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Safe sects? dynamic religion and AIDS in South Africa

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ABSTRACT

The HIV/AIDS epidemic in South Africa is rapidly escalating, and its demographic and social impact is beginning to be felt. Although the damage to the macro-economy is projected to be slight, the consequences for affected households will be dire, and social indicators such as life expectancy will deteriorate dramatically. A large majority of South Africans are affiliated to Christian Churches, but this has not prevented the types of sexual behaviour that promote the epidemic. Based on research in a KwaZulu township, this article presents evidence on the level of extra- and pre-marital sex (EPMS) among members of different church types. It is argued that only Pentecostal churches significantly reduce EPMS among members; and that they achieve this by maintaining high levels of four crucial variables: indoctrination, religious experience, exclusion and socialisation.

INTRODUCTION

The scale of the AIDS crisis in South Africa continues to spiral upwards. With the incidence of infection still rising, it already has more HIV positive citizens (between 3 and 4 million) than perhaps any other country in the world. The death rate is beginning to climb, life expectancy to fall, and the reality of more than a million AIDS orphans is clamouring for the attention of the nation.

This article, which arises from research conducted in KwaZulu Natal, analyses the issue of AIDS from a perspective that is a virtual foreigner to the academic literature – that of religious belief, and its potential role in the crisis.[1] It begins by sketching the current state of the epidemic in South Africa, and projecting its effects on demographic, economic and social indicators. It then discusses the ways in which religion may affect the spread of AIDS. The third section develops a

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TABLE 1
Projections of the extent of HIV/AIDS in the South African population[2]

Year	Percentage of adults (15–59) HIV+	Percentage of HIV+ women/men	Number HIV+ (million)	Number AIDS Sick (thousand)
1990	0.2	0.2/0.1	0	0
1995	4	5/3	1.0	20
2000	12	14/9.5	2.9	170
2005	18	22/14	4.9	410
2010	22	27/17	6.5	650

model for analysing the power of different religious groups, and introduces the various types of church in Edendale, a Zulu township near Pietermaritzburg. The fourth section, the major part of the article, presents some findings from the field research, and applies these within the model. The conclusion develops the significance of the findings for South Africa.

THE EXTENT AND IMPACT OF AIDS IN SOUTH AFRICA

While AIDS is a global problem, it is a major threat to the fabric of society only in sub-Saharan Africa, where more than 5 per cent of the adult population are infected. In the worst affected countries, such as Zimbabwe, the figure is approaching one adult in four; 83 per cent of all deaths from AIDS since the beginning of the epidemic have been in sub-Saharan Africa, which has only 10 per cent of the world's population.[3] The strain of the disease that is active in this region differs from that found elsewhere, and the primary means of transmission is heterosexual intercourse.[4] In the absence of an affordable cure or vaccine, only modified sexual behaviour (fewer partners and/or higher condom use) will slow the spread of the virus.[5]

One reason why the disease spreads so widely through populations is the long incubation period. Although 3.6 million adults in South Africa are estimated to be HIV+ (Government of South Africa 1999), AIDS is, thus far, largely 'invisible'. This is compounded by under-reporting of a disease which still attracts social stigma : in 1995, only 3,306 cases of AIDS were reported in South Africa, compared to the projection of 20,000 (see Table 1).[6] Estimates of the current and future extent of

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TABLE 2
Percentage of women visiting antenatal clinics testing HIV+

	1991	1992	1993	1994	1995	1996	1997	1998
KZN	2.9	4.5	9.5	14.4	18.2	19.6	26.9	32.3
South Africa	1.7	2.2	4.0	7.6	10.4	14.2	16.0	22.8

infection depend upon assumptions made about changes in behaviour, such as increased condom usage and reduction in number of sexual partners. Actuaries at Metropolitan Life, one of South Africa's major insurance companies, have found that data from testing support the least optimistic scenario, which assumes no change in behaviour until an advanced stage of the epidemic. As the leader of this project predicted soberly at an earlier stage, 'there will only be significant changes in sexual behaviour once large numbers of persons in the community are sick and dying from AIDS' (Doyle 1993: 89).

KwaZulu Natal (KZN) is the province with the highest incidence of AIDS in South Africa. It is ahead of the rest of the country in the AIDS cycle, and maps out a path that other provinces can be expected to follow – the national figures appear to lag KZN by two years or so. The figures in Table 2 slightly overstate the present level of infection in the adult population: the subjects of the study, women of child-bearing age, are the highest risk group. As Table 1 shows, women experience consistently higher rates of infection, despite evidence that they have significantly fewer partners than men. Transfer of the virus from man to woman is up to five times more likely than the reverse (Strebel 1993: 12–26). Evidence from other African countries suggests that levels of infection in the whole population will plateau, albeit at high levels, as the number of sexually active people is reduced (by AIDS related deaths) and lifestyle changes eventually come into effect. According to most predictions, this plateau will be reached in South Africa after 2010, with 25–30 per cent of the adult population infected. AIDS deaths will peak after this, but will already be high by 2010, with at least half a million people dying of AIDS each year (more than tripling the natural death rate).

What will be the demographic effect of such a death rate? Conservatively, a reduction in life expectancy by up to ten years from a 'No AIDS' scenario. The impact could be even greater: one estimate

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TABLE 3
Economic impact of AIDS epidemic

	Direct Costs	Indirect Costs
Macro-economic		
Government	Healthcare Research Prevention campaigns	Lost investment (as households reduce savings)
Firms	Healthcare for sick staff Finding and training new workers	Lower productivity Lost production
Micro-economic (for households experiencing an adult death)		
Household budget	Lost earnings of sick person Healthcare and funeral costs	Reduced earnings of carers Forced sale of assets
Children (assumed not to be HIV+)		Reduced chance of schooling, need to act as substitute worker School performance, job prospects impaired by reduced nutrition

foresees a reduction of *twenty* years by 2010, accompanied by a doubling in child mortality rates, in South Africa and its neighbours.[7] Another effect of the epidemic will be to reduce the proportion of economically active adults, thereby increasing the 'dependency ratio' of the population: the age 'pyramid' will narrow significantly in the middle, placing greater burdens on the elderly and the young. Spelling this out, by the year 2010, South Africa will almost certainly have 2 million AIDS orphans. 'These changes in the age structure of the population and the resulting disruption of family economic units could well prove to be the most damaging effect of the HIV epidemic' (Doyle 1993: 108).

Despite this significant demographic impact, most of the recent estimates of the economic impact of AIDS on the macro-economy are modest. Although earlier projections for South Africa envisaged direct costs of 2–4 per cent, and total costs of 5–9 per cent, of annual GDP by the year 2005 (Broomberg *et al.* 1993), these now seem exaggerated. Current estimates for the region (not just South Africa) anticipate a growth loss of less than 1 per cent per annum.[8]

Several reasons can be adduced to explain this 'soft landing' in the macro-economy. Firms have proved more flexible and adaptive than

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anticipated; lost labour is easily replaced in economies with high unemployment; and it is now accepted that the public provision of healthcare for AIDS sufferers will be minimal. However, these economic indicators fail to convey the immense human cost of the epidemic, which will be captured more clearly by a composite index such as the HDI (Loewenson & Whiteside 1997: 38–9), or the reductions in life expectancy noted above.[9]

The micro-economic impact on households which experience AIDS at first hand will be unambiguously negative, and these effects will be amplified among the poor. AIDS will strike at the economically most productive members, removing the main income providers from work and transforming them into recipients of costly healthcare. Because of the parallel increase in infant and child mortality rates, the dependency ratio will rise only slightly; but this disguises the reality of sick adults, sick children and reduced income in affected households. Remittances from absent workers (one of the highest risk groups) constitute 20 per cent of household income for South Africa's poorest 40 per cent of households, whose situation is already precarious (Klasen & Zulu 1997). A study of poor households in Côte d'Ivoire found that spending on basic necessities fell by 25 per cent, and on other expenditures by 33 per cent, when a household member became AIDS sick; and that the pre-illness level of per capita expenditure was never fully regained after the death of the sick relative.[10] Summarising studies from throughout Africa, a World Bank report finds three trends in poor households which lose a prime age adult: food consumption per capita falls (by 15 per cent in a Tanzanian study); child malnutrition increases, with orphans 50-75 per cent more likely to be stunted in growth; and school enrolment levels fall, especially when the mother dies. The per capita expenditure of the household may recover after a year or so, but survival is often achieved through dissaving and sales of hard-earned assets. The consequences of AIDS, which may leave the macro-economy only slightly bruised, will be to plunge many affected households deeper into poverty, widening levels of inequality (World Bank 1997: 36, 206–32). This not only exacerbates a whole host of social problems, but also recreates conditions favourable to the spread of the virus (World Bank 1997: 27; Barnett & Whiteside 1998). However limited the effects on the macro-economy, the benefits to a low income-household of avoiding the loss of a wage earner could be significant in absolute and relative terms, resulting in upward mobility. If anything can protect individuals from infection, then its impact at the micro level will be great.

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TABLE 4
Religious affiliation in South Africa (1996/97)

Denomination	South African population %	South African black population %	Edendale
Mainline	36.9	31.6	46.6
Pentecostal/Charismatic	9.9	8.0	4.3
Other Christian[11]	3.2	2.9	2.5
AIC	25.6	32.7	32.3
Total Christian	75.5	76.2	85.5
Other religion	3.5	0.7	0.7
No Religion	11.7	14.0	13.8
Unstated/Refused to answer	9.4	9.0	n/a

Source: StatsSA 1999; Garner 1998.

RELIGION, SOCIETY AND AIDS IN SOUTH AFRICA

Table 4 shows the pattern of religious affiliation in South Africa, and in Edendale, the KwaZulu township in which the underlying research was conducted. Despite the trend towards a rhetoric of pluralism in the new political dispensation, it is clear that Christianity is the dominant religion.[12] Neither is this affiliation purely 'nominal': other research confirms that about half of South Africans attend worship once a week or more, making it one of the most 'churchy' countries in the world.

The social (and in particular the political) impact of the church in South Africa is a question which has elicited intense debate and an immense literature, and cannot be discussed here. Elsewhere I have argued that it is not primarily the extent of religion that determines its social impact but the type, and have applied this to various economic and social categories (Garner 1998; forthcoming). Here we will confine ourselves to the question of whether religion can play any role in the *prevention* of AIDS. This article will not consider the role of churches in the provision of care for affected households, although this role is likely to be considerable. Elsewhere in Africa, in countries (such as Uganda) which have already experienced the brunt of AIDS-related death, churches have demonstrated their strategic significance as organs of civil society.[13] We will focus instead on the possibility that religious affiliation can reduce levels of extra- and pre-marital sexual activity (EPMS), and consequently the risk of infection by HIV and thus AIDS. The statisticians agree that large-scale behaviour change would have a real impact on the gravity of the crisis. The models used by

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Metropolitan Life show that significant behaviour changes (such as a 40 per cent reduction in the number of sexual partners, each year for at least five years, and a 20 per cent reduction in 'unprotected' sexual contacts) across the population would impact on the long run numbers of AIDS sick people, reducing the 2010 projection for South Africa from 650,000 (see Table 1) to 210,000. Does religion – and specifically, Christianity – offer the potential for such a radical modification of behaviour in large numbers of South Africans? This article will argue that *some* churches do offer such potential, and will assess the likely consequences.

It cannot be assumed that the impact of Christianity will be positive. It may rather be perceived as a liability by those involved in combating the epidemic: by discouraging condom use, opposing sex education, and explaining AIDS as God's judgement on promiscuity, therefore requiring no social response. The World Bank report cited above mentions religion primarily in this negative sense, and this is characteristic of much of the HIV/AIDS literature.[14] On the other hand, churches are recognised as having the capacity to disseminate information, and in this sense might play a positive role in behaviour change. In South Africa, the official leadership of the 'mainline' churches (this term is explained below) has for the last few years been 'openly calling upon their congregations to be aware of AIDS and use condoms if they cannot abstain' (Government of South Africa 1999).[15] But there is nothing distinctive about the role of the church in such campaigns; its role is primarily that of communicator – the same effect, it is assumed, could be achieved through schools or other social networks. Religious belief *per se* as an influence on sexual behaviour is not considered.

Studies on the impact of religious affiliation have not been widely undertaken by researchers into HIV/AIDS; but a few hints exist, especially in the literature on dynamic religious groups. The global efflorescence of Pentecostalism has produced a great deal of ethnographic research, and many of these studies comment on the change in sexual attitudes (and, allegedly, behaviour) that follow on the heels of the 'born-again' experience (see, for example Chesnut 1997; Lehmann 1996; Marshall 1991; Maxwell 1998). Such effects are not confined to Pentecostalism. In rural Zimbabwe, a team of epidemiologists found, unexpectedly, that membership of a particular (Apostolic) African Independent Church (AIC) – another 'dynamic' type of church – was associated with lower mortality rates. Given the advanced stage of the HIV/AIDS epidemic in the areas of study, the authors

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conclude that this probably reflected sexual practice (Gregson *et al.* 1999).

In South Africa, any connection between religious affiliation and sexual praxis has been observed only obliquely. Loening (1992) argues that to advocate celibacy, in the absence of a change in socioeconomic circumstances in the townships, is hopeless, but concedes that Christian youth camps appear to reduce levels of sexual activity. Preston-Whyte and Zondi (1992) found that girls who attended churches with active youth groups often claimed to be practising abstinence (cf. Mohr 1993 in the case of Zionist AICs), although they also experienced much pressure to capitulate from boyfriends, who might not belong to the same church, or to any church at all. The following sections explore this connection in the churches of Edendale.

RELIGION AND SEXUAL BEHAVIOUR IN EDENDALE

Edendale is a township of roughly 100,000 people, almost entirely Zulu, on the south-western edge of Pietermaritzburg. Located in the beautiful valley of the Msunduzi river, and flanked by rolling hills, the township is socially diverse. There is plenty of poverty: more than one adult in three is unemployed, 30 per cent of households live below the extreme poverty line, 40–50 per cent live in mud-built dwellings, and 60 per cent have no sanitation (in each case, not dissimilar to the aggregate data for black South Africa). Yet there is a small core of high-income households – often, but not always, coinciding with political connection – and Edendale boasts some fine houses and the occasional Mercedes. There have been genuine improvements since 1994, notably in the almost universal provision of electricity. Bustling, diverse, often violent, it is in many ways a socioeconomic microcosm of black South Africa.[16]

Across a range of social and economic factors, the research from which this article arises found that different church types had markedly varying power to affect the significant behaviour patterns of their members. It is argued that four aspects of any ideological group – in this case Christian churches, but more widely also – will determine its power to affect the behaviour of members, especially when the ideology promotes behaviour which runs counter to perceived self-interest or cultural norms. These four categories are:

(a) *Indoctrination*. This term is used, without pejorative overtones, to describe the methods and depth of the group's educational programme. In the context of churches, this is usually dominated by its approach to

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Biblical teaching and the extent of Bible use among members. This variable is probably the most powerful of the four. The level of indoctrination may vary from issue to issue – tithing may be systematically taught, sexual norms virtually ignored, for example.

(b) *Religious/Subjective Experience*. This category concerns the strength of subjective experience of the group member, as manifested by the level of participation in meetings, opportunities for self-expression, and emotional involvement. In churches, this is manifested in personal prayer; lay activity and spontaneity in public worship; and the prominence given to the hallmarks of dynamic religion, 'gifts of the spirit' (*charismata*), such as healing and speaking in tongues (*glossalalia*).

(c) *Exclusion*. This measure concerns the discontinuity or boundary the group perceives between its members and society at large. This can be discerned from a church's articulation of cosmological and social dualism; conversion, salvation and judgement; spiritual conflict; restricted access to communion; adult versus infant baptism. Churches which emphasise exclusion in this sense are by no means closed to non-members; they usually devote considerable energy and resources to persuading outsiders to join. The point is, they believe that non-adherents *are* outsiders, and are legitimate targets for proselytism.

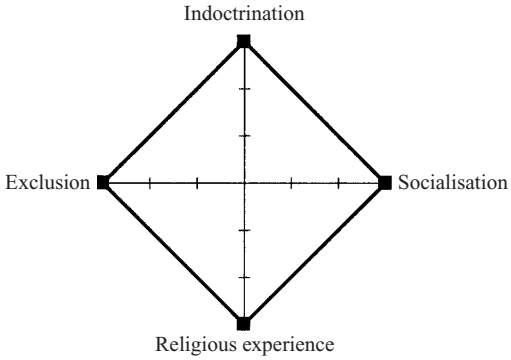
(d) *Socialisation*. How does the group create and maintain this discontinuity, these boundaries? This is gauged from the involvement of the group or church in the lives of members; the amount of time that membership entails; the social activities which the church organises and promotes; the level of surveillance and control of social activities (especially use of time and money, and the functions of sex and marriage) that is exercised; and the implementation of church discipline.[17]

While each of these four categories interrelate, there are especially strong links between the first pair, and the second. Indoctrination and Subjective Experience are mutually reinforcing, as are Exclusion and Socialisation. Elsewhere (Garner 2000) I have argued that these can usefully be arranged along two axes to form a diamond, and an area created which describes the degree of power exercised by any ideological group. High scores in each variable define the largest possible area, implying a high degree of power; this is represented in Figure 1.[18] This article will make reference to these four variables to explain the differential influence exerted by the groups studied on the sexual behaviour of their members.

Such an analysis evokes comparison with Mann's (1986, 1993) distinction between two types of power, which he applies to religious

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FIGURE 1
Model of ideological power



groups in his sweeping account of social change through history.[19] Extensive power organises large numbers of people, potentially over large territories and across borders; intensive power mobilises a high level of commitment from participants. The nature of things is that religions – or other forms of social organisation – rarely wield both extensive and intensive power simultaneously. Broadly speaking, Mainline Christianity manifests extensive power; other types, especially those which approximate the sectarian, manifest intensive power.

The following observations on different church types in Edendale are based on a year's ethnographic research, which included a survey of 334 households, 78 in-depth interviews, and between 10 and 20 visits to churches of each of the theological types. My intention was to study one congregation each of three types: Mainline, Pentecostal and Zionist-Apostolic AIC. This decision requires some justification, which will be incorporated into the outline of each type below.

The first church type, represented in the study by church 1, is Mainline theology. This represents the established or mission churches, such as the Anglican, Methodist, Presbyterian and Roman Catholic. It may appear especially contentious to have studied only one Mainline church – a category that includes such a range of historically diverse denominations. It is certainly true that, in other contexts and for other issues, the differences between these churches would be considerable and significant. In Edendale, however, and, I would argue, in black South Africa as a whole, the similarities between these churches outweigh their differences. Notwithstanding substantial doctrinal discrepancies between, say, the Roman Catholic and Dutch Reformed churches, their discourse and practice overlap significantly; and this is

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especially true of their articulation as regards sexual behaviour. The meetings of these churches are, generally, characterised by formal, liturgical ceremony. There is preaching at all services, but few of the laity bring Bibles to church, and the scriptural knowledge of the majority is scant. Entry is a function of heredity, via infant baptism. Membership of such churches is not usually very demanding, attendance is not frequent, participation in services is rare for lay members. The church asks few questions about their private lives. Partly because of these low barriers to entry, but also because of their long historical presence in Edendale (which began life as a Methodist mission station in the 1850s), the Mainline category is dominant in Edendale: 47 per cent of the 1,003 adults surveyed attended this type, compared to 32 per cent among South African blacks in aggregate.

The second church type is Pentecostalism, represented by church 2. This type accounts for between 8 and 10 per cent of the national population, although, surprisingly, only 4·3 per cent of the surveyed adults in Edendale were Pentecostals. Despite this, I wanted to give the genre equal research time, because of the powerful lifestyle effects noted by other researchers, and because of its growing significance in South Africa and the rest of the continent. Membership of such churches is by profession of faith and adult baptism, and the costs – both social and economic – of membership are high. Meetings are frequent, long and energetic, with plenty of lay participation. The romantic and financial aspects of members' lives are monitored – if not exactly controlled – by church leaders. The powerful subjective experience of charismatic faith is coupled with an almost inexhaustible appetite for Bible study, prayer and choir meetings; biblical literacy is often prodigious. Pentecostals' emphasis on the need to be 'born-again', with its adjuncts of exclusion and proselytism, provokes gentle mocking in society at large, with the use of the slightly derogatory Zulu phrase *abasindiswa*, the 'saved'.

The third church type I selected was the Zionist-Apostolic subset of the African Indigenous Churches (AICs), which offer their adherents a specifically African articulation of Christian doctrine and symbol.[20] Some commentators treat this type as a manifestation of African Pentecostalism, and although I do not myself agree with this taxonomy, these churches certainly embody a dynamic religious experience similar to that of Pentecostalism. Zionist–Apostolic churches were attended by 24·9 per cent of the surveyed adults, forming the bulk of the AIC category, as they do at the national level. Although this type is treated as having a sort of homogeneity in most of the literature, it is in fact a spectrum.[21] While each member of the continuum is similar to its

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immediate neighbours, the type is as diverse as a kaleidoscope – more diverse, for instance, than Mainline Christianity. Consequently, having begun to investigate one (Apostolic) church within the type, it seemed necessary to add another (Zionist) congregation, to capture some of this diversity; and these churches are considered as separate types in the rest of this article. Constraints of time and resource meant that it was not feasible to add to the total number of interviews taken; hence, splitting the Zionist-Apostolic category had the unfortunate corollary of reducing the number of respondents in those types, which must be accepted as a limitation to the 'reliability' of the research.

Church 3, the Apostolic church, was formal, hierarchical and large, with over 1,000 members in Edendale. This church resembled Pentecostalism, with strong indoctrination on many issues, high barriers to entry (adult baptism, tithing, almost daily meetings), and a highly exclusive self-perception. It differed from Pentecostalism in its retention of aspects of Zulu culture, such as the veneration of ancestors, and its non-charismatic religious experience. Church 4, the Zionist church, was a tiny congregation of the extremely poor, whose dozen or so members met in a mud house, dressed in colourful robes and engaged in a lively synthesis of the charismatic and the ritualistic which rendered literate discourse subsidiary. Unusually for a church of this type, it did not maintain high barriers to entry, or exercise much social control, although its members did meet regularly, and spent long hours in their noisy and energetic worship.

SEXUAL BEHAVIOUR AND AIDS IN EDENDALE

Edendale is located right in the heart of KwaZulu Natal, where HIV levels are the highest in South Africa (see Table 2). Although no data exist specifically for Edendale, local health professionals assume that 25 per cent of adults, and perhaps as many as 33 per cent of the sexually active, are HIV+. In early 1997, at least half of all patients in Edendale hospital were suffering from HIV related illness, predominantly tuberculosis. The death rate is rapidly accelerating, and there may be as many as 5,000 AIDS orphans in the township by the year 2,000.[22]

This, undoubtedly, represents a catastrophe. This generation of sexually active adults is already – and unavoidably – encountering the tragic consequences. But what of the next generation? With no cure or vaccine in sight,[23] and given the financial constraints on the health

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budget of South Africa even if one were found, only behavioural changes can be advanced as ways of reducing the spread and impact of the 'pandemic'. Without detracting from the importance of promoting condom usage, this section explores the possibility of reducing the number of sexual partners, and asks whether various socioeconomic or theological characteristics are associated with the level of extra- and pre-marital sexual activity (EPMS).

The evidence produced here is drawn primarily from the seventy-eight in-depth interviews with respondents from the four church types, and from a control group of non-churchgoers; these five groups were stratified by gender and socioeconomic class, to control for those influences.[24] The discussion also draws on various informal conversations, and group discussions, held with the youth groups of church 1 and church 2.

How would it be possible to assess sexual behaviour in Edendale? It is not hard to identify the methodological and epistemological barriers to obtaining reliable data on sexual behaviour (cf. Webb 1997: 63). It did not seem likely that answers to direct questions could be trusted. In trying to find proxies for direct measures of EPMS, the first obvious and verifiable measure was whether the respondent had a child or children born illegitimately. As it stands, however, this measure may be misleading when applied to church type: people, especially women, may leave their church if they conceive a child while unmarried, and join another church after the birth. So a high figure for Measure 1 may simply indicate that a church is particularly welcoming to single mothers, a low figure that the church makes life difficult and uncomfortable for them. To get around this problem, a derivative measure was calculated: which church types did parents belong to at the time they conceived illegitimately? This number was then expressed as a percentage of all the people in the sample who had illegitimate children, as Measure 2. As the sample contained almost exactly equal numbers of the theological types, a type with a score of higher than 25 per cent probably has a higher level of EPMS, a type with a score of less than 25 per cent a lower level of such activity.[25] Third, in the case of all the respondents who had children, the age at which they gave birth to their first child is recorded: a low figure probably implies that sexual activity began at an earlier age. This is not necessarily an indication of EPMS – women may be married very young – but some correlation between the two would be expected. Measure 4 asked each respondent to estimate what percentage of members of their church abstained from all EPMS; it seemed probable that respondents'

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TABLE 5
Measures of EPMS

Higher EPMS	Lower EPMS
1. Higher incidence of illegitimacy	1. Lower incidence of illegitimacy
2. Higher incidence of membership at time of illegitimate conception	2. Lower incidence of membership at time of illegitimate conception
3. Lower age at first birth	3. Higher age at first birth
4. Lower estimate of abstention from EPMS	4. Higher estimate of abstention from EPMS
5. Higher number of co-parents	5. Lower number of co-parents
6. Higher approval of condom use	6. Lower approval of condom use

answers would reflect both their own experience, and their knowledge of other church members. An average of these estimates was obtained for each theological type. Measure 5 was the number of partners with whom members of each group had co-parented children. Measure 6 asked respondents about their support for the use of condoms.[26]

It is reasonable to assume that many of those who practise EPMS do so with multiple partners; research in a number of locations in sub-Saharan Africa has found wide support for the idea that African males are entitled to have multiple partners concurrently.[27] The use of condoms is rare among black South Africans, for many reasons. To begin with, AIDS is dismissed by many blacks as a fictitious scare story, a white plot to limit population growth or stop them from having fun; deaths from AIDS are, at present, obscured sufficiently for this illusion to persist. Even where people are aware of the dangers of AIDS and the way in which it is transmitted, a number of cultural factors militate against the use of condoms. Men maintain that sex with a condom is less pleasurable, and are unlikely to initiate condom use.[28] Women – for whom sexual relationships are often characterised by economic dependence and physical intimidation – risk violence, suspicion, or emotional rejection from their partners if they suggest condom use, and in any case place great value on fertility.[29] Male preferences for the use of herbs or drying agents in the vagina – to enhance friction and pleasure – also increase the risks to women.[30] Given these realities, high levels of EPMS are bound to be associated with higher levels of HIV infection.

Research in South Africa has found that a large majority of teenage

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blacks are sexually active, and that non-sexual relationships are rare (Webb 1997: 117; Varga 1997b). But this is hardly a novel finding, and is not very different from the situation in, for example, the United Kingdom, where the level of HIV infection is well below 1 per cent. What may be different is the multiplicity of partners. The manager of an AIDS project in Edendale – a Zulu woman – estimated that young men have as many as seven to ten sexual partners per year, many of them concurrently. Men are encouraged to be sexually active, with multiple partners, by peer pressure and even by parents: the term *isoka* (playboy, casanova) is a compliment. In contrast, a woman with more than one sexual partner is called *isifebe* (tart, whore, bitch). It is also widely accepted that most Zulu men are not faithful to their marriage partners. Women, even in some of the churches, are resigned to this fact. The same latitude of behaviour is definitely not extended to women and girls. For a woman to be unfaithful, even to a boyfriend or husband who is being unfaithful to her, is considered disgraceful; discovery will place her in danger not only of social disapprobation, but of physical harm, perhaps death. The data from Edendale illustrate the effects of this discrepancy. Nine of the forty male interviewees had fathered children with more than one woman, and three of these with more than two women; only four of the thirty-eight women had borne children to more than one man, and none of them to more than two. The men had children with an average of 1.6 women, the women with an average of 1.1 men.

While girls are less promiscuous, they begin their sexual careers very young. Preston-Whyte and Zondi (1992: 228) found that '[Zulu] girls are often sexually active by the time they are twelve years old'. As one grandmother said when I asked her what could be done to reduce the levels of sexual activity among teenagers, 'You might as well try to stop the birds from flying!' Consequently, levels of illegitimacy in South Africa are very high. Burman cites data suggesting that 70 per cent of all births to black mothers are illegitimate, and while this may be a high figure, it is not outlandish;[31] 38 per cent of the seventy-eight respondents, and 53 per cent of those who had parented children, had at least one illegitimate child; and it should be remembered that the sample was skewed towards higher status people among whom illegitimate births are less common (see below).[32]

Before analysing the data according to church type, some observations can be made on the relationship between these measures and socioeconomic location (as a proxy for which the research used occupational status).[33] The incidence of illegitimacy falls, and age at

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FIGURE 2
Age of first birth *vs.* occupational status of respondent

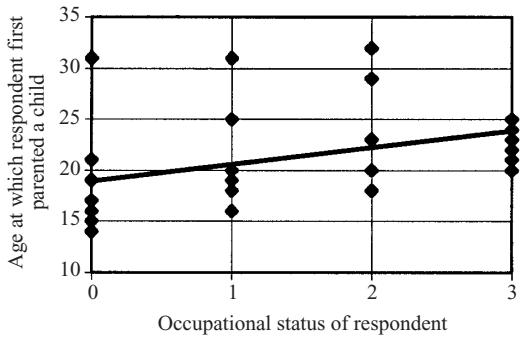
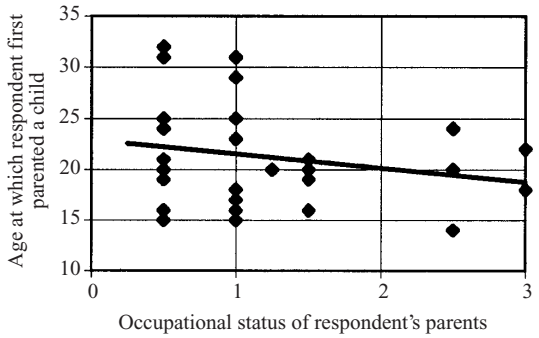


FIGURE 3
Age at first birth *vs.* occupational status of respondent's parents



first birth rises, as the respondent's occupational status increases (see Figure 2).

This begs a question: is early/illegitimate parenthood cause or effect of lower occupational status? Economic status is powerfully transmitted between generations, so it seemed possible that the positive gradient of Figure 2 merely reflected the fact that people from higher status homes waited longer before having a child. If so, higher status would be cause rather than effect of delayed parenthood. To test this, age at first birth of each respondent was plotted against the occupational status of their parents. Contrary to expectation, this association was in fact reversed: respondents with better-off parents tended to have their first child earlier than respondents from poorer homes (Figure 3). Combining these observations, it seems reasonable to conclude that parenting an illegitimate child, or parenting at an early age, acts as a brake on socioeconomic progress.

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A clear, if unsurprising, inference from the data is that the age of a person, and especially a woman, at the birth of a first child will affect their opportunities in the job market. Average age at first birth among the unemployed (of both sexes) was 19, compared to 25 among the high-skill respondents. For women, 20 seems to be a crucial age, by which time most have completed schooling. Of the eleven women who had their first child before the age of 20, one was now a student, three were in low skill jobs, and seven were unemployed. Among unemployed women, the average age at first birth was 18, the youngest 14; among high-skill women, the average age at first birth was 23, the youngest 20. The women with medium and high-skill jobs had almost always completed their schooling *and* higher education before having their first child.

Hence we may conclude that delaying 'age at first birth' improves the economic prospects of both men and women. This could be achieved by higher levels of use of condoms and other contraceptives; or delaying sexual activity, through later marriage and reduced levels of EPMS. There are also the economic benefits of the reduced risk of HIV infection that would accompany lower levels of EPMS, as discussed earlier. If any of the theological types can achieve these goals, they are a source of genuine economic benefit for their adherents.

What of the conflict between religious and secular initiatives, which place greater emphasis on the use of condoms than on other changes in sexual behaviour? The seventy-eight respondents were asked whether they approved of the use of condoms. Many of those who belonged to churches were reluctant to endorse this practice, on the grounds that it encouraged promiscuity. Many of the Pentecostals also argued that, if people are following biblical sexual morality, condoms are unnecessary, and that fertility is a gift of God that we should not obstruct. The average score by theological type shows that Pentecostal and Zionist Christians are least supportive of the use of condoms. For these groups, the limitation of EPMS becomes even more important in limiting the spread of AIDS and reducing early parenthood.

What do the data and group discussions reveal? Beginning with the 'No Church' category, although anecdote, and the research reviewed above, suggest that EPMS is likely to be widespread, it is not obvious from the data that it exceeds the level in Mainline or Zionist-Apostolic churches. However, various interviews suggested the greater acceptability of multiple and concurrent sexual relationships, especially among 'No Church' males. The following discussion, with a man in his late twenties, illustrates this:

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TABLE 6
Measures of EPMS by church type[34]

Measure	No Church %	Mainline %	Pentecostal %	AIC Apostolic %	AIC Zionist %
(*n*)	(20)	(19)	(20)	(10)	(9)
1. Respondents with illegitimate children	55	26	25	60[35]	33
2. Belonging to this church type at time of illegitimate conception	28	34	14	27	20
3. Average age at birth of first child	22 yrs	23 yrs	24 yrs	23 yrs	20 yrs
4. Estimate of members who abstain from all EPMS	[13]	29	61	36	19
5. (a) Have children with more than one co-parent	20	16	5	30	22
5. (b) Have children with more than two co-parents	0	11	0	10	0
6. Support for use of condoms	80	75	55	80	35

Do you use condoms?

I told you Rob, I don't trust the girls here in Edendale ; they sleep around. So I use a condom with this girl. But with my girlfriend (at his tribal home, with whom he has a child), I trust her, so I don't use one.

But if you have another girlfriend, are you sure she doesn't have another boyfriend?

Yes, she can't do that at my home. People would see her, and then when I go home, they will tell me that my girl is a bitch. But here in Edendale, no one knows me, there is no-one to tell her about me.

Are you sure she doesn't know?

Well, she might suspect. But she's never caught me.

I don't understand why it's okay for you to have another girlfriend, but not okay for her to have another boyfriend.

(laughter) Because I am a man.

I still don't see.

It's the Zulu way. We can have more than one girl. You know we used to have *isithembu* (polygamy).[36]

The difference between the Mainline and 'No Church' categories appears to be slight. Church 1 had a relatively low level of illegitimacy, but Mainline churches had the highest incidence of illegitimate conception (Measure 2). This reflects the fact, alluded to above, that

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unmarried girls often leave Mainline churches when they fall pregnant: they may stop going altogether, or find another church after giving birth, and the interviews produced examples of both. A high percentage of respondents had parented children with multiple partners. However, members of church 1 did have a higher estimate of abstention from EPMS among their members than the 'No Church' group, and a relatively high age at first birth.

The group discussion confirmed the impression that church 1's impact on sexual attitudes and behaviour is slight, but not completely insignificant. The youth group in the church is not well established, and rarely meets. There is no rule against having girl/boyfriends, and although the church would *theoretically* oppose EPMS, the youth do not receive much Bible teaching on this subject. The youth leader argued that promiscuity was an area where Christianity should overcome Zulu custom,[37] but it was generally accepted in the group that being in a girl/boy relationship implied sexual activity. Most of the young men were sexually experienced, and were not bothered by anyone knowing it. Of the girls, none explicitly admitted to being sexually active, but only one or two spoke as if they believed abstinence was a worthwhile or realistic objective. Less than half of the combined group agreed with the proposition 'The Bible teaches that sex is only for marriage'.

The young men from church 1 appear to accept a double standard for men and women, as this exchange illustrates:

Vusi:[38] You have to sleep with a girl to find out if she is a virgin. And I would want to marry a virgin.

Lihle: What if she also wants to marry a virgin?

Vusi: She won't be able to tell. And if she doesn't know, it won't matter.

Among the girls, there was stronger support for monogamy, albeit serial monogamy. In a private discussion, one girl expressed this moderate view:

> The *abasindiswa* [Pentecostals], they don't have sex at all before marriage. But we *amakholwa* [Mainline 'church-goers'] are realistic, we know that we are human. So we have our boyfriends, but just one at a time. Non church-goers do whatever they want – boys and girls are the same, they have as many relationships as they want.

In church 1, there is some promotion of a code of sexual ethics different from that of the wider society; a code in which monogamy is endorsed, and multiple partners discouraged. Girls who become

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pregnant outside of marriage are usually barred from communion until they make a prayer of penitence with the minister (exclusion). But such discipline is rarely applied to the man involved, and the ethic is not reinforced by regular teaching. Few of the Mainline churches in Edendale had youth groups that met more than weekly, or attracted a strong following. Given the muted religious experience of Mainline Christianity, the absence of youth groups or choirs (socialisation), and lack of specific teaching on sex-related matters (indoctrination), the influence of these churches on sexual praxis is limited.

Turning to the Zionist and Apostolic categories, the incidence of illegitimacy is high, similar to that in the 'No Church' category. Members of the Zionist church were the youngest parents, and expressed a very low estimate of the extent of abstinence among their fellow members. Taking the six measures in aggregate, it would be hard to claim that members of Zionist and Apostolic churches manifested *any* difference in sexual praxis from those of no church affiliation. Comparing the data for the Zionist members with those from the Apostolic church suggests that the latter succeeds in delaying age at first birth, but not in reducing illegitimate births. There is also an interesting divergence over approval for the use of condoms. Although the youth of church 3 are highly socialised, meeting almost every day, and receive clear teaching on matters such as tithing and evangelism, the sexual ethics normally associated with conservative religious groups are not prioritised. The following comments are taken from conversations with members of church 3.

Thandi: [EPMS] is not allowed in the church – although they don't say so explicitly. They just say we should act like brothers and sisters.

Jabulani: They tell us not to have more than one girlfriend. But they don't say that you can't have sex. They keep quiet about that.

This evasion was implied by a medium ranking officer.

Joseph: Yes, we do tell them that sex is for marriage. But it is hard for them to keep it. And we don't want to place a heavy burden on them.'

Other young people from the church told me that many of the youth did have girl/boyfriends, both inside and outside the Apostolic church, but that they would only have one partner at a time. I was told that extra-marital pregnancies were rare, but the evidence of the respondents ran counter to this: of the six Apostolic respondents who had illegitimate children, three of them had conceived while they were actively involved in the church.

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In the third section (see above) it was observed that church 3, in contrast to Pentecostalism, did not encourage wide Bible reading among its members, beyond a few favoured proof texts – none of which dealt with sexuality. Biblical knowledge is consequently low among most members, and the absence of a strong, conservative, sexual morality is symptomatic of this. In general, as in the Mainline church, the approach to sex seems to be that promiscuity is bad, but that abstinence is unrealistic, and that pre-marital sex with one partner is admissible. The powerful influence of this church on its members in compelling attendance, participation in evangelism, and giving, does not extend to sexual behaviour, because indoctrination is lacking, and because sexual activity is not monitored or made the object of church discipline (in contrast to giving, evangelism and church attendance). The Apostolic church in Edendale differs from the Zimbabwean church described by Gregson *et al.*, where (AIDS-related) mortality was lower.[39] That church allowed polygamy, but strictly controlled sexuality and exercised discipline in the case of infringements, scoring highly in the crucial categories of exclusion, religious experience, indoctrination and socialisation. Other churches in the Zimbabwean study, where some or all of these elements were absent, had less impact on mortality rates – and hence, by implication, on sexual behaviour.

Church 2 presents a different picture from the others in Edendale, and appears to produce evidence in harmony with the studies of Pentecostalism in other developing countries, cited above. By almost every measure, it emerges as the theological type with the lowest implied level of EPMS. Pentecostals were the least likely to have an illegitimate child, and waited the longest to have their first child.[40] People who did have illegitimate children were less likely to have belonged to a Pentecostal church than to any of the other types. Pentecostals were by far the most optimistic about the absence of EPMS among members of their church (or, more precisely, among 'born again' Christians). And Pentecostals with children had the fewest co-parents.

Although all of this evidence is circumstantial, its cumulative effect is persuasive, and is corroborated by the discussion with members of church 2. The youth group meets about five times per week for prayer, bible study and choir practice. The group is easily the most important social reference group for its thirty or so members, and it is a powerful influence on their attitudes and behaviour. This church, like many of its theological type, does not 'allow' members to have girl/boyfriends. For a marriage to take place, a boy must approach a girl through

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another girl in the church, or one of the older women, to express his interest. Members are taught to marry only other 'born again' Christians, from their own or another Pentecostal church. In the discussion, members dismissed the suggestion that EPMS might be legitimate or normal. Among the girls, there was not even much admission of difficulty, or of the need to discuss sexuality with parents or other mentors.

Nelisiwe: I'm saved, I don't have boyfriends, it's irrelevant.

Thobile: It would be a sin to have sex, so, what is there to talk about?

Several factors help Pentecostals to abide by these strict rules. Regular and specific teaching, at services and at summer camps, was mentioned. The centrality of the religious experience, and the importance of socialisation, are captured in this comment by a young man:

> When we are saved, we have the Holy Spirit, it changes your life. So, although the pressures are there, we resist them. You must spend time with other Christians, praying with them. Even at Varsity, you can find other Christians.

High levels of socialisation increase the credibility of the threat of discipline in the event of sin: group members know each other too well, and meet too often, to hide much.[41] Exclusion operates on two levels: eschatologically, in that sexual sin would imperil salvation; and socially, in the contrast drawn between God's will and the evil counsels of 'the world' that encourage EPMS: 'Sex before marriage is a sin. By not doing it you receive a profit. First of all, you can't get AIDS. Secondly, you will see God after you die. Lindiwe must live according to God's will; her friends won't help her.'[42]

In church 2, all the measures employed indicate that EPMS is rare (but not absent). This is achieved by attention to each of the four variables discussed above: *indoctrination* characterises EPMS uncompromisingly as displeasing to God, a view reinforced by high levels of teaching and Bible reading. To stray from this code is to imperil salvation, and to risk *exclusion* from the community of the saved. The young member's primary *social* network, the youth group, offers the reciprocal support of other group members, who also monitor each other's behaviour. And the spiritual resources of a charismatic *experience* assist the maintenance of this counter-cultural behaviour.

While the official position of the Mainline, Zionist and Apostolic churches would certainly be against EPMS, it is hard to show that the actual behaviour of members is substantially different from that of non church-goers. Membership of a Mainline church tends to make

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TABLE 7
Comparative power of church types over sexual behaviour of members[43]

	Mainline Church 1	Pentecostal Church 2	Apostolic Church 3	Zionist Church 4
(a) Indoctrination	Low	High	Low	Low
(b) Religious experience	Low	High	Medium	High
(c) Exclusion	Low	High	High	Medium
(d) Socialisation	Low	High	Medium	Medium

promiscuous sexual behaviour less acceptable, but does not appear to eliminate it. It does not prevent members from engaging in sex before marriage with one partner; in fact, it is not even clear that these churches discourage this type of relationship. In a piece of research obliquely related to our present purpose, Kassimir (1995 : 131) applies Mann's extensive-intensive distinction in a study of rural Catholicism in Uganda, and draws out the way in which a lack of exclusion dilutes a church's power. Catholicism is perhaps the archetype of extensive religion, yet its impact on matters cultural, sexual and financial is slight: by sacrificing the intensity of commitment for purposes of inclusiveness, the moral and social content of Catholic membership is diffuse.

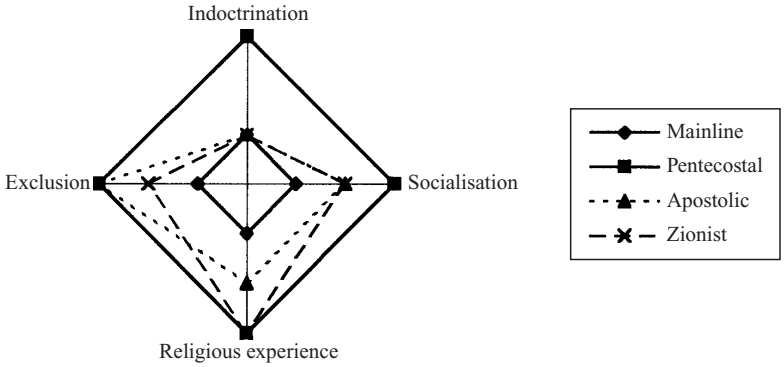
In Zionist churches, poverty reduces the likelihood of well-organised youth groups, yet socialisation is often high. The absence of indoctrination, exclusion and discipline (as applied to sexual behaviour) found in church 4 is probably not typical of the Zionist genre. In the Apostolic church 3, where the youth groups are very strong, the absence of conservative teaching on sexual matters limits the impact on behaviour.

The characteristics of each church type are summarised in Table 7. The levels of indoctrination and socialisation refer in this instance to their application as regards sexual behaviour. Does each church teach consistently and clearly on the matter, and does it exercise discipline – such as temporary exclusion from communion, or outright expulsion from the church – in the case of deviation from its prescribed mores?

Figure 4 illustrates the divergent effects of the church types when these values are applied to the diamond framework of Figure 1. The churches with the greatest power are those which define the greatest area. The model predicts that the Pentecostal church (the outlying

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FIGURE 4
Comparative power of the church types



diamond) will have the greatest power in this aspect of life, as indeed the data, and the evidence of the group discussion, confirm. However, the model also predicts that the Zionist and the Apostolic churches will exercise greater influence over their members' sexuality than the Mainline church (the smaller, inner diamond). The data does not support this; there is really not much to choose between these churches, either amongst each other, or, surprisingly, against the non-church control group. However, anecdotal evidence, the group discussions and individual interviews do suggest that there is a progressively stronger check on EPMS from non-church group, through church 1, to churches 3 and 4. The overlapping areas of the Zionist and Apostolic churches in Figure 4 suggests that it will be hard to differentiate their influence on sexual behaviour – and this is consistent with the data and the other evidence.

❀ ❀ ❀

What conclusions can be drawn from this discussion? In the absence of widespread condom use, lower levels of EPMS are desirable for two reasons. First, to reduce the chance of early parenthood, which adversely affects the economic prospects of both men and (especially) women. Second, and much more importantly, to limit the spread of HIV/AIDS. While the consequences of the AIDS epidemic for the macro-economy of South Africa are disputed, its micro-economic impact on affected households will be devastating.

Does church membership make any difference to sexual attitudes and behaviour? The evidence presented suggests that only Pente-

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costalism does this unequivocally. In church 2, all the measures employed indicate that levels of EPMS are relatively low. Two outcomes are predicted. First, that Pentecostals in South Africa and elsewhere will experience lower rates of HIV infection. Second, and in consequence, upward socioeconomic mobility will ensue for Pentecostal individuals and households, relative to members of other religious groups. In the other three church types, some or all of the crucial ingredients are missing, or present only weakly. Mainline churches, whose members and clergy are generally the best educated and most urbane, object theologically to many of the traits enumerated above. It is their deliberate policy, often, to soften the conservative moral teaching, exclusion and high socialisation associated with groups which are disparagingly denominated 'fundamentalist', and to eschew charismatic religious experience. Each of these stances conspires to weaken the potential of Mainline Christianity as a source of change in sexual behaviour. However, these 'extensive' churches still have weekly access to large numbers of South Africans, and they are likely to play a key role in the care of those sick with AIDS and the children left parentless by the epidemic.

The AICs fall between the Mainline and Pentecostal churches: collectively, they demonstrate both extensive and intensive characteristics. Their reach through the South African population is broad – although, with one or two exceptions, individual churches are fissiparous and autonomous, and do not co-operate closely. Many Zionist-Apostolic AICs resemble Pentecostalism quite closely, in each of the four categories. Indoctrination, although less literate, is usually theologically and morally conservative. Exclusion, socialisation and a dynamic religious experience are considered the hallmarks of the genre in some of the literature. However, the research in Edendale has suggested that there is great diversity in this theological type, and that none of these aspects can be presumed to be present. This variability affects the potential of this type (or types) to impact upon behaviour, and in the two congregations studied, there was little evidence for such impact.

These findings may be of only limited value to those addressing the crisis enveloping South Africa. One paradox of the mechanisms by which Pentecostalism and other dynamic groups achieve their effects is that these mechanisms are impossible to replicate. First, a dynamic religious experience cannot be fabricated – although some of the important facets can be approximated through youth groups and clubs (for sports, music or drama) with high levels of participation and

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expression. Second, exclusion, by definition, cannot be applied widely. Exclusive groups draw part of their strength and self-definition from their narrowness – broadening them, or lowering the barriers to entry, simply weakens them. Socialisation can be imitated – although it is hard to generate support for frequent meetings unless a powerful emotional or religious mechanism of some sort is at work. And the disciplinary aspects of socialisation – monitoring behaviour, and excluding group members for breaches of club rules – are both unpalatable and unenforceable outside the esoteric confines of sectarian religion.

It also becomes clear that value-free education – which seeks only to communicate the dangers of infection – is largely ineffectual on its own. Such teaching, even if delivered persistently, does not operate in the same way as indoctrination. As Varga and Makubalo (1996) conclude starkly, 'AIDS knowledge does not influence sexual decision making or behaviour'.[44] This is exacerbated by the fact that women – who have the strongest incentives to abstain or to ensure condom use – have the least power in sexual relationships. What is needed is either some kind of quasi-economic incentive – the approach adopted by the World Bank (1997), with its talk of 'raising the costs of risky behaviour' – or a value-laden discourse of the sort that makes EPMS ideologically opprobrious.[45] Religion provides the most powerful source of such a discourse.

NOTES

1 This research formed part of a wider enquiry into the social and economic impact of religion (Garner 1998).

2 Figures for Table 1 were provided by Metropolitan Life in early 1997; the generosity of the actuarial unit, and Dr Thomas Muhr in particular, is gratefully acknowledged. The most recent data from the Department of Health (Government of South Africa 1999) suggest that the epidemic is even outstripping these projections. The data in Table 2 is taken from that report, and from *AIDS Analysis Africa* 8, 3: 3, June/July 1998.

3 'A global disaster', *The Economist*, 2 February 1999; 'AIDS in Africa 98', *UNAIDS Factsheet*, 30 November 1998.

4 Although mother to child transmission is also significant: children born to infected mothers have a one in three chance of automatic infection, through birth and breast feeding; see 'World population profile reveals bleak data', *Aids Analysis Africa* 8, 3: 1–2, June/July 1998.

5 In high-income countries, drug treatments can now extend the life of AIDS sufferers almost indefinitely. But estimates of the costs of these treatments range from $10,000 to $20,000 per annum; they are not remotely within reach of the multitudes of HIV+ Africans.

6 Doctors have not thus far been required to record AIDS sickness or death *per se*, and tend not to, because of the possible difficulties this would cause the affected family when making a life insurance claim.

7 US Bureau of the Census, Population Division; cited in *AIDS Analysis Africa* 8, 3: 2, June/July 1998.

8 E.g. losses to annual *per capita* GDP of only 0.3 per cent (Loewenson & Whiteside 1997) and 0.5 per cent (World Bank 1997). 'See also the estimate of a 0.6 per cent reduction in GDP by Alan

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Whiteside cited in *The Economist*, A global disaster'; however, the rest of that article suggests that these estimates may prove far too optimistic, especially given rising healthcare costs for firms and governments, and constraints on the supply of skilled labour.

9 Some of the social and political implications of AIDS for Africa as a whole are raised by Fredland (1998: 554), who concludes: 'In sum, AIDS has neutralised substantial portions of even modest development successes of the past three decades.'

10 'Côte d'Ivoire: a case study on the impact of HIV/AIDS on health services and households', *AIDS Analysis Africa* 8, 1: 2, February/March 1998.

11 It is likely that many of these churches are Pentecostal, but this cannot be verified from the census data.

12 This is true for the population as a whole, but also for each racial sub-group except Asians.

13 In South Africa, this aspect of the churches' response to AIDS (as a caring mechanism) is widely anticipated, both by academics (Kiernan 1991; Simkins & Dlamini 1992) and by society at large.

14 The report does anticipate that NGOs, including churches, will play a role in prevention through education, and in the care of those sick with AIDS.

15 Whether such campaigns have any effect is open to conjecture; see conclusion.

16 For a more detailed socioeconomic description of Edendale see Garner (1998: ch. 4).

17 The issue of discipline is closely linked to that of exclusion, and it may be argued that it more properly belongs there. I retain it as an aspect of socialisation because it is dependent upon surveillance and social control, and related to practice more than to perception.

18 Because the scores are ordinal (rather than cardinal), and the four variables non-transitive, the areas created by different ideological groups cannot be directly compared, except where one encompasses another. This occurs when one group records levels of each variable which are at least as great as those of another group, and greater in the case of at least one variable. This will be illustrated below.

19 For the reference to Mann's work, and the research of Kassimir discussed below, I am indebted to an anonymous reader.

20 The exact relationship to African symbol, and the practices of traditional culture, varies considerably in this category. African leadership and initiation is central to their definition; little else can be taken for granted.

21 Three prominent items among the considerable literature on this church type are Comaroff (1985), Oosthuizen (1986), and Kiernan (1990).

22 Estimates supplied by Thandanani Association, a local NGO, and Dr Neil McKerrow, former paediatric consultant at Edendale Hospital.

23 Both in 1997 and 1999 'miracle' drugs have been announced by South African research centres. Neither of these has yet undergone sufficient clinical testing to verify their efficacy.

24 In fact, the poverty of the Zionist members made it impossible to stratify them for socioeconomic class. But the scheme held true for the other types.

25 The splitting of the Zionist–Apostolic category required an adjustment, which is factored into Table 6, so that the data there is comparable with the other church types.

26 A further measure, directly probing the issue of AIDS, would be to record the church membership of women who test HIV+ in antenatal clinics, or of people admitted to hospital for HIV related illness. These data already exist, but are confidential, and I was unable to access them. A future study on this would require the consent, in advance, of those taking an HIV test.

27 See, for example, Fleming (1993); and 'Bridging the gender gap', *AIDS Analysis Africa* 8, 2: 12, April/May 1998.

28 In my own conversations, the use of condoms was often ridiculed by young men., with analogies like 'You don't take a bath with your clothes on', and 'How can you eat a sweet in its wrapper?' These metaphors are widespread, cf. *The Economist*, 'A global disaster'.

29 See Varga 1997a. A survey of sexual practices among young Zulu women found that 58 per cent never raised the issue of using a condom with their partners, often because they feared a violent response, and that the 42 per cent who had tried to do so were usually overruled (Varga & Makubalo 1996). The difficulties faced by women in condom usage and sexual choice are also explored by Strebel (1993).

30 'HIV/AIDS among women in Malawi', *AIDS Analysis Africa* 8, 5: 12, October/November 1998.

31 Burman's data comes from the Eastern Cape in 1991; in the same volume, an estimate from 1986 puts the figure at 40 per cent (see Burman & Preston-Whyte 1992: 22, 76).

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32 In Zulu society, this high incidence is partly a function of *lobolo*, the bride price that must be paid before a marriage is recognised by the girl's family. Many couples are forced to postpone their wedding for years until the husband can afford to pay, and although they are not supposed to live together during the extended engagement, births often occur. Many of the respondents with illegitimate children cited this as a factor, although only two of the thirty (both in the Apostolic church, see Table 6) had eventually married the other parent of the child concerned.

33 Respondents were stratified in the following occupational categories: unemployed (0); low skill (1); medium skill (2); high skill (3); student (2). Roughly equal numbers of each group were interviewed.

34 It is important to reiterate that each theological type had an even mix of men and women, and of occupational types (with the exception of the ultra-poor Zionist church), so that these variables were controlled for.

35 Two of the 'illegitimate' births had ensued in marriage. Considering these 'legitimate' would reduce the Apostolic score to 40 per cent.

36 For similar comments by young Zulu men, see Varga (1997b).

37 Whether promiscuity is actually a Zulu custom is highly contentious. Polygamy was a strictly regulated institution, with social legitimation and an economic purpose. Nevertheless, as discussed above, most men and women seem to accept that Zulu men are entitled to multiple sexual partners.

38 The names of all respondents have been changed to preserve anonymity.

39 The church concerned, the Apostolic Church of Johane Maranke, is considered by some commentators to be Pentecostal, see Maxwell (1995).

40 Although the age at first birth of the Pentecostal women (21) was lower than that of the Mainline (22) and Apostolic (23) women. Early marriage is also advocated by many Pentecostals.

41 Dubb (1976) makes exactly this point in his study of black Pentecostals in Port Elizabeth. Sexual morality is enforced by the mutual surveillance of members, and the threat of excommunication or discipline.

42 Lindiwe was the girl in one of the scenarios used to stimulate group discussion.

43 Elsewhere (Garner 1998: ch. 5; 2000) I develop this ranking system in greater detail, showing the criteria for these valuations.

44 Cf. Webb (1997: 194); and Fredland (1998: 560–64), who observes that, given the low probability of a peaceful and prosperous life for most young Africans, a slightly reckless fatalism, manifested in high risk sexual behaviour, might even be 'logical' in utilitarian terms.

45 Another way of conceptualising this is to see the eschatological consequences of sexual behaviour as incentives/disincentives of a non-economic variety.

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