, Zimbabwe as a nation marked 30 years of active combat against HIV and AIDS (Chingwaru & Vidmar 2015; Mukamuri 2016). There are however mixed reactions and perceptions among Pentecostal denominations regarding HIV and AIDS. Mutingwende (2014) reports that some Pentecostal denominations regard HIV and AIDS as a punishment from God resulting from promiscuous relationships. Supportively, Mairos (2013) reported that some Pentecostal Christians assume that every HIV infected person is under God's curse for loose, immoral and adulterous lifestyles.

In other quarters, Mutingwende (2014) points out that there are Pentecostal prophets who instruct individuals on Antiretroviral Therapy (ART) to stop from taking medication. A case in point was cited by Rupapa and Shumba (2014), when they reported that one renowned prophet declared his anointing oil can cure HIV and AIDS. Similarly, New Zimbabwe.com (2016) reportedly quoted another prophet who claimed he can cure HIV and AIDS through anointing oil. These mixed reactions, perceptions and voices warrant academic scrutiny. However, to avoid generalization of Pentecostal denominations, the authors purposively selected the AFM in Zimbabwe church on the basis of its numerical age to make a case for HIV and AIDS mainstreaming among Pentecostal denominations. In addition, the numerical age of the AFM in Zimbabwe met our inclusion criteria of Pentecostal denominations exposed to risks and vulnerabilities of the epidemic, yet the denomination under review has comparative advantages to HIV and AIDS mainstreaming. To date, it appears, no research has been conducted as much energy has been spent on writing about the history of the AFM (Machingura 2011; Hwata 2005; Togarasei 2016) and its basic belief systems, particularly, the glossolalia and faith healing (Machingura 2011; 2012). Studies on HIV and AIDS issues related to AFM in Zimbabwe have focused primarily on stigma and discrimination perpetuated by Pentecostals against the infected (see Machingura 2012). In fact, extensive literature has firmly established that stigma and discrimination is still prevalent to unprecedented levels among Christians in Zimbabwe (Kane 2012; Mlambo & Chibaya 2012; Mairos 2013; Mutingwende 2014; Chateta 2015; Taruvinga 2015). To interrogate HIV and AIDS mainstreaming systematically, the study was guided by the following questions; why should there be internal mainstreaming in the AFM in Zimbabwe church? What is involved in internal mainstreaming? How significant is internal mainstreaming in the AFM in Zimbabwe? The study has

five sections structured as follows; first section briefly describes the extent of HIV prevalence in Zimbabwe for the past three decades ending in 2015 and appended by the clarification of key concepts. The second reviews the legal and strategic HIV and AIDS frameworks in Zimbabwe. Third, describes methodological issues employed in the current study. The fourth section, analyzes literature on internal mainstreaming and its characteristic features with subsequent examination on the significance of internal mainstreaming. The fifth section concludes with subsequent recommendations.

### **The Extent of HIV and AIDS Prevalence in Zimbabwe**

The extent of HIV and AIDS prevalence in Zimbabwe is worth scrutiny for various reasons. The major one is that it provides the HIV and AIDS picture which informs this study, thus helping to put the present effort into the broader context. In 2015, Zimbabwe marked 30 years of active combat against HIV and AIDS. Chingwaru and Vidmar (2015) praises various sectors such as government, civil society and faith based groups for their involvement in the fight against HIV and AIDS over a span of 30 years. However, they noted with regret that, in spite of efforts by government and other sectors to reduce the impact of HIV and AIDS on human life, this epidemic has claimed about 1,3 million people up until 2012. Statistics showed that in 2006 HIV and AIDS was claiming 123, 000 lives per year and by 2013 the figure had increased to 40, 000. The most affected age group were those between 15 and 49 years (Chitapi & Warinda 2013). According to 2015 estimates, HIV prevalence rate for individuals between 15 and 49 years stood at 15.2 % which was an increase from 14.1% in 2010. Factors that could have contributed to the increase are still yet to be configured.

In similar thought, Mukamuri (2016) points out that in Zimbabwe, the predominant mode of transmission of HIV and AIDS is through unprotected heterosexual relations with an infected person. According to her, this mode of transmission carries stigma with it especially among various social groups and is more pronounced among Christians. Mukamuri sees the unavailability of vaccine or cure as an important factor that generates stigma against HIV infected persons. She notes that stigma and discrimination has permeated every social space from workplace to the family and this generally hinder disclosure of HIV status.

On another note, she argues that HIV and AIDS prevalence estimates

between rural and urban among adult population aged between 15 and 49 years differs to a large extent. Mukamuri reported that HIV prevalence is higher in urban centers than in rural areas recording 17 % in urban and 15 % in rural areas. Mukamuri (2016) has also looked at the gender dimension of HIV and AIDS. From her perspective, the prevalence of HIV on women particularly widows, divorced, and separated stood at 18 % between 2010 and 2011 compared to 12% for their male counterparts. She also reported that, among couples, the 2010 and 2011 estimates showed that 79% of couples were both negative compared to 10% of couples who were both positive and 12 % were discordant. She also notes that 6% of young people aged between 15 and 24 were infected with HIV and AIDS. The battle against HIV and AIDS is still raging on across the globe. In this battle, it is pathetic to note that Pentecostal denominations are more at risk of the epidemic because of their low risk perceptions on the basis of the deep-seated holiness/purity dogmas (Machingura 2012). It is against this background that the writers made a conscious choice to select the AFM in Zimbabwe because being the oldest but has not yet mainstreamed, she is still exposed to risks and vulnerabilities of HIV and AIDS.

### **Clarification of Concepts**

On this section we seek to clarify the concepts; HIV and AIDS, mainstream; HIV and AIDS mainstreaming and Pentecostal because they are forerunners to the problem under investigation.

### ***HIV and AIDS***

HIV and AIDS is a short-form for Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS). Igo (2009) writes that HIV is a virus that enters the human body to attack cells that protects and sustain well-being of an individual and AIDS is a condition that the human body succumbs to while at the same becoming susceptible to various opportunistic sicknesses.

### ***Mainstream***

According to the Collins English Dictionary, the term mainstream is a combi-

nation of the adjective (main) and a noun (stream). The former relates to the dominant, characteristic principle or widely accepted entity while the later designates something regular, tendency, trend, principle, dominant course of action, or a river. For purposes of this study, to mainstream is to get align the ethos, programmes and activities with the widely accepted principles.

### ***HIV and AIDS Mainstreaming***

HIV and AIDS mainstreaming ‘is a process of analyzing how HIV and AIDS impacts on all sectors now and in the future, both internally and externally, to determine how each sector should respond based on its comparative advantage’ (HIV and AIDS Mainstreaming Working Group 2002, cited in Chitapi & Warinda 2013: 10). Internal mainstreaming is the primary focus of this study. Mainstreaming will help institution like the AFM in Zimbabwe to develop guidelines, activities and programmes for their denomination on HIV and AIDS strategic areas such as HIV prevention, care, treatment and support (adapted from Republic of Namibia 2008: 5).

### ***Pentecostal***

Pentecostal refers to a denomination that is characterized by a number of traits associated with glossolalia (speaking in tongues), public confessions and divine healing (the practice of faith healing) (Engelke 2007:98).

## **Legal and Strategic Frameworks on HIV and AIDS Mainstreaming in Zimbabwe**

In Zimbabwe, issues of HIV and AIDS are regulated by labour laws (Chitapi & Warinda 2013). A case in point is the *Zimbabwe Statutory Instrument 202 of 1998*, revised 2006, *Labour Relations (HIV & AIDS Regulations)*. Section 3 of this instrument spells out that employees have the responsibility to provide education on risk measures against HIV and AIDS, provide facilities for counselling and prevention of the spread of HIV and AIDS. Simply put, stigma and discrimination on the grounds of an individuals’ HIV and AIDS status is a criminal offence according to this Statutory Instrument. Christian denominations are subservient to government authorities (see Romans 13). As

such, like other government interventions elsewhere, Zimbabwe National HIV and AIDS Strategic Plan III (ZNASP III) 2015-2018 is the strategic intervention for all HIV and AIDS. Pentecostal denominations like the AFM in Zimbabwe should figure out from among the strategic areas spelled out in the ZNASP III, compatible with their values and help reduce their risks and vulnerabilities to HIV and AIDS. One of the ways in which the AFM in Zimbabwe can partner with government and other stakeholders is HIV and AIDS mainstreaming.

ZNASP III has a four-year life span. Its predecessor ZINASP II (2011-2015) had a five-year life span. By and large, the current strategic framework is multi-sectoral in its approach to HIV and AIDS which means all sectors involving religion are part of the equation in the fight against HIV and AIDS. Its vision is ‘zero new infections, zero stigma and discrimination and zero AIDS-related deaths ...’. Pentecostal denominations such as the AFM in Zimbabwe should fit into this broader vision and come up with strategies within their reach to help achieve the broader vision. Whether it is going to be preaching, conducting bible studies or conducting workshops that is up to each individual Pentecostal denomination to use its discretion. The bottom-line is each individual denomination should play its part very well in the fight against HIV and AIDS. Government has done its part, Pentecostal denominations must equally play their part-and HIV and AIDS internal mainstreaming is one of strategy that is not resource-intensive.

In order to furnish ourselves with ZNASP’s III strategic areas, it is appropriate to reflect on some of its key strategies. However, it is not possible to include all outlined key strategies, nevertheless, only those deemed relevant to the current study are listed below.

- saving more lives through the enhancement of existing treatment and care facilities;
- scaling up male circumcision to 80 % by 2018;
- implementation of HIV prevention programmes;
- scaling up innovative community HIV testing initiatives; and
- integrate social norm and behavior change interventions and strengthening community systems (Government of Zimbabwe 2015).

Since Christian denominations are some of the major stakeholders in

the fight against HIV and AIDS, strategic areas provided by ZNASP III which are preservation of life, male circumcision, prevention of HIV and AIDS, innovative community testing and behaviors' change are not at law guides with Christian values. In fact, these strategic areas embrace the intrinsic value of human life in that they are aimed at addressing HIV and AIDS which has become one of the major contributors to human suffering and pain. Thus, addressing HIV and AIDS is a gesture of love, compassion, mercy, and kindness. Pentecostal denominations admire the Levite and the Priest characters in the Good Samaritan narrative in the book of Luke Chapter 10 by not remaining aloof, adamant and pretending they are urgent issues to attend to leaving individuals infected with HIV and AIDS laying down helpless. Given comprehensive legal and strategic frameworks in Zimbabwe: *Statutory Instrument 202 of 1998* and ZNASP III, not mainstreaming HIV and AIDS is not an option for the AFM in Zimbabwe church.

## **Methodological Issues**

This study makes use of qualitative research design to make a case why the AFM in Zimbabwe should mainstream HIV and AIDS programmes in its ministerial activities. It relied much on document analysis. According to Blundell (undated), document analysis is a research technique which involves an identification of relevant sources of data and critical examination of such documents. These documents are identified using key words in various search engines and databases. She notes that the analysis process involves identification key themes and relationships contained in those documents. The purposive and snowball techniques were employed in search for sources of data. The strategy employed in searching involved the use of key phrases such as 'HIV and AIDS and Religion in Zimbabwe'; HIV and AIDS and Pentecostals in Zimbabwe' and HIV and Religion in Zimbabwe', HIV and Faith Healing in Zimbabwe'. In the process, titles and abstracts were scanned to ensure relevance of the source. Accordingly, about 10 articles that met the inclusion criteria were retrieved. The inclusion criteria involved articles with first-person accounts, experiences, actions and beliefs on HIV and AIDS in Pentecostal denominations (<http://studentresearch.ucsd.edu>). Through document analysis, these documents were 'interpreted to give voice and meaning'. Results from these documents analyzed were the major motivation to argue for mainstreaming of HIV and AIDS in the AFM in Zimbabwe church.



## **Factors that Impede HIV and AIDS Mainstreaming among Pentecostals**

To put this study into context, it is critical to review the scale of the problem that impede on HIV and AIDS mainstreaming among Pentecostal denominations. For example, the majority of preachers in Pentecostals demonize HIV and AIDS and people living with HIV and AIDS. They are left with dilemmas regarding the position of the church on HIV and AIDS. Rupapa and Shumba, (2014) reported that one popular prophet in Zimbabwe declared that HIV and AIDS is a demon that require exorcism. Mutingwende (2014) reported that one pastor named called HIV and AIDS as a demon. Supportively, Chateta (2015) reported that HIV and AIDS is ‘associated with bad spirits which they [prophets] claim that they can exorcise’. For that reason, faith healing prophets claim to cure HIV and AIDS because they associate the virus with sinful behavior like extra-marital sex, drugs and homosexuality (Kane 2012). For that reason, some of these prophets believe that the status of an HIV and AIDS infected person can change if they use anointed oil (Mutingwende 2014). One of the emerging and popular prophets in Zimbabwe declared in 2016 that he can heal those infected with HIV. In the recent past, government gave a strong warning to faith healing movements ‘against deceiving people taking HIV drugs that they can cure the disease if they follow them’ (Chateta 2015).

Mairos (2013) reported that there are Christians who believe that every HIV infected person is under God’s curse for loose and immoral and adulterous lifestyles. These perceptions make people infected with HIV and AIDS to feel judged, condemned, cursed, unloved, and unacceptable. For Machingura (2012) the negative perception towards HIV infected persons emanate from a *holier than thou* mind-set by some Pentecostals. These perceptions not only hinder but render the urge for HIV and AIDS mainstreaming powerless.

Another problem that impede on mainstreaming of HIV and AIDS is that stigma and discrimination of HIV and AIDS infected persons is still rampant among Pentecostal denominations. Mairos (2013) reported that, those infected with HIV and AIDS are not allowed to share the same vessels and utensils with fellow Christians during a Holy Communion church service. Further on, he says people infected with HIV and AIDS are not allowed to occupy leadership positions as well as participating in church programmes and activities such as preaching, choir practice, ushering and even praying for other people. In the same report, it is stated that HIV and AIDS infected persons that

have disclosed their status are not allowed to wed because their marriages are considered unholy matrimony. Estimates in 2016 on stigma and discrimination stood at 65.5% (Mukamuri 2016).

### **Factors Working for HIV and AIDS Mainstreaming among Pentecostals' Christian Faith**

In a report by Mairos (2013) one woman acknowledges that faith plays a very important role in generating a jovial mood which impacts on the health of people. Woman emphasized that trusting in the power of God helps to create a calm state of mind which is also critical to stress reduction particularly for those that experience illness. Mutingwende (2014) acknowledges the role played by faith in the healing process, he pointed out that there are some destructive practices perpetuated by faith healers regarding their perceptions of people living with HIV and AIDS. In spite of these grey areas by faith healers it is important to argue that Christian faith is an important factor in coping with HIV and AIDS. For purposes of this study, faith is understood as trusting in the caring and loving power of God. According to Mutingwende (2014), faith helps to create conditions that generate a state/sense of happiness. He stressed that a sense of happiness helps to create a stable state of mind. The state of mind, in Mutingwende's (2014) perspective, creates conditions that can ameliorate or cause further damage on the burden of illness. On that note, he acknowledges that faith plays a critical role in that it creates conditions that help to reduce stress in a person's mind. In saying this, Mutingwende (2014) acknowledges the role of a positive state of mind in the medical profession when he said 'with medical conditions you are told not to stress'. At that point, he praised faith for creating a stress-free mind which helps medicine to work for the better. In terms of instilling faith in the minds of people, faith healers are the best. However, Mutingwende warned faith healers that they should not fool themselves into thinking that an HIV condition can change to a state where a person lives without a virus in his/her blood. On that note, Mutingwende (2014) stressed that faith healers must equip their members with the correct information.

### **ART as God's Healing Package**

Mutingwende (2014) urged Pentecostals to celebrate God's provision of anti-

retroviral therapy (ART). From this perspective, Mutingwende (2014) emphasized that ‘there is need to understand healing in the context of cure’. One woman (cited in Mutingwende 2014) stressed that ‘taking ARVs does not mean that you do not have faith’. For her perspective, ‘God and ARVs are meant for everyone whether or not they belong to some church or belief system’. Again, she went on to stress that ‘the very same God is the one who made it possible for scientists to come up with this treatment’. In summation, she advised that: We also need to understand faith healing inclusive of biomedicine. God has made it possible to provide ARVs and is still working miracles through ARTVS- this is God’s hand throughout- his healing hand through the power of ARVs.

From this she argues that healing entirely depends on God as well as the methods of healing remains God’s prerogative. In view of the above, Mairos (2013) argues that one pastor posited that evangelism in the era of HIV and AIDS should be two-dimensional: First, it should involve putting the God factor in the equation of infected people in order to instil hope in them that God is on their side. Second and last, educating Christians to stop behaving in manners that perpetuate stigma and discrimination against the infected. If Pentecostals build on these perceptions, HIV and AIDS mainstreaming can effectively be achieved.

## **Best Practices by Pentecostal Denominations**

### ***Elim Pentecostal Church of Zimbabwe***

Elim Pentecostal Church of Zimbabwe is one such example of denominations that have attempted to institutionalize HIV and AIDS into church activities and programmes with a view to mitigate the negative impact of HIV in Nyanga district, Manicaland province. The church has established a community-based orphan support center in the mid-1990s and the center is still running up to date (Drew, Foster & Chitima 1996). The process of institutionalizing HIV and AIDS into its programmes and activities are beyond the scope of this study.

### ***Pentecostal Holiness Church***

Similarly, Taruvinga (2015) reported that one pastor believed that denomination worship service is the right place to preach ‘the safe sex gospel’.

Mlambo and Chibaya (2012) contend that Pentecostal Holiness has declared that its church members should condomize. The purpose of taking this stance was to help prevent the spread and reducing deaths among HIV infected persons. According to this report, other Christians have perceived the position by Pentecostal Holiness as a compromise that bent on promoting immorality. Meanwhile, Pentecostal Holiness have supported their position by saying that ‘if condom use is the way to reduce the spread of the deadly pandemic, we should be real and face reality of life’ (Mlambo & Chibaya 2012).

### ***Evangelical Fellowship of Zimbabwe***

Mlambo (2012) reported that about 34 pastors belonging to Evangelical Fellowship of Zimbabwe were trained to preach about HIV and AIDS in their denominations. The objective of training pastors to preach HIV and AIDS was to ensure that the ‘AIDS message is taken to people’. EFZ notes that HIV and AIDS ‘touches the bone and marrow of what affects society today’ (Mlambo 2012). One of the churches that have also taken steps toward a similar direction to institutionalize HIV and AIDS into church activities and programmes is the Assemblies of God. This Pentecostal denomination has put in place structures that specifically target the needs of HIV infected persons within existing structures of the denomination. Having looked at some best practices by other Pentecostal denominations, it is appropriate to look at what the AFM in Zimbabwe is expected to do if HIV and AIDS mainstreaming is to be taken on-board.

### **What is Involved in HIV and AIDS Internal Mainstreaming in the AFM**

However, for a denomination such as the AFM in Zimbabwe to do HIV and AIDS mainstreaming, there are three universally accepted guiding questions to consider (see for example, ACCORD 2008: 35; Chitapi & Warindam 2013). While all these questions were designed specifically for secular organizations in the corporate world not directly addressing Christian contexts, the important thing is that they are aimed at addressing HIV and AIDS which is our common target area. For that reason, after grasping the questioning route, these authors have attempted to adapted the questions to the denomination under review to make them more direct and helpful. These are they:

1. How do HIV and AIDS affect the AFM and its work? These questions are directed towards bishops, pastors, lay workers, and ordinary church members and by extension the community to which the denomination operates? Questions such as how HIV and AIDS affect worship activities, the calendar of activities from local, regional, provincial and national levels.
2. What negative implications with regard to HIV and AIDS internal mainstreaming likely to impose on denomination Leadership-Bishop, pastors, lay workers, youth leaders and ladies unions? How best can the negative effect of internal mainstreaming be mitigated?
3. How can the AFM in Zimbabwe as a denomination help to contribute in the fight against HIV and AIDS? What comparative advantages do we as AFM in Zimbabwe have that can help to contribute towards reducing the spread of HIV and AIDS, to reduce the risks and vulnerabilities and negative effect of HIV and AIDS? (adapted from ACCORD 2008: 35; Chitapi & Warindam 2013:10).

These questions serve as a guide into the HIV and AIDS mainstreaming path. We now turn to look at the significance of the mainstreaming process.

### **The Significance of HIV and AIDS Internal Mainstreaming**

As mentioned already, HIV and AIDS mainstreaming involves changing the denomination's constitution and other programme guides and practice with a view to mitigate the susceptibility of the denomination to HIV infection and its negative effect (see ACCORD 2005:35). Mainstreaming HIV and AIDS should not be viewed as a threat to the core business of the denomination under review but as a strength. As Chitapi and Warinda (2013:12) advise, mainstreaming is aimed at strengthening the core business of an institution in that it does not seek to change focus of the said institution. The goal of internal mainstreaming is to reduce the likelihood of members of the denomination, the community in which they denomination operates from getting infected and reduce their vulnerability to the effect of HIV and AIDS as well as providing support to the infected to meet their needs to cope with their condition. In fact, not mainstreaming is not an option considering that the denomination under review like any other denomination in Zimbabwe, struggle due to heavily

strained and stressed church members, pastors, lay workers, through sickness, death, attending funerals, reduced performances and care of bedridden relatives. That HIV and AIDS has affected all sectors across the globe and Zimbabwe has not been spared need to be emphasized (Chitapi & Warinda 2013; Chingwaru & Vidmarm 2015; Mukamuri 2016).

Trends in organizations have shown that they are improvising strategies to integrate HIV and AIDS into their programmes and activities (ACCORD 2005; Republic of Namibia, 2008). Chitapi and Warinda (2013:9) reported that 'in Zimbabwe, [organizations] are slowing ... to the fact that HIV and AIDS are threatening their performances and effectiveness'. This is true of denominations such as the AFM in Zimbabwe which has up to this day not taken measures to mainstream HIV and AIDS, yet they continue to bury the young, able-bodied and the elderly due to HIV and AIDS. Some members of the denomination may find it difficult to join Pentecostal churches like AFM in Zimbabwe services due to stigma and discrimination which has permeated across the society (Chingwaru & Vidmarm 2015). Some sermons and declarations by some pastors and prophets may contribute to negative attitude and stereotyping of the sick (Machingura 2012). These are some of the risks and vulnerabilities that the denomination under review is exposed to in this era of HIV and AIDS. As mentioned already, not mainstreaming is not an option because the denomination is already affected by the pandemic right from the center. Thus, HIV and AIDS mainstreaming offers hope in that the denomination 'can continue to operate effectively in the face of HIV and AIDS and continue to fulfil its mandated functions' (Chitapi & Warinda 2013:10). The church has a mandate to reach out to the sick, afflicted, the poor, orphans, and vulnerable people and to preach the good news that God loves and cares for them as well as providing them with material needs as outlined in Matthew chapter 25 verses 34-36, 40.

As the book of Matthew seems to indicate there are different types of care which Christian denominations are mandated. These range from visiting the sick; or affected people; provision of psycho-social and spiritual support; medical support, provision of food handouts; cooking; cleaning; assistance with feeding the sick; washing; toilet care to mention but a few. Most Christian churches do not have any problem with visiting the sick and the provision of other services such as counselling, provision of food, and transport facilities to hospitals to patients and relatives and nutritional aid among other care services. Already there are home-based care centers across the globe established by

Christian churches to provide care and support to people living with HIV (see Parry 2013:139-141).

The merits of HIV and AIDS mainstreaming outweigh the demerits. For example, in line with the concept of internal mainstreaming provided above, the process helps to increase;

- members of the denomination's awareness and knowledge on HIV and AIDS;
- the denomination's competence to combat HIV and AIDS (see Parry 2008, for HIV and AIDS competent church);
- members of the denomination's awareness of their rights, responsibilities and services that they are entitled in coping and in the fight against HIV and AIDS;
- individual members' capacities to talk about HIV and AIDS and how it affects their well-being and coping with it;
- the reduction of stigma and discrimination in Pentecostal circles (see Machingura 2012 on inclusion and exclusion of HIV infected persons in Pentecostal denominations);
- the likelihood of the achievement of the goals of the denomination to the anticipated reduction on the negative effects of HIV and AIDS on the performance and effectiveness of the institution;
- awareness by individual members of the denomination to disclose their status owing to the open and non-threatening environment that may be prevailing (see also, Chitapi & Warinda 2013:11).

Having looked at the significance of HIV and AIDS mainstreaming, it may be appropriate to briefly examine some of the challenges of mainstreaming and to propose ways in which they can be countered.

## **Challenges and Opportunities of HIV and AIDS Internal Mainstreaming**

HIV and AIDS mainstreaming is not without challenges. Stigma and discrimination is obviously one of the major factors that will impede the process of mainstreaming HIV and AIDS. The nature of stigma and discrimination referred to in the current study is that individuals place the

difference between a person suffering from any other disease like malaria, typhoid, cholera or Ebola with someone who has contracted HIV in that an HIV infected person suffers moral suspicion and judgment from the significant others, friends, fellow members of the denomination and neighbors (Machingura 2012; Chingwaru & Vidmarm 2015). Stigma and discrimination are social constructions (Machingura 2012) which can be arrested if proper mainstreaming is done. As for Christian denominations, they can reduce stigma and discrimination if they ‘deliberately and systematically place HIV and AIDS at the core of its mandate’ (Chitando 2008:9). As such, HIV and AIDS mainstreaming, as Chitapi and Warinda (2013:11) advised ‘calls for a profound paradigm shift of every member of the denomination in every [local congregation of the AFM in Zimbabwe] right from the denomination’s president down to the lowest member of the denomination in the organizational hierarchy’. For denominations such as the AFM in Zimbabwe, which holds triennial elections-across the country for the position of the president and provincial overseers, the challenge is to regard HIV and AIDS mainstreaming as a project of the predecessor. The temptation will be to associate mainstreaming with an individual which should not be the case. Leadership is critical in HIV and AIDS mainstreaming as such change of mind-set at the level of top leadership is an important factor. That said, this study suggests that the sitting Apostolic Council, which is the supreme board of the church under review has an uphill task if HIV and AIDS is to be mainstreamed- failure is to an option.

Another challenge to HIV mainstreaming at denomination level is lack of capacity. Like other theological seminaries, the AFM in Zimbabwe’s theological seminary now offers HIV and AIDS as a course- and this development should be commended. However, offering HIV and AIDS as a course should not be equated with capacity referred to in this study. Also, the numerical age of AFM in Zimbabwe should not be equated with capacity either. Capacity as understood in this study relates to the availability of trained personnel whether as pastors, lay-workers, or specialized individuals to deal with HIV and AIDS issues especially in the context of the denomination’s core mandate (Chirinda & Warinda 2013). Chitapi and Warinda (2013:11) observed ‘some organizations lack capacity coupled with poor working conditions of service for employees which makes mainstreaming an uphill task’. In our view, incapacity by the AFM can be mitigated against if the denomination under review makes use of existing networks to strengthen its effectiveness in the



fight against HIV and AIDS. One useful approach for the AFM in Zimbabwe is to invoke existing networks with Evangelical Fellowship of Zimbabwe (an ecumenical body representing Pentecostal denominations in across the country). The EFZ is better placed and connected to other sister organizations within its rank and file and therefore can help to strengthen the capacity of the AFM in Zimbabwe in mainstreaming HIV and AIDS. A case in point was a training of 34 pastors by EFZ to preach about HIV and AIDS in their respective denominations (Mlambo 2012). These initiatives by EFZ come at a time when some Pentecostal denominations are alleged of misrepresenting the voice of Pentecostals that individual preachers can cure HIV and AIDS (Kane 2012; Mutingwende 2014; Chateta 2015).

By and large, stigma and discrimination, organization culture and incapacity by the AFM in Zimbabwe church can all be countered if its comparative advantages are taken into account. Simply put, the comparative advantage of Christian denominations makes them better placed to mainstream HIV and AIDS. With comparative advantage is meant the process of finding ways by a particular sector to 'intervene, due to its mandate and ways of operating, using opportunities that other sectors do not have' (Republic of Namibia 2008: 5). Common knowledge informs us that one of the comparative advantages of Christian denominations is that they have earned trust from communities to which they operate. For instance, if a membership of two million claimed by the AFM in Zimbabwe (IRIN 2006) is anything to go by this figure makes a case for itself that the denomination under review has earned the trust of people in Zimbabwe. This explains why on each designated day of worship people are still determined to attend worship services. Also, Christian denominations attract people from different walks of life every day of the week. In fact, activities in Christian worship host almost every individual from across the various walks of life such as parents, grandparents, married and unmarried, divorced, separated, widowed, youths, the sick, the afflicted and children of various age-groups.

In addition to that, in terms of sectors/constituencies represented, Christian denominations are the best, in that almost every sector is represented in their membership rosters. Members of Christian denominations are drawn from different sectors such as education, health, security, business, religion, local government, politics, civic organizations-local and international, academics and non-academics, youth groups, women's groups, people living with disabilities are all found in Christian denominations. Thus, Christian

denominations, the AFM in particular, can if they manage to harness this comparative advantage, effectively adapt their policies and practices ‘in order to reduce [their] susceptibility and vulnerability to HIV and AIDS infections and impacts’ (Chitapi & Warinda 2013: 10).

## **Conclusions and Recommendations**

This study has examined factors that can impede on HIV and AIDS mainstreaming among Pentecostal denominations with particular reference to the AFM in Zimbabwe church. The study adds to current literature on HIV and AIDS among Pentecostal denominations by providing cases on why HIV and AIDS mainstreaming is slowing up yet, denominations are exposed to risks and vulnerabilities of HIV and AIDS. This study confirmed previous studies which found out that stigma is entrenched among Pentecostal denominations-which is another challenge for HIV and AIDS mainstreaming. However, this study found out that without HIV and AIDS mainstreaming Christian denominations will not operate effectively and worse still they can in worst case scenarios fail to fulfil their mandates due to their exposure to the risks and vulnerabilities of HIV and AIDS. A gap was identified in which some preachers claim that they can cure HIV and AIDS-yet government and other stakeholders firmly declared that there is no cure for HIV and AIDS. A discouragement of biomedical by some Pentecostal preachers is an impediment to concerted efforts to HIV and AIDS mainstreaming among Pentecostals. While the HIV and AIDS mainstreaming comparative advantages of the AFM in Zimbabwe is encouraging, it is with deep regret to note that there are still some Pentecostals who believe that HIV and AIDS is a demon and a curse from God. The AFM in Zimbabwe is better placed because it is already connected to the Evangelical Fellowship of Zimbabwe which is actively involved in the fight against HIV and AIDS. At policy level, the AFZ should work closely with Pentecostals who still claim that they can cure HIV and AIDS until sense is knocked in their senses to begin to accept biomedical cure as part of God’s remedy to the problem of HIV and AIDS.

## **References**

ACCORD 2005. *Trainers Handbook on HIV & AIDS Mainstreaming*. Durban: ACCORD.

- Blundell, G.E. undated. Available at: <https://www.dal.ca/content/dam/dalhousie/pdf/dentistry/ICOH010/DocAnalysisSchool.pdf>. (Accessed on 4 January 2017).
- Chateta, G. 2015. Government Warns Churches against Anti-HIV Treatment Messages. 27 January. <http://relzim.org/news/9437/>. (Accessed on 3 January 2017.)
- Chingwaru, W. & J. Vidmar 2005. Thirty Years on with the HIV Epidemic in Zimbabwe (1985-2015). *HIV and AIDS Review* 15: 26-32.
- Chitando, E. (ed.). 2008. *Mainstreaming HIV and AIDS in Theological Education: Experiences and Explorations*. Geneva: WCC Publications.
- Chitapi, F.R. & W. Togara, 2013. Internal Mainstreaming of HIV and AIDS in Zimbabwe's Non-governmental Organizations. *Journal of Economics and Behavioral Studies* 5,1: 8-17.
- Drew, R.S., G. Foster & J. Chitima 1996. Cultural Practices Associated with Death in the Northern Nyanga District of Zimbabwe and their Impact on Widows and Orphans. *Journal of Social Development in Africa* 11,1: 79-86.
- Engelke, M. 2007. *A Problem of Presence: Beyond Scripture in an African Church*. London/California: University of California Press.
- Government of Zimbabwe 2015. *Zimbabwe National HIV and AIDS Strategic Plan (ZNASP III) 2015-2018: Commitment towards Fast Tracking 90.90.90 Targets by 2020 and Ending AIDS by 2030*. Harare: Government Printers.
- Machingura, F. 2012. Pentecostal Churches' Attitude towards People Living with HIV and AIDS in Zimbabwe: Exclusion or Inclusion. In *Praktisch-theologischen Werkstatt*, LIT VERLAG GmbH&Co. KG.
- Machingura, F. 2011. The Significance of Glossolalia in the Apostolic Faith Mission, Zimbabwe. *Studies in World Christianity* 17,1: 12-28.
- Hwata, B. 2005. *An Investigation of Different Phases of Pentecostal Experience in the Apostolic Faith Mission (AFM)*. Pretoria: University of South Africa.
- IRIN 2006. People Flock to Church as Inflation Tops 1000 Percent. Harare, 16 May. <http://www.irinnews.org/news/2006/05/16/people-flock-church-inflation-tops-1000-percent>. (Accessed on 2 January 2017.)
- Kane, J. 2012. HIV Pastor in Hwange: Once you Discriminate, It is Very Hard to Help Positive People Grow Spiritually. *New Zimbabwe* 1 August, <http://relzim.org/news/4936/> (Accessed on 2 January 2017.)
- Lesolng, K., undated. The Role of Spiritual Faith Healers in Reducing or

*Mainstreaming HIV and AIDS Programmes in the Ministry*

- Reinforcing the HIV Stigma: A Qualitative Study. Available at: <http://www.iaccp.org/sites/default/files/stellenboschpdf/Lesolang.pdf>. (Accessed on 2 January 2017.)
- Mairos, P, 2013. Pastors and HIV+ Widows. *The Financial Gazette* 11 January. Available at: <http://relzim.org/forum/religion-and-society-blog/6242/> (Accessed on 3 January 2017.)
- Mlambo, S. 2012. Pastors from across Zimbabwe Trained to Preach about AIDS. 13 February. Available at: <http://relzim.org/news/3819/> (Accessed on 3 January 2017.)
- Mlambo, S. and Religion in Zimbabwe 2012. HIV/AIDS Religious Leaders Continue Educating Church Members on Compassion. 21 February. Available at: <http://relzim.org/news/3891/> (Accessed on 3 January 2017.)
- Mlambo, S. & M. Chibaya 2012. Traditional Healers and Evangelicals' vs HIV/AIDS: Condomize, Educate, Abstain. 14 November. Available at: <http://relzim.org/news/5667/> (Accessed on 3 January 2017.)
- Mukamuri, M.C, 2016. 30 Years into the HIV Epidemic: Experiences by PLHIV in Zimbabwe and Opportunities for Ending AIDS by 2030. *Trends in HIV/AIDS* 1: 1-4.
- Mutingwende, B. 2014. Unpacking HIV, Aids through Lenses of Religion. *Newsday* 24 July. Available at: <http://relzim.org/forum/religion-and-society-blog/9086/> (Accessed on 2 January 2017.)
- New Zimbabwe.com 2016. Prophet Magaya Ssays can Cure HIV/AIDS through Broadcasts, 30 May. Available at: <http://relzim.org/news/9952/>. (Accessed on 3 January 2017.)
- Parry, S. 2008. *Beacon of Hope: HIV Competent Churches – A Framework for Action*. Geneva: WCC Publications.
- Parry, S. 2013. *Practicing Hope: A Handbook for Building HIV and AIDS Competitive in the Churches*. Geneva: WCC Publications.
- Republic of Namibia 2008. *A Guide to HIV and AIDS Mainstreaming*. Government of Namibia.
- Rupapa, T.D. 2014. Thousands Queue for Makandiwa's Anointing Oil. *The Herald* 11 August. Available at: <http://www.herald.co.zw/thousands-queue-for-makandiwas-anointing-oil/>. (Accessed on 2 January 2017.)
- Togarasei, L. 2016. Historicising Pentecostal Christianity in Zimbabwe. *Studia Historiae Ecclesiasticae* 1-13.
- Word English Dictionary 2009. Defining Mainstreaming. Available at: [www.webcitation.org/5kx50WIMG](http://www.webcitation.org/5kx50WIMG). (Accessed on 4 January 2017.)

*Francis Machingura & Norman Chivasa*

Zimbabwe Statutory Instrument 202 1998. Labour Relations (HIV and AIDS) Regulations, 1998, revised 2006.

AFM in Zimbabwe Constitution. Available at: [http://www.zimbabweyp.com/companies/afm\\_in\\_zimbabwe\\_constitution](http://www.zimbabweyp.com/companies/afm_in_zimbabwe_constitution). Accessed on 2 January 2017.)

Assessment Methods. Available at: [http://studentresearch.ucsd.edu/\\_files/assessment/Assessment-Methods.pdf](http://studentresearch.ucsd.edu/_files/assessment/Assessment-Methods.pdf). Accessed on 4 January 17.)

Francis Machingura  
Chairperson, Curriculum & Arts Education Department  
University of Zimbabwe  
fmachingura@yahoo.com

Norman Chivasa  
Post-doctoral Research Fellowship  
College of Law & Management Studies  
University of KwaZulu-Natal Westville Campus  
normanchivasa@gmail.com or Chivasan@ukzn.ac.za