

The culturally gendered pastoral care model of women caring for refugee girls in a context of HIV/AIDS

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Abstract

The objective of this article is to investigate how women caregivers who look after Unaccompanied Refugee Minor (URM) girls in a context of HIV/AIDS, understand their pastoral care practice. Though women are traditionally understood as the caregivers in society, their views with regard to how they understand and give meaning to care-giving are not heard. When their views are sought, their views can oppose generally accepted ideas of what counts as “oppressive”.

For the purposes of this article, empirical research was undertaken at the Methodist Community Centre in Soweto with caregivers there who provide care for URM girls from Zimbabwe. This is a qualitative study, with a grounded theory approach. The purpose is to investigate the understanding members of these women caregivers have of the pastoral care they provide to the URM girls. The results of the empirical study are evaluated through the lenses of African women's theology and Margret Mead's Cultural Adolescent Development Theory.

The study finds that the members of this group of women assume that the proper implementation of cultural-gendered practices can be effective in guiding and conducive to the well-being of the girls in their care. For these women, the extension of care is culturally gendered and feminised. Their notions of effective pastoral care can seem to perpetuate attitudes that feminist thought generally regards as oppressive to women.

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Introduction

Many of the Unaccompanied Refugee Minors (URMs) who live in South Africa are young girls who have been forced to migrate there by the socio-economic and political conditions prevalent in Zimbabwe. They have generally undergone physical and emotional ordeals on their way to South Africa. Most of the girls have been physically, sexually and emotionally abused during their migration to South Africa (SABC Special Assignment 3 November 2009; cf. Skelton 2010:5; Fritsch, Johnson & Juska 2010:624).

In the past, many of these young girls find their way to the Central Methodist Church in Johannesburg on their arrival in South Africa, but they were vulnerable to rape, teenage pregnancy and HIV. The church, which is located near the centre of Johannesburg, provides shelter and security to a range of people, including teenage and adult men (*Médecins Sans Frontières* 2009:18-19). According to media reports, that URM girls have been subjected to sexual, emotional and physical abuse in the recent past at the church (cf. SABC Special Assignment, 3 November 2009; *The Sunday Times*, 14 March 2010).

Pressure from media and human rights organisations resulted in the relocation of URMs from the Central Methodist Church to the Methodist Church Community Centre in Soweto, which undertook to provide pastoral care and assigned caregivers to them. In particular, two female caregivers were assigned to care for URM girls and two male caregivers were assigned to care for URM boys. All four caregivers were from Zimbabwe and reported to the principal caregiver, Bishop Paul Verryn.

The majority of URMs are adolescents, and they therefore are particularly vulnerable to sexual exploitation or abuse, and related traumas (Dykstra 2013:4). My intention in this study was not to investigate the formal model that the church uses but the informal, concealed models that are used by caregivers as hands-on practitioners.

Research design

The qualitative study investigated the female caregivers' own understanding of the care that they provide to the URM girls in a context of HIV. A grounded theory method was chosen because it allows for theory to develop from the data acquired (Trochim 2001:160; Neuman 2000:49). Crooks (2001:25) puts it as follows: "Grounded theory gives us a picture of what people do, what their prime concerns are, and how they deal with these concerns."

This method is crucial when little is known about a particular subject area (Cresswell 1998:56). In-depth interviews were used to collect data from the group of caregivers; this method provides access to themes, stories and further questions that analysis of demographic or ethnographic or socio-

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logical data cannot provide (see Nagy, Biber & Leavey 2010:29). Open questions were used in the interviews, because they allow respondents to speak freely and build their own theories about the meaning of the stories they tell. My aim was to investigate a particular socio-theological question: how did this group of women caregivers understand the care-giving they extend to URM girls in a context of HIV?

Data collection took place over a period of a year, between 2012 and 2013. Interviews were conducted in English and Shona – the latter the mother tongue of the caregivers. The collected data was analysed by means of a grounded theory data analysis tool.

Sampling and participants

The research sample was selected through purposive sampling. The caregivers were specifically recruited. The sample of only two caregivers, is sufficient for the purposes of the study because the aim is not to generalise the findings, but rather to gain an in-depth understanding of women caregivers' own ideas and attitudes regarding this particular pastoral practice.

One of the women caregivers interviewed, MayiSoko (not her real name) is a professional nurse from Zimbabwe. The second caregiver, MayiCheza (also not her real name) has no formal training but has worked as a pre-school teacher in Zimbabwe. The two women were assigned to the care of more than 50 URM girls at the Methodist Church Community Centre in Soweto. During the period in which the empirical research was conducted, the number of URM girls in the Methodist Church Community Centre in Soweto changed constantly; some of the girls left the centre after locating their relatives, while others arrived to seek refuge.

Theological and theoretical framework

This evaluation of the results of the empirical study conducted for the purposes of this article is informed by a conceptual framework deriving from African women's theology. African women's theology values and respects personal experience as important in evaluating a cultural practice of a particular group of people (Phiri 2003:76). It makes use of cultural skills of critical evaluation to understand other people's cultures before judging them. Faced with conditions of life that are shaped by the unequal development of the continent, among other things, African women are mainly motivated by their concern for life, survival, justice and human dignity. As Oduyoye puts it:

African women's theology constructed at their own pace, from their own pace, portrays their priorities and perspectives. There

has been an emphasis on survival, as they have to live so that they may be present in life to struggle to disclose God's hand in their lives and in the actualities of Africa ... Therefore, in theologising, African women resort to tradition, but they do so with skills for critical examination (Oduyoye 2001:11).

The evaluation of the results of the empirical study is also informed by Margret Mead's Adolescent Development Theory (Mead 1928:234-235), according to which a cultural stability that is free of conflicting values and norms provides balance to the sexual development of children and particularly adolescents (Newman 1996:235). Mead emphasises the significance of social institutions and cultural factors for adolescent development in a context of cultural diversity (Mead 1928:235).

Cultural resources and education

The majority of URM girls and their caregivers in the community studied were from Mashonaland in Zimbabwe. People from Matabeleland have close ties with South African Nguni speakers, because they share a common ancestry, as do Zulu, Xhosa, Ndebele and seSwati-speaking people from South Africa and Swaziland. The Nguni languages have similarities, so the Ndebele people from Zimbabwe generally find it easy to assimilate into South African communities (Mlambo 2010:69; cf. Ndlovu 2010:122). However, during this empirical research it was established that some Ndebele URMs who had remained in the Central Methodist Church in Johannesburg by disguising themselves as adults. The data acquired for the purposes of this study derive from interviews with Shona-speaking women caregivers in the Methodist Church Community Centre in Soweto.

The two caregivers interviewed explicitly agreed on two themes with regard to their work, that they utilised traditional gender and cultural resources in their care of the URM girls. Both believed that a caregiver should know and respect the child's cultural resources and cultural education if he or she is to care adequately for a child.

Virginity testing, cultural education relating to the puberty stage of life, and telling myths about sex were among the cultural practices they used in caring for URM girls in their care. For this reason, both viewed their pastoral care practice as both cultural and gender-related. Both thought that gendered cultural practices were essential to the effective guidance of and care of adolescents. Culturally gendered pastoral care makes use of traditional cultural resources in the care of children. But it also raises serious questions: some of its practices may be dehumanising and oppressive to the children.

Guiding a child in a family context

An Nguni African proverb holds that *isikhumba sigoqwa sisemanzi*, or “an animal skin can only be folded when it is still wet”. This can be understood to mean that a child should be moulded for responsible adulthood while she or he is still young. Accordingly, both caregivers agreed that it is “dangerous” to wait for a child to grow up before offering guidance.

MayiCheza: you know that our African culture encourages parents to start guiding their children to responsible behaviour in their early years, I come from Mberengwa in Zimbabwe, and there are Ndebeles there. I love their Ndedele proverb, *isikhumba sigoqwa sisemanzi*, which refers to the importance of guiding a child during his or her young years. As a pre-school teacher I liked this proverb and I continue using it even today, because it reminds us parents the significance of guiding children in their early years. It was my responsibility as a teacher to guide the preschool kids to good behaviour, I ... teach them ... things like how to use a toilet, how to speak to adults and how to play with other kids. Children are just like a small tree. You can only guide and shape a tree to the form that you want it to be when it is still a small tree. It is exactly like that with our children.

Both caregivers were concerned to shape and influence the behaviour of the adolescents in their care, on the basis of an understanding that adolescents' behaviour is informed by their decisions. Their view was that adolescents needed cultural guidance to be able to make informed decisions. As described by Howard Clinebell (2011:40), guidance is a pastoral care function aimed at: “assisting perplexed persons to make confident choices between alternative choices of thought and action, when such choices are viewed as affecting the present and future state of the soul”.

According to the cultural-gendered pastoral care practices articulated by both women caregivers, children should be guided to live morally and are taught how to behave in society. In their view, the guidance of children without parents, like the URM girls, required that the cultural practices practised to prepare them for aspects of life be supplemented by formal, structured education.

Ultimately, however, both believed that guidance is best accomplished in a family context. In their view, family is a primary source of guidance and emotional support, and it provides a “support system”, as well as positively influencing a child's behaviour and the way the child perceives life. The caregivers understood that they have to take the place of family for URM girls. In

a context in which family systems have been seriously eroded, faith communities should make it a priority to take over the guidance of young children without families, they said. In that way, they felt, pastoral carers can be a substitute family for children without parents or guardians.

Both caregivers identified virginity testing as a significant cultural practice in their care of the URM girls.

MayiSoko: ... Since these girls do not have aunts, grandmothers or mothers in their lives, it is our responsibility as their caregivers to guide them through culture. As you see, they are now big girls and they can easily be targeted for sex by men and boys. Therefore we have introduced virginity testing and other cultural resources that we know from Zimbabwe to discourage them from having sex. There are many dangerous incurable Sexually Transmitted Diseases (STDs) these days, like HIV and AIDS, and if they fall pregnant they will not have means to support their babies. So we can't just fold our hands and watch.

The two caregivers believed that virginity testing would contribute effectively to delaying sexual activity among the girls in their care. The aim of virginity testing, they suggested, was to empower the girl to take control of her sexual life. A girl who was still a virgin could take pride in the fact that she was "still intact", according to such traditional cultural norms and values.

As they saw it, sex "dehumanises and degrades" young women and "compromises their dignity". Virginity testing is seen both as an HIV prevention strategy and as a liberating resource for young girls. Both viewed the education that accompanied virginity testing as "empowering" the girls by giving them knowledge of and pride in their own bodies.

In Phiri (2003:66), Nomagugu a sangoma explained that her calling was to "protect" Zulu girls from HIV/AIDS, rape and teenage pregnancy, and her method was to conduct monthly virginity tests. She considered virginity testing to be an effective strategy for preventing young girls from contracting HIV and from falling pregnant.

Virginity testing

Virginity testing is practiced in some parts of Southern Africa, most notably in parts of South Africa, Swaziland and Zimbabwe. In areas where it is practiced, particularly in Zimbabwe, girls and young women who pass the test go through a "certification process" in the presence of the community (Gundani 2004:104).

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According to Phiri (2003:67) girls and young Zulu women who pass virginity tests had a dot of white clay smeared on their foreheads, symbolising virginity. Being a virgin was seen as an achievement that should be acknowledged by the girls' community, and it encouraged them to treasure and preserve their virginity, and thereby protected them from HIV and unwanted pregnancies. Moreover, the honour attached to their virginal status extended to the girl herself and to those close to her, including her friends and family, and it therefore increased the respect in which she was held by the community (Gundani 2004:100).

At the Central Methodist Community Centre, girls who underwent virginity testing did not experience a "certification process". The results of their virginity are known only to the girl and her caregiver. This approach showed that both caregivers took account of the girls' right to privacy. They understood that there might be implications to making the virginity results publicly known.

Phiri (2003:74) argues that most critiques of virginity testing are influenced by the western worldview and that they ignore the reasons that drive girls to accept virginity testing. However, it can be argued that for the communities that practise it, virginity testing is a device by which young girls can be protected from the abuse and exploitation they could face. Phiri's study of Zulu women who practice virginity testing confirmed that some of those who practice it understand virginity testing to be a liberating and positive cultural resource that reduces the chances of HIV infection, and not as an injustice to women and girls. On this view, the injustice is being inflicted by HIV/AIDS, teenage pregnancy or rape (Phiri 2003:74). In line with this, the two caregivers at the centre argued that virginity testing did not dehumanise the girls but rather that it liberated them from the dangers of STDs and unwanted pregnancy, and empowered them to have authority over their own sexuality.

Virginity testing is also a way to broach the topics of sex and sexuality, which are mostly a taboo within that cultural environment. It creates a platform where young girls can talk about and explore issues of sex and sexuality. According to the women caregivers, the diversity of cultures around them had caused confusion among the younger generation. Adolescents who are exposed to other cultures wanted to experiment. Caregivers argued that the enforcement of virginity testing allowed adults who shared the same culture as adolescents to provide a steady and secure basis for their understanding of their own sexuality.

According to the Adolescent Development Theory developed by anthropologist Margaret Mead (1928:235) a stable cultural basis is conducive to the formation of "a well-balanced attitude" with regard to sex and sexuality. Her theory outlines the role of culture in shaping adolescent behaviour, through its emphasis on the significance of social institutions, and the cultural factors they incorporate, in adolescent development. She made

use of a concept developed by her mentor, Franz Boas of “cultural relativism”, according to which all cultures are inherently equal in expressing “the full humanity of people” and are therefore worthy of study (Fettner 2002:196-203).

As we have seen, both the two caregivers interviewed identified the diversity of the cultures around the adolescents in there are as a factor, or danger, in their development. This empirical notion is reflected in the work of caregivers, who refine the idea as one of “discontinuous” cultures. In the caregivers’ view, URM adolescents were vulnerable to confusion, stress and diseases because they lack the appropriate cultural knowledge and guidance to deal with them effectively. We can suggest that the young URM girls’ vulnerability to HIV is partly due to their lack of “continuous” or coherent cultural lives, as Mead argues. A major factor in their lives is the disruption they experience to their felt continuity of culture. In an unknown or unfamiliar environment, they are constrained to adapt to, or adopt cultures that they do not understand. Without adult guidance, it could be said, they are vulnerable many stresses and confusions.

Both the caregivers understood virginity testing is a cultural resource of the cultures that practiced it that had existed “throughout African history”, and which would continue to exist and to be practiced because of its function in encouraging “good” or cautious sexual behaviour among adolescents. The girls in their care were constrained to abstain from sex because they know that their caregivers would find out if they “lost” their virginity.

At the centre, virginity testing in this community is carried out monthly. “We tell them that sex before marriage is a taboo”, MayiSoko explained. MayiCheza agreed: “We want them to be afraid of sex; we tell them that there are lot of diseases caused by sex and that they kill, which is why we check to see if they are still. We tell them that young girls who sleep around are loose and that no men will want to marry a loose wife. Our goal is to protect them from HIV and unwanted teenage pregnancies.”

Both caregivers claim that the intention of virginity testing is to protect adolescents from HIV and unwanted pregnancies, but we may note that they also appear to be expressing underlying patriarchal reasons for it, such as male satisfaction.

We may also note that the emphasis on virginity conforms to the ideas that are central to Christian belief, according to which it is symbolic of spiritual purity. To retain virginity, or “stay pure”, according to the caregivers, is close to holiness.

The idea is an ancient one. The Hebrew Scriptures also emphasise the importance of virginity. The Levitical Priests, who were spiritual leaders,

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were required to marry virgins (Leviticus 21:13).² If a man seduced a virgin, he was required to marry her (Exodus 22:16-17). Ackermann (2008:118) argues that the Old Testament portrays sexuality as a source of defilement that must be subjected to control, and that this led to purity laws and property laws that expressed values of male satisfaction and procreation.

According to this view, a girl's having sex at a young age, before her body matures, robs her of her innocence and the "sacredness" of her body. Virginity testing is used by this community as a means to guide girls to understanding sex as a sacral practice that must be valued. In line with this, the two caregivers said that they referred to the Bible when explaining the significance of virginity testing to URM girls.

For hygiene reasons they did not use their fingers to test a girl's virginity.

MayiSoko: When virginity testing, we do not insert our fingers as is done in some cultures. We look and see if the vagina has been penetrated ... Because I worked in hospital, I know a virgin and a non-virgin ... from my experience as a nurse, I only have to look. The clitoris of a woman who has been penetrated is different from that of one who has not been penetrated. The clitoris of a woman who has not been penetrated will be small and firm just like that of a small baby. That of a woman who has penetrated is much bigger and loose. As mothers and caregivers we have been doing this for years now, we were also taught this by adult women in our cultures.

The two caregivers regarded the cultural practice of virginity testing as a valuable resource for the guidance of girls who were still virgins as well as for those who were not, and they used it without creating embarrassment and stigmatisation.

MayiSoko: To tell you the truth we cannot just wait for a child to be in crisis. We need to prevent a crisis from occurring. Prevention is better than cure. This is one of the mottos that I learnt in my nursing profession. So instead of waiting for a crisis, we prevent a crisis by implementing cultural resources that guide and influence the behaviour of a child. We speak and act. These are African children – we cannot deny them their custom and tradition just because persons who do not understand it say it is wrong. Some young girls in this commu-

² Unless otherwise noted, all scripture references are taken from the Revised Standard Version.

nity were raped and we managed to identify this through virginity testing. We took them for HIV testing and provided the proper care, depending on their status, without humiliating them.

The attitudes expressed here correspond closely to ideas framed by African women's theology. "Rather than talking about the problem, African women are acting against the problem. They make relentless efforts to recall, practice and enhance the dignity found in their traditions," writes Oduyoye (1995:88).

We can conclude that the two caregivers practiced virginity testing with every good intention to protect the adolescent girls from HIV and unwanted pregnancies. However, it is clear that they sometimes are oblivious of questions of gender and cultural oppression. One could say that their respect for traditional culture put them in an awkward position. Involuntarily, their practices, by which they located themselves and younger women in a culturally defined confinement, also expressed an acceptance of patriarchal domination and indeed helped to enforce it.

Indigenous education in puberty

The women caregivers blamed the media and technology for confusing children and adolescents on issues of sex. In their view, the cultural diversity they experienced in South Africa, with its range of cultures and languages, added to that confusion.

As we have seen Mead's Cultural Adolescent Development theory holds that cultural stability plays a crucial role in positively shaping children and adolescents' behaviour (Mead 1928:198). Both the caregivers also identified African puberty education as a useful cultural practice in the guidance of young girls.

Ukudonswa kwamalebe, or labia elongation, is practised in some African cultures in Southern Africa. In Zimbabwe this cultural practice was common among the Tonga women the Binga and Khalanga groups near Plumtree, and the practice spread to other cultures. However, it is not currently common among members of the younger generation in Zimbabwe. It is seen as being a matter of choice rather than as a norm for adolescents.

Both the caregivers said that they thought that this cultural practice should be preserved. In their view, the education that is associated with it also has the indirect effect of preventing HIV among young women. The practice includes guidance on the right time for a girl to have sex, as well as on the importance of respecting her own body and advice on the correct forms of behaviour in society.

However, it was noticeable that both the caregivers' accounts of the practices outlined emphasised their utility for HIV/AIDS prevention, and that

they were less concerned with the psychological impact on the girls of their culturally gendered methods. They overlooked the oppressive aspects of traditional puberty education and emphasised the benefits they expected from it.

Also, though the caregivers claimed that this cultural practice was useful as a form of HIV prevention, it was not clear whether the practice was in fact effective in preventing HIV, STDs, or unwanted teenage pregnancies. In a study on labia elongation, Kamau (2011:263) describes it as an identity marker: it puts a “stamp” or identifier of women from a certain tribe. It was not evident whether labia elongation could really empower women in their negotiation for safer sex in the context of HIV (Kamau 2011:264). The practice enabled girls and boys to enjoy sexual foreplay without actual sexual penetration – a practice commonly known as *ukusoma* in isiZulu. Labia elongation increased the erotic experience of both males and females during sexual foreplay or masturbation (Kamau 2011:263; cf. Tamale 2006:27). HIV infection and unwanted pregnancies were therefore prevented because there was no penetration, but this did not preclude the possibility of transfers of STDs. According to the caregivers, the education associated with labia elongation focused on discouraging sex before marriage.

The practice also generates a range of other problems. Currently, women who see themselves as modern rather than traditional do not want to submit to cultural traditions such as labia elongation. The form of puberty education we have reviewed is only taught to girls. Boys are not aware of the significance of this practice, but adult males are. Then again, adult men know cultures that practice labia elongation. It is therefore possible that the practice contributed to an increase the age gap in marriage. Young women who practice labia elongation may attract older men interested in women with long labias. Such relationships make it difficult for young women to negotiate safe sex practices. It is likely that the cultural practice of labia elongation serves male sexual satisfaction more than it contributes to either HIV prevention or female sexual satisfaction. It is not clear whether a long labia increases women’s sexual satisfaction.

The American practical theologian, Robert Dykstra (2013:4) argues that it is important to teach children and adolescents about sex and sexuality in a church context. It should be seen as part of a church’s pastoral care ministry, he says. However, these pastors tended to ignore it, largely because of the church tradition and culture, which have excluded this theme of human life as a public topic. The topics of sex and sexuality can be taboos that are difficult to talk about in some Christian communities. Christians and pastors find it hard to talk about issues of sex and sexuality with their adolescents, because they do not know how to start the conversation (Dykstra 2013:4; cf. Davis 1996:93).

Finally, in this regard, we note that in the Western-influenced contemporary world, the values, norms and modes of behaviour regarded as appropriate in a cultural context may contradict those that are associated with religion. Phiri argues, that “Africa culture and religion are inseparable” (Phiri 20013:68). It could be further said that some Westernised religions may find it difficult to guide adolescents through contemporary culture, while some African Independent Churches appear to be able to blend culture into their religions.

Myths about sex as a form of cultural-gendered pastoral care

The women caregivers resorted to relating cultural myths about sex as a method of traditional puberty education and as a way of promoting HIV prevention. The aim was mainly to instil fear of sex in young girls and so postpone their becoming sexually active. The following myths were conveyed to the children:

Myth 1: “Loose buttocks”

The women caregivers said they told young girls that if a boy or man touched their buttocks, they would become “loose as jelly”. Any adult would see that they were sleeping with boys. As a result of this, young girls run away from boys or men who try to touch them for fear of being labelled loose or a prostitute,

Myth 2: Winning a husband's love

African girls are socialised to accept the idea of marriage and the roles that go with it. They are therefore encouraged in every possible way to be “good marriage material”, and to “win a husband’s affections”. The women caregivers encouraged the girls to get married while they are still virgins. They told the girls that a man who married a virgin would respect his wife more and treat her well.

Myth 3: Sexy body and flat belly

The women caregivers also used the female ideal sexiness and a flat belly to discourage girls from having sex or unprotected sex. They told the young girls in their care that having sex, with or without a condom, could cause a woman’s belly to grow big because a man’s dead sperm accumulated in the abdomen. This also told this to girls who were already sexually active and using contraception methods such as the pill or injections to prevent preg-

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nancy. Again, their aim in telling this story was to prevent unwanted pregnancies, STDs and HIV infection.

The meaning of pastoral care

The purpose of pastoral care is to respond to the needs of all members of God's community, including children, in order that all can live a full and abundant life. Pastoral care involves caring that is motivated by the love of God (Deuteronomy 6:5); love of neighbour (Leviticus 19:18; cf. Matthew 19:19; Matthew 22:37-39) and caring for strangers. Pastoral care as a ministry is not only provided by ordained pastors, but by the whole Christian community (Waruta & Kinoti 1994:6; cf. Mwaura 1994:63; Wimberly 1979:18).

Pastoral care ministry involves concern for personal and social well-being of God's community, including children, on issues of physical and psychological health as well as social life. According to Clebsch and Jaekle's (1964:4) pastoral care "... consists of helping acts done by representative Christian persons, directed toward the healing, sustaining, guiding and reconciling of troubled persons, whose troubles arise in context of ultimate meanings and concerns".

Pastoral care ministry sees the caring Christian as a shepherd (Psalms 78:52; 23) or guide, rather than as an authoritarian figure who can direct or command people to think or act in certain ways. The role embraces an duty to protect, encourage and mentor, to feed the hungry, clothe the naked, comfort the sick, visit prisoners and restore the faith of the broken souls (Matthew 25:36).

Given the above, it was clear that the causes and consequences of the suffering of the URM girls required pastoral care . From an African perspective, Msomi (1992:12) sees pastoral care as "a quest for liberation of the person ... as well as the passionate zeal that others be liberated in Christ in their own context, instead of being enslaved in a Christianity that is not their own". For Mucherera (2001:17-18) pastoral care should speak and respond to the daily sufferings of people.

In Africa, pastoral care focuses on guidance and human wellbeing. It seeks out traditional resources that respect human dignity (Phaswana 2008:4-5). The aim of pastoral care in an African context is to care for the well-being of others and for the self. As Phaswana (2008:4) says, in Africa "members of the community are culturally obligated to care for each other".

Hence, in an African context, children and adults are given guidance on ways in which they should care for others as well as themselves. As a famous proverb expresses it, "in Africa a person is a person because of other people". Mbiti (1969:108-109) puts it as follows: "I am because we are and since we are therefore I am." These ideas underpin African women theo-

gians' emphasis on the importance of community as a major theme of their work (Kasomo & Masemo 2011:159).

The women caregivers were trying to provide the URM girls with meaning in their lives and a cultural "embeddedness". Their method was to integrate them into the community by enforcing cultural rituals and practices that in their view enhanced dignity and protected life. Kasomo and Masemo (2011:159) put it as follows: "Through the rites of passage, people are incorporated into their communities and further that a person's individuality is best fulfilled in relation to the good of others in kin-group."

African American practical theologian, Emmanuel Lartey (2003:62) describes guiding as one of seven pastoral care functions, along with healing, sustaining, reconciling, nurturing, liberating and empowering. The first four functions were also identified by Clebsch and Jaeckle (1964:4). Clinebell (1984) added a fifth function, nurturing. Lartey (2003:62) added the last two functions, liberating and empowering.

The women caregivers at the centre used the cultural resources available to them to guide the URM girls' ideas on correct behaviour and responsible adulthood. They placed considerable emphasis on the function of guidance. Guidance, to them, was central to the well-being and future of an African child, and therefore also to "the right direction in life" and protect them from harm.

It can be argued that guidance of this kind liberates those who are guided, because it is not imposed but rather attempts to facilitate young people in their search for solutions to the problems of life. In Zimbabwean Ndebele culture, for instance, there is saying: *indlela ibuzwa kwabaphambili*, or "you ask the way from those who know it to guide you". Adults who have already gone through childhood know and understand the process can guide children effectively.

Lartey (2003:65) explains the principle of guidance as: "... enabling people through faith and love, to draw out that which lies within them. This is not to deny the sharing of information and offering of ideas and views". Given their situation the URM girls at the centre lacked the guidance of parents or family on to the proper responses in many of life's situations.

However, the cultural resources used by the women caregivers could also be perceived as oppressive.

We can conclude that the effectiveness of these cultural practices in preventing HIV/AIDS should be reviewed and evaluated. The extent to which they might also involve elements that are detrimental to the girls will also need to be examined.

The Cultural-gendered pastoral practice

We have reviewed and investigated several practices, including virginity testing, indigenous puberty education and myths about sex, as they were applied by two women caregivers at the centre in Soweto in their care of young women. The contribution of these culturally gendered pastoral care practices to female adolescent well-being and protection from HIV infection was investigated.

Two major themes that emerge from this grounded theory study are the centrality of ideas of culture and gender. The guiding African proverb *isikhumba sigoqwa sisemanzi* was a significant factor in the views of African adult caregivers as regards nurturing and guiding URM girls who had no parents or guardians. The caregivers were aware that they provided pastoral care for refugee children in context in which HIV/AIDS was prevalent, and focussed on protecting them from HIV infection.

Women are a primary source of guidance, nurturing and homebound roles in African cultures (Kasomo & Masemo 2011:161). However, African women theologians are cautious of allowing the influence of traditional culture to under-rate women. These theologians identify the positive aspects of culture and examine them critically (Oduyoye 2001:11; 12-13).

A meta-narrative analysis of cultural-gendered pastoral care practice

At the subjective level, the two women caregivers insist that their -culturally gendered model of pastoral care was crucial in guiding the URM girls in their care to a responsible adulthood. However, such cultural practices can infringe on the rights of the girls.

Gundani (2004:102) argues that virginity testing undermines and infringes on the sexual rights of the girls. Those who fail the virginity tests are subjected to public exposure; they can be negatively affected, or incur emotional and physical scars. Phiri (2003:67) argues that the distinction between virgins and non-virgins “destroys” the self-esteem of those who fail the virginity test; some may have not lost their virginity by having sex while others may have done so through accidents, visits to doctors and sports.

The culturally gendered pastoral care extended by women caregivers to the girls in there are also disregarded their reproductive and sexual rights of girls. For instance, urban legends prevalent in society to the effect that sex with a virgin “cures HIV/AIDS” added to plight, because of the danger of rape.

The culturally gendered practices to which the girls were subjected could indeed be said to increase the risks to which they were exposed, just because some of the real factors in their lives were overlooked. Some religious sects believe, for instance, that men ought to marry virgins.

“Patriarchalising” female cultural resources that only benefit men, such as virginity testing and labia elongation, perpetuates the oppression of women. Certainly, the constitutional right of gender equality was not supported by the caregivers’ practices.

In general, it can be said that some women oppose oppressive cultural practices while others enforce them. Negative cultural practices are often enforced by adult women who introduce them to young girls. Kretzschmar (1995:97) observes that “it is often the case that women resist patriarchy in their hearts or critique it verbally in women groups, but they will always defer to men in public”. These contradictions have become a cycle that divides women and makes it difficult for them to unite against oppressive practices.

Siwila (2012:113) argues that women who critique and oppose harmful cultural practices are dismissed as “Western” and uncommitted to the preservation of African cultural identity. Their critical analysis is labelled as a “betrayal” of African culture that contributes to its fading away. However, African women theologians see their campaign for the liberation of women as aimed at giving them a voice in their cultural constructions and social change.

Though the two caregivers were convinced that the culturally gendered practices that they enforced were beneficial to the young girls, some challenges and dangers can be pointed out.

Cultural practices such as virginity testing have been critiqued for dehumanising women and allowing men to be treated as sex objects. Moyo (2011:73) argues that “cultural valuing of virginity testing socialises women and men to believe that men are born knowledgeable about sex whereas women must be taught how to have it”. The education associated with these practices moulds girls for marriage. They might provide a short-term solution to the reality that HIV/AIDS is so prevalent in southern African societies, but in the long term they are not beneficial, since they cannot be enforced once a woman is married.

Bruce argues that as much as “virginity is an important aspect of sexuality that needs to be considered, but if the church is to advocate virginity it will have to do so on grounds that are not harmful to girls and women” (Bruce 2003:67). In agreement, Siwila (2012:110) says that “unless scholars and researchers working in the field of gender and culture begin to comprehend and critically address culture, many African women will continue to be trapped in harmful and often life-threatening practices”.

We conclude that cultural practices such as virginity testing and labia elongation ought to be critically evaluated as to whether they are beneficial in preventing HIV/AIDS, teenage pregnancies and STDs. We Christians should be honest with ourselves and find the courage to raise and critically discuss

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the influence of cultural and religious practices that dehumanise young girls in the name of spiritual purity.

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